Moore (AL)	Rosendale	Tenney
Moore (UT)	Rouzer	Thompson (PA)
Mullin	Roy	Tiffany
Murphy (NC)	Rutherford	Timmons
Nehls	Salazar	Turner
Newhouse	Scalise	Upton
Norman	Schweikert	Valadao
Obernolte	Scott, Austin	Van Drew
Owens	Sessions	Van Duyne
Palazzo	Simpson	Wagner
Palmer	Smith (MO)	Walberg
Pence	Smith (NE)	Walorski
Perry	Smith (NJ)	Waltz
Pfluger	Smucker	Weber (TX)
Posey	Spartz	Webster (FL)
Reed	Stauber	Wenstrup
Reschenthaler	Steel	Westerman
Rice (SC)	Stefanik	Williams (TX)
Rodgers (WA)	Steil	Wilson (SC)
Rogers (AL)	Steube	Wittman
Rogers (KY)	Stewart	Womack
Rose	Taylor	

NOT VOTING—10

Armstrong	Fortenberry	Tonko
Brady	Hartzler	Zeldin
Bustos	Hollingsworth	
Cheney	Kinzinger	

□ 1417

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. TONKO. Madam Speaker, I was detained by legislative business. Had I been present, I would have voted "yea" on rollcall No. 98 and "yea" on rollcall No. 99.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Baird (Walorski)	Joyce (OH) (Garbarino)	Scott, David (Jeffries)
Bilirakis (Fleischmann)	Kahele (Mrvan)	Sessions (Babin)
Bowman (Meng)	Krishnamoorthi (Beyer)	Sires (Pallone)
Cawthorn (Nehls)	Lawson (FL) (Wasserman Schultz)	Soto (Wasserman Schultz)
Comer (Fleischmann)	Mace (Rice (SC))	Steel (Obernolte)
Crist (Wasserman Schultz)	Manning (Beyer)	Strickland (Takano)
Cuellar (Pappas)	McClain (Fitzgerald)	Suozzi (Beyer)
Curtis (Stewart)	Newman (Beyer)	Taylor (Carter (TX))
DeGette (Blunt Rochester)	Owens (Stewart)	Thompson (MS) (Evans)
Espaillat (Correa)	Roybal-Allard (Wasserman Schultz)	Trone (Beyer)
Harder (CA) (Gomez)	Salazar (Gimenez)	Waltz (Mast)
Jayapal (Gomez)	Sánchez (Gomez)	Wilson (FL) (Jeffries)
Johnson (TX) (Jeffries)		

AFFORDABLE INSULIN NOW ACT

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1017, I call up the bill (H.R. 6833) to amend title XXVII of the Public Health Service Act, the Internal Revenue Code of 1986, and the Employee Retirement Income Security Act of 1974 to establish requirements with respect to cost-sharing for certain insulin products, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Ms. PORTER). Pursuant to House Resolution 1017, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117–38, modified by the amendment printed in part C of House Report 117–285, is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 6833

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Affordable Insulin Now Act''.

SEC. 2. REQUIREMENTS WITH RESPECT TO COST-SHARING FOR INSULIN PRODUCTS.

(a) PHSA.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–111 et seq.) is amended by adding at the end the following new section:

''SEC. 2799A–11. REQUIREMENTS WITH RESPECT TO COST-SHARING FOR CERTAIN INSULIN PRODUCTS.

''(a) IN GENERAL.—For plan years beginning on or after January 1, 2023, a group health plan or health insurance issuer offering group or individual health insurance coverage shall provide coverage of selected insulin products and, with respect to such products, shall not—

''(1) apply any deductible; or

''(2) impose any cost-sharing in excess of the lesser of, per 30-day supply—

''(A) $35; or

''(B) the amount equal to 25 percent of the negotiated price of the selected insulin product net of all price concessions received by or on behalf of the plan or coverage, including price concessions received by or on behalf of third-party entities providing services to the plan or coverage, such as pharmacy benefit management services.

''(b) DEFINITIONS.—In this section:

''(1) SELECTED INSULIN PRODUCTS.—The term 'selected insulin products' means at least one of each dosage form (such as vial, pump, or inhaler dosage forms) of each different type (such as rapid-acting, short-acting, intermediate-acting, long-acting, ultra long-acting, and premixed) of insulin (as defined below), when available, as selected by the group health plan or health insurance issuer.

''(2) INSULIN DEFINED.—The term 'insulin' means insulin that is licensed under subsection (a) or (k) of section 351 and continues to be marketed under such section, including any insulin product that has been deemed to be licensed under section 351(a) pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 and continues to be marketed pursuant to such licensure.

''(c) OUT-OF-NETWORK PROVIDERS.—Nothing in this section requires a plan or issuer that has a network of providers to provide benefits for selected insulin products described in this section that are delivered by an out-of-network provider, or precludes a plan or issuer that has a network of providers from imposing higher cost-sharing than the levels specified in subsection (a) for selected insulin products described in this section that are delivered by an out-of-network provider.

''(d) RULE OF CONSTRUCTION.—Subsection (a) shall not be construed to require coverage of, or prevent a group health plan or health insurance coverage from imposing cost-sharing other than the levels specified in subsection (a) on, insulin products that are not selected insulin products, to the extent that such coverage is not otherwise required and such cost-sharing is otherwise permitted under Federal and applicable State law.

''(e) APPLICATION OF COST-SHARING TOWARDS DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any cost-sharing payments made pursuant to subsection (a)(2) shall be counted toward any deductible or out-of-pocket maximum that applies under the plan or coverage.''.

(b) IRC.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

''SEC. 9826. REQUIREMENTS WITH RESPECT TO COST-SHARING FOR CERTAIN INSULIN PRODUCTS.

