our majority leader had kept us in recess 5 of 7 weeks. We, typically, come in on Tuesday and leave on Thursday—or come in on Monday and leave on Thursday.

Do you know what most people in my State do? They work Monday through Friday. And when they have to get the job done, guess what they will also do? They will work weekends.

The House, in October, canceled their State home period. We didn't. The House has passed 7 of those 12 appropriations bills. Now, that is only 58 percent, but that is still more than twice as many as we have passed.

Why aren't we working? Why aren't we working on the people's business here?

We should be in session every day to get our work done. So far this year, we have voted 307 times—307. That is less than one a day. Only 35 percent of those votes have been on legislation. The other 65 percent have been on judicial candidates and nominations and so forth.

We can work harder. Our constituents work hard every day. Nebraskans work hard every day. We need to be here working on the people's business. I am ready to work each and every day until we pass these appropriations bills. We should get all 12 of them passed. We should work with the House to pass theirs, send them to the President, and it all should be done before September 30. And yet here we are, approaching November 17, and yet another deadline, another threatened government shutdown, another continuing resolution. I am ready to work. I know my colleagues are ready to work.

Mr. Leader, let us work. Call us together. Let us vote. Let's get the people's business done. Let's pass a budget. We should have an open government and a closed border. We need to control our spending and our debt. These are serious issues. Please, let us work.

I yield back.

The PRESIDING OFFICER. The Senator from Georgia.

WORLD DIABETES DAY

Mr. WARNOCK. Mr. President, there are several important domestic and international matters before us that require our urgent attention, not least of which is the need to find a bipartisan path to keep the Federal Government open and fund it within the next 3 days to prevent a national economic calamity.

We have a lot of work to do. A lot of priorities vie for our attention. But today, on World Diabetes Day, I rise to address another pressing issue that I believe also requires our timely action.

I want to uplift the findings of my new bipartisan white paper, released today on this World Diabetes Day. It shines a light on the urgent need for Congress to finally address the high costs of insulin and pass Federal legislation to cap the costs of insulin for every American who needs it.

This report is issued jointly today from my office in collaboration with my partner in this work, my friend the Republican Senator from Louisiana, JOHN KENNEDY. Senator KENNEDY and I have been working to address the high costs of insulin because this is a problem that is particularly acute in our States.

Over 12 percent of adults in my home State of Georgia—12 percent—are diabetic, but in Louisiana, that number climbs to over 14 percent, and many of these are people who cannot afford access to this lifesaving drug.

This is what we hear from the people in our States, but this new report, for the first time, takes a comprehensive look to learn more about who and where these people are. And what we found in our original analysis is that there are more than 800 counties across the country where you see the tragic convergence of high rates of diabetics coupled with high rates of uninsured people—high levels of diabetes, high levels of uninsured people. And we call these insulin deserts. These insulin deserts—some 813 counties across our country—are in the top half of counties across the country for both their percentage of individuals who are uninsured and who have diabetes—over 800 counties. And over 100 of these insulin desert counties are in my home State of Georgia.

Over 75 million nonelderly people live in insulin deserts. That includes more than 12 million Americans who are uninsured. In fact, among nonelderly individuals, insulin deserts have nearly double the percentage of uninsured residents as those who live in nondeserts.

So our analysis shows these insulin deserts are concentrated in the South and the Southeast. But it also shows that there are insulin deserts all over the country, concentrated in the South and in the Southeast, but you see them from Washington State to Texas, to North Dakota, to Florida, to New Jersey. In other words, this is a national problem.

And who are the people in these insulin deserts? Well, as compared to uninsured folks in other parts of the country, uninsured Americans who live in these places are, one, more likely to fall under the Federal poverty line than their counterparts. They are less likely to be college graduates than uninsured Americans in nondeserts. They are more likely to be people of color than uninsured Americans in nondeserts. In fact, in 2019, Black Americans were twice as likely as non-Hispanic White Americans to die from diabetes.

And uninsured Americans in insulin deserts are less likely to have access to sufficient internet service than uninsured Americans. And why does this matter? One of the reasons it matters is because it means that they have less access to patient assistance programs offered online by insulin manufacturers, and we know the challenges that uninsured people experience when it comes to accessing healthcare.

This report deals with the uninsured people who are diabetics and the convergence of those two things.

