

S. 1539

At the request of Ms. KLOBUCHAR, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 1539, a bill to protect victims of stalking from gun violence.

S. 1559

At the request of Mr. RISCH, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 1559, a bill to ensure a complete analysis of the potential impacts of rules on small entities.

S. 1679

At the request of Ms. DUCKWORTH, the name of the Senator from Hawaii (Ms. HIRONO) was added as a cosponsor of S. 1679, a bill to amend the Foreign Agents Registration Act of 1938 to increase enforcement of certain violations and strengthen certain transparency requirements.

S. 1803

At the request of Mr. HATCH, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of S. 1803, a bill to improve medical research on marijuana.

S. 2005

At the request of Mr. COONS, the names of the Senator from Iowa (Mrs. ERNST) and the Senator from Delaware (Mr. CARPER) were added as cosponsors of S. 2005, a bill to amend the Internal Revenue Code of 1986 to extend the publicly traded partnership ownership structure to energy power generation projects and transportation fuels, and for other purposes.

S. 2009

At the request of Mr. MURPHY, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 2009, a bill to require a background check for every firearm sale.

S. RES. 279

At the request of Mr. DURBIN, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. Res. 279, a resolution reaffirming the commitment of the United States to promote democracy, human rights, and the rule of law in Cambodia.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. BLUMENTHAL, Mr. MARKEY, Mr. REED, Mr. BROWN, Mr. WYDEN, and Mrs. MURRAY):

S. 2119. A bill to amend title 38, United States Code, to prohibit smoking in any facility of the Veterans Health Administration, and for other purposes; to the Committee on Veterans' Affairs.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2119

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROHIBITION ON SMOKING IN FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) PROHIBITION.—Section 1715 of title 38, United States Code, is amended to read as follows:

“§ 1715. Prohibition on smoking in facilities of the Veterans Health Administration

“(a) PROHIBITION.—(1)(A) Except as provided in subparagraph (B), no person may smoke indoors in any facility of the Veterans Health Administration.

“(B) In the case of a facility of the Veterans Health Administration that is a community living center, no person may smoke indoors in such facility on or after December 31, 2018.

“(2) No person may smoke outdoors in any facility of the Veterans Health Administration on or after October 1, 2021.

“(b) DEFINITIONS.—In this section:

“(1) The term ‘community living center’ means a facility of the Department that provides nursing home care.

“(2) The term ‘facility of the Veterans Health Administration’ means any land or building (including any medical center, nursing home, domiciliary facility, outpatient clinic, or center that provides readjustment counseling) that is—

“(A) under the jurisdiction of the Department of Veterans Affairs;

“(B) under the control of the Veterans Health Administration; and

“(C) not under the control of the General Services Administration.

“(3) The term ‘smoke’ includes the smoking of cigarettes (including e-cigarettes or electronic cigarettes), cigars, pipes, and any other combustion of tobacco.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by striking the item relating to section 1715 and inserting the following new item:

“1715. Prohibition on smoking in facilities of the Veterans Health Administration.”

(c) CONFORMING AMENDMENT.—Section 526 of the Veterans Health Care Act of 1992 (Public Law 102-585; 38 U.S.C. 1715 note) is hereby repealed.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 90 days after the date of the enactment of this Act.

AUTHORITY FOR COMMITTEES TO MEET

Mr. GRASSLEY. Mr. President, I have a request for a committee to meet during today's session of the Senate. It has the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committee is authorized to meet during today's session of the Senate:

COMMITTEE ON FINANCE

The Committee on Finance is authorized to meet during the session of the Senate on Monday, November 13, 2017, at 3 p.m., in SH-216 to conduct hearing on the “Tax Cuts and Jobs Act.”

FEMA ACCOUNTABILITY, MODERNIZATION AND TRANSPARENCY ACT OF 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Sen-

ate proceed to the immediate consideration of Calendar No. 223, H.R. 1679.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (H.R. 1679) to ensure that the Federal Emergency Management Agency's current efforts to modernize its grant management system includes applicant accessibility and transparency, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

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

The bill (H.R. 1679) was ordered to a third reading, was read the third time, and passed.