''(a) IN GENERAL.—For plan years beginning on or after January 1, 2023, a group health plan shall provide coverage of selected insulin products and, with respect to such products, shall not—

''(1) apply any deductible; or

''(2) impose any cost-sharing in excess of the lesser of, per 30-day supply—

''(A) $35; or

''(B) the amount equal to 25 percent of the negotiated price of the selected insulin product net of all price concessions received by or on behalf of the plan, including price concessions received by or on behalf of third-party entities providing services to the plan, such as pharmacy benefit management services.

''(b) DEFINITIONS.—In this section:

''(1) SELECTED INSULIN PRODUCTS.—The term 'selected insulin products' means at least one of each dosage form (such as vial, pump, or inhaler dosage forms) of each different type (such as rapid-acting, short-acting, intermediate-acting, long-acting, ultra long-acting, and premixed) of insulin (as defined below), when available, as selected by the group health plan.

''(2) INSULIN DEFINED.—The term 'insulin' means insulin that is licensed under subsection (a) or (k) of section 351 of the Public Health Service Act and continues to be marketed under such section, including any insulin product that has been deemed to be licensed under section 351(a) of such Act pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 and continues to be marketed pursuant to such licensure.

''(c) OUT-OF-NETWORK PROVIDERS.—Nothing in this section requires a plan that has a network of providers to provide benefits for selected insulin products described in this section that are delivered by an out-of-network provider, or precludes a plan that has a network of providers from imposing higher cost-sharing than the levels specified in subsection (a) for selected insulin products described in this section that are delivered by an out-of-network provider.

''(d) RULE OF CONSTRUCTION.—Subsection (a) shall not be construed to require coverage of, or prevent a group health plan from imposing cost-sharing other than the levels specified in subsection (a) on, insulin products that are not selected insulin products, to the extent that such coverage is not otherwise required and such cost-sharing is otherwise permitted under Federal and applicable State law.

''(e) APPLICATION OF COST-SHARING TOWARDS DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any cost-sharing payments made pursuant to subsection (a)(2) shall be counted toward any deductible or out-of-pocket maximum that applies under the plan.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

''Sec. 9826. Requirements with respect to cost-sharing for certain insulin products.''.

(c) ERISA.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following:

''SEC. 726. REQUIREMENTS WITH RESPECT TO COST-SHARING FOR CERTAIN INSULIN PRODUCTS.

''(a) IN GENERAL.—For plan years beginning on or after January 1, 2023, a group health plan or health insurance issuer offering group health insurance coverage shall provide coverage of selected insulin products and, with respect to such products, shall not—

''(1) apply any deductible; or

''(2) impose any cost-sharing in excess of the lesser of, per 30-day supply—

''(A) $35; or

''(B) the amount equal to 25 percent of the negotiated price of the selected insulin product net of all price concessions received by or on behalf

of the plan or coverage, including price concessions received by or on behalf of third-party entities providing services to the plan or coverage, such as pharmacy benefit management services.

''(b) DEFINITIONS.—In this section:

''(1) SELECTED INSULIN PRODUCTS.—The term 'selected insulin products' means at least one of each dosage form (such as vial, pump, or inhaler dosage forms) of each different type (such as rapid-acting, short-acting, intermediate-acting, long-acting, ultra long-acting, and premixed) of insulin (as defined below), when available, as selected by the group health plan or health insurance issuer.

''(2) INSULIN DEFINED.—The term 'insulin' means insulin that is licensed under subsection (a) or (k) of section 351 of the Public Health Service Act and continues to be marketed under such section, including any insulin product that has been deemed to be licensed under section 351(a) of such Act pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 and continues to be marketed pursuant to such licensure.

''(c) OUT-OF-NETWORK PROVIDERS.—Nothing in this section requires a plan or issuer that has a network of providers to provide benefits for selected insulin products described in this section that are delivered by an out-of-network provider, or precludes a plan or issuer that has a network of providers from imposing higher cost-sharing than the levels specified in subsection (a) for selected insulin products described in this section that are delivered by an out-of-network provider.

''(d) RULE OF CONSTRUCTION.—Subsection (a) shall not be construed to require coverage of, or prevent a group health plan or health insurance coverage from imposing cost-sharing other than the levels specified in subsection (a) on, insulin products that are not selected insulin products, to the extent that such coverage is not otherwise required and such cost-sharing is otherwise permitted under Federal and applicable State law.

''(e) APPLICATION OF COST-SHARING TOWARDS DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any cost-sharing payments made pursuant to subsection (a)(2) shall be counted toward any deductible or out-of-pocket maximum that applies under the plan or coverage.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) is amended by inserting after the item relating to section 725 the following:

''Sec. 726. Requirements with respect to cost-sharing for certain insulin products.''.

(d) NO EFFECT ON OTHER COST-SHARING.—Section 1302(d)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(d)(2)) is amended by adding at the end the following new subparagraph:

''(D) SPECIAL RULE RELATING TO INSULIN COVERAGE.—The exemption of coverage of selected insulin products (as defined in section 2799A–11(b) of the Public Health Service Act) from the application of any deductible pursuant to section 2799A–11(a)(1) of such Act, section 726(a)(1) of the Employee Retirement Income Security Act of 1974, or section 9826(a)(1) of the Internal Revenue Code of 1986 shall not be considered when determining the actuarial value of a qualified health plan under this subsection.''.

