

Senator from Kansas (Mr. MARSHALL), the Senator from Kansas (Mr. MORAN), the Senator from Florida (Mr. RUBIO), and the Senator from Ohio (Mr. VANCE).

Further, if present and voting: the Senator from Kansas (Mr. MARSHALL) would have voted "nay."

The result was announced—yeas 82, nays 12, as follows:

[Rollcall Vote No. 303 Ex.]

YEAS—82

Baldwin	Heinrich	Romney
Barrasso	Helmy	Rosen
Bennet	Hickenlooper	Rounds
Blumenthal	Hirono	Sanders
Booker	Hoeven	Schatz
Boozman	Hyde-Smith	Schumer
Britt	Johnson	Scott (FL)
Brown	Kaine	Scott (SC)
Butler	Kelly	Shaheen
Cantwell	Kennedy	Sinema
Capito	King	Smith
Cardin	Klobuchar	Stabenow
Carper	Lankford	Sullivan
Casey	Lujan	Tester
Cassidy	Lummis	Thune
Collins	Manchin	Tillis
Coons	Markey	Tuberville
Cornyn	McConnell	Van Hollen
Cortez Masto	Merkley	Warner
Cramer	Murkowski	Warnock
Crapo	Murphy	Warren
Daines	Murray	Welch
Duckworth	Ossoff	Whitehouse
Durbin	Padilla	Wicker
Fischer	Paul	Wyden
Gillibrand	Peters	Young
Graham	Reed	
Hassan	Risch	

NAYS—12

Braun	Ernst	Lee
Budd	Grassley	Mullin
Cotton	Hagerty	Ricketts
Cruz	Hawley	Schmitt

NOT VOTING—6

Blackburn	Marshall	Rubio
Fetterman	Moran	Vance

The nomination was confirmed.

The PRESIDING OFFICER (Ms. BUTLER). Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

The Senator from New Hampshire.

AMERICAN DIABETES MONTH

Mrs. SHAHEEN. Madam President, I am pleased to come to the floor with my colleague Senator COLLINS to talk about the fact that this week the Senate passed a resolution designating November as American Diabetes Month.

Every November, we work together—my friend and colleague, my fellow co-chair of the Senate Diabetes Caucus, Senator COLLINS—to pass this resolution so that we can raise awareness about what is a pervasive, chronic disease that 38 million Americans live with today. The resolution also draws attention to the many barriers that patients face when it comes to receiving adequate care to manage their diabetes.

By passing this resolution out of the Senate, we are reaffirming Congress's commitment to increase diabetes treatment options, to fund more research, and to prevent new cases.

While I am grateful that the Senate has passed this resolution again this year, I wish I could say that we are

truly honoring the commitment that is outlined in the resolution. But, sadly, I am angry and I am frustrated over the lack of progress that spans not just years but decades to make common-sense changes and find real solutions to the problems that face diabetes patients.

For 38 million Americans, this isn't a matter of politics, of what political party you join or if you don't belong to one; for those 38 million, it is actually a matter of life or death, literally.

This is an issue, as I have said to this body many times, that is personal for me and my family. In the Gallery today is my granddaughter Elle, who was diagnosed with type 1 diabetes shortly before her 8th birthday. I have seen firsthand the challenges that Elle, my daughter Stefany, and their family face trying to manage Elle's diabetes.

Managing type 1, especially when you get diagnosed at such a young age, is a complicated, delicate balance of daily insulin injections, blood glucose monitoring, and other supporting drugs. Elle and her mom and her dad have spent countless hours finding a treatment regimen that keeps her blood glucose level stable and allows her to live a full, happy life.

Elle is now 24. She lives in L.A., and she has spent years advocating, herself, to improve diabetes policies as part of Breakthrough T1D, which was formerly JDRF. Yet, every year, Elle, like all diabetes patients on some insurance, has to prove to her insurer that she still has type 1. Now, I find that strange because anybody who knows anything about type 1 knows that it is a chronic illness, that it doesn't go away. And I am angry because this is real for our family and for millions of families across the country. And it is scary.

Just this week, Elle was denied coverage for a prescription that she relies on to manage her diabetes. She was denied a medication that she needs to live her very busy and full life. The medication she was denied does the same work of three other drugs combined. Now all of Elle's work to find the right treatment is back to square one because of a decision that was made not by her doctor—and she has been a patient at the Joslin Diabetes Center, which is one of the premier diabetes treatment centers not just in the country but in the world. It wasn't her doctor at the Joslin Center who made that decision. It wasn't her local primary care doctor. It was the insurance company.