ORDERS FOR TUESDAY, NOVEMBER 14, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. on Tuesday, November 14; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Bradbury nomination; further, that the Senate recess from 12:30 p.m. to 2:15 p.m. to allow for the weekly caucus meetings; finally, that all time during recess, adjournment, morning business, and leader remarks count postcloture on the Bradbury nomination.

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR—Continued

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate resume executive session and the Bradbury nomination.

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

The Senator from Florida.

UNIVERSITY OF MIAMI FOOTBALL TEAM

Mr. NELSON. Mr. President, I rise to speak on the nomination of Steven Bradbury, but first I want to speak on a much lighter subject, the reason that I wore this orange tie. The University of Miami football team has a perfect record. This is hearkening back to the glory days, and I will tell you why I do this.

My neighbor and one of my best friends, Cortez Kennedy, who was originally from Arkansas, was the defensive player of the year for the national championship team in 1989 at the University of Miami. Then, he spent 10

years with the Seattle Seahawks, and he was an NFL Pro Football Hall of Famer.

I am doing this for my friend, Cortez Kennedy, whom we lost 6 months ago to a heart attack, much too early, at the age of 48. What a Miami fan he was, and how proud he would be now of his cherished University of Miami football team and the perfect record they have thus far.

Mr. President, now I speak to Steven Bradbury. We have seen real trouble signs lately in the transportation safety area. Last year was the most deadly year on the highways in nearly a decade. Over 37,000 people were killed in highway accidents in 2016, an increase of 5.6 percent over the previous year. Many of those fatalities were preventable and were caused by people not wearing seatbelts or driving under the influence of alcohol or drugs or distracted drivers.

We need leaders in the Department of Transportation who are willing to speak up and take action to reduce these highway deaths. We also need leaders who embrace a safety culture and ensure that defects in automobiles are quickly addressed.

Let me talk about something that is one of the most egregious defects that we have heard about—the Takata airbag fiasco. It has caused 16 deaths and 180 injuries worldwide.

This came to my attention several years ago through the Orlando Police Department in what was thought to be a fender bender in the middle of a traffic intersection. By the time they got to the driver of the car, they thought it was a homicide: Her throat had been slit, and she had bled to death. But, indeed, a Takata airbag had exploded—a defective airbag—and all the metal surrounding the housing of the airbag. The defective material exploded with such force, it was as if a grenade exploded right in the face of the driver.

There have been 16 deaths and 180 injuries worldwide. It was a fender bender for the lady in the middle of the intersection, but the airbag exploded and sent metal shards into her neck and cut her jugular.

A big, strapping, very muscular firefighter had a Takata airbag explode in his face, and he doesn't have a left eye anymore. He can't be a firefighter anymore.

These are just two that happened in my hometown of Orlando.

Many of the deaths we have seen in the Takata airbags are due to pure neglect, but it is also true that Takata covered up critical defect information. Information has come to light that engineers at Takata kept it from becoming public—these defective Takata airbags—when, in fact, they knew they were defective. On top of that, the regulator—the National Highway Traffic Safety Administration—did not react quickly enough.

This brings us to the fact that we need people in the Department of Transportation who will take a strong

stand for safety, and that brings me to the nomination of Steven Bradbury, who is up for general counsel. Indeed, he has had a lengthy legal career, but far too much of his legal career involved working against the interests of safety.

For almost 2 years, Mr. Bradbury represented Takata in its response to our Senate Commerce Committee and in the NHTSA investigations. Naturally, when he came in front of our committee, I asked him if he would recuse himself from all matters involving Takata if confirmed to this position because he had represented Takata as their lawyer for 2 years. But listen to what he said. He said that while he will recuse himself from Takata airbag matters, he has not agreed to recuse himself from all Takata matters, such as their pending bankruptcy. Wait a minute. Are you going to recuse yourself from the client you used to represent or not? He in essence said he is not.

