

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Steven J. Menashi, of New York, to be United States Circuit Judge for the Second Circuit.

Mitch McConnell, John Hoeven, Steve Daines, James E. Risch, Roger F. Wicker, Pat Roberts, John Thune, Mike Rounds, Roy Blunt, Mike Crapo, John Boozman, John Cornyn, Lindsey Graham, Thom Tillis, David Perdue, Chuck Grassley, Rick Scott.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Steven J. Menashi, of New York, to be United States Circuit Judge for the Second Circuit, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. THUNE. The following Senator is necessarily absent: the Senator from South Dakota (Mr. ROUNDS).

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from California (Ms. HARRIS), the Senator from Vermont (Mr. SANDERS), and the Senator from Massachusetts (Ms. WARREN) are necessarily absent.

The PRESIDING OFFICER (Mr. LANKFORD). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 51, nays 44, as follows:

[Rollcall Vote No. 355 Ex.]

YEAS—51

Alexander	Fischer	Paul
Barrasso	Gardner	Perdue
Blackburn	Graham	Portman
Blunt	Grassley	Risch
Boozman	Hawley	Roberts
Braun	Hoeven	Romney
Burr	Hyde-Smith	Rubio
Capito	Inhofe	Sasse
Cassidy	Isakson	Scott (FL)
Cornyn	Johnson	Scott (SC)
Cotton	Kennedy	Shelby
Cramer	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	McConnell	Tillis
Daines	McSally	Toomey
Enzi	Moran	Wicker
Ernst	Murkowski	Young

NAYS—44

Baldwin	Cardin	Cortez Masto
Bennet	Carper	Duckworth
Blumenthal	Casey	Durbin
Brown	Collins	Feinstein
Cantwell	Coons	Gillibrand

Hassan	Menendez	Sinema
Heinrich	Merkley	Smith
Hirono	Murphy	Stabenow
Jones	Murray	Tester
Kaine	Peters	Udall
King	Reed	Van Hollen
Klobuchar	Rosen	Warner
Leahy	Schatz	Whitehouse
Manchin	Schumer	Wyden
Markkey	Shaheen	

NOT VOTING—5

Booker	Rounds	Warren
Harris	Sanders	

The PRESIDING OFFICER. On this vote, the yeas are 51, and the nays are 44.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Steven J. Menashi, of New York, to be United States Circuit Judge for the Second Circuit.

The PRESIDING OFFICER. The Senator from Connecticut.

UNANIMOUS CONSENT REQUEST—S. 1416

Mr. BLUMENTHAL. Mr. President, I am proud to be here to advocate on behalf of a bill that has enjoyed, rightly, bipartisan support: the Affordable Prescriptions for Patients Act.

We all know that the astronomically rising costs of prescription drugs are a burden—in fact a bane for Americans regardless of where they live, regardless of their party, race, religion, or age, but particularly for our seniors. The choice between paying the mortgage, putting food on the table, and buying prescription drugs has become a daily challenge for people across the country.

This bill offers a positive, solid step toward ending abuses in the use of patents—abuses that are called patent thickening and product hopping—that all too commonly raise the cost of prescription drugs and preclude access for the people who need those drugs the most.

This effort has been a bipartisan one involving many of us in this Chamber. It passed from the Judiciary Committee unanimously. It is a testament to the still-possible bipartisan cooperation on an issue of paramount concern to the people of America that we have reached this point of bringing it to the floor of the Senate.

I am proud to have worked on this measure with my colleague from Texas who has really helped to lead this effort, Senator CORNYN, who is here on the floor with me, and I am happy to yield to him now.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I thank the Senator from Connecticut for his leadership.

At a time when people see bipartisanism in short supply in Washington, DC, this is one area where we can actually make some real progress for the people we represent.

We all know that climbing healthcare costs are keeping people up

at night. Many people reached out to me in my office about the impossible decisions they are required to make in order to keep pace with rising prescription drug costs—particularly the out-of-pocket costs—whether they pay some bills and have to defer or not pay others; whether they cut their pills in half or self-ration the medications, which is dangerous to their health, or don't fill prescriptions altogether because they simply can't afford the out-of-pocket costs. No family should be required to make those sorts of decisions.

Sadly, I know my constituents in Texas are not alone. The Kaiser Family Foundation poll in September found that the No. 1 healthcare concern of the American people is prescription drug prices. This is something the President has said he wants to address, the House has said they want to address, and the Senate has said we want to address, and this legislation we are talking about will help move the ball in the right direction.

