

don't know whether or not we are in one. I don't think we know that.

I am not an alarmist or panicky in any way, but I know people realize we had such a late start on this because of the President's actions over the last 3 years.

The issue is not to bail out more corporations. The issue is not to give money to the cruise ship companies, for gosh sakes, which is one part of the President's rhetoric tweet proposals. The cruise ship industry is almost exclusively foreign-owned. Why take tax dollars and shovel them into the cruise industry?

Instead of focusing on large corporations, which is something the President always does—I understand that is what he comes from, who he is, and who his supporters are—instead of focusing there, we should be focusing on individuals, and that means starting with a sick leave policy and sick days.

Think about how hard it is for all of us in this body—think about somebody making \$12 an hour and living alone or living with a child or living with a spouse, whoever, making \$12 an hour with no benefits and they get sick. They think, let's see, do I go to work—if I go to work sick, I may get worse, and I may infect my colleagues and other employees—or do I stay home and give up that \$100 of a \$12-an-hour job? I am paying \$700 a month in rent. Can I give up that \$100 or \$200 or \$300 over 2 or 3 days?

There are so many Americans who are sick who wrestle with that decision every single day. This is an opportunity. Senator MURRAY worked on a bill. I worked on this bill with her for a good while. I just spoke with Congresswoman DELAURO from Connecticut about working on legislation to provide emergency relief right now. We can do this today. I know the Presiding Officer has been open-minded about things like this. We can make this bipartisan. We can have immediate 14-day help as part of our package that we already voted on and then have a long-term, 7-day sick day policy where you earn those benefits. As you work, you earn that—up to 7-day sick day policy. Every other industrialized, wealthy country in the world has it. It makes safer, healthier workplaces and safer, healthier workers. It will mean good help and stronger families—all the kinds of things a sick day policy would mean to our country.

I am hopeful that rather than shovel money to corporations, we will spend that money on individuals, on people, on workers and their workplace. It could make all the difference in the world, not just in addressing this coronavirus public health crisis today but in preventing these kinds of crises in the future.

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.

Mr. GRASSLEY. Mr. President, I ask unanimous consent for me, Senator COLLINS, and Senator CASSIDY to have a colloquy.

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

PRESCRIPTION DRUG COSTS

Mr. GRASSLEY. Mr. President, as most of my colleagues know, I hold a meeting in each of Iowa's 99 counties every year for Q&A with my constituents. Over the last couple of years, without fail, Iowans have brought up the skyrocketing prices of prescription drugs. People all over my State, including farmers, factory workers, and especially senior citizens, have raised the concern that pharmacy bills have been ballooning.

I will say, Iowans are always interested in hearing about solutions, and they are looking for solutions on this issue from Congress, but not a single one of these people who bring this issue up cares about the partisan politics of the issue. Iowans just want Congress to act. This is my 40th year of taking questions in our 99 counties—although, as of now, only 14. Rarely have I heard so much unanimity when it comes to this issue, but on prescription drug prices, it is unanimous. Republicans, Democrats, and Independents alike all want us to take action, and the data, both polling and otherwise, bears out our constituents' concerns.

As I highlighted last week, right here in this position on the Senate floor, a new study shows that pharmaceutical prices have increased 3½ times the rate of inflation in recent years. People are paying more than double what they paid in the year 2007 for drugs treating conditions from MS to diabetes and everything in between. The lack of transparency and the enormous subsidy incentives are driving these price hikes—perverse incentives that we have in law. If they were not intended to be perverse, they are incentives people have found out how to benefit from.

This is because the government's spigot is all the way open for the big pharmaceutical companies or—how we say it around here—Big Pharma. Of course, when this happens, taxpayers get ripped off. It happens because we pay a lot of money—I think about \$138 billion—for Medicare and Medicaid. We pay at least that much. So, when you have 5- to 10-percent increases on January 1, you can see willy-nilly, on the judgment of Big Pharma, that taxpayers are paying a heck of a lot more.

I know all of my colleagues want to do something about this, and I know the administration wants to do something about it. In fact, let me say to the administration that I have been involved in this as the chairman of this committee since just a year ago Janu-

ary. The administration has given a major speech, and the Secretary of HHS has taken major action going way back to June of 2018. So we all know that our colleagues and our administration know that something needs to be done.