In Mr. Bradbury's legal career, he has also represented several airlines in antitrust and consumer proceedings—and I emphasize consumer proceedings. It is hard for me to see how he will put that past representation aside and work for airline consumer protections. For example, if you check a bag and it gets to you late, you at least ought to get your bag fee refunded. In the Commerce Committee, we were able to get that into last year's FAA reauthorization bill, but it is another potential conflict.

Drivers and consumers need champions at the Department of Transportation. Unfortunately, I believe Mr. Bradbury has not demonstrated the ability to put consumers first; therefore, I will oppose his nomination.

Mr. President, I yield the floor.

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.

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

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

PRESCRIPTION DRUGS

Ms. KLOBUCHAR. Mr. President, last month, President Trump said that pharmaceutical companies are "getting away with murder." Those were his words, not mine. It is not the first time he has said it, and there is some truth to it. So it is time to get specific and then question why he just announced that the person who will be running the health department for the United States of America has spent 10 years running a pharmaceutical company.

Look at what is happening. When a company hikes the price of a lifesaving drug by 5,000 percent overnight, he is right—that is getting away with murder. When the price of 4 of the top 10 bestselling drugs in this country goes up by 100 percent in the last few

years—we are not talking about one specific drug, a rare drug; no, we are talking about 4 of the top 10 bestselling drugs going up 100 percent in just the last few years—that is getting away with murder. When Americans are forced to skip doses or split pills because they can't afford their prescription, that is getting away with murder. When the administration repeatedly delays penalties for drug companies that intentionally overcharge hospitals for prescription drugs, that is getting away with murder.

So what do we find out today? After the President has said that these companies are getting away with murder, we find out that he has nominated the former president of one of the country's biggest drug companies as the Secretary of Health and Human Services, someone who has been in that industry for 10 years running the biggest company. It is happening again. They are getting away with murder.

In the United States—the biggest economy in the world, the frontier for capitalism—drug prices are higher than any other developed nation. That is outrageous. So, yes, they are getting away with a lot.

So here is my question: Why are we letting them? Why are we literally putting former pharma executives in charge of healthcare policy for our country? Why can't we get anything done to actually lower drug prices in America?

I have often said that the pharmaceutical industry owns Washington. Now, with this announcement today, they will actually be running it.

Lowering prescription drug costs is my top priority. Healthcare is one-sixth of our economy, and prescription drug costs account for over 15 percent of all healthcare spending. This has a big impact on families, on communities, on our economy, and on our country.

For most Americans, this is deeply personal. Everyone has their own story. My daughter has a severe nut allergy. She keeps an EpiPen with her at all times. So when the price of that particular prescription drug went up and up and up, like parents across the country, I noticed. I took action. I spoke out, moms and dads all across the country spoke out, and we saw some reduction in those prices. But we shouldn't have to have a social media campaign, a write-in campaign, and Members of Congress giving speeches on the floor for every single drug to see a reduction in prices.

Abigail just graduated from college. I don't want her to have to think about this for the rest of her life when she is filling a prescription. But what about the thousands of others like her, young people just starting their careers who can't afford to pay these skyrocketing prices? I don't want parents to worry about how to afford the inhaler their kid relies on to get through the day. I don't want seniors to worry about how they will be able to put food on the

table and pay for the insulin they need. But that concern for so many—for too many—is constant. As prescription drugs keep rising, so does the worrying, so does the concern.

Over and over again, that is what I hear from my constituents. I don't think one of them would tell me that they think the solution is to do nothing legislatively and then put the head of one of the biggest pharmaceutical companies in our country into the job of running healthcare policy. No, I don't think they would think that is going to fix everything. It is not fair, it is not right, and we need to do something about it.

