

what a potential bipartisan relief package will look like. So here in the waning days of this Congress, as we approach the Christmas holidays, I think the best Christmas present we could confer on the American people is to work together in a bipartisan way to provide both the public health relief and the financial support that they need during this challenging time.

#### BUSINESS BEFORE THE SENATE

With the work of one Congress drawing to a close and the start of a new one just around the bend, this time of year is typically as busy as it is productive. We still have a lot to do, including funding of the government. With the current continuing resolution expiring on December 11, we need to get the next and final version of the National Defense Authorization Act to the President's desk and, as I said, hopefully, agree on another coronavirus relief bill.

These priorities seem to dominate the headlines but represent only a fraction of what I hope we can accomplish in the waning days of this Congress.

Before the pandemic turned the work of Congress on its head, we were making serious progress on countless bills to help improve the lives of the American people, with a bipartisan focus on prescription drug pricing, for example.

A poll last fall found that the No. 1 healthcare item people want Congress to address is prescription drug costs. Since 2014, prescription drug prices have surged by 33 percent—more than any other medical product or service.

I am honored to sit on both the Senate Finance and Judiciary Committees, where we have been looking at these high costs and some of the behavior behind them. And, yes, some of this is caused by bad behavior.

There are pharmacy benefit managers who negotiate backdoor rebates—kickbacks, basically—which drive up out-of-pocket costs for consumers. And what I find seriously concerning is that there is anticompetitive behavior by some drug manufacturers to try to manipulate higher prices and to maintain their patent, even though, under ordinary circumstances, the time for that patent would have expired, and it would have gone to generic or biosimilar competition.

Some companies have figured out how to game the system to prevent those lower cost competitors from ever reaching the market. I think the most popular prescription drug in America is HUMIRA, which is, by all accounts, nearly a miracle drug. It is used to treat arthritis and a number of other conditions, and it has been available on the market for 17 years.

Now, you typically think of expensive drugs like those that come to the market that are patented to preserve the investment that has been made through the research and that has produced a lifesaving drug but not one that has been around for nearly two decades. Why is it that that hasn't gone from branded drug, protected by a

patent with exclusive rights to sell it, to a generic or biosimilar competition?

Well, AbbVie, the company that makes HUMIRA, has demonstrated how to game the system so that no competition can ever enter the market and bring those drug prices down as a result, and they remain the sole provider of this ubiquitous drug.

What they have figured out, through, I am sure, a lot of smart lawyers and others, is how to weave an intricate maze of overlapping patents, which make it nearly impossible for a competitor to come to market.

To date, there are five competitors to HUMIRA available in Europe, but all are blocked from being sold here in the United States until 2023. How is that possible? Well, they have effectively found loopholes that allow them to create a monopoly. And without any action from Congress, patients will continue to pay higher prices for drugs like HUMIRA that should cost a fraction of the current sticker price.

Now, to be clear, patents themselves are not the enemy. It is important that we protect the intellectual property of people who create new lifesaving or life-extending drugs, like HUMIRA. But patents and exclusivity periods are designed for a purpose; that is, to allow these drug manufacturers to recover their cost and maybe, just maybe, make a profit.

The problem is not the patent. The problem is the abuse of those patents by some of the pharmaceutical companies. This, of course, is driven by a desire to increase their bottom line, which is understandable, but it is no excuse for manipulating or gaming the patent system.

As a result, it is becoming more and more difficult for patients to continue to be able to afford the drugs they need. And for folks who have lost their jobs or healthcare during the pandemic, it has made many of these drugs simply unaffordable.

Last year, I introduced bipartisan legislation with our colleague from Connecticut, Senator RICHARD BLUMENTHAL, to take aim at these corrupt practices.

Our bill is called the Affordable Prescriptions for Patients Act, and it streamlines the litigation process by limiting the number of patents these companies can claim, so companies are spending less time in the courtroom and, hopefully, encouraging the transition from branded, patented drugs to the lower cost generic or biosimilar competition.

Our bill would allow competitors to resolve patent issues faster and bring their drugs to market sooner. And, of course, more competition means lower prices for patients.