I wish I could say this was the first time, but denials like these have become a common occurrence. And I think most folks know this, but in case you don't, as I said, type 1 diabetes is a chronic disease. It doesn't go away because you turn another year older. It doesn't go away because you move to a different location. Elle is going to live with this disease, unless we have a breakthrough, for the rest of her life, and she will spend, every day, some portion of her day thinking about it.

She will spend every day making choices about what to eat or drink, about the right exercise routine, and how she can best manage her levels. It is unconscionable that a decision by an insurer would make these choices even harder.

We are lucky in our family because we have resources and we have time to dedicate to researching and solving some of these issues, to try to navigate the healthcare system, but, sadly, that is not the case for so many families across this country, people like the single mom who works multiple jobs to keep food on the table for her kids.

I understand why Americans are angry with the status quo. They should be. We should all be because it is well past time we finally get help to those people who need it to address their type 1 diabetes.

I know that Senator COLLINS and I have legislation. It is called the INSULIN Act. It is an effort to help people who cannot afford the cost of their insulin. We know that is an issue because spending on insulin has tripled in the last decade. Nearly one in five patients is still forced to ration their insulin.

Capping out-of-pocket costs for insulin and finding ways to increase insulin competition are no-brainers for most Americans. Sadly, that hasn't been true in the Senate. In fact, this is an issue that receives so much support from the American people that addressing insulin costs has, sadly, become a political football. Unfortunately, that comes at the expense of patients who rely on daily insulin to survive.

Senator COLLINS and I started working on this issue—our legislation in 2019. Part of the effort includes funding more research into curing diabetes. The diabetes community has seen advances in treatment, but insulin, which was invented over 100 years ago, is still the only real way to manage the disease.

The Special Diabetes Program, or SDP, funds vital research into type 1 at the National Institutes of Health. SDP also funds successful diabetes prevention and treatment programs for American Indian and Alaskan Native communities because they are disproportionately affected by the disease. These programs have a proven track record, but until last year, the Special Diabetes Program was flat-funded for two decades.

Senator COLLINS has done remarkable work, and I think it is not a coincidence that when she became vice chair of the Appropriations Committee, we finally got an increase in the reauthorization of the Special Diabetes Program. But we have to pass that reauthorization again by the end of this year.

Now, I hope Congress will finally realize the importance of this program and provide it the funding that it deserves. I hope that we can also get this body to pass our INSULIN Act because, for Elle, for families across this country, in every corner of every State, we

have to do better for all of them, for the people who love them, because behind every statistic is a person who is just trying to make ends meet.

We have the power here to make their lives easier, to make healthcare more affordable for the millions of people who are living with diabetes. We can create a future where no one has to choose between their health and their livelihood. Why wouldn't we take this opportunity to help our neighbors? I know Senator COLLINS and I will continue to work toward that end.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Madam President, first, let me thank the Senator from New Hampshire, Senator SHAHEEN, for her extraordinary leadership on diabetes. She has worked night and day on this issue the entire time she has served in the Senate. Together we formed a bipartisan partnership that recognizes that diabetes affects men and women and children of all races, political affiliations, parts of the country. It is ageless. It simply does not care.

During American Diabetes Month, it is critical that we continue to raise awareness about the burden of diabetes on the 38 million Americans living with either type 1 or type 2 diabetes. This is an astonishing 12 percent of the U.S. population, and it includes more than 116,000 adults in my State of Maine.

For those with type 1 diabetes in particular, there is no day off from this disease. I know so many children who were diagnosed as children with type 1, and this is a disease they will have for the rest of their lives, absent a cure. They include a 10-year-old boy whom I met my very first year in the Senate, in 1997. I will never forget his looking up at me and saying: Senator COLLINS, I wish I could just have one day off each year from my diabetes—my birthday or Christmas—just one day.

It was then that I knew I had to dedicate my efforts toward better treatments, earlier diagnosis, and one day a cure of this devastating disease. Since then, my life has been enriched by getting to know so many people who have type 1 diabetes.

I think of Aidan Sweeney, whom I first met at a Children's Congress, where children from all over the United States came to Washington to talk about what it was like to have type 1 diabetes. Aidan was just a toddler when he came with his mother Caroline Sweeney to testify before Congress. She testified for him. Today, he is a thriving college student in Boston.