A whopping 70 percent of people think growing prescription drug costs should be the top priority for Congress, which should make it our No. 1 item on our to-do list. The good news is, we are making some progress. Here in the Senate, we have taken a bipartisan approach, which is the only way to actually get things done in Congress. We talked to every major player in the supply chain, and we asked questions about whether confusing practices that are not transparent to outsiders are all combining to drive up costs.

What I find seriously concerning are the anti-competitive behaviors of some of the drug manufacturers, the gamesmanship, particularly when it comes to our patent system. We know companies pour a lot of time and money into the research and development of new medications, and we don't want to do anything to stop that. We want to incentivize that so that they are able to recover their costs and perhaps make a profit when the drug turns out to be successful. But we don't want them playing games with the patent system in a way that prevents others at some point, after that period of exclusivity, from being able to compete with a generic alternative.

Ninety percent of the drugs we take are generic, and that is why they are so affordable and so inexpensive, but for the top 10 percent of branded drugs that people take, many of them simply are unaffordable. These patents I refer to do protect the intellectual property for these key drugs and are an important part of the incredible innovation that occurs here in the United States, but increasingly we are seeing companies using the patent system as a shield for competition beyond the life of the patent.

It is time to put a stop to that. We can do that today. We can begin that process today. That is exactly why I introduced the Affordable Prescriptions for Patients Act with the Senator from

Connecticut. It targets two specific practices used by drug companies to keep prices high. First is product hopping, which occurs when a company develops a reformulation of a product that is about to lose its exclusivity period and then pulls that original product off the market. This is done not because the new formula is necessarily more effective but because it prevents generic competitors for that product that has now been pulled off the market. The second phenomenon we are trying to combat is something called patent thickening, which occurs when an innovator uses multiple, overlapping patents with identical claims to make it nearly impossible for competitors to enter the field.

This is not how patents were supposed to be used, and we shouldn't allow these anti-competitive practices to continue. In one case involving the drug HUMIRA, the most popular drug being prescribed today, there are more than 120 separate patents for essentially the same molecule. Meanwhile, patients can't get access to competitive drugs that probably would be cheaper here in America, while there are four approved alternatives in Europe.

The American people simply should not have to put up with this. We need to stop companies from manipulating the system and keeping competitors tied up in courtrooms so that patients can start to feel some relief.

Patients aren't the only ones who would benefit from this bill. The Congressional Budget Office released a cost estimate and found that it would lower Federal spending by more than half a billion dollars over 10 years. That is not a whole lot of money in the grand scheme of things, but when you consider what the impact would be in the private insurance market, too, that begins to add up, and it adds up where it counts the most when it comes to seniors and other patients paying out of pocket for their copays and deductibles in order to get the drugs they need.

This bill really checks every box. It protects innovation, increases competition, lowers prices for patients, and saves money for taxpayers. Not surprisingly, as the Senator from Connecticut pointed out, it has strong support on both sides of the aisle. The Judiciary Committee, which ordinarily is a pretty contentious place, unanimously voted this bill out of committee. Our friend from Illinois, Senator DURBIN, and Senator MURRAY from Washington—two Members of the Democratic leadership—are both cosponsors of the bill, which shows just how noncontroversial this is.

I think it is time that we pass this legislation and let our constituents know we have heard their concerns and we are committed on a bipartisan basis to bringing down drug prices.

Mr. President, as if in legislative session, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 132, S. 1416.

I ask unanimous consent that the committee-reported substitute be withdrawn and the Cornyn amendment at the desk be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Mr. DURBIN. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, let me start by saying I support this bill, the bill offered by Senators CORNYN and BLUMENTHAL. It is bipartisan in nature and passed the Judiciary Committee. I not only voted for it, I cosponsored it, and I think it should become the law of the land. It will be helpful in reducing the cost of pharmaceuticals.

I am offering a modification to the bill. I believe this modification is one that should be passed by the Senate as well. In fact, it did pass the Senate last year by a voice vote. Not a single Senator objected when it passed the Senate last year. We know—I have been told by my colleagues—that they support the concept, but they are not alone. The bill I am offering is also supported by the American Medical Association; the American Hospital Association; 88 percent of the American people, Republicans and Democrats; President Trump; his health Secretary, Dr. Azar; the AARP—a long list.

What could I possibly propose that would have all of these people supporting it? Simple. When the drug companies decide to run an ad on television—and you see a lot of them, don't you? The average American sees nine every day. All we ask is that included in the ad, they disclose the cost of the drug.

How did I pick this as the cost for the drug? I didn't pick it; it was chosen by the pharmaceutical company. That is the list price of the drug. They can go on to say "You will not have to pay that amount," but I believe the American people should know what the drugs cost.