Look at the numbers. Why is it happening? Last year alone, the drug companies spent \$152 million lobbying Congress, and it is getting worse. They are doubling down on their bets by betting on an administration with big ties to pharma. There are more than 800 lobbyists working for the pharmaceutical industry, meaning that almost every Member of Congress is double-teamed by the lobbying force. Every Member of Congress now, when you look at the registrations, has two lobbyists assigned to them from pharma. Is it no surprise that now we are going to have the nominee as head of HHS, Health and Human Services, someone directly out of pharma? I don't think so.

In my first run for the Senate, in 2006, I talked about how Medicare should be able to negotiate drug prices on behalf of millions of seniors. It was such common sense. In each Congress since 2011, I have introduced bills to allow Medicare to do just that. Right now, Medicare is barred by law from negotiating directly with the drug companies. That seems pretty crazy to me. I think 41 million seniors would have a lot of power. They are good at getting bargains. They want to get some bargains on their prescription drugs. You harness that bargaining power and allow the U.S. Government to negotiate on their behalf with the pharmaceutical companies. By the way, that would not just bring drug prices down under Medicare for seniors; it would bring drug prices down for everyone because that is such a large chunk of the people who are using prescription drugs.

This bill has not passed year after year. Why? Is it because the people don't want it? No. A recent poll found that 92 percent of people want the Federal Government to negotiate drug prices for Medicare beneficiaries. Ninety-two percent of the public supports the bill, and we have a growing number of sponsors. Right now, they are just on my side of the aisle, but we have over 30 sponsors on that bill. We want to bring that bill up for a vote.

My bill to allow Medicare to negotiate for prescription drugs, however, has never been brought up for a vote. I introduced these bills in 2011, 2013, 2015, and in 2017, and each time there was not a vote.

President Trump says he is a good negotiator. He says he is in favor of

this negotiation. He said it not just once, not just twice on the campaign trail but many times. So I thought this is great. He is coming in, and we are immediately going to see support for my bill and support for negotiating prices under Medicare part D. No, we do not see that. We have seen no action at all. Instead, what do I find out? When I woke up this morning, I found out that he is putting the head of a big pharmaceutical company in charge of Health and Human Services.

For those of us who have been doing this work for a long time now, it is unsettling, but it is not that surprising. It is not just the President literally nominating the head of a big drug company to be the Secretary of Health and Human Services—we see this kind of thing all the time—but since 2000, at least 56 officials from the DEA and the Justice Department have gone to work for the pharmaceutical industry. Basically, the industry buys the expertise they need to then gum up the works so we can't get anything done. Former lobbyists and execs are popping up all over this administration.

Joe Grogan works at the Office of Management and Budget. He led a working group on pharmaceuticals that this administration convened. He helped draft an Executive order on prescription drugs. The catch? Until March of this year, he was a lobbyist for the pharmaceutical industry.

What does this mean? What this means is, you have this revolving door where this is going on. You have two lobbyists for every Member of Congress; just talk, talk about it. What does it really mean? Let me tell you what it really means.

Insulin—the price of insulin has tripled in the last decade. A form of insulin that was listed at \$17 per vial in 1997 costs nearly \$138 in 2016. That is a 700-percent increase. We have seen major companies jack up their prices in near harmony.

In November 2015, NovoLog increased to \$236.70. Within 14 days, Humalog jumped to \$237, and Eli Lilly and Novo Nordisk have raised their prices for both even higher within the last year. Of course, one of those companies is the company this HHS nominee ran in North America.

Healthy competition usually doesn't involve price increases in almost perfect sync among competitors. That is why I demanded an explanation from these companies. I demanded answers on behalf of people like Kim from Plymouth, MN. She just retired. She has diabetes. She keeps the pen injectors after she uses them because they have small amounts of insulin left, and she says it is too precious to throw them out.

This is in America, in 2017. Older people are keeping their insulin injectors because there are a few drops in them—a drug that historically has been incredibly inexpensive and cheap. There are not new developments with this drug. It is insulin. There is no reason

you would see this dramatic price increase, except that it is price gouging.