So what does all of this mean? What this report illustrates is that even with the steps private industry has taken to lower insulin costs—steps that are good, that many of us in Congress pressed them to do. But it is still voluntary, and, by the way, they could be rescinded at any time.

And even with the steps more than 20 States have taken to institute State-level insulin copay caps and even with our success in lowering out-of-pocket insulin costs for Medicaid beneficiaries, there are still millions of Americans and communities across our country that are being left behind. They live in these insulin deserts concentrated in the South and the Southeast, but you see them all over the country. They are being left behind.

According to the Department of Health and Human Services, in 2019, uninsured people with diabetes spent close to $1,000 on insulin alone. If you are poor and you are uninsured, that number is unaffordable. We know that number includes the 246,000 insured Americans who use insulin every year, and we know that number rises to more than 540,000 Americans when we include those who experience a lapse in coverage.

But even when we look past the uninsured, we know that when we include those Americans with private insurance, the total number of Americans who are left vulnerable to potential spikes in insulin prices jumps to some 2.75 million Americans.

Here is the thing: Insulin should not be expensive. It is a 100-year-old drug. When it was invented, the patent was sold for $1. It certainly shouldn't be unaffordable.

For the first time, this analysis, which my office releases today, paints a clear picture of who is needlessly suffering and whom we will leave behind if we do not pass my $35 cap for the insured and the uninsured.

We already know what happens when people can't afford their insulin. We know that one in four diabetics—listen—ration their insulin. In the United States of America, people are rationing insulin, getting insulin from friends who have relatives who have passed away. I spent time with a young woman in my State named Lacey, who is a graduate student, was meeting people on Facebook meetup groups and then meeting them in dimly lit parking lots at the local Chick-fil-A to get insulin in the United States of America, a drug, invented 100 years ago, sold for $1.

That is not right. But not only is it not right, it is not smart. It is bad fiscal policy. We know that every year Federal and State government spending on hospitalizations related to complications from diabetes totals more than $11 billion. That is more money

than it would cost to cap the cost of insulin for everybody who needs it.

And, so, yes, I am a pastor; I am going to make the moral argument, but I am saying to you that it is not right, and it is not smart.

And perhaps that is why there are many of my colleagues on both sides of the aisle who care about this issue and have long been working to make insulin more affordable for diabetics.

I want to commend my colleagues, Senator JEAN SHAHEEN and SUSAN COLLINS, for their leadership over the years that has helped keep this issue on Washington's front burner. I look forward to our continued partnership in the coming months on this issue.

I was proud that last year this Chamber passed a provision from my legislation, the Affordable Insulin Now Act, that was signed into law as part of the Inflation Reduction Act. Since January 1, that provision has been saving our seniors money by capping out-of-pocket insulin costs at no more than $35 a month for Medicare patients. And my original Affordable Insulin Now Act included a 35-dollar-a-month insulin copay cap for patients on private insurance as well, and it almost passed this Chamber.

We got close. Now it is time to get it done. We weren't successful in getting that provision over the finish line. But I was proud that earlier this year, I got together with my friend JOHN KENNEDY, and we introduced a new bipartisan version of the Affordable Insulin Now Act that would finish the work we started by capping insulin costs at $35 a month for insured Americans and uninsured Americans.

Since then, Senator KENNEDY and I have been working to build support for our legislation, which we have committed will be—listen—completely paid for. And I am proud that support for our plan has continued to grow. I am proud our bipartisan bill has the support now of a broad coalition of Senators from both sides of the aisle, from Senators FETTERMAN to PETERS, to HAWLEY, to VANCE, to WARREN, to CASEY, to BRITT, to TUBERVILLE, to BRAUN, to ROSEN—Senators who don't agree on a whole range of things, but we all know this makes sense.

Our bipartisan plan to lower insulin costs for the insured and uninsured also has the support of organizations like the American Diabetes Association, the American College of Physicians, Protect Our Care, and First Focus Campaign for Children.

So on World Diabetes Day, I encourage all of my colleagues to read this report, which we released today, because it drives home the work we should be focused on for the more than 7 million Americans with diabetes who use insulin, and it reminds us of whom we leave behind when we fail to act.

Dr. King said: Of all the injustices, inequality in healthcare is the most shocking and the most inhumane.