The most heavily advertised drug in America today is HUMIRA. HUMIRA is used for forms of arthritis and psoriasis. But few Americans know, as they watch people sitting by the swimming pool with clear skin, that HUMIRA costs \$5,500 per month. The reason I want to disclose this is because I think consumers have the right to know.

Someone is going to pay that amount—your insurance company. Somebody is going to pay that amount. When Blue Cross and Blue Shield of Illinois says that the No. 1 driver in health insurance premiums is high prescription drug prices, I think people ought to know. It is not just a matter of being in a bathing suit without a red patch on your elbow; it is \$5,500 per month.

President Trump believes that disclosure should be made, the Secretary of

Health and Human Services believes it, the American Medical Association, the Hospital Association, all the people I mentioned, as well as almost 90 percent of Democrats and Republicans. Who opposes this? Who would oppose disclosing the price of the drug? I will bet you are guessing the pharmaceutical industry, and you are right. They are looking for one Senator who will object to what I am offering. That is what they need. They need just one Senator to say no, and frankly I am afraid we are going to face that this afternoon.

The bottom line is this: If you believe consumers in America have a right to know the cost of a drug, if you believe the pharmaceutical companies have a responsibility to disclose it, if you believe high prescription drug prices are unfair and costing a lot more in our healthcare system than they should, then support this basic measure that passed the Senate last year without one negative voice. None. None whatsoever.

So having reserved the right to object, I ask that the Senator modify his request so that in addition to the pending request, the Finance Committee be discharged from further consideration of S. 1437 and the Senate proceed to its immediate consideration; that the Durbin-Grassley amendment at the desk be agreed to; that the bill, as amended, be considered read a third time and passed; that the Durbin-Grassley amendment to the title be agreed to; and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Would the Senator modify his request?

Mr. TOOMEY. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. TOOMEY. Mr. President, first let me say that I think Senator CORNYN's legislation is very constructive. I fully support it. I think it would result in lower costs for consumers. It is very commendable. I think we should pass it. I am sympathetic with the idea of requiring greater transparency on healthcare costs generally, but I have significant policy concerns and process concerns with the proposal from the Senator from Illinois.

The policy concern, broadly, is that what his legislation would do is it would single out one industry and require a mandate that in their direct-to-consumer advertising, they provide systematically misleading information to consumers. It doesn't strike me, obviously, as a good idea to mislead people, including in this context.

Why do I say it is misleading? It is because the legislation requires the list price or the wholesale acquisition price of a drug to be the price that is put in the ad, despite the fact that almost no one ever pays either of those prices. There are huge rebates that are built into the system.

We can have a good debate about whether it is a good model by which

the government has created all of these perversities in our healthcare delivery system, but that is what it is. The truth and the reality is almost no one pays either the list or the wholesale acquisition price. Think about it. If you are on Medicaid, you pay zero. If you are on Medicare, you often pay zero—usually, nearly zero. If you have private insurance, it varies enormously from zero to something significantly different, but almost no one pays the price that the Senator from Illinois would require to be posted in all direct-to-consumer advertising.

Think about some of the unintended consequences. The number that would have to be in the ad is way higher than what almost anyone actually pays. Think of what could happen. I can imagine senior citizens sitting there watching an ad. Maybe they see a medicine they actually would benefit from, and then at the end there is some huge number that does not reflect—it doesn't come close to reflecting what the actual cost would be, but it is a big number so that a senior citizen would understandably say: Gosh, I can't afford that. I guess I can't pursue that therapy, even though they might need that. I am sure that is not the intended consequence of this legislation, but I am pretty sure it would happen.

It is also peculiar to me that the authors of this legislation choose to single out a small fraction of the healthcare industry to impose this mandate. Prescription drug spending is about 10 percent of healthcare. Hospitals are about 32 percent, but I haven't seen that we are going to impose this. If you look at the rate of price increases in various sectors of healthcare, you see that actually prescription drugs, over the last 20 years—their increase in prices is considerably less than hospital services and considerably less than medical care services. Then, of course, we have other sectors in the economy altogether. Are we going to put mandates on colleges, for instance? The rate of tuition increase in colleges is much greater than the rate of increase of prescription drugs in recent years. I haven't heard a proposal yet, but maybe one is coming that would require this of other industries as well.

If I didn't know better, I would think it seems part of a theme to vilify the industry that has developed the therapies that allow us to live longer, healthier, and save lives. Most importantly, maybe it will not lower costs. It is not going to lower costs for consumers. The only way we are going to do that is if we better align the incentives of the consumer and the person paying.