It doesn't have to be this way. Pharma often argues that these high prices are necessary for research and development. As I mentioned, insulin is an old drug. It is cheap to make. It has been around for years. In fact, when insulin was discovered in 1921, the original patent was sold to a university for just \$3, for the whole patent. The researchers who worked hard to develop this life-sustaining drug wanted to make sure—are you ready for this—that no one else would turn its production into a profitable monopoly. So those researchers, knowing they had this incredible lifesaving drug, wanted to keep the prices down and sold the patent for \$3.

So then what happened? Well, they jacked up the prices over and over again. As I mentioned, it was \$17 per vial in 1997 to \$138 in 2016—a 700-percent increase for insulin. They didn't need to jack up those prices to develop a new form of insulin. It is the same insulin. They did it to make money.

This isn't just a hit on consumers' pocketbooks. It is also becoming a threat to public safety. One drug company, Kaleo, increased the price of a two-pack of a device containing naloxone that treats life-threatening opioid overdoses.

We passed a bill last year, with strong bipartisan support, to be able to have a blueprint for this country to deal with opioid overdoses. The President just declared this a public health emergency, but what is going on with the one drug that we know saves people from overdoses? Guess what. The drug companies said: Well, here is something. More people are using this drug so let's jack up the prices.

This form of naloxone from Kaleo has gone from \$690 to \$4,500 during the last 3 years. This is what they did for these opioid addicts. The drug companies get people hooked to begin with. We all know those stories are coming out right now. Then, when people get hooked and they overdose, they increase the price of the drug you use to help them. What a racket.

All of us know the opioid epidemic is becoming a bigger and bigger public safety issue. In other words, there isn't a worse time to hike the price up on a drug that helps first responders deal with the national public health crisis. When I called the drug company out on this earlier this year, that company used the same old playbook. Sure as clockwork, they claimed that the prices you and I see might be high, but they have special programs to make sure people don't actually pay these absurdly high rates for lifesaving medicine.

You know what, I have heard from Minnesota law enforcement officials—sheriffs, police chiefs—who are shocked because the cost of naloxone increased by more than 60 percent in a single year. I have heard from doctors who have told me their patients recovering

from addiction can't afford the medication. So I can promise you that the special discount programs and rebates don't apply to everyone, despite what the drug companies say.

The role the drug companies are playing in the opioid epidemic doesn't end with naloxone. That is just the beginning. In just the last couple of weeks, we have seen report after report about how the greed of the pharmaceutical companies, as I mentioned, led to the rise of the epidemic to begin with. In Minnesota, 637 people died from opioid and other drug overdoses last year alone. That is more than homicides and car crashes combined. By the way, it is not just our States, it is States all over the country. Ninety-one people die from this overdose each day in our country. That is the reality of this crisis. Getting away with murder? Well, now it is actually true.

Two weeks ago, *The New Yorker* and *Esquire* pulled back the curtain on Purdue Pharma. The Sackler family, the family behind Purdue, is well known for its generous donations to cancer research, medical schools, art museums, universities. What is less well known is the role that Purdue Pharma has played in the spread of OxyContin and opioid addiction.

OxyContin, the drug at the heart of the U.S. opioid epidemic, is regarded by many public health experts as one of the most dangerous products ever sold on a mass scale. If people have not read this article in *The New Yorker*, you can get it online. You can read it, and you better read it so you will understand why I am so mad while I am giving this speech today and why I am so angry that the administration has just put a pharma executive in charge of the HHS. It is not a pharma executive, from Purdue Pharma, but this whole culture where they have been allowed to do whatever they want and no one is holding them accountable is what has led to where we are today.

Purdue Pharma aggressively marketed OxyContin to physicians as a painkiller and claimed that the drug's delayed release mechanism would limit the risk of addiction. Instead, OxyContin led to many new addictions, and, as we all know, many addicted patients eventually turned to heroin.

