

are you going to do about it? The answer is obvious. For the 4 years the Republicans have been in control in the Senate, they have done nothing—nothing. Now they have a President who has the United States as the only country in the world—the only Nation on Earth—that has withdrawn from the Paris accord, which tried to create a global strategy to deal with climate change.

The President is enthralled by the notion that climate change is a fallacy, a fiction, and so are the Senate Republicans. So any effort to address this is socialism. Any idea that we should come together as a nation and work toward a planet that our kids can live on is taking away our freedom. Well, we know better.

Under President Obama, we started moving toward more fuel-efficient cars and trucks. A gallon of gas is giving us more mileage because of government policy. Well, I guess it took away the freedom of gas guzzlers, but we can at least say we made a positive step forward, and this administration is stepping backward, and they are doing it for the fossil fuel industry—for oil and gas and coal interests. They are coming to the floor and trying to get us into a fight, once again, over socialism when we talk about government policies that would guide us in the right direction for the future.

PRESCRIPTION DRUG COSTS

Mr. President, I come to the floor this morning to give the first of what may turn out to be many speeches on a subject that affects every single American. The question is the rising cost of prescription drugs in this country.

The first drug that I wanted to address, I wanted to choose carefully because I wanted to choose a drug that really is important to the largest number of Americans. So I thought to myself, what is the most commonly used life-or-death drug in America today? There is some debate about it, but I am going to suggest that it is insulin.

In 1923—almost 100 years ago—researchers were awarded the Nobel Prize for the groundbreaking discovery of insulin to treat diabetes—1923.

The chief scientist in the discovery was Dr. Frederick Banting. He believed that insulin should be accessible to everyone. His team sold the patent to the University of Toronto for \$1 so that “no one could secure a profitable monopoly” on the production of insulin. That might seem hard to believe today, with the price of insulin having increased more than 600 percent over the past two decades.

Take a look at the chart, which maps the increases in price. Eli Lilly’s blockbuster insulin drug, Humalog, was introduced in 1996 at a cost of \$21. By 2019, the cost went up to \$329.

Sanofi’s Lantus was \$35 when it came to the market in 2001. It now costs \$270. The insulin drug, NovoLog, cost \$40 in 2001. By 2018, it went up to \$289—for insulin.

How many Americans are affected by this? There are 30 million Americans

who live with type 1 or type 2 diabetes—almost 10 percent of our population. Approximately 7.5 million of them rely on insulin to manage their blood sugar levels. It is a matter of life and death. Yet patients are suffering because of these dramatic price spikes.

A recent study found that one-quarter of patients who rely on insulin have been forced to ration their doses due to cost, basically in contravention of the advice of their doctors.

This is a story that many of us have heard here. Last year, we heard from the mother of Alec Raeshawn Smith. He went off his mom’s health insurance. Under the Affordable Care Act, he could remain covered until he reached the age of 26. He had diabetes. He had coverage for his insulin until he reached the age of 26. Then he couldn’t afford to buy health insurance. So when he went off of that insurance, he was faced with the monthly cost of his insulin out of pocket. That monthly cost was \$1,000.

He managed a little restaurant, and he couldn’t come up with \$1,000. So he decided that he would ration his insulin and not take as much as was required by his doctor, trying to make it last between paychecks. Alec died as a result of that decision.

How is it that in the richest country on Earth, patients are having to ration their insulin or start GoFundMe websites just to survive?

Insulin was a cure found in the 20th century that patients now cannot afford in the 21st century. Pharma’s war on patients with diabetes must come to an end.

Yesterday, there was a hearing, widely televised, where seven or eight of the CEOs of major pharmaceutical companies faced the music before the Senate Finance Committee. Senator GRASSLEY, Senator WYDEN, and many others asked questions about the issue I am raising today: What is going on? Why are you raising prices so high? There were no good answers coming from these executives.

Today, I am going to start highlighting on the floor of the Senate the egregious cases of pharmaceutical greed in the United States.

Years ago, there was a Senator from Wisconsin named William Proxmire. He was an unusual man. He was far different than most Senators today. He was the type of fellow who would show up at the University of Wisconsin games, passing out cards. That was his style of campaigning. He didn’t spend a lot of money on television and radio.

He really was a grassroots politician, and he was a tenacious fellow. He started something called the Golden Fleece Award—Proxmire of Wisconsin’s Golden Fleece Award. Once a month or more, he would come to the floor and talk about waste—taxpayer waste—in our Federal Government. It developed a national reputation.