Shame on us if we can't get this done.

And so in closing—and nobody believes a Baptist preacher when he says ''in closing''—I think that this report is summed up by the story of a woman in the State of Georgia.

She said:

I have suffered with [diabetes] since the age of 11. [The] type of insulin that costs me hundreds of dollars every month at the pharmacy was released to market the year before I was diagnosed. I bought a vial in 1997 without insurance and it cost me $18.

In 1997.

This insulin has not changed since then—

The drug hasn't changed—

but now costs hundreds of dollars. Something needs to be done to ensure we who depend on this life sustaining medicine can continue to afford it. We will literally die in a matter of days without it. It is not a matter of choice.

I agree with her, something must be done. And so let me just thank folks in my office, dedicated public servants who have been working on this issue, especially Gabi Vesey, Annie Wang, and Harper Melnick, for their work on this report. Thank you. People who need insulin really need it. It is not a matter of choice, and Congress can make a difference by passing this bipartisan legislation.

I urge my colleagues, with all that we have to do, to prioritize this work as we handle the host of other vital issues that require this body's attention.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. KENNEDY. Mr. President, I don't intend to try to match the eloquence of Senator WARNOCK, and I am certainly not going to repeat what he just said.

Senator WARNOCK and I have introduced—as he said—the Affordable Insulin Now Act of 2023. It would cap the price of insulin for people with private insurance and people who don't have any insurance at all at $35 for a 30-day supply.

I have noticed that nobody in Washington ever stands up and says: I have got a lousy idea, and I need money for it.

It is always: I have got an extraordinary idea and an important idea and an effective idea, and we need to do this. We need to spend money.

And in almost all the cases, the people making that assertion are in good faith. They really believe that. And in many cases, it is true. They have a great idea. And a lot of what we do, as you know, is we make decisions, but we really—that means we balance interests. We have got a finite amount of money. We can't keep borrowing at the rate we have been borrowing. We have got a finite amount of money, and we have got to make hard decisions on what to spend that money on.

And the traditional dichotomy is, well, guns versus butter, domestic needs versus defense needs. But it is more complicated than that. Sometimes it is butter versus butter. And those are hard decisions to make, and I realize that.

The second point, I guess, I would make is that we deal with so many problems in the U.S. Congress that, frankly, we don't know how to solve. We are doing the best that we can, but we are really nibbling at around the edges. I don't know how to make a parent love their child.

We all know that if a parent doesn't show the parent's love for a child, the child is not going to stop loving the parent; the child is going to stop loving himself. And we know what that leads to.

And I don't know how. I don't know anybody who really knows how to make a parent love a child and support their children. That is one of those problems we deal with all the time. It is hard to solve. We don't really completely understand how to successfully help an addict stop being an addict. I wish we did. And there are things we can do to help the addict, but we don't really have the answer.

Sometimes we pretend we do, but we don't. We don't have the answer. I don't have the answer to stop people from hurting other people, from taking their stuff and doing it repeatedly.

And I could continue. All the easy problems are solved. And I make these two points that we have a lot of competing interests for the way we spend money and the point that there are some problems we really don't know how to solve. To assert—and you can believe me or not believe me, but if you will read the report that Senator WARNOCK talked about, you will see that he and I, I believe, are correct. This is a problem we can solve.

If I had to pick one health problem that affects the quality of life and costs our country and our system the most money, it would be diabetes. I don't know if you have ever known somebody with diabetes. It is a horrible disease, and it can't be cured. But we know how to treat it.

It is very pervasive. In my State, 44 percent of my people are affected by diabetes directly. Fourteen percent are diabetic. Another 30 percent are prediabetic. And Louisiana is not the only State with those kind of numbers.

Diabetics account for $1 of every $4 spent, $1 out of every $4 spent on healthcare in the United States of America. Think about that. The average cost of hospitalization for a diabetic—which if they can't pay for it, ultimately we all pay. The average cost of hospitalization for diabetic patients is from $8,400 to $23,000 a year.

And medical costs, if you look beyond the quality-of-life issue and the moral issue of just helping people who are sick, if you look at it in terms of dollars and cents, diabetes costs America $327 billion a year. That is in medical costs and lost work and wages and lost productivity.

