

policy matters. In other words, in order for the two branches to effectively work together on trade, the Office of the USTR needs to be fully functional and fully staffed.

Unfortunately, up to now, some on the other side have been making unreasonable and wholly unrelated demands in relation to the confirmation of President Trump's nominee to be USTR even though he has support from Members of both parties. This is unfortunate. However, I am working with my colleagues to remove any remaining roadblocks, and I am hoping we can make progress on this very soon.

As one can see, we have quite a bit of work to do here in Congress, and I am only talking about a handful of the major issues before us. I am very concerned. There are, of course, many other priorities we need to address and matters we need to resolve. I am hoping that in the coming weeks and months, as we put more distance between us and the 2016 election, more of our colleagues on both sides will be amenable to working together to address these kinds of issues even if it means allowing President Trump to claim some successes.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

IMPROVING ACCESS TO AFFORDABLE PRESCRIPTION DRUGS ACT

Mr. FRANKEN. Mr. President, I rise to talk about a path forward on healthcare.

Last week, Republicans in the House failed to pass the American Health Care Act—a deeply flawed policy that amounted to little more than a massive tax break for the wealthy at the expense of working people. The failure of that bill means that, as Speaker RYAN put it, the ACA is the law of the land for the foreseeable future. So today I would like to invite my colleagues on the other side of the aisle to leave repeal efforts behind and instead roll up their sleeves and work with me and other Democrats to improve the system we already have, which is the law of the land for the foreseeable future. It is time to pass commonsense reforms that build on the successes of the ACA and lower healthcare costs.

In a recent HELP Committee hearing, Chairman ALEXANDER said that he wanted to work on a bipartisan basis to stabilize the individual market. Great. Let's do that. We should reinstate and strengthen programs that help insurance companies stay in the marketplace and continue to serve even the sickest patients. We should pass a public option to make sure there is competition in every market. We should provide more tax credits to more people.

While we work on those things, there is something else we should do, something that, together with a group of my colleagues, I introduced a bill about yesterday. It is time to bring down

healthcare costs for everyone by reducing the price of prescription drugs. It is time to pass the Improving Access to Affordable Prescription Drugs Act.

I think all of us would agree that no one should have to choose between affording a lifesaving drug and putting food on the table for one's family, but right now that is happening. Companies are setting prices that are beyond the reach of consumers and that are driving up costs for insurers and taxpayers.

One in five Americans says he has not filled a prescription simply because he could not afford it. Others are rationing care due to high prices. A study published just last month found that about 10 percent of cancer patients skipped their medication and about 13 percent delayed filling their prescriptions. We have all been shocked by the stories of EpiPen's prices shooting up nearly 500 percent. The price of insulin has more than doubled in the last 5 years.

Drug companies can essentially set whatever prices they want. As a result, in recent years, drug companies have secured some of the highest profit margins of any industry.

Drug prices are too high. That is why my colleagues and I are introducing comprehensive legislation to tackle prescription drug prices. We want to make sure companies cannot exploit the sick and dying to make a profit. The bill includes 17 policy changes that will improve transparency, promote affordability, spur innovation, and enhance competition. Today, I would like to highlight just three of those provisions.

First, transparency. This legislation requires drug companies to disclose how much they spend on research, manufacturing, and marketing, as well as research grants from the Federal Government, to help all of us understand why prices for lifesaving drugs are so high. It is especially galling that so many drugs that are developed with taxpayer dollars are unaffordable for so many Americans. Getting this information would help all of us hold drug companies accountable, and that can be an important step toward bringing prices down.

Second—something that President Trump called for on the campaign trail—the bill will allow Medicare to negotiate lower prices for prescription drugs. It is just common sense that the biggest buyer of pharmaceutical products in America should be able to use its negotiating clout to bring prices down.

Third, the bill would end the practice of so-called pay-for-delay. Right now, drug companies that make the expensive brand-name drugs will pay other companies that make generic alternatives to keep their products off the market. This is called pay-for-delay. It is outrageous, and it is increasingly common. This bill will stop these agreements once and for all.

There is a lot more that this bill does. It penalizes companies that price-

gouge for lifesaving medicine, and I think we can all agree on that. It puts a cap on out-of-pocket drug costs in insurance plans. It speeds up generic competition. It funds new innovation and includes a number of other provisions.

Tackling the high cost of prescription drugs is an issue many of my colleagues care deeply about. This bill reflects many of their ideas and proposals, and I am grateful for their work with me. Moreover, it is obvious that the public is ready for action on this issue. Overwhelming majorities of Americans in both parties support government action to curb out-of-control drug prices.

I am eager to hear from colleagues on both sides of the aisle and from the administration about how we can work together to pass the reforms into law. This is an area of health policy that Democrats are eager to work on, and we hope the President will stand by his promise to stand up to drug companies and reduce costs for American families. It is morally wrong that some people are denied access to lifesaving drugs because they cannot afford them, and it is something we can fix.

I am in the Senate so that I can fight for policies that improve people's lives. That is why I am here. With this bill, I am trying to do exactly that. I hope my colleagues on both sides of the aisle will join me in helping to bring down the cost of prescription drugs.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER. Without objection, it is so ordered.

AFFORDABLE CARE ACT

Mr. DURBIN. Mr. President, for 7 years, Republicans in Congress have promised to "repeal and replace ObamaCare," but not once during those 7 years did they actually put together a piece of legislation to make good on that promise.

Not once during those 7 years did Republican leaders actually convene serious hearings and meetings with patients, hospitals, insurers, and medical groups to discuss how best to reform our healthcare system, instead preferring to just rail against the law.

Not once during those 7 years did congressional Republicans actually try to sit down with Democrats and work on a bipartisan basis to improve upon the law.

But here is what they did do: They did everything possible to gum up the works, with many Republican Governors even refusing to expand Medicaid, denying millions of their constituents access to healthcare.

They went on TV, did interviews, and held campaign rallies about how all of