not talking about a small memory lapse. I am talking about nearly 200 additional pages that had to be added to her response once they were brought to light. I am not talking about insignificant statements, things that are hard to find or easy to forget. I am talking about campaign ads, panel discussions, political rallies. I am not talking about innocent uncontroversial comments. I am talking about the fearmongering of an activist who is entirely unfit for the Federal bench.

Mrs. Vitter initially failed to disclose her remarks at a political rally opposing the construction of a Planned Parenthood clinic, remarks where she claimed Planned Parenthood—which, by the way, provides low-cost healthcare like cancer screenings and STI screenings and contraceptive care to millions of people. She claimed Planned Parenthood is responsible for killing 150,000 women a year. That is careless, it is reckless, and it is wrong. It is incredibly poor judgment for somebody who is being considered for a lifetime judicial appointment.

She also failed to disclose the time she moderated a deeply dishonest panel called ''Abortion Hurts Women's Health.'' Mrs. Vitter prompted panelists to peddle misinformation about women's health, encouraging a discussion that falsely suggested abortion is linked to cancer and infertility. One panel spoke at length about a deeply inaccurate brochure she had authored called ''How the Pill Kills.'' As you can tell from that title, the brochure was loaded with glaring falsehoods, like the false claim that birth control causes breast cancer or that women on birth control are more likely to die a violent death. In response to that speaker's long string of very dangerous lies about women's healthcare, Mrs. Vitter encouraged the attendees to download the brochure, bring it to their doctors, and ask them to put it in their waiting rooms.

It is incredibly alarming that a nominee for the Federal bench would be so willing to voice her support for such dangerous propaganda, especially when that same nominee is unwilling to voice her support for one of the landmark civil rights cases in our country's history, Brown v. Board of Education.

During her confirmation hearing, Mrs. Vitter was asked whether Brown v. Board was decided correctly. It wasn't a trick question. Many past judicial nominees, including Chief Justice Roberts, have been able to answer it. Mrs. Vitter refused.

This week, we are going to celebrate the 65th anniversary of the Brown v. Board decision. Do Republicans really want to mark this occasion by confirming a judge who has voiced more support for outright lies about women's health than for the historic decision that struck down State-sponsored segregation? This should be simple. Someone whose statements and record fail to support the Brown v. Board decision cannot be trusted with the responsibility of deciding the historic cases of tomorrow. Someone who has worked to spread misinformation about contraceptives and undermine the constitutional right to safe, legal abortion that is enshrined in Roe v. Wade cannot be trusted to fight for the truth or uphold women's reproductive rights. In other words, someone like Wendy Vitter cannot be trusted with a lifetime seat on a Federal bench.

I urge my colleagues to join me in rejecting this nomination. While President Trump and Vice President PENCE may keep sending us these far-right nominees and Senate Republicans may keep jamming them through under the radar, Democrats are not going to stand by or stand down. They may try to push our courts to the right. We are going to keep pushing back. We are going to keep holding a spotlight on these nominees and making clear just how extreme they are, and we are going to keep fighting for women and men and families in this country.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MENTAL HEALTH

Ms. SMITH. Mr. President, when I first came to the Senate, I knew I wanted to make mental health one of my top priorities. As a Minnesotan, I am proud of the way our Senators have led the way on this important issue, from Paul Wellstone to Al Franken, to AMY KLOBUCHAR. I am honored to have the chance to further our proud legacy when it comes to improving our mental health system, but that is not the only reason I have chosen to make mental health a focus.

I am glad it has become a more prominent issue here in Washington, but I have noticed it usually comes to the forefront in the context of some unthinkable tragedy. When a high-profile celebrity takes his or her own life, we immediately want to reach out to other people who are suffering in silence. Of course, we do. That is not a bad thing.

We can't repeat the number often enough. If you are having thoughts of suicide, please, please call the National Suicide Prevention Lifeline at 1–800–273–8255. Even if you aren't suffering from acute mental illness, put that number in your cell phone so you can, someday, help someone who is.

On the other hand, when a profoundly disturbed person commits a horrible act of violence, we immediately want to intervene before the next time it happens. Of course, we do.

When we bring up the need to improve our mental health system as the answer to the epidemic of mass shootings in America, though, we are making two huge mistakes. First, we are ignoring our responsibility to address a much more direct cause of these tragedies—guns. Second, we are unfairly and falsely stigmatizing mental illness.

Here is another thing we can't say often enough: It is exceedingly rare that one's mental illness leads one to commit acts of violence. In fact, one is much more likely to be a victim of violence than to be a perpetrator, and we must not make it harder for people to seek help by falsely tagging them, as we do, as being potentially dangerous.