So we know the problem, and we know the costs. And we have a solution: Insulin. It works. It works. So why don't we make insulin available to everybody who needs it, whether they

can afford it or not? And that is what our bill does. It is not going to be free. Insulin doesn't cost that much to make, and I don't begrudge the companies who sell insulin. I don't begrudge them making a profit.

But it is bone-deep, down-to-the-marrow stupid for us to allow someone whose diabetes can be managed by taking insulin not to take that insulin because they can't afford it. That is immoral, and that makes no sense in terms of dollars-and-cents cost to the rest of the American people. And Senator WARNOCK and I's bill would address that. It would say: If you have private insurance, great. But if you don't have any insurance at all, if you are uninsured—and a lot of Americans become uninsured every year; maybe they don't stay uninsured, but they become uninsured—and you are diabetic, we are going to cap your out-of-pocket cost at $35 for a 30-day supply. So you have no excuse not to take your insulin to address your diabetes.

It is the right thing to do. It is the smart thing to do. And Senator WARNOCK and I's bill is paid for. We are not suggesting we go out and just borrow more money. This bill, our bill, is paid for. It is going to be paid for by finding other moneys in the budget.

Now, Senator WARNOCK has worked extremely hard. He is the lead author on this bill, and I thank him for his big mind and his good heart and soul on this issue.

Others have worked hard too; Senator COLLINS and Senator SHAHEEN have a bill, and we are working to try to marry our two bills, the four of us. But, ultimately, what it is going to come down to, in my opinion, is that, Senators being Senators, Senator SCHUMER is the floor leader. He is going to have to force a shotgun marriage here. He is going to have to take the good work of Senator SHAHEEN and Senator COLLINS, Senator WARNOCK and my work—whether you want to call it good or not—and say: I am going to take their efforts and put them in one bill. And Senator SCHUMER's bill will be paid for; otherwise, I am not going to vote for it, but it will be paid for.

And his bill—I will wrap it up real fast—and his bill will be paid for, and it will lower the cost of insulin for insured and uninsured.

I yield to the Senator from Kansas.

The PRESIDING OFFICER. The Senator from Kansas.

LEGISLATIVE SESSION

ISRAEL SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2024—Motion to Proceed

Mr. MARSHALL. Mr. President, I move to proceed to Calendar No. 241, making emergency supplemental appropriations to respond to the attacks in Israel.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

A bill (H.R. 6126) making emergency supplemental appropriations to respond to the attacks in Israel for the fiscal year ending September 30, 2024, and for other purposes.

The PRESIDING OFFICER. The clerk will report.

Mr. WARNOCK. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk is reporting.

The Senator from Georgia.

Mr. WARNOCK. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MARSHALL. Mr. President, I ask unanimous consent for the quorum call to be vitiated.

The PRESIDING OFFICER. Is there objection?

Mr. WARNOCK. I object.

The PRESIDING OFFICER. Objection is heard.

The bill clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MARSHALL. Mr. President, I ask unanimous consent that the quorum call be vitiated.

Mr. WARNOCK. I object.

The PRESIDING OFFICER. The objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MARSHALL. Mr. President, I ask unanimous consent that the quorum call be vitiated.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, I ask unanimous consent that the quorum call be vitiated.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. Mr. President, I ask unanimous consent that the quorum call be vitiated.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. JOHNSON. Mr. President, I ask the quorum call be vitiated and ask consent to do so.

The PRESIDING OFFICER. Is there an objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Tennessee.

Mrs. BLACKBURN. Mr. President, I ask that we vitiate the quorum call.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. SCHMITT. Mr. President, I ask unanimous consent that the quorum call be vitiated.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, I ask unanimous consent that the quorum call be vitiated.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The senior assistant legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. Mr. President, I ask unanimous consent that the quorum call be vitiated.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Objection is heard.

The senior assistant legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Tennessee.

Mrs. BLACKBURN. Mr. President, I ask unanimous consent that we vitiate the quorum call so we can move to the funding of—the Israel funding bill from the House.

Mrs. MURRAY. I object.

The PRESIDING OFFICER. The Senate is not in order.

Objection is heard.

The senior assistant legislative clerk continued with the call of the roll.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mrs. MURRAY. I object.

The PRESIDING OFFICER. Is there objection?

The objection is heard.

The senior assistant legislative clerk continued with the call of the roll.