This legislation was specifically designed not to stifle innovation. It doesn't limit patent rights, and it doesn't cost taxpayers a dime. In fact, the Congressional Budget Office estimates it would actually lower Federal spending by more than half a billion

dollars over 10 years—and that is just for the government reduction cost, not the cost savings to consumers or private health plans. We know there would be significant savings for consumers with private health insurance as well.

So what happened to this bill we introduced last year? Well, it passed unanimously in the Judiciary Committee last June. Not a single Senator on a famously contentious committee like the Judiciary Committee, where we have a lot of very talented Democrats and Republicans—not a single Senator opposed it in the Judiciary Committee because it made so much sense.

With no concerns over the policies laid out in the bill, I came to the Senate floor last fall to ask unanimous consent that it be passed. But in the runup to the November 3 election, the Democratic leader blocked the legislation. He singlehandedly stopped this commonsense, bipartisan legislation from advancing to the House.

To make matters worse, he didn't just do it once; he did it twice. The Democratic leader went so far as to call my attempt to pass this commonsense bill “a manipulative charade” and “a little game.”

This is far from a game. It is a downright shakedown of patients who are struggling to afford the drugs they need to improve their quality of life or to survive.

I continue to hear from my constituents back home in Texas who feel burdened, confused, and downright frustrated by rising out-of-pocket costs at the pharmacy. Medications they have been taking for years just keep getting more and more expensive, with no explanation behind the increase.

Another famous example is the cost of insulin, a drug that has been around, I don't know—the Presiding Officer would know better than I would—maybe 50 years or longer. You would think low-cost alternatives would be available, but the cost of insulin just keeps going up and up and up as manufacturers learn how to game the system to maintain the maximum price, and, in the meantime, it results in less affordability by the consumers who need it who may ration their insulin. As we heard from one witness at the Finance Committee, as the Presiding Officer will remember, a woman—I believe she was from Indiana—talked about her son continuing to live at home, putting off life-changing experiences like perhaps getting married or buying a house because he was worried about his ability to continue to pay the deductible and the copay for the insulin that was important for him to survive.

As COVID-19 continues to create new stresses for the American people regarding their health, this is a bill whose time has clearly come. It is clear that the problem won't go away without action by Congress, and so I would hope that now that the election is over,

the Democratic leader would stop blocking this bipartisan bill that Senator BLUMENTHAL and I have introduced and that passed unanimously out of the Judiciary Committee.

TRIBUTE TO MARTHA MCSALLY

Mr. President, on one final matter, every other December we have the difficult task of saying farewell to some of our colleagues. Today, I want to say a few words about our friend from Arizona, Senator MCSALLY, whose successor, I believe, will be sworn into office tomorrow.

Before she was Senator MCSALLY or Congresswoman MCSALLY, she was known as Colonel MCSALLY—a dedicated, courageous, and extremely talented Air Force pilot.

During her 26-year career in the Air Force, she made a habit out of breaking barriers and became the first woman in U.S. history to fly a fighter jet in combat.

But those of us who know Senator MCSALLY can say—and certainly her incredible staff can attest to this—that she is not one to rest on her laurels. She was always pushing herself and those around her to aim higher, to do better, to work harder. So it is no surprise she became the first woman ever to command a fighter squadron in the Air Force.

Her arrival in the Senate brought with it a wealth of knowledge and experience on many issues that are important to our work here, particularly those surrounding the military and veterans, and Senator MCSALLY has been a fierce and unyielding advocate for all of our servicemembers and veterans and their families.

As a member of the Armed Services Committee, she has played a critical role in developing major legislation to support them, such as the National Defense Authorization Act, which I mentioned earlier.

But she has also been a champion to our servicemembers through lesser known but still very important legislation. Last month, President Trump signed a bill she introduced to improve mental health delivery for veterans and to help those who are suffering from post-traumatic stress disorder to receive the treatment they need.

Over the last 2 years, I have enjoyed working with Senator MCSALLY on a number of shared priorities. Both of our home States were devastated by mass shootings, and we introduced legislation to reduce that sort of horrific violence and to prevent more communities from experiencing these tragedies. Of course, we are both Senators from border States, so you can imagine that we have worked together to improve border security along our southern border and ensure that trade and the good parts of having a common border with our southern neighbor remain effective and efficient. Once COVID-19 hit, we teamed up on legislation to protect the healthcare workers who lost their jobs during the pandemic.