I think of people like Ruby Whitmore, one of my neighbors in Maine, who has had diabetes since a very young age.

I think of my niece Nicole Wiesendanger, who has kept a log, a journal of her journey with type 1 diabetes.

I think of Bek Hoskins, whom I met just this past year, who, because of the

price of insulin, felt that she could not take the full amount that she was advised to take by her doctor and ended up in the emergency room of a hospital, very ill.

I am appalled to learn of the experience of Senator SHAHEEN's granddaughter, who has lived with type 1 since she was just 8 years old and was recently denied care that she requires. I agree with Senator SHAHEEN that we must hold insurance carriers accountable when they apply unreasonable utilization management techniques that benefit the companies at the expense of everyday Americans and that contradict the best treatment for the person with type 1. Doctors and patients in Maine are frustrated with the unfair burden these practices add to the burdens these individuals are already coping with. We must and we can do better.

Diabetes is also one of our country's most costly diseases in both human and economic terms. It is the leading cause of kidney disease, blindness in working-age adults, lower limb amputations, heart disease, and stroke. Approximately one in four healthcare dollars and one in three Medicare dollars are spent treating people with diabetes. Diabetes cost our Nation \$413 billion in 2022, and medical expenditures for individuals coping with diabetes are roughly 2.6 times higher than expenditures for those without the disease.

As the founder and the cochair of the Senate Diabetes Caucus, I have been proud to lead this bipartisan resolution designating the month of November as "American Diabetes Month." My hope is that it will increase public awareness and support for Federal policies and investments that will help us to better treat, prevent, and ultimately cure this disease. I join Senator SHAHEEN in thanking our many Senate colleagues for supporting this resolution and passing it by unanimous consent on Tuesday.

While American Diabetes Month is an important opportunity to raise awareness about the burden of diabetes, it should also be a time to celebrate the progress that we have made in improving the lives of millions of Americans living with this disease.

One example of progress is the sustained Federal investments in programs that help prevent and treat the disease and its complications, including the Special Diabetes Program, which, as Senator SHAHEEN pointed out, is set to expire at the end of this year. We cannot allow that to occur. Earlier this month, I was proud to lead a bipartisan letter to our Senate leadership, signed by 55 Senators, emphasizing the importance of the Special Diabetes Program.

From new technologies like the artificial pancreas systems to new therapies to delay the clinical onset of type 1 diabetes, this program is improving the lives of people with diabetes today and accelerating the progress to cures.

I remember when I first became involved in this issue, the number of

daily finger pricks that were necessary, the alarms that had to be set during the nights so that parents could check on their children with type 1, the burdensome large pump systems that were used. We have come so far with the closed-loop artificial pancreas, the continuous glucose monitors that can send a phone message and an alarm to a parent if a child's blood sugar has become too high or too low. We have come a long way. But it has taken investment, and that is what we must continue.

Through continued Federal investment in biomedical research and prevention programs and by passing bipartisan legislation to address the high costs of insulin, like our INSULIN Act, as well as broader pharmacy benefit manager reform, Congress has the opportunity to continue to build on this progress for the benefit of those living with diabetes.

Madam President, I look forward to continuing to partner with Senator SHAHEEN and the members of the Senate Diabetes Caucus that we cochair to advance policies, to remove barriers to care, to lower the costs of insulin, and to support the critical research and prevention programs that are so important to the quality of life to those millions of Americans living with diabetes.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. BOOKER). Without objection, it is so ordered.

The senior Senator from Maryland.

REMEMBERING SERGEI MAGNITSKY

Mr. CARDIN. Mr. President, I come to the floor today to honor the legacy of Sergei Magnitsky, who was killed 15 years ago this weekend. Sergei was born in 1972 in Odessa, in Ukraine. He was brilliant. He won the physics and mathematics Olympiad when he was just 15 years old.

He knew right from wrong and was willing to stand up for what he believed in. Working as a tax attorney in Moscow, he uncovered a scheme that included the theft of \$230 million of taxes by Russian corrupt officials. He not only filed criminal complaints against the Russian police officers involved; he testified against them. He named names. He did what any lawyer and responsible citizen should do. He believed that individuals should be held accountable for their corrupt actions.

In response, they arrested Sergei. They held him in custody for 358 days. They refused visits from his wife and mother and telephone calls with his children. They denied him medical care. They tortured him, trying to get him to recant his testimony.

Most people would have given in, but Sergei refused. So they had him chained to a bed as eight guards with rubber batons beat him to death.