We are fortunate that, just yesterday, the White House published five principles that the administration can get behind for reducing prescription drug costs. Our legislation in the Senate fits the bill, or the principles, that were laid out in that op-ed piece. The Prescription Drug Pricing Reduction Act is the name of our legislation, and it addresses those principles. More importantly, it is the only option that can get 60 votes in the U.S. Senate.

Many Americans are reading about the coronavirus issue. It scares our constituents. We don't know what kind of drugs might come into the market to help treat the disease. Senator CASSIDY, who will soon speak, is an expert on that. He can address those issues for anybody who wants them addressed. Yet, if our bill becomes law, we know that folks who are on Medicare will not face sticker shock at the drugstore counter. Not only is that important in its being a comforting thought in the short term, as we face the coronavirus, but it is important in the long term, when we inevitably encounter another novel outbreak.

It took a long time to hammer out the Prescription Drug Pricing Reduction Act. I thank Senator WYDEN for sticking it out with me and working in good faith for the benefit of all of our constituents so we could produce a bipartisan bill. His determination as well as the leadership of many of my colleagues, like Senators CASSIDY, COLLINS, and DAINES, have further improved the legislation. We have a bill. We have bipartisan support, and we have White House support. We also have the opportunity. The bottom line is, let's act.

I thank my colleagues for joining me in this effort.

I yield to my colleague Senator COLLINS.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, first, I express my appreciation to the chairman of the Committee on Finance, Senator GRASSLEY, not only for his leadership but also for his persistence on an issue that affects so many Americans, and that is the soaring price of prescription drugs.

Three committees—the Committee on Finance, the Committee on Health, Education, Labor, and Pensions, and the Committee on the Judiciary—have all advanced bipartisan legislation to reform our broken drug pricing system.

The Aging Committee, which I chair, has held eight drug pricing hearings which have highlighted the burden of soaring prices and the manipulation of the market by individuals like the infamous Martin Shkreli. It is now past time for us to move forward to the Senate floor to debate these bills that have

bipartisan support and that have garnered the approval of three major committees.

The Finance bill, which Senator GRASSLEY has crafted with Senator WYDEN and others and of which I am proud to be a cosponsor, makes crucial improvements to Medicare Part D, such as protecting seniors with an out-of-pocket spending cap as well as including cost control measures, such as an inflationary cap to limit pharmaceutical price hikes.

In one of the hearings that the Aging Committee held, I heard testimony that was heartbreaking from a former teacher with multiple myeloma who had to refinance her home in order to cover the cost of her \$250,000 cancer medication. We heard example after example.

I will never forget my standing in the pharmacy line in Bangor, ME, where I live, and ahead of me was a couple who had just been told that the couple's copay was \$111.

The husband turned to his wife and said: Honey, we just can't afford that.

They walked away—away from the medication that one of them needed.

I asked the pharmacist: How often does this happen?

He told me that it happens every day.

We have to take action. That experience led me to author legislation that became law that prohibited gag clauses that were preventing pharmacists from advising their patients, their customers, on whether or not there was a less expensive way to purchase their prescription drugs. I am proud to say that this legislation is now law, but there is much more that we need to do.

The Committee on Health, Education, Labor, and Pensions, on which I serve, has incorporated more than 14 measures to increase price competition in its legislation on lowering healthcare costs. I know the Presiding Officer is a member of that committee as well. I am pleased to say that the bill includes major portions of the Biologic Patent Transparency Act, which is a bill that I authored with Senator TIM Kaine. It is intended to prevent drug manufacturers from gaming the patent system.

Now, patents are very important. They help to spur innovation, and that period of exclusivity encourages drug manufacturers to invest more into life-saving drugs. Yet the fact is, when the patent has expired, generics should be allowed to come to the market and drive down the costs. According to former FDA Commissioner Scott Gottlieb, if all of the biosimilars—those are generics for biologic drugs—that had been approved by the FDA had been successfully marketed in our country in a timely fashion, Americans would have saved more than \$4.5 billion in 2017.

A biosimilar version of HUMIRA, the world's best-selling drug, has been on the market in Europe for more than a year, while American patients must wait until 2023. We simply cannot allow

this kind of abuse of the patent system to continue.