Senator MCSALLY has continuously fought for change, both big and small, to improve the lives of her constituents in Arizona and to strengthen our national security. We will miss this dedicated friend and colleague, but I know her work is far from finished. I have no doubt that Senator MCSALLY will remain a strong voice for Arizonans and an unshakable advocate for our servicemembers and veterans. We are grateful for her lifelong service to our country, and I am eager to see the ways that Senator MCSALLY will continue to make her home State proud and make the American people's lives just a little bit better each day.

I yield the floor.

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

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

ORDER OF PROCEDURE

Mr. PORTMAN. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, the postcloture time on the Hauptman nomination expire at 11:45 a.m. tomorrow and the Senate vote on confirmation of the nomination; further, that if cloture is invoked on the Davis nomination, the Senate then vote on the motion to invoke cloture on the Waller nomination. I further ask that the postcloture time with respect to the Davis nomination expire at 2:05 p.m. tomorrow and the Senate vote on confirmation of the nomination and that the confirmation vote with respect to the Waller nomination occur at a time to be determined by the majority leader in consultation with the Democratic leader on Thursday, December 3; finally, that if any of the nominations are confirmed, the motions to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

CORONAVIRUS

Mr. PORTMAN. Mr. President, I am here on the floor today to, once again, talk about the need for this Senate and this Congress to pass legislation to deal with the COVID-19 crisis. I think we have to do this now before the end of the year—certainly, before we leave the Congress to go back home for the holiday recess.

We just got back from a weeklong recess for Thanksgiving, and all the Members of this body—all of them—had to have seen what I saw, which is an up-close look at the crisis that is upon us.

In Ohio, our daily new cases are four times what they were just 1 month ago—four times. I see the numbers every single day, and they are discouraging.

And it is not just new cases. It is more people hospitalized. It is more

people in the ICU units. It is more people, tragically, who are counted among the fatalities.

This morning, I tried to call a friend of mine who is in the hospital in Columbus, OH. He is there because of COVID. And I am just thinking probably of the people watching tonight, most either have had COVID themselves or have a friend or a family member who have had COVID.

This friend was unable to talk to me because he had taken a turn for the worse. His organs were starting to malfunction. He had slipped into unconsciousness. I was able to speak to his wife. I told her, of course, that he is in our prayers. But I also told her that he is in my thoughts as we look at whether we should do something more here at the Federal level to help with the coronavirus pandemic.

Of course, we should. It has been a long time since we took action. You really have to go back several months. The last big package was passed in March, about 9 months ago. It is time for us to act again.

And there is some good news out there. With all of the negative news about the cases and hospitalizations, ICUs, and, tragically, the fatalities increasing, the good news is that there is hope on the horizon, and that is the vaccines.

I have been a big supporter of providing the Federal funding for the vaccines. And I applaud the administration for the work they have done on this Operation Warp Speed because I believe that while masks are critical—and I wear mine, and I hope you are wearing yours—the social distancing is very helpful; the work that people are doing on the therapies is really important; and we need more testing, and that is good to know where we stand, but nothing can take the place of these vaccines.

Think about the other diseases we have tackled with vaccines—measles and small pox and polio. My dad had polio as a kid. It was fairly common. Today, we don't even think about it.

These vaccinations, if they work well, can be amazing. And guess what we learned over the past several weeks. We learned that the early results from some of these vaccines, including the early data we have from the Moderna and the Pfizer candidates are incredibly effective. We are talking over 90 percent efficacy or effectiveness.

I am participating in one of the trials. It is the Janssen-Johnson & Johnson trial. That vaccine shows promise also. I joined the trial, by the way, for a few reasons: One, because I really want to understand better how this system is working, and I had received a briefing from a company that manages trials around the world, and they indicated to me that they were having trouble getting people to sign up. So another reason I entered was because I asked them: If I sign up, will that help? They said: If you are willing to go public, yes. So I did, and I am.