

at that pace. And to put this in more concrete terms, we lost more Americans in a single year to overdose than in the entirety of the Vietnam war or the Korean war—in just 1 year, 105,000 people.

For every death, we unleash waves of grief and hurt on families and communities that lose one of their own. Now, 105,000 deaths is more than unacceptable; it is a tragedy. And this epidemic is made worse by the scourge of xylazine. The tragedy does call for immediate, full-scale solutions. Americans need solutions that work.

In developing those solutions, we must be conscious about any unintended consequences, and I am concerned about the unintended consequences of passing the Combating Illicit Xylazine Act.

The bill would require scheduling xylazine under the Controlled Substances Act as a schedule III drug. And these schedules are meant to create restrictions based on a balance of the substance's legitimate medical use and their potential for abuse. It is a balance. And in the United States we actually have a process to schedule xylazine and other drugs. We have a process that is time tested, that requires the Department of Health and Human Services to provide a scientific and medical evaluation.

And as the Drug Enforcement Administration, the DEA, has indicated, they have already started that process. So instead of waiting for the scientific and medical evaluation to be completed, this bill would actually require we skip the process and let Congress decide what scheduling is the most appropriate.

But, ultimately, this process is something which I believe has to be given due respect. If we schedule this without waiting for the experts, this could lead to more people struggling with addiction, having a hard time asking for help, and less research into xylazine testing, overdose reversal, and treatment.

So, from my perspective, I just don't think we should be skipping over expert recommendations that would help us avoid those unintended consequences. And efforts to skip medical and scientific evaluation should certainly not be supported by the DEA, working to undercut the administration's own health experts in their role in developing a scheduling recommendation.

So there is a tension here that exists between the DEA and between our health officials in terms of the processes that we should be using. And I understand that part of the justification for a legislative solution is to create exemptions for veterinary medicine to avoid unnecessary interference in legitimate uses of xylazine. We can do that once we have a complete medical and scientific recommendation, and I look forward, obviously, to working with my great friend Senator CORTEZ MASTO—she is, again, a great leader in

this battle against the opioid epidemic—to identify the appropriate legislative solution once we have obtained that medical recommendation from the medical experts.

I also look forward to working with the Drug Enforcement Administration in making a serious effort to support Americans who are struggling with addiction, and that includes increasing access to medication treatment, including methadone, for opioid use disorder.

Senator CORTEZ MASTO and I agree xylazine is dangerous. Our overdose epidemic is unacceptable, and we need solutions. I am honored to work with Senator CORTEZ MASTO in this fight. We have solutions that we can pursue. We need to pass the Support Act Reauthorization. We need to give communities the tools to test and respond to substances coming into their communities. We need to train and support law enforcement and health providers responding to overdose after overdose. We need to break down old War on Drug structures that make it nearly impossible for Americans to get treatment they need without being criminalized, penalized, and stigmatized. But in pursuing these goals, we cannot provide solutions that offer the potential of undermining the process that has been in place to rely upon medical and scientific evaluation and then work in coordination with the Drug Enforcement Agency.

For that set of reasons, at this time, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, I absolutely respect my colleague from Massachusetts and look forward to working with him.

Let me just put on the record here the concern in why this legislation is so necessary. Time is of the essence here. We are talking about saving lives.

Never, ever would we want to undermine the process to move forward, but unfortunately, in this case, the process of moving forward is going to take, one, time that we know is very bureaucratic; two, the process moving forward, if we are to wait for it, does not take into consideration our veterinarians, farmers, and ranchers. If we wait for the proposal to come forward from the DEA, that proposal will not carve out and still allow this particular drug, xylazine, to be utilized by our veterinarians and farmers. It will absolutely make it a schedule III and take it off completely.

That is why this legislation was essential. That is why, working with our veterinarians and working with the DEA and the entire executive branch, we wanted to bring them into this process, without undermining that process, to make sure we were doing everything possible to address this in a timely manner.

It is also why, earlier this year, the executive branch issued several legisla-

tive proposals in its "Detect and Defeat" Counter-Fentanyl Proposal, which was shared with Congress. Those proposals made a provision to make xylazine a schedule III drug. That legislation proposed to place xylazine in schedule III by the executive branch is supported by the entire executive branch, including specifically the Department of Health and Human Services and the Food and Drug Administration. They have been brought into the process. Those are the health experts.