In contrast, by the way, the Finance Committee and HELP Committee reported out legislation that actually would lower out-of-pocket costs for prescription drugs. We have Senator CORNYN's legislation that I think absolutely would lower the cost of consumer prescription drugs. Yet that is

not what is on the floor today from the Senator from Illinois.

Now, despite my policy concerns—and they are serious—I actually think we ought to debate these things. We ought to put this kind of legislation on the floor. We ought to have a debate. We ought to have a vote, but this is complicated, and it is fraud. We should not be trying to just pass this by unanimous consent. This legislation has not gone through committee, and contrary to my colleague from Illinois—this actual piece of legislation has never had a vote as a freestanding matter. A version of it that is different from what is being offered today was buried in a larger legislation which passed. That is not the same as scrutinizing this policy, subjecting it to amendments, and deciding on it. That is what I think we ought to do.

Unlike my colleagues on the other side who have been consistently preventing us from taking up legislation, such as the approps bills they have not allowed us to get on to or the SECURE Act, on which I offered a unanimous consent process for us to take up and process, I think we ought to consider this legislation, even though I don't think I would support the final product.

What I suggest we do is let's move on to the Defense appropriations bill. Arguably, the most fundamental responsibility of Congress is to fund our national defense. Let's make in order as the first amendment after the managers' amendment the amendment of the Senator from Illinois that he has just described. I don't support it, but I support his right to have a debate and have a vote. Let's go on to an appropriations bill and let's make his amendment in order as the first amendment. We can debate it; we can vote it; and we will all live with the consequences. I think that is what we are here for. I think the purpose of the Senate is to take on these issues, put them on the floor, have a debate, and have a vote. I am willing to live with the outcome of that.

Mr. President, I ask that the Senator from Illinois modify his request and that the Senate proceed to the immediate consideration of Calendar No. 132, S. 1416. I further ask unanimous consent that the committee-reported substitute amendment be withdrawn and that the Cornyn amendment at the desk be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table; and finally, that following disposition of S. 1416, the Senate proceed to the immediate consideration of H.R. 2740, and following the offering of a substitute amendment by Senator SHELBY or his designee, the first amendment in order be an amendment offered by Senator DURBIN or Senator GRASSLEY, the text of which is identical to S. 1437, as amended, which is at the desk.

The PRESIDING OFFICER. Does the Senator modify his request?

Mr. DURBIN. Reserving the right to object.

I am not a zoologist, so I don't know if crocodiles can cry, but I am very concerned about the argument the Senator from Pennsylvania made. He is actually standing here, in defense of senior citizens, by objecting to disclosing the list price that the pharmaceutical companies charge for these drugs. I didn't choose that price; they chose that price.

Mr. TOOMEY. Will the Senator yield?

Mr. DURBIN. I will not yield until I am finished.

I said they could put a disclaimer on that saying maybe you will not pay the full list price depending on your insurance or coverage, but to argue that you are standing here in defense of senior citizens and denying this information to them and that the only way we can consider this measure is call up the Department of Defense appropriations bill—from where I am standing, this measure, which passed the Senate without your objection last year, should pass now with the underlying legislation. Let's get this done in a comprehensive way to help seniors, and let's not stand in defense of pharmaceutical companies. They have plenty of people to defend them.

The PRESIDING OFFICER. Does the Senator object to the modification?

Mr. DURBIN. I object.

The PRESIDING OFFICER. Objection is heard.

Is there objection to the original request from the Senator from Illinois to modify his request?

Mr. TOOMEY. I object.

The PRESIDING OFFICER. Objection is heard.

Is there objection to the Senator from Texas?

Mr. SCHUMER. Reserving the right to object.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

Mr. SCHUMER. Mr. President, I am so glad to be out here today to deal with the issue of reducing prices on drugs for seniors and others. There are so many things we must do. Some are small. Some are large. We want to do all of them.

We Democrats know how bad drug prices are for seniors. We know how bad the sabotage of our healthcare system is for seniors. If you don't have insurance, you probably can't pay for the drugs no matter what happens.

I would say to my good friend the Senator from Texas that we have a whole lot of legislative ideas, not just his. He demands his. It is good, but it is hardly large. There are millions and millions who need help who are not affected. The Senators from Illinois and Iowa have a bill to lower prescription drug costs. The HELP Committee has a bill that would help community health centers. The Senate Finance Committee has a good bipartisan bill to lower costs for seniors who are very

strong supporters of allowing Medicare to negotiate prices. That would do more than anything else.