The Judiciary Committee has also advanced proposals to empower the Federal Trade Commission to take more aggressive action against anti-competitive behaviors. Last month, the FTC charged the infamous Martin Shkreli with an anticompetitive scheme of setting an increase of more than 4,000 percent overnight for the lifesaving drug DARAPRIM. That was the focus of an investigation on the Aging Committee that I led with former Senator Claire McCaskill. I applaud the FTC for taking action, and we simply must give them more authority and the resources to pursue these kinds of anticompetitive cases that drive up the cost of prescription drugs.

Finally, I hope that we have the opportunity to debate other worthy proposals, including one that Senator SHAHEEN and I have introduced to lower the skyrocketing price of insulin.

I want to commend the administration for today releasing a new plan to drive down the cost of insulin for Medicare beneficiaries. The fact is, between 2012 and 2016, the average price of insulin nearly doubled. According to the Health Care Cost Institute, the price of an average 40-day supply of insulin rose from \$344 in 2012 to \$666 in 2016. There is no justification for that. Insulin was isolated nearly 100 years ago, and while there are different varieties of insulin, it is still insulin.

As cochairs of the Senate Diabetes Caucus, Senator SHAHEEN and I have introduced legislation which creates a new pricing model for insulin, and our bill would hold pharmacy benefit managers, pharmaceutical companies, and insurers accountable for surging insulin prices by incentivizing reductions in list prices.

For the most popular insulins, this would result in as much as a 75-percent decrease in prices on average. Whether you are insured or you are paying out of pocket, you would benefit from that significant decline in the price if you need insulin to control your diabetes.

Congress has a tremendous opportunity to deliver a decisive victory in both lowering healthcare costs and in improving healthcare for the people in my State of Maine and throughout our country.

Let's not delay any longer. We must act on prescription drug legislation without further delay. We have three committees that have produced bills, and I believe this should be a priority for this Chamber.

The PRESIDING OFFICER (Mrs. BLACKBURN). The Senator from Louisiana.

Mr. CASSIDY. Madam President, I am going to speak about the drug affordability act, what people in Washington call the Grassley-Wyden bill.

I am renaming that bill. I am going to rename that bill to what I call the "Making Coronavirus Medicines Affordable Act," and I want to address

drug affordability from the perspective of coronavirus and address it from the perspective of a physician.

First, people ask: How is this different than regular flu? Ten thousand people die a year from flu. Why is this so different from that?

Well, again, as a physician, let me speak to that. Each of us, however old we are, have been exposed to flu, either by the flu vaccine or a flu infection, as many years as we have been alive. So when someone is exposed to the flu, they have a whole kind of armamentarium of antibodies. When the flu virus comes into your body, those antibodies mobilize, and it is not an exact fit to block the effects of the flu virus, but it is a pretty good fit. So for an infection which otherwise might cause problems, the effect is blunted and the symptoms are either absent or minimized.

As it turns out, the flu virus kills the very young, who have never before been exposed to the flu virus before, or the very old, whose immune systems are no longer working as well. Even though they have been previously exposed, their body is more vulnerable.

Now, as for coronavirus, nobody's body has ever seen that before. For everyone, this is a brand-new infection, and there is not a library book of immunologic responses that enable us to fight back against this virus. For all of us, if you will, it is a sucker punch to our health. We turn around, and, boom, it hits us.

Now, in terms of who it can kill, again, it seems to cause problems in newborns—the very young—but it also causes problems not just in the very old but in the older but not so very old.

In China we have learned that if someone is over 50 and they have an underlying medical condition, they are at increased risk. If you are over 60, you are at even more risk. So unlike influenza, where typically the person who dies would be 75 or 85 and in a nursing home, in terms of coronavirus, it might be somebody with high blood pressure or diabetes, heart disease, cancer, or a lung disease, who is otherwise living life, walking around the streets. They get hit with this virus, and, all of a sudden, they have a problem.

Now, we are going to find a cure. Sooner or later, we will come up with medicines that help somebody who is infected get well. The question is, Will those medicines be available to you? That is what we need to be concerned about.

So what does it mean? Well, first there have been reports that both because of the infection raging through China and a decision by India, it is possible that some of these drugs will not be available.

In China, they make the raw ingredients that are shipped to India, and they make the medicines. Well, China is not producing as many of the raw ingredients, and India has put an embargo on the export of some of those drugs to the United States.