Yes, these tragedies are reminders that we need to spend more time talking about mental health, but let's have the right conversation. For most people who struggle with mental illness in America, the struggle is not about life or death; it is about the quality of the lives we lead. Mental health is a continuum, and many of our fellow citizens fall somewhere along this continuum. These millions of Americans deserve our attention, and these millions of Americans deserve our help.

The other reason I want to focus on mental health care while I am here in the Senate is that I am one of them. When it started for me, I thought I was just having a bad day or, really, a series of bad days. While growing up, I had always been a pretty cheerful kid, but at some point during my second year of college, I had started to find it harder and harder to cope with the daily challenges of life. Actually, it had been my roommate who had noticed that I had not been myself and hadn't been myself for a long time. She had suggested that I talk to someone over at the Student Health Services. It had been a completely foreign idea to me, and I had responded in the way a lot of people would have—''I have this.'' Eventually, I had realized that maybe I had been wrong about that.

It was really hard to make that phone call, walk over to the counselor's office, and sit in the waiting room. I didn't know what to expect, and to be honest, I was embarrassed. The counselor's name was Charlotte. She was nice, had common sense, and wasn't patronizing or judgmental. She just asked me some simple questions about how I was feeling, and I remember what a relief it was just to talk about it. Over the course of a few months, Charlotte gave me some ideas about how to cope a little bit better with the challenges I was facing, and I would always walk out of her office feeling a little bit more courageous and a little bit more hopeful.

Did I live happily ever after? Well, not quite. That is not how mental illness works. There isn't a box for when you are healthy and a box for when you are not. Like I said, it is a continuum, and you try to get a little closer to the healthy end every day.

At one point in my thirties, though, I found myself sliding back in the wrong direction. There was nothing unusually traumatic going on in my life.

I had a career, and Archie and I were raising our two sons. We were busy, and we were tired, but that is the way it is when you are a young parent. Still, something was wrong.

All who have suffered from depression have their own metaphors to describe it, but most can identify with the sensation of the color just sort of draining out of your world. The things that used to give you joy don't give you joy anymore. The things that you used to love to do may just make you exhausted. Basically, you are just trying to slog through the day. Of course, when you feel this way, just making it through the day is tough. I found myself struggling to be a good mom, a good wife, a good friend, a good colleague. I just felt off all the time—clumsy and slow. I forgot things and got angry at the drop of a hat.

See, the thing is, depression messes with your memory. I will never forget when my young son asked me quietly and cautiously: ''Mom, are you OK?'' It was a spiral. The worse things got, the more frustrated I became, but I couldn't get it together. Down and down I went until I could no longer see hope on the horizon. I was never suicidal, but I struggled to function. I definitely wasn't living my best life. I really wasn't living at all.

That is the reality of mental illness for millions of Americans. I am one of the lucky ones. I was lucky that my college had excellent mental health resources and that my roommate cared enough about me to urge me to take advantage of those resources. I was lucky that when my depression came back with a vengeance, I had health insurance that covered treatment. There was a therapist named Susan with the skill and the expertise to help me.

Susan asked me a few questions:

How are you sleeping?

Terrible.

Are you forgetting things?

All the time.

She then suggested that I take a diagnostic test, which basically consisted of answering questions like those. Even then, I was resistant. People often say that depression lies, and the biggest lie depression tells is that what is wrong with you is you. So you resist getting help because you refuse to accept that there is anything happening except that you stupidly forgot it was recycling day again.

I went ahead and I did the diagnostic test, and Susan came back and said: Yes, you are clinically depressed, so let's talk about what we can do about it.

One thing I would say to people who are resisting going in for that appointment is that even after I got that diagnosis, I was still in control. When Susan brought up the idea of medication, it was a suggestion and not an order. I will admit it—it was a suggestion I had a hard time with. I didn't want to become a different person. I didn't want some pill messing with my brain. What if it didn't work and I got worse? On the other hand, what if it did work? Would I really be better, or would it just be an illusion of feeling better?

Susan convinced me to give it a try, and I was lucky again when the first medication we tried worked. I didn't feel better right away. There was no big milestone moment where I woke up and everything was great again. But I remember feeling like I was slowly coming out of a fog. The color started to seep back into my day a little bit more every day. I began to reengage with my family and my friends and my work, and I could see hope on the horizon again. After a couple of years on medication, I slowly ramped down, and I haven't had to get treatment since.

As I said, there is no happily ever after when it comes to mental illness, but happier is possible. If anyone needs proof, just talk to me.

So that is my story, but really it is the story of millions of Americans. I chose to share mine—first in an op-ed in the Rochester Post-Bulletin and now here on the floor of the Senate—because I want to urge anyone who struggles with depression or anxiety or substance abuse or post-traumatic stress disorder or any other mental health issue to reach out and seek help.