Here is what is so stunning and what is so obvious in this well-researched article. The company knew OxyContin was addictive all along. It knew its marketing campaign was misleading people. Steven May started at Purdue Pharma as a sales rep in 1999, and years later went on to allege fraud against Purdue in a whistleblower lawsuit. He was trained to market the drug as one "to start with and to stay with," despite knowledge of its addictive potential. The hits just keep coming—but that happened. When you read that article, you find out there were so many signs that this was addictive; that they were seeing it all over the country and they kept selling it. They kept telling people it was good for them, they

should have no pain, and it would be fine if they took this drug, even if they were getting one wisdom tooth out, whatever it is.

That is what happened in our country. That is how people got addicted on opioids. Now we see lawsuits. Yes. OK. That will hold them accountable, to a certain degree, but do we see any action from Congress at all to reduce the pharmaceutical prices or to do anything about this? Are there any votes in this Chamber? No, there are not.

CNN just released an investigation on how Endo Pharmaceuticals prioritizes profits over people's lives. One of their best selling drugs was an opioid called OPANA ER. The drug was often abused. Addicts would crush it and snort the pills, which could increase the risk of an overdose, so Endo Pharmaceuticals had to pull the drug off the market, but that is not the whole story. Endo made a newer, more addictive version of the drug, which President Trump has called "truly evil." The FDA got involved, for one of the first times ever, to force Endo to stop selling the new truly evil drug earlier this year.

What did Endo then do? The company then cut a deal with a generic drug company to split the profits on the sales of the original version of the drug—you know, the one with the history of abuse. It is unbelievable the company will now profit off a highly dangerous opioid it once pulled from the market for being unsafe.

The FDA has linked Endo drugs to serious public health problems, such as outbreaks of HIV and hepatitis C, in addition to addictions and overdoses, but the company doesn't think those risks are good enough reasons to stop selling these opioids.

I don't think there are better examples of how greed trumps everything else. That is what we are talking about here. There are good people who work in the pharmaceutical industry. We have always been proud to have innovation in America. Innovation is great, but greed unchecked is not. You can literally trace this opioid epidemic, where now four out of five of those people who originally got hooked on legal pharmaceuticals are now turning to heroin. You can literally trace it back to these very companies. That happened. Then, just when the epidemic gets bad and we figure out that at least you can stop drug overdoses with naloxone, those companies jack up those prices.

This is not a free market right now. This is a monopoly market that is getting people sucked into their products, either with advertising on TV or with addictions to drugs, like opioids, then getting them into their nets, and then charging them enormous amounts of money. That is what is happening right now.

The examples do not end.

The price of Daraprim, a drug that treats malaria and other infections, went up 5,000 percent overnight. The

price for a multiple sclerosis drug went up 21 times in a decade. ARIAD Pharmaceuticals raised the price for a leukemia drug four times in 1 year alone. Now it costs nearly \$199,000 a year. The only people who can afford that drug are the executives at the company.

It is no wonder that people like President Trump are starting to say a little bit more about the rising costs of prescription drugs. OK. That is good. That is a start in talking about it, but we need action.

For years, the pharmaceutical lobby bought Washington's silence, but now, in being faced with a nationwide crisis brought on by that silence and in being confronted by constituents who all agree that this is a problem, many are feeling that they have to do more than just talk about it. Talking and tweeting are different from doing, and actions speak louder than words. There is a saying that you cannot just talk the talk; you need to walk the walk. Well, it is time to walk the walk.

By the way, putting someone who ran a pharmaceutical company for 10 years in charge of HHS, the Nation's healthcare Department for the entire United States of America, is not called walking that walk. There are actions we can take right here, right now, because the solutions are right here on the table.

Here we go.

First and foremost, let's finally take up that bill that would harness the negotiating power of 41 million seniors who are on Medicare and bring drug prices down. My bill would repeal the law that bans Medicare from using that market power to negotiate prices. Literally, Medicare is banned by law from negotiating prices. There are 33 Senators who have joined me on this bill. We could pass this if we could just get a vote.