I ask my friend from Texas, Will he get his leader and himself to allow us to bring an amendment to a bill on the floor that protects seniors who have preexisting conditions from their insurance companies withdrawing from them? Will he let us do that? That is far more consequential than his well-intended good but not largely effective bill. The No. 1 thing—ask AARP—the No. 1 thing that will protect senior citizens and others from high drug prices is to allow Medicare to negotiate with them, something the Senator has blocked repeatedly. Will he change his position?

Let's not have this charade, this manipulative charade, where my dear friend from Texas comes to the floor with a bill he proposes but blocks everything and his party blocks everything that would have a far larger consequence.

No. 1, allow Medicare to negotiate. Every Member of our caucus is for that. It will lower drug prices dramatically. No. 2, stop the administration—the administration the Senator from Texas supports 95 percent of the time—even my microphone is excited about these remarks. I, once again, thank our capable staff who always come to the rescue.

We need Senator CORNYN to come to the rescue of senior citizens and not play a little game like this. Again, preexisting conditions are probably the No. 1 bane of people. We want to bring an amendment to the floor to protect those people—a mom whose daughter has cancer, and the drug company says, "You're off," and the insurance company says, "You're gone." Isn't that important? Let's not make a comparison, but wouldn't it do far more for the health of the American middle class and working people than this bill? Let's do them both, but we are not going to cherry-pick one unless the Senator from Texas walks across the aisle and joins us in saying: I want to help you get a vote on eliminating preexisting condition prohibitions. I want to join you in seeing that Medicare can negotiate with the drug companies and greatly lower prices.

So, of course, I object. We Democrats believe we should bring a bill to the floor that has a debate and allows amendments because there is so much to be done here—not one small, decently put together and decently intended proposal but many more. We know, if we allow our Republican friends to just pass their little bills, we will never get the big picture done. That is how this place works. So let's come together and do it all.

I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Texas.

Mr. CORNYN. Mr. President, like the minority leader, I hope we are able to pass a larger bipartisan package this

year. I serve on the Finance Committee—

Mr. SCHUMER. Would the gentleman yield for a question?

Mr. CORNYN. After I am through.

Mr. SCHUMER. Thank you.

Mr. CORNYN. I serve on the Finance Committee and on the Judiciary Committee, where this bill came from, and I know Senator MURRAY and Senator ALEXANDER have a package out of the Health, Education, Labor, and Pensions Committee. I welcome the opportunity to have those bills come to the floor and to offer amendments and debate them and pass them because I agree that the country would benefit by bringing down healthcare costs, by bringing down prescription drug costs, and I believe that work is long overdue, but my bill is not going to sink the prospects of that larger package of legislation.

What we have in front of us is an uncontested, bipartisan bill that we can pass today. Let's pass it. Let's not let the perfect be the enemy of the good. What I hear the minority leader saying is that it is either everything or nothing.

Mr. SCHUMER. Will the Senator yield for a correction?

Mr. CORNYN. Mr. President, I will yield for a question after I am through talking.

When there is a statement, in effect, of "I want everything to be done now or there will be nothing done at all," do you know what happens? Every single time that argument is made and that position is taken, nothing happens. Nothing happens. That is what people hate about Washington, DC, and when they look at C-SPAN, if they do look at C-SPAN, and see these debates. It is everything or nothing.

The Democratic leader, who has now objected to the unanimous consent request to take up and pass a bill that he has called good and well-intentioned and has said is not large, has objected to it. I think the only people who would be rejoicing at this very moment would be the very same people who are gaming the patent system and who are keeping the out-of-pocket prices of prescription drugs high for seniors. Those are the people who are popping champagne corks right now because this is nothing more than a big, wet kiss for the people who are gaming the patent system right now to the detriment of the American people.

Mr. SCHUMER. Will the Senator yield for a question?

Mr. CORNYN. I yield to the Democratic leader.

Mr. SCHUMER. Would the Senator support a unanimous consent request so that we could protect people with preexisting conditions, and would he support bringing that to the floor in the same way?

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I would say to my friend the Democratic leader that I support coverage for preexisting

conditions, and I am not aware of anyone in the Senate who opposes it. If such a bill is scheduled for a vote on the floor, I will be more than happy to participate in that process.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Will the Senator support a proposal that is coming out of the House to allow Medicare to negotiate with the drug companies to greatly lower prices?