Destigmatizing and demystifying mental illness is just the beginning. Everyone can be a friend to those in need by urging them to take advantage of the resources that are available to them, but the 100 of us here in the Senate have a responsibility to make sure those resources are available to everyone. We can't afford to leave holes in the net we build to catch people when they fall, especially when one of the biggest holes is in our schools.

I have spent a lot of time over the last months having conversations with teachers and administrators in public schools across Minnesota. Time and again, when I ask them ''What keeps you up at night?'' they come back to the mental health of their students. They talk about the causes—everything from increased social pressure that comes from social media to the trauma of losing a parent to opioids—but they also tell me what the crisis really looks like at ground level.

A principal in St. Paul told me about the regular phenomenon of an ambulance pulling up at the school doors, rushing to the aid of a student who has suffered a break. It has happened more than a half a dozen times at his school alone this year. Meanwhile, the principal in Parkers Prairie—a town in Otter Tail County of just over 1,000, people—tells me that she sees students experiencing homelessness and other trauma, students dealing with PTSD, and students with eating disorders. Just this year, she has had three students end up in the hospital for self-harming. They have a heroic social worker who comes in but only every other day because they have to share her with another school in the district.

School psychologists across Minnesota tell me they are struggling to keep up with the number of kids who need urgent intervention to make sure that, for example, their behavioral issues don't become so significant that they get them kicked out of school altogether.

As for kids whose issues are very real but not so acute—like the ninth grader whose anxiety makes her sick to her stomach every day—they wind up stuck on waiting lists for treatment. And that is even before psychologists can do any active outreach to the students who haven't reached out for help.

That is why last month I reintroduced my Mental Health Services for Students Act. This bill would create a grant program for school districts looking to expand the mental health services they are able to offer to students by partnering with community mental health system organizations.

If we are going to get our arms around this crisis, we need to train more teachers, administrators, and members of the school community, including parents, to recognize when kids are struggling and to connect them with help. If we here in the Senate are serious about addressing mental health in our schools, we should pass this bill without delay.

A comprehensive approach to mental health means improving the system all along the age continuum. Over in the HELP Committee, we will have an opportunity this year to reauthorize the Child Abuse Prevention and Treatment Act, or CAPTA. And I have a bill, sponsored in the House by my friend Representative DEAN PHILLIPS, that would improve the delivery of mental health services within our child welfare system. For example, our bill would make sure that young, at-risk children get important developmental screenings when they need it.

We are learning that childhood trauma can be a major factor in future mental illness. The more we do to address the underlying trauma, whether it is poverty, the death or incarceration of a loved one or a parent, or sexual abuse, the better we address those issues, the better chance we will have of turning the tide on this epidemic.

The mental health crisis isn't only affecting our kids; it is affecting our parents too. According to a study by the Centers for Disease Control, one in five adults age 55 or older experiences a mental health issue, and a third of them never receive treatment. Men over the age of 75 have a higher suicide rate than any other age group. The social isolation that too often comes with aging or caring for a loved one isn't just unfortunate; it is a public health risk.

Just as we have learned to reach out to the veterans in our lives and in our communities to let them know we are there for them if they are struggling, we should do the same for our elders. As the HELP Committee takes up the reauthorization of the Older Americans Act this year, I will be working to do my part.

Our mental health system should be there for people at every age, from nursery to nursing home. It should be there for people everywhere along the mental health continuum, offering everything from preventive care, to ongoing therapy for chronic conditions, to crisis support for those in acute distress. It should also be there for people in every ZIP Code, and unfortunately, some of the biggest holes in our system can be found in rural areas.

As a Senator, I am proud to serve on the Agriculture Committee. I frequently meet with farm groups, and today mental health is one of the first topics to come up. Farming is an inherently stressful profession, especially these days, when the numbers for suicide prevention hotlines regularly appear in farm publications. But we need to include the entire rural community, from bankers and pastors to grocers and fertilizer sellers. We need to include them in this conversation, and we need to make sure that when people do reach out for help, there is help there for them.

Unfortunately, rural communities in general are often underserved by mental health professionals compared to cities and suburbs. Many still have inconsistent access to the internet, meaning that even online resources can be out of reach for someone who is struggling. That is why, in the last farm bill, we set up a rural health liaison in the Department of Agriculture—someone who understands the specific needs of rural communities and is charged with paying attention to a crisis that has too often lurked beneath the surface.

Last year, Senator MURKOWSKI and I worked together to pass a law that would provide mental health professionals in the National Health Service Corps with greater flexibility in where they practice and deliver care, increasing the resources available in underserved rural communities.

I hope my colleagues will join me in continuing to take action to address the mental health crisis, and I hope that sharing my own story will make it easier for more Americans to add their voices to this fight.

