

are usually manufactured in pieces—the active ingredients in one place and the inactive ingredients in another place and so on. Currently, only 28 percent of the facilities producing active pharmaceutical ingredients—and you will hear these referred to by the acronym APIs—only 28 percent of the facilities producing these APIs are in the United States. What this means is that American consumers rely heavily on foreign-sourced drugs in order to stay healthy.

Meanwhile, the number of Chinese facilities producing these APIs has more than doubled since 2010. Think about that. Only 28 percent of all the facilities globally are in the United States. China has doubled the number of facilities in China that are producing these APIs.

Why does this matter? Last year, experts at the FDA testified before Congress that while the United States is a world leader in drug development, we are falling behind in drug manufacturing. We do all the R&D here. We have the great scientific minds here. They are creating these products. They are manufactured primarily in China. Their testimony identified the cessation of American manufacturing of APIs as a key health and security concern because it created vulnerabilities in the U.S. supply chain.

The FDA is not alone in their concerns. In its 2019 report to Congress, the U.S.-China Economic and Security Review Commission revealed “serious deficiencies in health and safety standards in China’s pharmaceutical sector.” That is not something that somebody just read on the internet. It is not an assumption. That is the 2019 report to Congress from the U.S.-China Economic and Security Review.

The coronavirus outbreak is drawing much needed attention to the possibility of a global health crisis. Indeed, today the WHO classified it as a pandemic. I have to tell you, I think awareness is not enough. If the Congress does not act, our dependency on China for medications will continue to put American lives at risk.

Yesterday, alongside my friend, the Senator from New Jersey, Mr. MENENDEZ, I introduced the Securing America’s Medicine Cabinet, or the SAM-C Act, to encourage an increase in American manufacturing of APIs. The act would expand upon the Emerging Technology Program within the FDA to prioritize issues related to national security and critical drug shortages and bring pharmaceutical manufacturing jobs back to the United States. In addition, the SAM-C Act authorizes \$100 million to develop centers of excellence for advanced pharmaceutical manufacturing in order to develop these innovations. These centers will be partnerships between institutes of learning and the private sector.

The number of API manufacturing facilities in China is still growing. It grows every single day. Although we cannot yet quantify our dependence on

China’s APIs, we do know the more Chinese products flow into the United States, the more potential there is for trouble.

In 2007 and 2008, 246 people died as a result of adulterated Heparin, a widely used blood thinner. An investigation by the Centers for Disease Control determined that batches of Heparin manufactured in China had been contaminated. The contaminant, which is very cheap, was similar in chemical structure to Heparin and went undetected in routine tests.

Since 2010, regulators have also found serious problems with batches of thyroid medication, muscle relaxers, and antibiotics. In 2018, the FDA recalled a number of blood pressure medications made in China that were contaminated with cancer-causing toxins.

To be perfectly clear though, adulteration isn’t the only concern. In 2016, an explosion at a Chinese factory resulted in a global shortage of an important antibiotic because that factory was the drug’s sole source of production. Think about that. The factory exploded, and there was a shortage of an important antibiotic because they were the only people who were making it. Without intervention, the FDA expects the pharmaceutical industry will continue to rely on Chinese companies to make these active pharmaceutical ingredients, the APIs.

On February 27, 2020, the FDA announced the shortage of one drug that was used to treat patients with the coronavirus. They attributed the shortage to difficulties obtaining—guess what—the active pharmaceutical ingredients from a site in China that has been affected by the disease.

The status quo has made us vulnerable, but the fix is sitting right in front of us. If we fail to act, we are placing our future in the hands of unregulated foreign countries we know to be bad actors. We have a lot of work to do before we will be able to call our supply chain and our healthcare delivery systems secure. But if we are learning anything, we are learning we need to bring this production back into the United States where there is proper oversight, where we know we are not going to have contamination in this supply chain for these active pharmaceutical ingredients. We must embrace telehealth, especially across State lines, and halt the breakdown of care in our rural areas.

I have introduced bills that will help support those things, and I welcome additional cosponsors. The door is always open. All of this activity is here to secure our supply chain and our ability to access the healthcare that Americans need. Today I specifically ask that our colleagues support S. 3432, the SAM-C Act, Securing America’s Medicine Cabinet Act. That is a first step in securing this pharmaceutical supply chain and securing the health and wellness of American consumers.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

BROADBAND DEPLOYMENT ACCURACY AND TECHNOLOGICAL AVAILABILITY ACT

Mr. MARKEY. Mr. President, schools, libraries, healthcare providers, and other community anchor institutions need high-capacity broadband for distance learning, access to information, and telemedicine, but too often, anchor institutions’ need for broadband service are overlooked. That is why I want to make sure that anchor institutions are included in the mapping legislation under consideration today. I am pleased that S. 1822 will enable the Federal Communications Commission to develop more accurate and more granular broadband maps. However, in implementing this legislation, the FCC must make sure to include anchor institutions in its list of serviceable locations so that our broadband maps accurately cover anchor institutions as well as residences.

CITIZENSHIP FOR CHILDREN OF MILITARY MEMBERS AND CIVIL SERVANTS ACT

Ms. DUCKWORTH. Mr. President, I rise today to applaud my colleagues for passing H.R. 4803, Citizenship for Children of Military Members and Civil Servants Act, without amendment by unanimous consent.

Last year, Senator JOHNNY ISAKSON joined me in introducing the bipartisan Senate companion to H.R. 4803 to make sure that when children of U.S. citizens serving in the U.S. Armed Forces or working for the U.S. Government are born abroad because their parents are serving our Nation overseas, they automatically acquire U.S. citizenship.

The unanimous passage of the Citizenship for Children of Military Members and Civil Servants Act by the U.S. House of Representatives and the U.S. Senate sends a strong message that children born to American parents serving our country abroad are just as worthy of automatic citizenship as any other child in this country.

This principle should not be controversial. That is why for the past 15 years, U.S. Citizenship and Immigration Services considered children of members of the U.S. Armed Forces and Federal Government employees stationed outside the United States to be deemed as “residing in the United States” for the purpose of automatically acquiring citizenship.

This policy was pragmatic and cut burdensome redtape for American parents willing to serve our Nation abroad