(e) COVERAGE OF CERTAIN INSULIN PRODUCTS UNDER CATASTROPHIC PLANS.—Section 1302(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(e)) is amended by adding at the end the following:

''(4) COVERAGE OF CERTAIN INSULIN PRODUCTS.—

''(A) IN GENERAL.—Notwithstanding paragraph (1)(B)(i), a health plan described in paragraph (1) shall provide coverage of selected insulin products, in accordance with section 2799A–11 of the Public Health Service Act, before an enrolled individual has incurred, during a plan year, cost-sharing expenses in an amount equal to the annual limitation in effect under subsection (c)(1) for the plan year.

''(B) TERMINOLOGY.—For purposes of subparagraph (A)—

''(i) the term 'selected insulin products' has the meaning given such term in section 2799A–11(b) of the Public Health Service Act; and

''(ii) the requirements of section 2799A–11 of such Act shall be applied by deeming each reference in such section to 'individual health insurance coverage' to be a reference to a plan described in paragraph (1).''.

(f) IMPLEMENTATION.—The Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury may implement the provisions of, including the amendments made by, this section through subregulatory guidance, program instruction, or otherwise.

SEC. 3. APPROPRIATE COST-SHARING FOR CERTAIN INSULIN PRODUCTS UNDER MEDICARE PART D.

(a) IN GENERAL.—Section 1860D–2 of the Social Security Act (42 U.S.C. 1395w–102) is amended—

(1) in subsection (b)—

(A) in paragraph (1)(A), by striking ''The coverage'' and inserting ''Subject to paragraph (8), the coverage'';

(B) in paragraph (2)—

(i) in subparagraph (A), by striking ''and (D)'' and inserting ''and (D) and paragraph (8)'';

(ii) in subparagraph (B), by striking ''and (D)'' and inserting ''and (D) and paragraph (8)'';

(iii) in subparagraph (C)(i), by striking ''paragraph (4)'' and inserting ''paragraphs (4) and (8)''; and

(iv) in subparagraph (D)(i), by striking ''paragraph (4)'' and inserting ''paragraphs (4) and (8)'';

(C) in paragraph (3)(A), by striking ''and (4)'' and inserting ''(4), and (8)'';

(D) in paragraph (4)(A)(i), by striking ''The coverage'' and inserting ''Subject to paragraph (8), the coverage''; and

(E) by adding at the end the following new paragraph:

''(8) TREATMENT OF COST-SHARING FOR CERTAIN INSULIN PRODUCTS.—

''(A) IN GENERAL.—For plan years beginning on or after January 1, 2023, with respect to an individual, the following shall apply with respect to any insulin product (as defined in subparagraph (B)) that is covered under the prescription drug plan or MA–PD plan in which the individual is enrolled:

''(i) NO APPLICATION OF DEDUCTIBLE.—The deductible under paragraph (1) shall not apply with respect to such insulin product.

''(ii) APPLICATION OF COST-SHARING.—

''(I) IN GENERAL.—The coverage provides benefits for such insulin product, regardless of whether an individual has reached the initial coverage limit under paragraph (3) or the out-of-pocket threshold under paragraph (4), with cost-sharing for a one-month supply that is equal to the applicable copayment amount.

''(II) APPLICABLE COPAYMENT AMOUNT.—For purposes of this clause, the term 'applicable copayment amount' means, with respect to an insulin product under a prescription drug plan or an MA–PD plan, an amount that is not more than $35.

''(B) INSULIN PRODUCT.—For purposes of this paragraph, the term 'insulin product' means a covered part D drug that is an insulin product that is approved under section 505 of the Federal Food, Drug, and Cosmetic Act or licensed under section 351 of the Public Health Service Act and marketed pursuant to such approval or licensure, including any insulin product that has been deemed to be licensed under section 351 of the Public Health Service Act pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 and marketed pursuant to such section.''; and

(2) in subsection (c), by adding at the end the following new paragraph:

''(4) TREATMENT OF COST-SHARING FOR INSULIN PRODUCTS.—The coverage is provided in accordance with subsection (b)(8).''.

(b) CONFORMING AMENDMENTS TO COST-SHARING FOR LOW-INCOME INDIVIDUALS.—Section 1860D–14(a) of the Social Security Act (42 U.S.C. 1395w–114(a)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (D)(iii), by adding at the end the following new sentence: ''For plan year 2023 and subsequent plan years, the copayment amount applicable under the preceding sentence for a one-month supply of an insulin product (as defined in subparagraph (B) of section 1860D–2(b)(8)) dispensed to the individual may not exceed the applicable copayment amount (as defined in subparagraph (A)(ii)(II) of such section) for the product under the prescription drug plan or MA–PD plan in which the individual is enrolled.''; and

(B) in subparagraph (E), by inserting the following before the period at the end ''or under section 1860D–2(b)(8) in the case of an insulin product (as defined in subparagraph (B) of such section)''; and

(2) in paragraph (2)—

(A) in subparagraph (B), by adding at the end the following new sentence: ''For plan year 2023 and subsequent plan years, the annual deductible applicable under such section, including as reduced under the preceding sentence, shall not apply with respect to an insulin product (as defined in subparagraph (B) of section 1860D–2(b)(8)) dispensed to the individual.'';

(B) in subparagraph (D), by adding at the end the following new sentence: ''For plan year 2023 and subsequent plan years, the amount of the coinsurance applicable under the preceding sentence for a one-month supply of an insulin product (as defined in subparagraph (B) of section 1860D–2(b)(8)) dispensed to the individual may not exceed the applicable copayment amount (as defined in subparagraph (A)(ii)(II) of such section) for the product under the prescription drug plan or MA–PD plan in which the individual is enrolled.''; and

(C) in subparagraph (E), by adding at the end the following new sentence: ''For plan year 2023 and subsequent plan years, the amount of the copayment or coinsurance applicable under the preceding sentence for a one-month supply of an insulin product (as defined in subparagraph (B) of section 1860D–2(b)(8)) dispensed to the individual may not exceed the applicable copayment amount (as defined in subparagraph (A)(ii)(II) of such section) for the product under the prescription drug plan or MA–PD plan in which the individual is enrolled.''

