

Yes, we need to invest in innovative solutions and encourage the private sector to continue prioritizing reliable, affordable, and environmentally sound energy sources.

When you implement government policies that get government out of the way and let the experts do their jobs, you can be pro-energy, pro-innovation, pro-growth, and pro-environment. I will soon be introducing some legislation that I think will help us move down that road. We know the United States leads the world in emissions reduction, and this bill will build on that success without a one-size-fits-all mandate that would bankrupt our country.

DEBBIE SMITH ACT

Mr. President, on another topic, as I highlighted earlier this week, the Senate has unanimously passed the Debbie Smith Act of 2019, which would provide critical resources for law enforcement to test rape kits, prosecute criminals, and deliver justice for victims. This was a major bipartisan achievement, and I look forward to working with our House colleagues to get this legislation to the President's desk as soon as possible.

But there is more we need to do to assist victims of violence and sexual assault. For example, today I am filing the Help End Abusive Living Situations—or HEALS—Act, which will provide domestic violence survivors with expanded access to transitional housing. This will help these victims permanently leave their abusers, rebuild their lives, and begin a long-term healing process.

Even more pressing, folks on both sides of the aisle agree that we need to reauthorize and strengthen the Violence Against Women Act, also known as VAWA. It is something I strongly support and an issue our friend and colleague Senator ERNST continues to champion here in the Senate.

Republicans and Democrats say we must do more to provide services for victims of domestic violence and sexual assault, and while we certainly had some disagreements on the way to do that, there is no question that VAWA has traditionally been a bipartisan commitment. That is why I was so shocked earlier this year when House Democrats blocked the Republican effort to reauthorize this critical law before it lapsed last February.

The current violence against women law lapsed in February because House Democrats refused to allow us to extend it. Why would they do that? If they claim to be supportive of efforts to protect women and others from violence and assault, why would they let the very law that authorizes the various programs Congress has paid for in the past—why would they let that lapse? Well, sadly, this is where politics rears its ugly head.

We were seeking a short-term reauthorization of the existing Violence Against Women Act so bipartisan negotiations could continue on a long-term update and extension of the law, but

House Democrats recklessly blocked this reauthorization of VAWA because they were seeking to add controversial provisions that should never be a part of a consensus bill—certainly not one that enjoys broad bipartisan support.

In the face of this political jockeying by House Democrats, I am proud to say that the Appropriations Committee did the right thing: It continued to fully fund all Violence Against Women Act programs through the remainder of this fiscal year. So this means that House Democrats, when they tried to kill VAWA by refusing to reauthorize it, actually failed to accomplish their goal if their goal was to deny women and other victims of violence the critical funding needed for these programs.

Despite the efforts they undertook to let VAWA expire, critical domestic violence and sexual assault prevention programs will continue to receive full Federal funding until we can reach a bipartisan consensus agreement and update the law. So good for the Appropriations Committee for making that happen, but my point is that VAWA should never be used as a political plaything or pawn.

I am somewhat encouraged by ongoing, bipartisan negotiations here in the Senate, and I commend Senator ERNST for her commitment to this effort and look forward to supporting a long-term extension of VAWA that is done in the right way—through negotiation and agreement, not political gamesmanship. That is the wrong way to do things. We know better—if people will simply stop the political posturing and political games and do the work the American people sent us here to do.

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.

Mr. GRASSLEY. 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 DRUG COSTS

Mr. GRASSLEY. Mr. President, I am here to discuss with my colleagues issues dealing with the work of the Senate Finance Committee and possible legislation that hopefully will come up this summer to keep healthcare costs down, particularly prescription drugs.

In the process of doing that, I want to set the record straight on an issue that affects every American who is eligible for Medicare. More specifically, I am here to talk about efforts to reduce the rising cost of prescription medicine.

Prescription drugs save lives. Millions of Americans like myself wake up every morning and take their daily medication, but there is something that has become a very tough pill to swallow for an increasing number of Americans, and that is paying for the rising cost of prescription drugs.

I applaud President Trump for turning up the volume on this issue last summer. That is when the President announced his administration's blueprint to lower drug costs for all Americans. He found out—and we all found out—that is a goal that has widespread support that includes Republicans and Democrats, as well as urban and rural Americans.

Of course, the President can only do so much—whatever law passed by Congress allows the President to do and that doesn't solve all the issues. So even though I applaud the President, that doesn't mean I exclude in any way the responsibility of Congress to take action.

There are many good ideas to build upon that share broad, bipartisan, bicameral support. There is one policy, however, that some Members are talking about that I don't agree with, and that is repealing what is the noninterference clause in Medicare Part D. I would like to explain why Congress kept the government out of the business of negotiating drug prices in the Medicare program. Some 16 years ago, when I was formerly chairman of the Finance Committee, I was a principal architect of the Medicare Part D program.

For the first time ever, Congress, in 2003, added an outpatient prescription drug benefit to the Medicare program. Maybe I ought to explain for my colleagues why it took between 1965 and 2003 to include drug benefits in the Medicare program. Remember, in 1965, prescription drugs or drugs generally didn't play a very big role in the delivery of medicine like they do today, but over time, they have become more important.

That is why great support at the grassroots, both bipartisan and bicameral, evolved into what we call the Medicare Part D program, adopted in that year, 2003. So we came to the conclusion that adding the prescription drug benefits for seniors was the right thing to do, but it needed to be done in the right way—right for seniors and right for the American taxpayers. By that, I mean allowing the forces of free enterprise and competition to drive costs down and drive value up.

For the first time ever, Medicare recipients in every State had the voluntary decision to choose a prescription drug plan that fit their pocketbooks and their healthcare needs.

The Part D program has worked. Beneficiary enrollment and satisfaction are robust. The Part D marketplace offers consumers better choice, better coverage, and better value; yet here we are again. It has been 13 years since Part D was implemented, and once again, I am hearing the same calls to put the government back into the driver's seat of making decisions on what you can take in the way of pills or what your doctor might be able to prescribe to you based upon what a formulary might be. We want the private sector to decide the formulary, not the