

awareness, and disseminate suicide prevention best practices. They are, literally, on the frontlines.

But, as you can imagine, this isn't an easy job. This is a hard job, and there are reports that many of these prevention coordinators throughout the VA system are overworked and unable to keep up with their many responsibilities. What we are focused on here is that we want to make sure that the people who are helping our veterans are also taken care of and adequately resourced so that they can do the best job in terms of helping our veterans.

The VA must have a skilled and resourced workforce available, trained to recognize the warning signs of a veteran in crisis, and then be able to work with that veteran, hopefully successfully, to connect them with lifesaving resources before it is too late.

That is what the Support for Suicide Prevention Coordinators Act requires. That is what Senator TESTER and I worked on together to bring this out of the Veterans' Affairs Committee, and, hopefully, if we get that right, then, it has a positive impact on lessening this high rate of suicide among our veterans.

Senator TESTER mentioned what is in this, but it is not just additional resources. It is also a comprehensive study by the GAO to make sure that our coordinators are resourced and have a strategy to make sure they can do their jobs most effectively to impact our veterans.

It is an overall look at the VA system of preventing veteran suicide with a focus on these frontline coordinators who do really, really important work. They are not always recognized.

For those who are doing that work, I commend you, the Senate commends you, and I think we are going to have an overwhelming vote here in a couple minutes that will make sure of your ability to do this really, really important job for our veterans and for our Nation and that you are going to be able to do it better.

I applaud the leadership on both sides of the aisle for bringing this bill to the floor, and I encourage my colleagues to vote in favor of this legislation. Let's get it on the President's desk for his signature soon, and we can take another step—another step—to make sure that we are taking care of our veterans and are trying to address this horribly tragic situation where far too many veterans in America are taking their own lives.

LEGISLATIVE SESSION

SUPPORT FOR SUICIDE PREVENTION COORDINATORS ACT

The PRESIDING OFFICER (Mr. LANKFORD). Under the previous order, the Senate will proceed to legislative session to consider H.R. 2333, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 2333) to direct the Comptroller General of the United States to conduct an assessment of the responsibilities, workload, and vacancy rates of Department of Veterans Affairs suicide prevention coordinators, and for other purposes.

Thereupon, the Senate proceeded to consider the bill.

The bill was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

Mr. SULLIVAN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

Mr. THUNE. The following Senator is necessarily absent: the Senator from Kentucky (Mr. PAUL).

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

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

The result was announced—yeas 95, nays 0, as follows:

[Rollcall Vote No. 390 Leg.]

YEAS—95

Alexander	Gillibrand	Peters
Baldwin	Graham	Portman
Barrasso	Grassley	Reed
Blackburn	Harris	Risch
Blumenthal	Hassan	Roberts
Blunt	Hawley	Romney
Boozman	Heinrich	Rosen
Braun	Hirono	Rounds
Brown	Hoeven	Rubio
Burr	Hyde-Smith	Sasse
Cantwell	Inhofe	Schatz
Capito	Isakson	Schumer
Cardin	Johnson	Scott (FL)
Carper	Jones	Scott (SC)
Casey	Kaine	Shaheen
Cassidy	Kennedy	Shelby
Collins	King	Sinema
Coons	Klobuchar	Smith
Cornyn	Lankford	Stabenow
Cortez Masto	Leahy	Sullivan
Cotton	Lee	Tester
Cramer	Manchin	Thune
Crapo	Markey	Tillis
Cruz	McConnell	Toomey
Daines	McSally	Udall
Duckworth	Menendez	Van Hollen
Durbin	Merkley	Warner
Enzi	Moran	Whitehouse
Ernst	Murkowski	Wicker
Feinstein	Murphy	Wyden
Fischer	Murray	Young
Gardner	Perdue	

NOT VOTING—5

Bennet	Paul	Warren
Booker	Sanders	

The bill (H.R. 2333) was passed.

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the VanDyke nomination.

The Senator from Texas.

UNANIMOUS CONSENT REQUEST—S. 1416

Mr. CORNYN. Mr. President, as all America knows, climbing healthcare

costs continue to keep the American people up at night. A Kaiser Foundation poll in September found that the No. 1 health concern of the American people is prescription drug pricing. A whopping 70 percent of those polled think lowering prescription drug costs should be a top priority—a top priority—for Congress, making it the No. 1 item on our to-do list, but our friend and colleague from New York, the minority leader, objected last time I offered unanimous consent to take up and pass a bill, which I will describe here momentarily.

I hope, given the intervening time and further reflection, he will not do so today, and we can get this bill passed and address this top priority of the American people.

The good news is, Republicans and Democrats both agree we need to do something about it. I have the honor of serving on both the Finance and Judiciary Committees, where we have been looking into this problem and some of the potential solutions.

There are pharmaceutical CEOs who earn big bonuses as sales go up. I am not opposed to them receiving compensation, but pharmacy benefit managers who negotiate backdoor rebates that drive up out-of-pocket costs are a problem because of the lack of transparency.

What I find very seriously concerning as well is anti-competitive behavior when it comes to patents by drug manufacturers. There are two practices, in particular, that the legislation I intend to offer a unanimous consent request on would address.

One is called product hopping, which occurs when a company develops a reformulation of a product that is about to lose exclusivity. Let me just stop a moment and say that one of the ways we protect the investment and the intellectual property of American innovators is to give them exclusivity over the right to sell and license that intellectual property, including drugs. That encourages people to make those investments. In turn, it benefits the American people and the world, literally, by creating new lifesaving drugs, and that is a good thing. There is a period of exclusivity, and after that expires—after that goes away—then it opens that particular formulation up to generic competition; meaning, the price will almost certainly be much lower and more affordable to the American people.

This issue of product hopping is gamesmanship, as I will explain. First of all, before the drug loses exclusivity, the manufacturer pulls the drug off the market. This is done not because the new formula is more effective, but it will block generic competitors.

The second issue is patent thicketing, which occurs when an innovator uses multiple, overlapping patents or patents with identical claims that make it nearly impossible for competitors to enter the market. This is nothing more and nothing less than