(c) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall implement this section for plan years 2023 and 2024 by program instruction or otherwise.

SEC. 4. ONE YEAR-EXTENSION ON MORATORIUM ON IMPLEMENTATION OF RULE RELATING TO ELIMINATING THE ANTI-KICKBACK STATUTE SAFE HARBOR PROTECTION FOR PRESCRIPTION DRUG REBATES.

Section 90006 of the Infrastructure Investment and Jobs Act (P.L. 117–58) is amended by striking ''January 1, 2026'' and inserting ''January 1, 2027''.

SEC. 5. MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)), as amended by section 313 of division P of the Consolidated Appropriations Act, 2022, is amended by striking ''$5,000,000'' and inserting ''$9,046,500,000''.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided among and controlled by the respective chairs and

ranking minority members of the Committees on Education and Labor, Energy and Commerce, and Ways and Means, or their respective designees.

The gentleman from California (Mr. DESAULNIER), the gentlewoman from North Carolina (Ms. FOXX), the gentleman from New Jersey (Mr. PALLONE), the gentlewoman from Washington (Mrs. RODGERS), the gentleman from Michigan (Mr. KILDEE), and the gentleman from Nebraska (Mr. SMITH) each will control 10 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 6833.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of the Affordable Insulin Now Act, which is critical to protecting more than 7 million American patients who rely on insulin.

Today, one in four Americans who need insulin report either having cut back or skipped doses because the cost is simply too high. That is heartbreaking and unacceptable. No one should have to ration their insulin to help reduce costs, risking their health and, in some tragic cases, actually costing them their lives.

This bill will make insulin more affordable by capping the out-of-pocket cost for consumers in both Medicare and the private insurance market at $35 a month. This will address the vast disparities between what people pay for insulin in other countries as compared to the United States.

Right now, Americans are paying more than 10 times the price for insulin as people in other high-income countries. That is simply not fair.

Right now, one out of every five Americans who depend on insulin have out-of-pocket costs of significantly more than $35 per month. That is unconscionable considering that insulin has been in use for over a century.

I have heard my Republican colleagues contend that prices for insulin are coming down but, in reality, prices are going up for the consumer. The list prices set by the manufacturer, which patient cost-sharing is based off of, keep going up. In fact, reports note that the average retail price for insulin rose 54 percent—more than double—from 2014 to 2019.

Now, Madam Speaker, I continue to strongly support comprehensive efforts to rein in the soaring costs of prescription drugs and empowering Medicare to negotiate fair prices, but we cannot afford to wait any longer to address the price of insulin.

I commend Representatives CRAIG, KILDEE, and MCBATH for their leadership and hard work in bringing this important legislation to the House floor.

I urge my colleagues, on a bipartisan basis, to support this lifesaving legislation.

Madam Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Madam Speaker, I yield myself such time as I may consume.

We all share the goal of reducing the cost of insulin. This bill, however, is not the right answer. This is an attempt to revive Speaker PELOSI's proposed government drug-pricing scheme, part of a socialized medicine approach that would lead to fewer cures.

It is the largest expansion of the Federal Government's role in private health insurance design since ObamaCare. It will cost more than $11 billion over the next 10 years through higher subsidies for higher premiums.

Just this morning, Axios reported: ''But legislation like a House bill from Representative ANGIE CRAIG . . . that will be debated on the floor today wouldn't address the core problem of rising prices for insulin. It would instead shift more of the cost onto health insurers and employers and result in higher premiums, according to experts.''

That means people who can't afford day-to-day life because of inflation and spending will face higher costs somewhere else.

Today, it is the government fixing the price on insulin. What is next? Gas? Food?

History tells us that price-fixing doesn't work. It shifts the problem somewhere else so the powerful have the excuse for more subsidies, more spending, and more control.

This bill does nothing to address the real reasons insulin prices are going up. One of those is the pharmacy benefit managers and other middlemen who negotiate for high list prices and then hide the lower costs from the patients. This bill gives the middlemen who are making the money a pass because again, in this bill, the Democrats delay the rebate rule that would ensure that the real savings go into the pockets of the patients.

Madam Speaker, we have a solution. We have a bill that we have been working on for several Congresses. It enjoys bipartisan support. It is H.R. 19, the Lower Costs, More Cures Act.

It would lower the costs of all prescription drugs, including insulin. It caps seniors' out-of-pocket insulin costs at $50 per month through Medicare. It also allows high-deductible plans to cover insulin before the deductible kicks in. It increases low-cost options with more generic and biosimilar competition. There is exciting innovation on the way being built right now. And it creates more price transparency.

We should be lowering the costs without going down the road of price controls that destroy the hope of so many people in this country for lifesaving cures.

I urge us to reject H.R. 6833. Let's work on a solution for all diseases. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from Maryland (Mr. HOYER), the majority leader, who, along with the rest of the leadership, continues this effort to address affordability.

Mr. HOYER. Madam Speaker, I thank the gentleman for yielding.

First of all, this is not price control. It is limiting the purchaser on a price, but the companies are still going to charge what they are going to charge, and somebody is going to have to pay, and Medicare is going to have to pay. So, it does increase the cost. But it is not price control on the pharmaceuticals. And I want to say that we have a bill, of course, that will allow negotiation in Medicare, just as the VA does.

□ 1430

Negotiation is not price control. Negotiation is saying, I am going to buy a lot of your product, and I want a better price.