At least of the drugs they have embargoed that I saw a list of recently, none of those medicines are medicines that we think might ultimately help fight coronavirus. So even though we have a problem with supply chain, so far there is no evidence it will impact the ability of a medication, whenever it is discovered, to be available here in the United States.

But there is another issue. Can the senior citizen who is most vulnerable afford the medicine?

Let me put this up.

Under the current structure of Medicare Part D, the senior citizen—the personal Medicare Part D—pays a certain amount of money until they go into the so-called catastrophic coverage phase. Now, pharmaceutical manufacturers and pharmacy benefit managers manipulate that list price to more quickly move the senior citizen into her catastrophic phase, and when she is in her catastrophic phase of our Medicare Part D benefit, she must pay 5 percent of whatever is the price of that drug. Even—imagine this—if that drug costs \$1 million a year, she would have to pay 5 percent of it under the current structure of the Medicare Part D benefit.

I just posted a video on my Facebook page, and an oncology nurse, Kathy at East Jefferson General Hospital in New Orleans, was speaking about how this benefit design, where the senior has to pay 5 percent, no matter the cost, is so harmful in terms of her ability to get certain cancer drugs to cancer patients.

Now, imagine it is a coronavirus drug—a cure for coronavirus that we know is going to eventually be here, and it can be priced. You name the price; we are going to pay it. Or can we? Can someone afford 5 percent of \$100,000 or 5 percent of \$50,000? Is it imaginable that such a medication would be priced as such?

It is totally imaginable.

We need to enact what the chairman of the committee calls the Grassley-Wyden bill but which I call the “Making Coronavirus Drugs Affordable Act.”

What we would do with this bill is change the Part D benefit so that when a senior pays up to a certain amount, period, it is stopped. She or he pays no more. And no matter how much that coronavirus drug is priced, she or he will not pay above a certain amount.

If they price it at \$100,000, under current law you are paying 5 percent of that. Under this law, you would not. The out-of-pocket exposure, if you will, is capped. By the way, it also caps it for the taxpayer, which saves you and me as taxpayers—all of us as taxpayers—a heck of a lot of money as we attempt to balance the Federal budget and as we attempt to preserve the life of the Medicare Program.

So I will point out that we are going to have a cure for coronavirus sooner or later, but if a senior citizen or anyone cannot afford that cure, it is as if the cure had never been invented. We

need both for the cure to be invented and we also need for it to be affordable. Otherwise, it would not be available.

By the way, somebody may tell you they are supporting another bill either in the House of Representatives or here in the Senate. This is the only bill out there which is bipartisan. This is the only bill out there which has a chance to pass. This is the only bill that can protect senior citizens, not only by being good policy but by being signed into law by the President of the United States. The President of the United States has signaled that he, indeed, would sign this law.

Now, the “Making Coronavirus Drug Affordable Act” does other things as well. It caps out-of-pocket expenses. It lets patients pay over time. If they know they are going to have a big amount in January, they don’t have to pay it all in January. They can pay it a little bit in January, February, March, and all the way through the end of the year. It protects patients from price gouging, but it still preserves incentives for these cures to be invented.

As we look for a holistic response to the coronavirus infection, we must keep in mind that drugs have to be affordable. So I am asking all my fellow Senators to support the “Making Coronavirus Drugs Affordable Act,” also known as the Grassley-Wyden bill, and for Senator MCCONNELL to bring it to the floor.

With that, I introduce my colleague from Montana, STEVE DAINES, to continue this discussion.

Mr. DAINES. Senator CASSIDY, thank you—Dr. CASSIDY. It is a really good thing to have a physician serving on the floor of the U.S. Senate and your additional insight you have as a physician. Thank you.

Madam President, I am grateful for not only Senator CASSIDY’s leadership but also Senator GRASSLEY’s on this very important issue impacting millions of Montanans and Americans across our country.

I also want to thank my colleagues who spoke on this issue earlier today.

When I am back home in Montana, I hear the same concerns in virtually every corner of our State. Whether I am down in southeast Montana, in places like Ekalaka or Baker; or up in northeast Montana, in places like Westby and in places like Sidney and Plentywood; and if we go out to the northwest part of our State, to places like Eureka, Libby; or in southwest Montana, where I am from, in Bozeman, Belgrade, or anywhere you go, I am hearing that Montanans are concerned with the high cost of prescription drugs. That is why I have made it one of my top priorities in Congress and on the Senate Finance Committee to lower prescription drug costs for Montanans and for folks across the country.