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, in speaking through the Presiding Officer, I say to my friend that nothing gets done around here unless it is bipartisan. Right now, the bill that the House has sent us is one that divides people along party lines, which means it is unlikely we would build the bipartisan consensus we would need to get it done in the Senate. I am more than happy to engage in that debate and to vote on amendments on such a bill, but I am not going to agree to price-fixing by the U.S. Government, which will make more scarce and less available the lifesaving prescription drugs that many people need. Yet I am happy to engage in that debate, to vote, and to let the Senate and Congress work their will.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, I thank my colleague for his answers.

I would say this: Let him use his power and position as leader to go to the majority leader, who has prevented any debate on anything on drugs to come to the floor, including these two most significant issues that I have talked about. Let us put a package together of all three and have a debate on each, a "yes" or "no" vote on each, and really make progress for those who are paying too much in drug prices. I await his working with me on that. Then we could bring all three bills to the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, as always, I am happy to work with the Senator from New York on things on which we find our interests aligned. Obviously, there are going to be things on which we disagree. Frequently, there are. Yet he and I have worked together on legislation on which we have been able to find enough common interest to be able to build a consensus and get things done. They call that "legislating" around here.

There are other things that we should be doing here on a bipartisan basis. For example, taking up and passing the appropriations bills, including the Defense appropriations bill, so our U.S. military can remain the most powerful, the best equipped, the best trained, and the best led military in the world. That is of overwhelming importance. Yet our colleagues on the other side have objected to and have blocked, on at least two occasions, that

Defense appropriations bill. Now we have a short-term continuing resolution that expires this November 21. I am told or have read that there is likely to be a follow-on continuing resolution that takes us up to December 20, but that is important work, too, because none of us wants to see another government shutdown. No one wins with government shutdowns.

This sort of gamesmanship that occurs by blocking bills that should have support by overwhelming bipartisan numbers in the Senate is important, too—things like paying the military, making sure that it maintains its readiness to fight and win the Nation's wars, and even more importantly, making sure it keeps the peace.

I know the majority leader has a challenge in trying to figure out how to schedule legislation on the Senate floor, but it certainly doesn't help when our Democratic colleagues repeatedly object to things like appropriations bills and put us into this dysfunction when it comes to paying the Federal Government's bills.

I would say to my friend from New York that I am always happy to work with him and with any other Member in the Senate, no matter what one's political party is and no matter what one's ideological persuasion is, because I actually believe we were sent here to solve problems and to get things done.

What I dislike and what I am disappointed about is the dysfunction that we see in the U.S. Senate, whereby, even though it is less than a year before the election, politics have overwhelmed our ability to get things done. I came to the floor to say that maybe we can't do all of this right now, today, but we can do this, and let's build on it once we have gotten the bill passed.

I am disappointed that the Democratic leader has seen fit to object to passing this bill that he himself called good and well-intended and that is supported by organizations like the American Association of Retired Persons. I do not understand it, but maybe somebody else does. Their saying that we can't do something because it doesn't include everything we want to do here, right now, is disappointing to me, and I don't think it is what the American people sent us here to do.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent to speak as in morning business.

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

Mr. SCHUMER. Mr. President, I thank my colleague for the interchange, and it will continue. We Democrats will not rest until we get votes, simple votes—not bring the house down—on issues of great consequence with regard to drug prices and the American people while the other side blocks them.

IMPEACHMENT

Mr. President, as we speak, the House Intelligence Committee is con-

ducting the first day of public hearings in its impeachment inquiry into President Trump.

The list of witnesses this week includes several key figures with knowledge of the events in question. While most of the witness requests from House Republicans were non sequiturs, or individuals who would have no knowledge of the President's actions nor of the allegations against him, three of the individuals requested by the Republicans were agreed to and are slated to testify next week. The idea that the Republicans and the President have no due process and can't call witnesses or influence the process is simply inaccurate.

As the impeachment inquiry in the House begins a new phase today in its pursuit of the facts, we have a serious responsibility here in the Senate not to prejudge the case but to examine the evidence impartially. We have a responsibility to let all of the facts come out and, as they do, to keep an open mind and let ourselves be ruled by reason rather than by passion or partisanship. As public hearings in the House begin, we would do well to remember our constitutional duty to act as judges and jurors in a potential trial when and if it comes to one. That is not to say we won't even read the transcript, and that is not to say the vote would come out this way. Yet, as jurors, we will be as dispassioned as each of us can be.

TURKEY AND SYRIA

Mr. President, on another matter, President Trump will roll out the red carpet today for President Erdogan, of Turkey, as he visits the White House after everything that has transpired over the last few months. This is after President Trump green-lit Turkey's reckless and destabilizing invasion of northern Syria, after Turkish troops and their proxies committed atrocities against civilians and the Syrian Kurds, who are our former partners in the fight against ISIS, and after Erdogan cut a deal with our adversary President Putin and threatened our allies in Europe with the release of ISIS's detainees.