A lot of us do that. We call it Sam's Club, or some other club that we go to. And we buy large volumes and get a cheaper price than our poorer friends who just buy it one at a time. So I am for this bill. It is a good bill.

Madam Speaker, I thank Representatives CRAIG, KILDEE, and MCBATH for their leadership on this bill. They have long been champions of making healthcare and prescription medications accessible and affordable for all Americans.

More than one in three Americans are at high risk of developing diabetes, and over 37 million Americans already have it. A lot of those folks can't do without insulin. They don't have an option. And insulin has been on the market for decades and is not protected under patent, and the development prices have ages ago been amortized.

Madam Speaker, to treat their condition, the people who have diabetes must rely on insulin injections to regulate their blood sugar levels. Now, if you have no option of not buying a product, those who sell that product can put the price wherever, if it means your life. A lack of insulin can lead to insulin shock, diabetic coma, kidney failure, and death.

It is unacceptable that this lifesaving medication is priced out of reach for many who need it because it costs so little to produce.

This is not a mechanism that has to charge these prices because it took so much to produce it. It costs only $10 to manufacture a month's supply. Yet, a month's supply can cost hundreds of dollars. However, with out-of-pocket costs as high as over $600 for a 40-day supply—now, if you extrapolate 40 days, that is 10 days more than a

month, so that is a third more. So let's say it costs $13 to produce. $600. Why?

Because if they don't have it, they die.

So all we are saying is, let's make sure this is affordable so people can sustain their lives and their health.

Many Americans have resorted to rationing by skipping doses of their insulin because they can't afford it. The legislation before us would cap the out-of-pocket price of insulin at $35 a month.

Let me again remind you, that is 350 percent of the cost of producing it. This would ease the burden of skyrocketing prices and impossible choices.

Americans should not have to choose between paying the rent or for food, whatever, or paying for their insulin. As a matter of fact, they can't make that choice. They need both. They need to eat, and they need to live. And insulin is so often the way they assure that outcome. The prices will continue to rise unless we choose to act today.

Madam Speaker, House Democrats already voted for this measure once, and Republicans already voted against it. So I guess we don't have any surprise of what's going to happen here.

The Republicans are going to say to those who are using insulin: You are on your own. You are on your own. We are not going to worry about it.

And we are going to say: We are here to help. We are here to make sure you don't get ripped off. We are here to make sure that you have the medicine that you absolutely need to survive.

We voted for this measure as part of the Build Back Better Act in November. We made a promise to the American people that we would address the cost of prescription drugs, and we honored that promise.

Republicans said no. They said once again: Consumer, you need insulin, you are on your own. They voted for higher drug prices. They voted for the status quo where many Americans have to choose between lifesaving insulin and putting food on the table.

Today, my fellow colleagues, is an opportunity to vote to save lives and to provide a lifeline for millions of Americans with diabetes.

Madam Speaker, I urge my colleagues on both sides of the aisle, do not say to the American people: You are on your own.

Tell them: We are here to help. Vote to help them. Vote to ensure that they will be able to afford a drug they need to protect themselves from death.

Madam Speaker, I ask my colleagues to join me in voting to bring prices down across our economy and our healthcare system. Join me in protecting Americans' ability to access lifesaving medication that prevents needless suffering, extends life, and provides a higher quality of living.

Join me in voting for the Affordable Insulin for All Act. Again, I thank Ms. CRAIG, Mr. KILDEE, Mrs. MCBATH, the chairman of this committee, and all those who brought this bill to the floor.

Madam Speaker, I urge my colleagues, don't say, You are on your own.

Say, We are by your side, and we are here to help.

Mrs. RODGERS of Washington. Madam Speaker, I would just remind the body that the measure that the majority leader referred to failed in the Committee on Energy and Commerce with opposition from Democrats and Republicans because the proposed capping, price-fixing of drugs that the Democrats are promoting, would jeopardize cures; cures for people with Alzheimer's, cancers, diabetes.

This bill does not bring down the cost. It only shifts the cost. And in fact, their definition of negotiation would allow the government to impose a 95 percent tax on the innovators.

Madam Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. GUTHRIE), leader on the Committee on Energy and Commerce, Health Subcommittee.

Mr. GUTHRIE. Madam Speaker, I am proud to be here today. I worked with my colleague, DIANA DEGETTE. We had hearings on the cost of diabetes and on the supply chain, and we said this is something we can work on together. And we did work on it together. And most of those provisions are in a bipartisan H.R. 19, the Lower Costs, More Cures Act.

Madam Speaker, I am fighting for my constituents to have lower insulin costs. But I think, more importantly, I am fighting for my constituents to deliver a cure for diabetes. Our experts say it is not impossible to have a cure for diabetes in the next decade. And we need to continue to push policies that promote innovation, not slow it down. So the Lower Costs, More Cures Act will help patients, including seniors, afford monthly insulin prescriptions without discouraging future investments in breakthrough medications.

I encourage the majority to come back with H.R. 19, Lower Costs, More Cures Act, and let's work together, instead of the rhetoric that we just heard from our respected leader. Let's work together and do it in a bipartisan way, the way we tried to do it in the Committee on Energy and Commerce.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Minnesota (Ms. CRAIG), the prime sponsor of the bill, who is constantly working to address affordability issues for Americans.

Ms. CRAIG. Madam Speaker, I thank Chairman PALLONE for yielding.

Madam Speaker, diabetes does not care if you are a Republican or a Democrat. This disease is an absolute torrential disease inside working families across our country. This bill has been mischaracterized by the other side. This would lead to a $35 cost for Americans, for Minnesotans, for part D Medicare beneficiaries and commercial plan beneficiaries.