Year after year, prescription drug out-of-pocket costs are reaching sky-high levels. They are impacting our seniors, our veterans, our families, and

our working men and women. It is truly heart-wrenching to hear the stories of folks who are rationing or even skipping doses of daily medications because they can’t afford the out-of-pocket costs. The American people are struggling under the burden of these out-of-control, high costs of prescription drugs, and they need relief.

That is why I am grateful to be working with Chairman GRASSLEY on the Finance Committee and my colleagues here today in a bipartisan fashion to lower costs, improve competition, and get our patients more bang for the buck. The complex drug pricing system has allowed Big Pharma and these pharmacy benefit managers—you may have seen the chart that Senator CASSIDY just laid out showing some of these complexities. These pharmacy benefit managers are the middle men responsible for negotiating drug prices, but in doing so, they take advantage of the secrecy of the pricing supply chain.

The bipartisan reforms we are fighting for and advocating for today would help fix the secrecy and save taxpayers more than \$80 billion. These reforms will cap out-of-pocket costs in Medicare, providing our seniors with enhanced financial security. One of the great sources of anxiety for our seniors is financial security. When you think about it, their financial situation could be devastated with the out-of-pocket costs for a single prescription drug.

Our efforts would reform the payment incentives and ensure that Big Pharma and the pharmacy benefit managers have more skin in this game. These reforms are the product of over 1 year of bipartisan negotiations. Although this may not be what you hear on the news, bipartisan compromise is not dead. I am pleased to see my colleagues putting politics aside and doing what is right for this country. Lowering costs is more than just figures and numbers and spreadsheets. This is about keeping our families healthy without having to worry about how much it is going to cost or if they can even afford it. This is about getting relief for the retiree who has worked and saved their entire life only to see the dollars they earned go down the drain because of the high cost of prescription drugs.

President Trump is ready to sign prescription drug reform. He is committed to getting this done on behalf of the American people. He hears it when he travels around the country. With strong support from this administration, I am confident we can achieve some major reforms for the American people. Montanans and Americans across the country want to see reform, and that is why I am standing here today, fighting for it.

Let’s move past the congressional gridlock and get this done. We had a good, strong, bipartisan vote out of the Senate Finance Committee, which will allow us to take a vote here on the floor of the U.S. Senate. Truly, Republicans, Democrats, and Independents

can deliver a historic victory for the American people, and I will continue working to get this bill on President Trump's desk.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Iowa.

WASTEFUL SPENDING

Ms. ERNST. Mr. President, with spring approaching, the days are getting longer and temperatures are warming up. Many are hitting the gym, trying to get that summer bod before heading to the beach, including some turtles. That is right, your tax dollars actually paid for a study that put turtles on treadmills.

So here we have our turtles on a treadmill. To no one's surprise, it turns out that turtles are really, really slow. OK. That is what our tax dollars went to. In fact, this wasteful study found that turtles moved at nearly the same pace as dead turtles on a treadmill. Aren't you glad that Washington bureaucrats used your hard-earned dollars to conduct this study? Good grief, folks.

How many of your tax dollars went to this study, exactly? Well, folks, your guess is actually as good as mine because there is no legal obligation for most Federal agencies to publicly disclose the price of government projects, even though the American taxpayers are paying for them. Folks, this is your money—your money. Shouldn't you have a right to know how it is being spent?

It has been said before, and I surely believe it: Government functions best when it operates in the open. This is the basis of Sunshine Week, which begins this Sunday. Sunshine Week is celebrated every year in March to remind us of just how important it is to have government transparency, especially when it comes to how our tax dollars are being spent.

Transparency really is fundamental to the principles upon which our Nation was founded. The people have power to affect the decisions made by those of us who are elected leaders, and, in turn, Congress has the authority to hold accountable the millions of unelected Washington bureaucrats who ultimately write the rules and regulations that impact nearly every aspect of our lives and decide how our taxpayer dollars are spent.

This year, I have a couple of bright ideas to shine some light on how Washington is spending your money. Let's talk about those darn government boondoggles—those Federal projects that are billions of dollars over budget and years behind schedule. Frankly, we know nothing about them because the government agencies aren't required to report this information to you.