The fact that President Trump will reward President Erdogan with an Oval Office meeting today is mind-boggling. The meeting will serve as a very public example of how President Trump has mismanaged the situation in Syria and, most importantly, how he has complicated and slowed the effort to secure the enduring defeat of ISIS. It is ISIS that creates the greatest danger to our American homeland. As al-Qaida did before it, it will try to create huge damage. We in New York know that this can sometimes, unfortunately, occur. God forbid it happens again.

Yet, holy mackerel, the President has no plan for ISIS; detainees are escaping; and the Turks are far more upset with the Kurds, who have been on our side with ISIS, than they are with ISIS. Erdogan suppresses free speech, arrests opponents, and does so many

other terrible things to his country, which was once a much more shining example of democracy—and the President invites him here? Does the President have no sense of value? Does the President have no sense of morals? Does the President have no sense of what affects American security? It is appalling.

AGRICULTURE

Mr. President, on agriculture, a report issued yesterday by the Democratic minority on the Committee on Agriculture, Nutrition, and Forestry shed new light on troubling disparities as to how the Trump administration has treated farmers through the Department of Agriculture's Market Facilitation Program.

Farmers in need of Federal aid have leaned on this program to offset losses that have been caused by retaliatory foreign tariffs. In an industry in which margins are sometimes very thin, this support makes a real difference for struggling farmers across the country. Yet, rather than helping those farmers who are the most in need, the Trump administration, through this program, is picking winners and losers by using a flawed methodology to favor certain regions over others and wealthy agricultural conglomerates over small farmers.

The whole idea of the program is to help small farmers throughout the Middle West, particularly those farmers with soybeans and corn and hogs. The bulk of the program went to five Southern States. Ninety-five percent of the top payments defined as \$100 or more per acre all went to counties in Southern States. Where did the lowest payments go? They went to the counties in the Midwest even though the Midwest has suffered greater losses overall.

Instead of coming up with a strategy to help smaller and less established farms, which are often more vulnerable during tough economic times, the Trump administration has doubled the payment caps for row crops while having left other caps in place. This will disproportionately funnel money to the largest farms in America while it will limit aid to smaller farms.

Most concerning, however, is that our study shows the Trump administration has awarded tens of millions in purchase contracts to foreign-owned companies, including a large beef factory in Brazil. Instead of ensuring that aid goes to American farmers, the Trump administration has been handing millions of taxpayer dollars to foreign agribusinesses.

This program was put together on the spur because the President was worried about political effects with, particularly, soybean farmers but with others, too, in the Middle West. Yet it was put together so poorly—in such a slipshod and unthought-out manner—that cotton farmers do the best of all even though their prices are not hurting the way soybean or corn or hog prices are.

To my friends on the other side of the aisle, the fiscal conservatives, we need your voices.

If this program were going to the urban areas or maybe to the poorer people, we would hear an outcry from certain Members on the other side, but our farmers need the help too. When you waste money on an ag program, the people who are hurt the most are our smaller and family farmers, particularly, in this case, in the Middle West.

For years, my Republican friends in this Chamber accused the Obama administration—unfairly, in my mind—of picking winners and losers in the market. It was one of their favorite talking points. Here, we have the Trump administration literally picking winners and losers among American farmers. Sometimes the winners are not even American. Oftentimes, the losers are the small family farmers who need assistance the most.

I am so glad that my Democrat colleagues on the Agriculture, Nutrition, and Forestry Committee, especially Ranking Member STABENOW, have worked to inject some transparency into the agriculture relief program.

The Trump administration should be using the Market Facilitation Program to help those farmers most in need—period. The Trump administration needs to stop picking winners and losers and make sure all American farmers get the help they deserve.

VETERANS

Mr. President, finally, on veterans—this is another one—when I look at what this administration is doing, and if every American knew all these things, Donald Trump wouldn't stand a chance. This one, I hope, will get out.

I talked a little bit about this yesterday. We all know that so many of our young men and women—my generation—went to Vietnam and risked their lives. Many of them gave their lives for our country. One of the worst aspects of things is that they were not treated as heroes when they came home.

I think America has made up for that now, but here is a way that we are not treating them well at all. Many of them were exposed to Agent Orange, and it became clear that many got sick from exposure to Agent Orange while fighting in Vietnam.