For the vast majority of working families, the price of insulin is simply unsustainable. Many Americans are forced to risk their own lives by rationing doses or skipping treatments entirely. Today, we have an opportunity to save American families thousands of their hard-earned dollars.

Madam Speaker, my bill, the Affordable Insulin Now Act, would cap it at $35 a month. Certainly, our work to lower drug costs and expand access to healthcare across this Nation is not done. But this is a major step forward in the right direction and a chance to make good on our promises to the American people.

Madam Speaker, I encourage all of my colleagues to vote ''yes.''

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUCSHON), a great member of the Committee on Energy and Commerce.

Mr. BUCSHON. Madam Speaker, we all share the same goal of lowering the cost of prescription drugs, especially insulin. But H.R. 6833 doesn't get to the actual factors that drive the pricing.

The bill before us today is just another attempt by Democrats in Washington to pass a political solution and set Federal price controls. And once they open that door, what happens when they don't stop with insulin? What happens when they decide to move on past healthcare, set price controls on other sectors of our economy?

Why not cap what you can sell your house for in order to get the cost of housing down? Congress can't be for government price controls, as that is a slippery slope.

Now, some of my colleagues may bring up the fact that Republicans' bipartisan alternative, H.R. 19, also caps seniors' out-of-pocket costs. But let me point out the distinction, it is Medicare part D.

H.R. 6833 caps Medicare part D and private health plans. That is a direct, government price control on private companies.

Madam Speaker, I am a doctor. I am also the co-chair of the House Kidney Caucus. I have an acute understanding of how expensive prescription drugs are and the need for Congress to act. However, I also understand that it is a structural issue and simply slapping price controls on it would not actually solve the problem. This will only raise premiums and shift the costs to patients with other diseases.

Thankfully, there is a better way. H.R. 19, the Lower Costs, More Cures Act is a truly bipartisan solution to lower costs of all prescription drugs, including insulin. The bill caps out-of-pocket costs on prescription drugs in Medicare part D for seniors, allows high deductible health plans to cover insulin before the deductible kicks in, increases low-cost options by bringing more generic and biosimilar competition to the marketplace, and increases drug price transparency for patients. And the best part: Every provision is bipartisan.

So let's get back to working together on bipartisan solutions that actually lower drug prices rather than resort to government price controls and a march towards government-run healthcare.

Madam Speaker, if we adopt the motion to recommit, we will instruct the Committee on Energy and Commerce to consider my amendment to H.R. 6833, which is H.R. 19, the Lower Costs, More Cures Act of 2022.

Madam Speaker, I ask unanimous consent to insert the table of contents of this amendment in the RECORD immediately prior to the vote on the motion to recommit.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Indiana?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. ESHOO), chair of the Committee on Energy and Commerce, Subcommittee on Health.

Ms. ESHOO. Madam Speaker, I rise in full support of this legislation. Seated here on the floor, listening to our Republican friends—price controls, socialists, killing innovation. I am not going to use all of my time using their language.

How about this? Diabetes kills. Diabetics need insulin. They have to be able to afford it. They have paid their taxes all of their lives, hardworking people.

So the cost for this? Sign me up for it. Sign me up for it to help people, to invest in our own people.

This is absurd, the prices in our country, when it costs $15 to manufacture.

So today, we stand with your constituents as well as ours to lower the price of insulin for those that need it so that they can go on with their lives.

Mrs. RODGERS of Washington. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY), the chair of the Committee on Energy and Commerce, Subcommittee on Consumer Protection and Commerce.

Ms. SCHAKOWSKY. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, Americans pay 10 times as much for insulin as do any other consumers in countries around the world. The exact same drug. You know, we actually have the names of people who have died because they could not afford their insulin and started to cut back on their prescribed amount. And that is just unacceptable.

Big Pharma has been gouging consumers for a long time, even for lifesaving drugs, and it is time to stop it. The Affordable Insulin Now Act will make insulin $35 a month for millions of Americans, and it will save life after life after life. This is only the start. We have to make sure that all Americans have access, including those who have no insurance.

□ 1445

Mrs. RODGERS of Washington. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from Oregon (Mr. SCHRADER), a member of the Energy and Commerce Committee.

Mr. SCHRADER. Madam Speaker, I rise today in support of the Affordable Insulin Now Act. The bill before us today will finally deliver the financial relief Oregonians whose lives depend on insulin so desperately need.

By capping the costs to no more than $35 month in Medicare part D and commercial insurance, Congress is making it clear that no one should have to cut back, ration, or skip doses of lifesaving medication.

I am proud that this policy is a central tenet of my own drug pricing bill that I have worked on with leadership, secured in the House, and passed in the Build Back Better bill. We need to rein in all drug price prescriptions. That is why it is important to negotiate drug prices without stifling innovation, like we do in our bill. Limit the price increases of everyday drugs to the price of inflation, and perhaps more importantly, limit out-of-pocket costs to seniors to $2,000 or less.

Mrs. RODGERS of Washington. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from New Hampshire (Ms. KUSTER), a member of Energy and Commerce Committee.

Ms. KUSTER. Madam Speaker, I rise today in support of the Affordable Insulin Now Act, critical legislation to cap out-of-pocket costs for insulin at $35 per month.

I consistently hear from Granite State families about how the rising cost of insulin is forcing them to put their health at risk by cutting back on doses or skipping them all together because it is just too expensive.

We cannot continue to force American families to make impossible decisions between their medication and their well-being. At the end of the day, the work that we do is about our constituents, and I can say right here, right now that I care more about the well-being of my constituents and their health than I do about the profits of certain companies that seem to be protected on the other side of the aisle.

