

working to get this legislation passed to provide these men and women with some peace of mind. I am proud to be one of the cosponsors, and I am now glad it is headed to the President's desk for his signature.

PRESCRIPTION DRUG COSTS

Madam President, a survey last summer found that many Texans are struggling to afford the rising cost of their healthcare. Three out of five surveyed reported forgoing or postponing care because of the cost barrier. That includes cutting their pills in half, skipping doses, or not filling a prescription because they simply couldn't afford to do so. With healthcare costs on the rise, things aren't expected to get any easier unless we do something about it.

The Centers for Medicare and Medicaid Services estimated that between 2018 and 2027, customers can expect to see prescription drug spending increase by an average of 6.1 percent a year. That is a faster increase than hospital stays, doctors' visits, or any other healthcare expenditure. There seems to be bipartisan agreement that something must be done. But the real question is what that something is: What are your ideas about how to make that something a reality?

Many of our progressive Democratic friends have embraced Medicare for All as the solution to the problems that exist in our healthcare delivery system. Their proposal, though, would kick about 180 million Americans off of their private insurance and force them into one big government-run plan. It would drain the vital program that seniors have relied upon for more than a century and replace it with a watered-down version that would result in long waiting lines for inferior care. The government would tell you what clinic you had to go to, what doctor you could see, and what prescriptions you could actually take. You would lose your freedom and power to decide what is best for you and your family when it comes to your healthcare. You would have to simply take what you could get on somebody else's schedule.

Last but not least, Medicare for All would completely bankrupt our country. I think this approach is akin to having a pipe burst in your house, but instead of repairing it, tearing the whole thing down and rebuilding it from scratch. It is unaffordable. It is unpopular. It is unnecessary and goes against all logic.

Don't get me wrong. Our healthcare system is not perfect, but Medicare for All is actually worse, and it would create more problems than it would solve.

Instead, I support targeted reforms that have been offered by a number of our colleagues here—most on a bipartisan basis—to lower healthcare costs and to give people more choices in terms of what fits their needs the best. On Thursday, the Senate Finance Committee will be marking up a package of bills that will aim to reduce prescription drug costs for seniors and families. Last month, the Senate HELP Com-

mittee overwhelmingly passed a bipartisan bill to reduce out-of-pocket healthcare costs and increase transparency and eliminate surprise medical bills. A few weeks ago, the Senate Judiciary Committee, on which I serve, unanimously reported out legislation that would keep pharmaceutical companies from gaming the patent system.

All of these reforms are intended to repair the problems that exist without completely leveling the existing healthcare system. For example, the package that passed the Judiciary Committee included a proposal I introduced with our colleague from Connecticut, Senator BLUMENTHAL, called the Affordable Prescriptions for Patients Act. This bill takes aim at two practices often deployed by pharmaceutical companies to stomp out competition and protect their bottom line.

First, this bill targets a practice called product hopping. When a company is about to lose exclusivity of a product—that is, when their patent is about ready to run out—they often develop some sort of minor reformulation and then yank the original patented drug off the market. That prevents generic competition. There is no doubt that legitimate changes have warranted a new patent, but, too frequently, we are seeing this deployed as a strategy to box out generic competition.

About 90 percent of the drugs we all take are generic and not branded drugs under a patent. That means we get less expensive drugs that are just as effective as the original branded product. That is the way our system is supposed to work, by making generic drugs more readily available and affordable. By defining product hopping as anti-competitive behavior, the Federal Trade Commission would be able to take action against those who engage in this practice.

Our bill would also target something known as patent thicketing by limiting the patents companies can use to keep competitors away. Some drug companies like to layer on patent after patent in an attempt to make it virtually impossible for biosimilar manufacturers to bring a competing product to market. While the patent on the actual drug formula may have expired, there are still, in some cases, hundreds of other patents to sort through that discourage competition.

This bill would limit the number of patents these companies can use and streamline the litigation process so that companies are spending less time in the courtroom and, hopefully, more time in the laboratory developing life-saving innovative drugs. Competitors would be able to resolve patent disputes faster and bring their drugs to market sooner. Of course, better competition means better prices for patients.

It is also good news for taxpayers. Just last week, we received the cost estimate of this bill from the Congressional Budget Office, and they found it

would lower Federal spending by more than one-half billion dollars over 10 years. This is just the savings to the Federal Government under Medicare and Medicaid. There would undoubtedly be additional significant savings for consumers with private health insurance.

The Affordable Prescriptions for Patients Act does not prevent manufacturers from making improvements to their products, and it doesn't limit patent rights. It also doesn't hamper innovation, and it doesn't spend money we don't have on a system we don't really want. It simply stops those who knowingly game and abuse our patent system.

Our country is proudly a leader in pharmaceutical innovation, partly because we offer robust protection for intellectual property. When you create a new drug, you are granted a patent, an exclusive right to sell that drug for a period of years. But this legislation ensures that those who game the system—the bad actors—are no longer able to take advantage of these innovation protections in order to maintain their monopolies at the expense of the American people after their patent should have expired.

I believe there is more we can do to improve our healthcare system and bring down out-of-pocket costs for the American people, but instead of tearing down the whole house, let's make the repairs we actually need.

ORDER OF PROCEDURE

Mr. CORNYN. Madam President, I ask unanimous consent that notwithstanding rule XXII, the postcloture time on the Dickson nomination expire at 11 a.m. on Wednesday, July 24; further, that following the disposition of the Dickson nomination, the Senate vote on the cloture motions for the Berger and Buescher nominations; finally, that if cloture is invoked, the Senate vote on the confirmations of those nominations in the order listed at 3 p.m. and, if any of the nominations are confirmed, the motions to reconsider be considered made and laid on the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. CORNYN. Madam 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 to 10 minutes each.

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

NOMINATION OF ELIZABETH DARLING

Mr. WYDEN. Mr. President, today I am lifting my hold on the nomination