Well, what the VA has found is that certain illnesses are caused by exposure to Agent Orange, and they found that there are four more illnesses that have an Agent Orange link. But quietly and secretly, the Trump administration denied payments to over 60,000 veterans who had these illnesses and who received emergency care at non-VA facilities in 2017.

It has missed deadlines to expand the VA caregivers program to Vietnam and Korean war veterans, and there are some reports that the Trump VA hired doctors on probation, but what is galling at the moment is this Agent Orange situation and hiding the report.

Mulvaney, evidently, the Chief of Staff, just said quietly: We are not

funding it. It took a Freedom of Information Act action to reveal that they were cutting the money off for these folks.

They went to Vietnam. Some of them volunteered. Some of them were drafted. They got sick because of exposure to Agent Orange, and the Trump administration, which loves to have rallies with veterans, cuts the money off from them, saying that Mulvaney said we couldn't afford it.

These veterans could afford to risk their lives for us. We can afford to help them in their hour of need. I hope the administration will reverse its decision.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2 p.m.

Thereupon, the Senate, at 12:48 p.m., recessed until 2 p.m. and reassembled when called to order by the Presiding Officer (Mr. PERDUE).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that I have the right to yield to Senator COLLINS at the end of my remarks.

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

PRESCRIPTION DRUG PRICING REDUCTION ACT

Mr. GRASSLEY. Mr. President, polls show a surprising interest of Americans in the high cost of prescription drugs. It seems to be an issue that unites Americans. I often point out that Washington is an island surrounded by reality. Here inside the Beltway, people are obsessed with partisan impeachment proceedings. It seems like morning, noon, and night, the relentless effort to unseat the President of the United States is a toxic strain of Potomac fever infecting Capitol Hill.

Now, if only Congress would channel every waking minute to fix problems in the real world, wouldn't that be wonderful? So let me provide a reality check. For people living in the real world, impeachment inquiry is not what keeps Americans up at night. It is not what wakes up moms and dads worried sick about paying for their child's insulin. It is not what drains the pocketbooks of seniors and takes a big bite out of people's paychecks. The issue that unites Americans from Maine, to Iowa, to Oregon is the sky-high prices that Americans and the taxpaying public are paying for prescription medicine.

As chairman of the Senate Finance Committee, I am working in a bipartisan way to fix what is broken in our drug supply chain. In February, we called the heads of Big Pharma to testify before the Finance Committee.

Next, we heard from the largest pharmacy benefit managers to examine rebates and unravel the pricing supply chain. There was an awful lot of finger-pointing between the various interests about the soaring drug prices that Americans pay for pharmaceuticals. That finger-pointing, we heard in our committee. Finger-pointing doesn't decrease drug prices because the real problem is there is too much secrecy and not enough accountability in the industry of pricing drugs.

When drug prices grow by leaps and bounds, year after year, it is time to look under the hood. It is time to kick the tires along the drug supply chain and check the gauge on the competition. Why in the world is insulin, just as an example—a drug that has been on the market for nearly 100 years—doubling or tripling in price for patients in the United States? It is surely not that way in Europe.

We have gotten lots of feedback from patient advocates, healthcare providers, and free market proponents. The pushback from Big Pharma reveals that we are really on to something. Congress needs to take its foot off the brake. It is time to deliver real savings, and our bill will deliver real savings to consumers and to the taxpayers. It is time to pass reforms that will cut prescription drug costs for the American people.

Now, some of my colleagues may require a more blunt call to action so I want to use the two-by-four illustration. Join us and score a win for the American people. Otherwise, do nothing and risk being on the losing side of the ballot box next November.

At my annual 99 county meetings where I always hold a Q&A with whatever groups of constituents gather, I hear the same message from people all across the State of Iowa. They have family members and they have neighbors who struggle to pay for prescription management, to manage chronic health conditions, and to treat diseases. Thanks to breakthrough treatments and cures, Americans are living longer and healthier lives.

Many are beating the odds of a diagnosis that would have been a death sentence a generation ago. However, if a loved one is diagnosed with MS or diabetes or cystic fibrosis, no miracle cure will help if Americans can't afford to pay for their medicine. It will not help seniors if sky-high prices drain taxpayer-financed health programs like Medicare and Medicaid. Soaring drug prices are forcing too many Americans to skimp on other necessities or even ration their doses of prescriptions that they take.

Now, I just mentioned, as an example, cystic fibrosis. Last month, the FDA approved a promising new treatment for this progressive genetic disorder. Cystic fibrosis impacts about 30,000 Americans. There is nothing parents will not do to advocate for their child living with this condition. That is how I met one family from Iowa a few