No one should pay more than $35 a month for their insulin, and I urge my colleagues to support this bill.

Mrs. RODGERS of Washington. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I would inquire how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey has 2 minutes remaining, and the gentlewoman from Washington has 3½ minutes remaining.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. SCHRIER), a member of the Energy and Commerce Committee.

Ms. SCHRIER. Madam Speaker, I am delighted that today we will be voting to pass the Affordable Insulin Now Act. This is personal for me. I have type 1 diabetes and insulin keeps me alive. This tiny 2 teaspoon bottle that used to cost $40 now retails for over $300. Most of us need more than one bottle a month to survive.

No one should have to ration their insulin—taking just enough to stay alive but not enough to stay healthy. That is a dangerous and sometimes deadly tightrope to walk, which is why this bill to cap insulin at $35 a month is so critical for my patients, as a pediatrician, and for people like me.

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), an outstanding member of the Energy and Commerce Committee.

Mr. CARTER of Georgia. Madam Speaker, for over 30 years I was the one who was on the other side of the counter who had to tell the patient how much their insulin costs. I was the one who watched the senior citizens trying to decide whether they were going to buy insulin or buy groceries. I was the one who watched a mother cry because she couldn't afford the medication for her child.

I was the one who watched all this happen, and now I am finally getting the opportunity to address this issue on the House floor. I am saddened that it will do nothing to protect those mothers from the pain of not being able to afford lifesaving medications.

Make no mistake about this. We all agree on the same thing, Madam Speaker. We want lower prices for drugs, particularly for insulin. But instead of fixing a broken system, this bill aims to control it. This Socialist plan of requiring every private insurance company across the country to offer certain insulins, not all but certain, at a mandated price will have disastrous consequences on seniors and the 217 million Americans who rely on private insurance.

We all know that insurance agencies will shift these costs to patients with other diseases. Don't kid yourself. This is like squeezing a balloon, it is going to go somewhere else. We aren't talking about the bipartisan solutions that currently exist, like the Lower Costs, More Cures Act of 2021, H.R. 19. That is what we ought to be talking about.

Why aren't we talking about the PBMs, the middlemen? The Berkeley Institute came out with a study last week, Madam Speaker, that said that 37 percent of the price of a drug goes to the pharmaceutical manufacturer and the rest goes to the middleman, the PBM. The solution is right there before us. This is not going to fix it. This is going to control it, but it is not going to fix it.

Madam Speaker, I oppose this. We all have the same common goal, but this is not the solution.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to gentlewoman from Georgia (Ms. BOURDEAUX).

Ms. BORDEAUX. Madam Speaker, I rise in support of the Affordable Insulin Now Act.

Before his death, my father paid $300 for a 10 milliliter vial of insulin that cost about $25 in Canada. Far too many Americans, like my father, are forced to choose between paying for their medication or buying food for their families. No one should have to make that choice.

Georgia has one of the highest diabetes rates in the country, and this measure would provide my constituents with meaningful relief. I urge all of my colleagues to vote ''yes'' on H.R. 6833 and lower the cost of insulin.

Mrs. RODGERS of Washington. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield the balance of my time to the gentleman of New Jersey (Mr. PAYNE).

Mr. PAYNE. Madam Speaker, I would like to thank the chairman for giving me this opportunity because I wanted my colleagues on the other side to see what an insulin patient looks like. You are looking at him.

I need insulin in order to stay alive. The boot that I am wearing is not a fashion decision, it is because I have a diabetic ulcer on my foot, the fourth one I have had in 7 years.

I have left my insulin in New Jersey, gone to the drugstore when I arrived down here in Washington, and said: I need insulin. They said: Well, Mr. PAYNE, your insurance isn't ready to cover it. I said: Well, that is all right. I am doing okay in life, I will pay for it. She goes back, she gets the bag and hands it to me and says: $348. What happens to the people that are not at the level of a Member of Congress? Think about that. It is $12 in Canada.

We are asking for it to be three times higher than it is in Canada. Think about that. I live it every single day.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mrs. RODGERS of Washington. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I hear the Democrats talking about this helping all Americans. This does nothing to help those without insurance. Let me repeat this. If you do not have insurance, this does not lower your cost, it may actually increase the price of your insulin.

Increasing competition to lower prices, as we do in H.R. 19 is the way, not dictating a price cap. We have break-through biosimilars right now. We had two approved last year; biosimilars that would help bring down the costs; costs savings within all markets so that patients would have access to lower-cost insulin.

The problem is getting those savings to the patients. The PBMs are the ones pocketing the money. Net prices have come down because of innovation. We can lower costs without shifting them. Let's go to work. Republicans and Democrats, we all want to lower the price of insulin and we can do it without government price controls and we can do it by working together and actually solving the problem.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. KILDEE) and the gentleman from Nebraska (Mr. SMITH) each will control 10 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. KILDEE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I want to thank Chairman NEAL for his leadership on the Ways and Means Committee in helping to bring this important legislation to the floor.

Right now, families and seniors that I represent in Michigan, and all across the country, are paying too much for prescription drugs, in particular, for insulin. That is why Congresswoman CRAIG and Congresswoman MCBATH and I have introduced the Affordable Insulin Now Act to make insulin more accessible and more affordable.

This legislation would lower out-of-pocket costs for Americans with diabetes by ensuring that insurers and Medicare can't charge more than $35 a month out-of-pocket for this medication.

Insulin was discovered over 100 years ago. Since then, little about this life-saving medication has changed, but the price of insulin in the United States has absolutely skyrocketed. As a result, Americans pay 10 times more for insulin than patients in other developed countries, and one in four Americans who rely on insulin have cut back or skipped their doses due to costs.