In deference to Senator Proxmire, whom I had a chance to meet when I was a college student, I am going to

try to follow in his tradition by pointing out egregious examples of greed by the pharmaceutical industry in the United States on a regular basis with the Pharma Fleece Award.

My first Pharma Fleece Award is for the pharmaceutical industry’s extortion of 7.5 million diabetic patients in America who depend on insulin. This is a lifesaving product that has been around for almost a century.

How can the most common life-and-death drug be so expensive? First, the United States is an outlier. The same companies I am talking about sell exactly the same drug in other countries around the world for a fraction of the cost.

The United States represents only 15 percent of all of the global insulin market; yet we generate more than half—more than 50 percent—of Pharma’s revenue for this drug.

How can Lantus cost \$372 in the United States? The exact same drug made by the same company costs \$46 in France and \$67 in Canada. Why? Why are we paying five, six, and seven times more in the United States for exactly the same drug? It is because the governments of France and Canada care about the cost, and they say to the company Sanofi, in this case, that makes Lantus: If you want to sell Lantus in Canada, we are not going to let you hike the prices and raise them to the high heavens. We are going to keep the prices reasonable so that the people of Canada can afford this lifesaving drug. What do we do in the United States? Nothing. We let them charge whatever they wish.

How can Lantus cost \$372 for Americans, while the same, exact drug for the French is \$46, and just across the border, in Canada, it is \$67?

Our problem is that our system doesn’t function as a free market. There is virtually no competition. Three companies control the insulin supply in America: Eli Lilly, Sanofi, and Novo Nordisk.

Typically, in a free market, three competitors would lower the prices, wouldn’t they? But in America, these three charge as much as they can and get away with it because they are protected by government-granted monopolies.

We should reward innovation, we should promote research, and we should ensure that companies do make a profit for their good work, but abusive manufacturers should not be protected from competition by our government.

Lantus has been on the market since the year 2000. Sanofi has received 49 secondary patents on insulin. What does that mean? They have created a fortress around this lucrative drug for a 37-year monopoly in offering this drug for sale in America.

Unfortunately, there is no effective deterrent today against Big Pharma’s greed and price gouging on these and so many other drugs. That is why, earlier this month, I introduced a bill called

the Forcing Limits on Abusive and Multimutuous Prices Act, or FLAT Prices Act. This legislation will discourage and deter the pharmaceutical industry from raising prices by reducing the government monopoly periods when they do.

You see, companies are awarded monopoly periods from 5 to 12 years by the Food and Drug Administration for drug approval beyond the patent protection. My FLAT Prices Act would reduce this FDA-granted exclusivity period for a drug whose price increases more than 10 percent a year, bringing generic competitors into the marketplace, creating real competition, and trying to lower prices for Americans.

That brings us to another issue. Today, there remains no generic, no biosimilar insulin that can be substituted in a pharmacy. Think about it. Almost a century after the discovery of human insulin and even half a century after the discovery of synthetic and analog insulin, we still don't have a generic insulin for sale in America that is affordable.

I will acknowledge that these changes in insulin have improved the quality of life for patients. They have made them safer, more effective, and more convenient, but these changes have delayed the development of generic substitutes.

There are other reasons the FDA has regulated insulin as a drug rather than as a biologic, placing insulin under a framework with a much higher bar than generics to prove they are substitutes. Thanks to the Affordable Care Act—ObamaCare—the Food and Drug Administration is supposed to be shifting its regulatory process for insulin to enable copycat versions, known as biosimilars, to be approved quickly. Unfortunately, FDA's plan to implement this law will not bring relief to patients any time soon.

I do believe that the Food and Drug Administration Commissioner, Dr. Gottlieb, truly wants to lower costs and spur competition. I wasn't convinced when his nomination came up for a vote, but I have had subsequent conversations with him, and I think he is genuine. I think he wants to see the prices come down.

However, the Food and Drug Administration's current plan will effectively freeze the approval process for lower cost insulin and force generic insulin makers who are under review to resubmit their new applications each year.

This creates a 2-year lockup where it is unlikely that any new insulin competitors will come to market. America's diabetic patients cannot wait.

That is why Senator CRAMER, a Republican from North Dakota, and I are sending a letter urging the Food and Drug Administration to revise and bring flexibility to this process so we can get the lower cost insulin on the market approved sooner.