That is what this is about. The goal was to bring everybody together now, to bring all the key stakeholders so we can make this timely legislation and move it because time is of the essence if we are to save lives. That is why, honestly, many of the veterinarian associations across the country, including in Massachusetts, support this process. They do not want to be left out.

If we are to wait for the DEA process to go forward, there is not going to be a carve-out for veterinarians to access this drug.

This was my attempt and Senator GRASSLEY's and so many of us working with all the key stakeholders on good legislation that makes sense, that is common sense to move forward here. Nobody was left out of the process, including the health experts.

I am disappointed we can't move this today, but I am hopeful, working with my colleague from Massachusetts, that we can provide him with the necessary information that he is seeking to move this legislation in a timely manner. I know he cares about this issue, about saving lives, as well.

The PRESIDING OFFICER. The Senator from Oregon.

PHARMACY BENEFIT MANAGERS

Mr. WYDEN. Mr. President, earlier this week, Democrats and Republicans from both the House and the Senate made a deal that struck a blow against the healthcare middlemen that manipulate our healthcare system to enrich themselves.

Unfortunately, the very first act of the second Trump administration—or should I say, the first Musk administration—was to step in and strip out the bipartisan agreement that stops the drug middlemen known as pharmacy benefit managers from ripping off taxpayers and seniors.

We all understand that healthcare is an unavoidable expense for most American families. That is why I went into public service. Healthcare is not a Democratic or a Republican issue; it is a family issue. And we know if you or your loved ones don't have their health, everything else in the house goes by the board.

Unfortunately, the chaos sown by the President-elect and his billionaire "mini-me"—though, again, it is hard to tell which is which—they serve to protect the middlemen, the pharmacy

benefit managers, and insurance companies that take money out of the system while our families are stuck with big medical bills and substandard care.

Donald Trump has spent the last 2 weeks telling everybody who will listen that he wants to take on the drug middlemen. Let me quote Donald Trump here. He said:

They're rich as hell.

We're going to knock them out.

Well, at the very first opportunity to do that, he abandoned that pledge in order to follow Elon Musk's lead.

You don't choose to do business with pharmacy benefit managers, but I will tell you, they are dining out on your paycheck, nevertheless. These PBMs squat between Big Pharma and the insurance companies. While they are supposed to negotiate coverage and the price of prescription medicine for your insurance plan, they have ended up favoring higher priced drugs by taking a fee that is linked to the price of the drug.

The effort to reform these PBM practices has been bipartisan from the get-go. It ought to be a no-brainer. I think I told the President of the Senate, the Senator from Idaho, Senator CRAPO, and I kicked this effort off 2 years ago when the Senate Finance Committee passed a bill 26 to 0 and the House of Representatives has worked in a similarly bipartisan way.

Our legislation would end the practice of profiting off higher prices in Medicare by ensuring that a PBM can only receive a flat fee from drugmakers. That is going to save taxpayers' and seniors' hard-earned dollars because, finally, these pharmacy benefit managers are going to have an incentive to pick lower priced drugs.

Let me just pause on that point for a second. These middlemen are not the good guys. Earlier this week—and I heard my colleagues talking about matters involving opioids—the New York Times reported that in negotiations with opioid manufacturers like Purdue Pharma, the pharmacy benefit managers traded away protections designed to reduce the rate of opioid overdoses and addiction in order to make yet another fast buck. These are the people Donald Trump is letting off the hook at Elon Musk's direction.

The bipartisan agreement, I might also add, is particularly important for us Westerners because we have seen our small, independent community pharmacies hit so hard. These small businesses have been closing their doors at an alarming rate over the past decade, again, in large part, due to the practices by these PBM giants. The pharmacy benefit managers are able to pay independent pharmacies whatever they feel like and then the little pharmacy in Arizona or Oregon or Idaho or anywhere else—the small pharmacy has to accept what the PBMs will pay.

What we do in our bipartisan legislation, what a number of committees in the Senate have worked on—what has been the effort in the House and what

our program is all about is giving the small pharmacies a chance to fight back by reporting unreasonable contract terms to a Federal watchdog who is in a position to enforce a fair contract.