Second, as the ranking member of the Judiciary Committee's Subcommittee on Antitrust, Competition Policy and Consumer Rights, I cannot stress enough that competition is the best way to ensure that prescription drugs are affordable. Where there is a lack of competition, price increases often follow.

A recent poll found that 87 percent of the public agrees that we need to increase competition. Senator GRASSLEY and I, the Republican of Iowa, have a bill that, for years, we have tried to push ahead. It calls for a stop to this outrageous play called pay for delay, where big pharmaceutical companies actually pay off generic companies—their competitors—in order to keep their products off the market.

So the pharma companies go to a generic and say: Hey, I know that you are going to compete with me, but I will give you a little money so that you can keep that product off the market for a little while, and that will be better for both of us. We will give you more money than you will make off the product.

According to the nonpartisan Congressional Budget Office, putting an

end to this ridiculous practice would save taxpayers \$2.9 billion over 10 years. Guess what. That is just the government's piece of it. It would also save consumers because they are paying the copay money as well. Once again, I cannot imagine any of my colleagues voting against this legislation if it were to actually come to a vote on the Senate floor. So let's let it come for a vote and see how people vote.

I also have a bipartisan bill with Senators GRASSLEY, LEAHY, FEINSTEIN, LEE, and several others called the CREATIVES Act. It would put a stop to other pharmaceutical companies' tactics, like refusing to provide samples or to share important information about how to distribute a drug safely, which delay more affordable generic drugs from getting to the market.

The FDA has received over 100 complaints about these tactics, and according to the Congressional Budget Office, this legislation would save \$3.6 billion. Even if the drug companies are not headline grabbers like Martin Shkreli, many pharmaceutical companies are using tactics to prevent competition. It is not just one bad guy who goes to jail. It is a common practice. In fact, it is legally allowed right now for them not to share those samples, for them to make payments to their competitors to keep the products off the market. We need to end those practices, and we do it by having a vote on these bills.

Finally, we should look beyond our borders. We should know that our friends right across the border in Canada often pay less—much less—for prescription drugs than we do.

For example, in the United States, a 90-day supply of an anti-inflammatory drug called Celebrex can cost more than \$1,000. Canadian pharmacies sell it for only \$220. That is just one example. I could spend all night giving examples of where the prices in the United States are more than double what they are in Canada.

Senator MCCAIN and I have a bill to allow Americans to bring in safe—they have to be safe—and less expensive prescription drugs from Canada. Our neighbors to the north have similar quality and safety standards as those in the United States. Our bill has strong safety measures, too, so as to make sure that we protect American consumers from scammers or counterfeit drugs. Senator SANDERS has also been a leader on this issue.

Why do we care about this, Senator MCCAIN, Senator SANDERS, and I, in our coming from such different perspectives? We know that we only allow importation from pharmacies that have existed for 5 years, so they are safe, and then have a brick-and-mortar store, not just some fly-by-night website.

Just like Medicare negotiation, the public is overwhelmingly on our side, with 72 percent of people who support allowing Americans to buy prescription drugs that are imported from Canada, including 66 percent of Democrats, 77

percent of Independents, and 75 percent of Republicans. So why can't we get it passed? We need to.

Beyond Canada, Senator LEE and I have a bill, another bipartisan bill, that would allow for the temporary importation of safe drugs that have been on the market in another country for at least 10 years when there is not healthy competition for that drug in this country.

We have all heard the drug companies and others say that the FDA approval process can take a long time, and that results in a lack of options in the marketplace and higher prices. When it comes to drugs that have already been sold safely in other countries for years, why should we force American consumers to wait for the same options? It doesn't make sense. This bill would let patients access these safe, less expensive drugs at the same time that they are going through the full FDA approval process.