Still, there is no magic cure for depression. There is no magic bill to solve this problem. Mental health is a reality of life for millions of people in our country, and we can't legislate it away. If we work to help more Americans bring their struggles out of the shadows into the sunshine, if we reach out to people in need and connect them with people who can help, and if we understand the factors that make people vulnerable to these problems and focus our energies on making sure the net is there to catch them if they fall—if we do these things, then we can take steps in the right direction, one right after the other and one day at a time.

I still remember what it felt like in those weeks and months after I began to treat my depression—the sense of empowerment that came with finally taking my mental health into my own hands, the renewed energy that came with finally feeling like today is better than yesterday and maybe tomorrow will be even better yet, and the joy that came with finally seeing hope on the horizon once again. So even in the midst of this public health crisis, I believe there is hope on the horizon for the millions of Americans who struggle with mental illness, but they are counting on us to make this hopeful vision a reality.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

REMEDY ACT

Mr. DURBIN. Mr. President, if you watched ''60 Minutes'' on Sunday, you would not have been surprised that there was a segment relating to prescription drug pricing. Everywhere we turn, somebody is raising the question about why we are paying so much for prescription drugs and why the cost of these drugs has gone through the roof.

We want to encourage research. We want to encourage innovation. We understand that these are profit-making companies, so we understand we will pay for that. But what we are seeing in terms of the pricing of drugs across America now is inconsistent with any of the history that we have had. It seems as if pharma believes that if they own a drug, they can charge whatever they can charge, and no one will question them.

It makes a difference. Blue Cross Blue Shield, the largest health insurer in my State of Illinois, analyzed the cost of care in our State and nearby and asked: What is driving the increase in health insurance premiums? The cost of prescription drugs, even more than the cost of inpatient hospital care.

Look at all of those big hospitals and all of the important work they are doing and expensive procedures they are involved in. All of that cost does not equal the rising cost of prescription drugs. That is why our health insurance premiums are going up, so it is understandable that more and more of us are talking about this and trying to find practical ways to approach it that might make things better.

Can you consider one policy that might have the support of Democrats and Republicans, the American Association of Retired Persons, the American Medical Association, the American Hospital Association, 88 percent of Americans, and the Trump administration? What in the world could that be? Here it is: a measure I introduced in 2017 to require pharmaceutical companies to disclose the prices with new prescription drug advertising.

Last year, Senator CHUCK GRASSLEY, Republican of Iowa, and I teamed up to pass a measure in the Senate to require pricetags on the television ads. We were stopped in conference by a single House Republican.

Think about those television ads. What do they tell us in those ads? For 60 seconds, as fast as they can talk, they tell us everything under the sun. If you are allergic to XARELTO, do not take XARELTO. Certain negative things may happen if you take this drug or the other drug. On they go for 60 seconds without stopping. Yet they never disclose the price of the drug.

After Senator GRASSLEY and I put our bill in last year, I got a call from the Secretary of Health and Human Services, Alex Azar. He decided he wanted to pick up on our effort and join us. Think about that for a minute—a Republican Senator, a Democratic Senator, and the Trump administration agreeing on something. It turns out, he thinks it is a good idea, and I do too.

If we had price disclosure on these ads on television, it might open the eyes of a lot of people as to what it costs. What is the most heavily advertised drug on television today? HUMIRA. Why was HUMIRA invented or discovered? To treat arthritis, particularly psoriatic arthritis. Guess what they discovered. It also had a side benefit they didn't anticipate. You know the little red patch on your elbow—psoriasis? If you take HUMIRA, all of a sudden, that little red patch goes away. So if you are watching the ads on television, some of them are about arthritis, but some of them show ladies sitting by swimming pools with flawless skin because they are taking HUMIRA. It is very interesting.

There is one thing they leave out. Do you know what HUMIRA costs? It costs $5,500 a month. This red patch on my elbow may trouble me when it comes to the swimsuit competition, but I am not going to spend $5,500 to deal with it. I think they ought to have to disclose the price of the drug. We take their prices; we do not make up the price. The price they declare as pharmaceutical manufacturers—we believe that is the one that should be advertised.

On Monday, Senator GRASSLEY and I introduced the bill to codify this rule that the Trump administration is pushing for price disclosure and to ensure its long-term implementation. We are happy to have on board with us Senator LAMAR ALEXANDER, Republican of Tennessee, and Senator KING, Independent Democrat from Maine. Disclosing prices in drug ads is a simple step to give patients a break at the pharmacy. We have to do a lot more. I think this is a good starting point, though.

American patients and taxpayers pay the highest prices in the world for most medications. Eli Lilly, out of Indianapolis, IN—they make a drug called Humalog. It is for diabetes. It is an insulin drug that can cost up to $329 per dose here in the United States. Humalog, insulin, diabetes—the cost is $329.

What does the same vial of the same drug made by the same company cost