Well, I have a bill to help shed some light on these costly monstrosities. My Billion Dollar Boondoggle Act would require an annual report listing every single taxpayer-funded project that is

\$1 billion or more over budget or 5 years or more behind schedule. This will make it impossible for Washington bureaucrats to continue throwing our tax dollars into bottomless money pits without being noticed.

Unfortunately, it is not just the billions wasted on boondoggles being kept secret. It is the cost of the Federal projects. So I have proposed a bill that requires every project supported with Federal funds to include a pricetag with the amount that is paid by taxpayers. That way, when your money is being spent to put turtles on a treadmill—the ones I mentioned to you earlier—you, the taxpayer, can decide if the price is right.

Of course, the waste doesn't stop there. Did you know that Federal agencies spend over \$1.4 billion every year on advertising and public relations? This includes—you will love this—more than a quarter of a million dollars for costumed mascots like Sammy Soil and Milkshake the cow—a quarter of a million dollars. There was nearly \$10,000 to produce a zombie apocalypse survival guide. Yes, folks, I am not joking. And there was \$30,000 for a martian New Year's Eve party and hundreds of thousands of dollars on tote bags, stress balls, fidget spinners, and other trinkets.

Well, folks, thankfully, the Senate Homeland Security and Governmental Affairs Committee is voting today on my bill, which forces agencies to disclose exactly how much they are spending on all of these government gimmicks. Folks, it is time we bag the swag and end this unnecessary taxpayer-funded propaganda.

With our national debt now exceeding \$23 trillion, there is literally no better time than Sunshine Week to start shedding more light on how Washington is managing or maybe, in this case, mismanaging your money. The only reason to keep taxpayers in the dark is that these spending decisions can't withstand the scrutiny. And, folks, that is exactly why sunlight is the best disinfectant.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. LANKFORD. Mr. President, there are a lot of things going on right now in DC and a lot of moving targets. A lot of Americans are looking closely at what is happening with the COVID-19 virus. We are tracking what is happening overseas in Afghanistan and multiple other issues on the stock market, as well as what is happening with oil and gas right now.

We are spending a little bit of time, in the middle of all those things, to also say that we can't lose track of structural issues in government, to see if we can work on those issues that are, right now, in front of us, but we also have to look at long-term issues, to look at basic government transparency and basic accountability for government.

So I want to highlight—several of my colleagues are here, as well, high-

lighting some of the things that are actually on the floor or have moved recently or we think we can move on those. One of those things is the GREAT Act. This is a bipartisan bill that deals with basic transparency for grants.

If you go back 20 years ago, the Federal Government gave away very few grants. Now, \$600 billion a year is just for grants. My colleague, JONI ERNST from Iowa, just highlighted some of those wasteful grants that are out there that, as we go through them, we say we can try to get those one at a time or we can try to get a system in place where all grants have to go through a centralized data system where we can actually all look at the data and compare it across the government to basically look for areas of inefficiency. That is what the GREAT Act does. It creates standard data elements so that we can look at how the money is being spent—America's money—so we can actually evaluate it. That has overwhelmingly already passed. We are grateful to get that done this year.

Another one we were able to get done this year that has passed the Senate but has not yet passed the House is providing accountability through transparency. Now, this may seem super simple, but let me just begin with the most basic principle. No small business owner in America gets up every day and reads the Federal Register. It just doesn't happen anywhere.

If you are running a small business, you are running your small business. You are not getting up every day and reading the Federal Register to see the latest regulation. Even if you did, with the pages and pages and pages of regulations there, you can't make sense of it. This basic providing of accountability through transparency asks a simple question: Can we force the agencies, when they actually do a new regulation, to condense it down to 100 words or less in plain English so that you can actually figure out what this regulation is trying to do, so when you see a regulation come out, you can actually understand it without having to hire an attorney to go interpret it for you?

That has overwhelmingly already passed the Senate, and we are waiting for that to pass the House, as well—basic simplification of some of the government entities, in trying to be able to help out.

We passed by a majority—and it has already been signed into law—the one dealing with representative payee fraud. Now, again, this was a simple piece that was just needed in government. We discovered that if someone is a trustee for a Federal retiree for their retirement account and, as a trustee, they stole the money out of that person's account, we couldn't actually enforce the law on them. We could in several other areas, if it was Social Security or if it was disability, but we couldn't on Federal retirees.

So we were able to get a bipartisan agreement to pass this to take care of