Two weeks ago, I received a little note from a constituent in Mount Vernon, IL. That is downstate, near

where my father was born. He wrote that both he and his daughter had been diagnosed with type 1 diabetes in 1997. At that time, their Humalog insulin cost \$10. Today, he writes that the cost is \$300 a bottle, and he needs six bottles a month.

His monthly costs have risen from \$600 to \$1,800. Here is what he said in this letter:

At some point, drug companies must be held to account for the actions they are taking. These cost increases are costing American citizens to choose between insulin and eating in many cases. I'm tired of listening to all the excuses. . . . what is it going to take for Congress to do its job?

I agree with my constituent. Congress needs to step up and demand real change. The sky-high cost of life-or-death insulin is literally killing Americans.

My work with Senator CRAMER to speed FDA approval of lower cost insulin and my bill to shorten monopolies for abusive pharma companies are a start. This pharma fleecing of insulin patients across America must end.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Iowa.

PROPOSED RULES CHANGE

Ms. ERNST. Mr. President, I am pleased to be joined today on the floor by my colleagues to discuss the unprecedented levels of obstruction aimed at President Trump's nominees. This issue plagued the 115th Congress, and it is one I am hopeful we can remedy moving forward in this new session.

The Senate is tasked with the critical role of providing advice and consent on many of the President's nominations, including executive branch officials and Federal judges. Vetting these officials is a task that I take extremely seriously, and I have often welcomed discussion regarding these critical appointments with my colleagues on both sides of the aisle, as well as my constituents.

We can all agree that these positions must be filled by our Nation's most qualified candidates, individuals who are committed to public service and upholding the values and principles that make our Nation so great. We should also be able to agree that these positions should be filled using an expedient and timely process.

As any Iowa small business owner can tell you, if you don't have employees, you can't function. Iowans and many others across this Nation expect the Federal Government to run on the same commonsense principle.

The recent levels of obstruction for the President's nominees have not only kept the executive branch and our Federal courts from staffing critical positions but have also prevented the Senate from moving forward on other critical legislative priorities and initiatives.

In the past, the Senate has been able to disagree on certain nominations and still move forward in a respectful and expedient manner to ensure that the

Federal Government operates efficiently. However, during President Trump's first Congress, my colleagues on the other side of the aisle have utilized a series of procedural tactics to eat up time on the Senate floor and to stall the President's nominees.

To put this in perspective, during President George W. Bush's first Congress, the Senate forced a cloture vote on nominations only 4 times. That was during President Bush's first Congress. So it was 4 times.

During President Clinton's first Congress, this increased to a mere 8 cloture votes—8 cloture votes for Clinton.

During President Obama's first Congress, the use of this tactic still remained minimal, with only 12 cloture votes on nominations. So it was Bush, 4; Clinton, 8; and President Obama, 12.

Compare that to the use of cloture votes during the 115th Congress. My Democratic colleagues forced cloture votes 128 times—128 times. That is 10 times more often than during President Obama's first Congress.

Despite that President Trump submitted nearly the same number of nominees as President Obama, 29 percent more Obama nominees than Trump nominees were confirmed during each President's respective first Congress. Yet these delays have often not been used to raise objections to controversial or unqualified nominees. That is just not the case.

In fact, nearly half of all recorded cloture votes—48 percent, to be exact—received 60 or more votes to end debate. Furthermore, nearly a third received 70 or more votes to end debate. These nominees were confirmed with widespread bipartisan support.

Cloture was not invoked in order to extensively debate the merits or the qualifications of those candidates. Instead, this procedural tactic has been used to run down the clock and prevent the Senate from moving forward with other important business.

Many nominees from my home State of Iowa have been fortunate enough to escape some of these political games. I was proud to see the Senate reach an agreement in September to move forward and confirm Judge C.J. Williams to the U.S. District Court for the Northern District of Iowa by a 79-to-12 vote. I am also glad that multiple U.S. marshals and U.S. attorneys have been able to fill critical Federal law enforcement positions in Iowa after being confirmed by a voice vote in the Senate.

However, while many of these positions have been filled back in my home State, Iowans are still greatly harmed when the Senate fails to efficiently fill executive branch positions whose duties do impact the entire Nation.

Furthermore, many States across our Nation have faced unnecessary challenges to filling critical positions after cloture was invoked for noncontroversial nominees.

Take a State like Alabama, for example. Judge Annemarie Carney Axon received bipartisan support from both