So the idea is to, one, allow negotiation for our biggest negotiating bloc—41 million seniors. That would bring prices down. The President said that he knows the art of the deal, that he is the negotiator. Well then, let's get that negotiation in place and get some big-time lobbying for this bill instead of putting pharmaceutical executives in charge of Health and Human Services.

The second set of ideas is about bringing in more competition. You can do it with safe drugs from overseas. I think that if some of the drug companies that have a monopoly on our consumers' drugs knew that competition might come in, maybe they would want to bring those drug prices down. In fact, I know that they would because that is how capitalism works. A high school economics class could tell you that.

The other idea is more generics. Keep competition going by making it easier for generics to get their products out to market, and please stop the practice where the big pharma companies are paying their chief competitors, the generics—great for both of them—to keep their products off the market. Who are the losers? Americans are the losers.

The administration actually has the authority to take action now. Under current law, we could allow for the temporary importation of less expensive drugs from Canada tomorrow. What are we waiting for? I urge the administration to act now. If the administration will not act, Congress must. We need to have those Medicare negotiations. There is so much that we could do here if we could just get a vote. Yet we cannot stop with just passing legislation to lower pharmaceutical prices. We have to stop pharmaceutical companies from rigging the system in the first place or else we are just going to get back to where we started.

We have to give ethics watchdogs in Washington, like the Office of Government Ethics, real teeth. We need to

overturn Citizens United and undo the outside influence of special interests on our elections. We have given them this carte blanche to come in and influence people, and look at what is happening. There is an opioid epidemic; the price of insulin has gone up multiple times; four of the top 10 best-selling drugs in America have gone up over 100 percent in the last 10 years. All of that has happened because we have said: Come on in with all of your special money. Influence people. Hire two lobbyists for each Member of Congress. Guess what we have. That is what we have.

I will just remind my colleagues to talk to their constituents because I can tell you what you will find. You will find what I found—a woman in Duluth who chose not to fill her last prescription because that one medicine would cost a full 25 percent of her income; someone in Saint Paul who even with Medicare cannot afford \$663 a month for the drug; a woman from Crystal, MN, who told me “I am practically going without food” to pay for her prescriptions.

It is heartbreaking that this is happening in America. Washington has to stand up to the pharmaceutical industry.

It took a while and a lot of lawsuits and some brave people coming forward, but eventually, Washington stood up to Big Tobacco, and States stood up to Big Tobacco. They started suing. They started requiring labels. They started doing more for kids so they wouldn't get hooked. It made a difference.

It is time to take this on. There are a lot of good things that pharmaceuticals can do to save people's lives. We know that—that is important—but what we cannot do is let them wreak havoc on people's budgets. What we cannot do is give them unfettered monopoly power to jerk us around with prices to start an opioid epidemic and then increase the prices for the very drugs that can help prevent people from dying.

If we work together, we can get this done. Most of the bills that I have mentioned are bipartisan. In fact, every one that I mentioned on the Senate floor is bipartisan except for the negotiation of Medicare Part D, and that is the one that the President wants to see happen. So I don't understand. This is not just my standing here alone on this side of the aisle. There are people of good faith who want to move on this, but I can tell you that you don't move on it by putting a pharmaceutical executive in charge of the biggest health Department in the United States of America.

I yield the floor.

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

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

to 10 minutes each, after which the Senate stand adjourned under the previous order.

Thereupon, the Senate, at 7:38 p.m., adjourned until Tuesday, November 14, 2017, at 10 a.m.

LEGISLATIVE SESSION

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

MORNING BUSINESS

Mr. TOOMEY. Mr. President, I ask unanimous consent that the Senate proceed to legislative session and be in a period of morning business, with Senators permitted to speak therein for up

ADJOURNMENT UNTIL 10 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

CONFIRMATION

Executive nomination confirmed by the Senate November 13, 2017:

DEPARTMENT OF TRANSPORTATION
DEREK KAN, OF CALIFORNIA, TO BE UNDER SECRETARY OF TRANSPORTATION FOR POLICY.