That is going to mean that independent community pharmacies are paid what they are owed and keep their doors open in rural America without having to pay off the PBMs by gouging customers.

Beyond the drug middlemen—I am just going to mention several other areas that the bipartisan legislation cracks down on in terms of helping the American people. The bipartisan legislation goes after ghost networks that are blocking Americans from getting the care they need. What these ghost networks are all about is, essentially, the insurance companies take your money, and then there aren't any providers, there aren't any navigators, there isn't anybody to help you get your coverage.

So under what we are calling for in a bipartisan way, the insurance companies would have to have a list of doctors that actually are going to make care available so Americans who need care can contact them, make an appointment, and not have to pay extra costs by going out of the healthcare network they paid for.

Too often, based on investigations conducted by the Government Accountability Office, as well as the investigative staff in the Finance Committee, we have found that, essentially, these ghost networks mean there is no: There, there. You paid your money, and you can't get access to real care. Either the doctors don't take new patients, nobody picks up the phone, you aren't able to get what you paid for.

Finally, the bipartisan agreement—that Donald Trump has directed be rejected. The bipartisan agreement strengthens requirements for insurance companies that sell Medicare Advantage plans to make sure that their directories are actually up to date.

Once again, we are seeing an area that cries out for reform because Americans across the political spectrum are sick and tired of paying premiums for health insurance, only to find they can't actually get care when they need it. So Medicare Advantage, ghost networks, these are the areas that we are strengthening in our bipartisan effort.

I will close by saying there is a lot more to like in the legislation when it comes to healthcare, like continuing access to telehealth and Medicare.

Again, Mr. President, bipartisan.

The late Senator Orrin Hatch negotiated with me the Chronic Care bill, which had telemedicine provisions which became the foundation for what we did to fight COVID—again, during the Trump administration.

But we are not getting the benefits of telehealth if we reject this bipartisan agreement, as Donald Trump is urging.

Telemedicine is in our package and higher funding for community health centers.

I want to commend Senator SANDERS and Senator CASSIDY for working in a bipartisan way on that. And we also have improvements to help moms and kids and Americans with disabilities and seniors with Medicaid coverage. Those, of course, are the dual eligibles, the folks who are eligible for Medicaid and Medicare.

I come to the floor simply to say, we have the holidays coming up. Everybody understands that. But there is another gift we can give to the American people, and that is a more fair shake in American healthcare.

We are spending enough money, Mr. President. We are spending over \$4 trillion. There are 330 million of us. Divide the 330 million into \$4 trillion, you could send every family of four in America a check for more than \$50,000 and say: "Get your healthcare." We are not spending it in the right places. I will tell you, in many instances, the reason that is the case is because of these middle men. They made sense 30 years ago when you didn't have all the technology and all the data and people who knew how to use it. But today, these pharmacy benefit managers are, in too many instances, ripping off seniors and taxpayers. And I hope Donald Trump will see that our bipartisan bill is important to do now; important to do before we go home and get some relief to seniors and taxpayers.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

DEFENDING AMERICAN PROPERTY ABROAD ACT

Mr. HAGERTY. Mr. President, I am here today to discuss worrying developments in Mexico, our neighbors to the south, and to promote a solution in which we can all work together in the next Congress.

Sadly, I also need to call out actions by our own U.S. trade representative that would directly undermine American companies facing threats from Mexico by allowing the Mexican government to expropriate their properties.

Under the leadership of Mexico's previous President, Andrés Manuel López Obrador—colloquially known as "AMLO"—and current President Claudia Sheinbaum, the Mexican government is committing a blatant theft against a major American company and, by extension, the United States itself.

Earlier this year, AMLO launched an aggressive campaign of intimidation and "lawfare" to support the outright theft of assets in Mexico belonging to Vulcan Materials, an Alabama-based company that has been a trusted partner in our Nation's infrastructure development for decades. Vulcan built and operated the only deepwater port on the Yucatan Peninsula and has used it to supply the crushed limestone essential to infrastructure projects from Florida to California.

Vulcan's operations in Mexico are not just a business venture; they form