No one should have to choose between taking their medication as prescribed and putting food on the table or a roof over their head. People must make that choice because of Big Pharma's unfair pricing practices. This is something I know a little bit about.

As a father of a type 1 diabetic, I have seen firsthand how the high price of prescription drugs like insulin can harm patients and harm families. When my daughter turned 26 and got her own health insurance, there are months where she spends a third of her take-home pay, because she is diabetic, on staying alive. She has her mom and I to back her, but not everybody has that advantage. Either way, it doesn't make it okay.

In Michigan, it is estimated that 1 in 10 people have some form of diabetes. The average sticker price for a month's supply of insulin is $375, but for some it can be as high as $1,000 a month, just because they need to take more insulin. That is just not right.

Jill Verdier, a type 1 diabetic from my district, was my virtual guest at the State of the Union this year. She told me that insulin is like air to people with diabetes, they need it to survive.

□ 1500

At a time when Big Pharma is making record profits, Congress has to do more to lower costs, out-of-pocket costs. And that is why I fought to bring this bill to the floor with my colleagues, Representative CRAIG and Representative MCBATH. I urge my colleagues to vote to pass our legislation to lower costs. This is important legislation. I know we need to invest in cures. Obviously we would like to see the total price of insulin come down. But it is difficult to hear my colleagues on the other side who oppose the legislation to bring down the cost will also oppose this legislation to keep Americans from having to spend more out of their pocket. I think this is legislation that makes sense. It would help people. It would save lives.

Madam Speaker, I reserve the balance of my time.

Mr. SMITH of Nebraska. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, this issue is so important I don't think we should automatically accept a partisan proposal that doesn't even get to the heart of the problem.

Today we actually could be voting on H.R. 19, the Lower Costs, More Cures Act, a bipartisan bill that would not only address the root causes of the high insulin prices, but lower costs for all patients.

Instead, and I might say, very sadly, we are voting on a partisan messaging bill to give Washington a greater say in Americans' medical decisions while raising premiums on seniors and the millions of Americans with private health insurance.

This is nothing more than an attempt by my colleagues on the other side to pass just piece by piece their cures-killing Socialist takeover of the entire innovation sector. And worse, despite the misleading title of this current bill, it does nothing to lower the actual price of insulin. Instead, it uses budget games and regulations to disguise the actual cost of insulin for all consumers.

This is just another instance of misguided health and economic policies coming at a time when more than half of Americans are worried about rising prices and the economy. And, of course, like the President's budget released this week, this bill, too, is only ''paid for'' with gimmicks, adding to our deficit and the core causes of inflation.

We can and should do more for the American people who are struggling. The American people expect us to work together. We could be doing that.

Madam Speaker, I reserve the balance of my time.

Mr. KILDEE. Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. DANNY K. DAVIS), who is my colleague on the Ways and Means Committee.

Mr. DANNY K. DAVIS of Illinois. Madam Speaker, I rise in strong support of this legislation. As a type 2 diabetic myself for the last 30 years, I

know firsthand the high cost of this prescription. There is nothing in my district more prevalent as a disease entity than diabetes. I strongly support it. It is an idea whose time not only has come but has passed.

Mr. SMITH of Nebraska. Madam Speaker, I reserve the balance of my time.

Mr. KILDEE. Madam Speaker, I yield 1 minute to the gentleman from Texas (Mr. DOGGETT), who is also a member of the Ways and Means Committee.

Mr. DOGGETT. Madam Speaker, to assure a stable supply of insulin and better health at $35 instead of $300 monthly, I fully support this bill for Yolanda, a retired Texas teacher, and one-quarter of insulin-dependent patients forced to ration their insulin because of predatory pricing.

Yet, instead of addressing pharmaceutical price gouging, this bill really only shifts how Big Pharma is rewarded. Since this bill does not reduce any insulin prices by one penny, all of us who are insured will ultimately pay through our premiums while taxpayers are on the hook for $11 billion. For Americans who rely on other types of lifesaving drugs, there is also no relief. Big Pharma remains immune from any restraint on its monopoly prices from a Congress that is simply unable to hold it accountable.

My further concern is that this bill widens the coverage gap for nearly 5.5 million Texans and 28 million Americans who are uninsured, wrongly excluded from any benefit, and who do not receive any benefit today. While the uninsured population represents 17 percent of the insulin-dependent population, they constitute 80 percent of the people who pay full, monopoly prices. So, help for some—which is important—but there is a need to do more for the many who are not covered today.

Mr. SMITH of Nebraska. Madam Speaker, I include in the RECORD letters from numerous groups representing and reflecting the views of millions of Americans.

AMAC ACTION,
Leesburg, FL, March 30, 2022.

Hon. STEVE SCALISE,
House Republican Whip,
Washington, DC.

DEAR WHIP SCALISE: On behalf of the 2.3 million members of AMAC—Association of Mature American Citizens, I write to express our concern with H.R. 6833, the Affordable Insulin Now Act.

Not too long ago, former President Trump made significant gains in lowering insulin costs for Americans. He initiated the Part D Senior Savings Model a voluntary program which allows beneficiaries to choose enhanced Part D plan options that offer lower out-of-pocket costs for insulin. He also signed an Executive Order that delivered inexpensive insulin and epinephrine to lower income patients. Unfortunately, President Biden delayed this Executive Order the day after he took office in 2021 before rescinding it later that year.

Now, the Democrats are considering H.R. 6833 which is an unserious attempt to lower the price of insulin. This bill would exert price controls on private market insulin to cap the costs paid by patients. H.R. 6833 takes us closer to further pharmaceutical price-fixing, a policy contained the Build Back Better plan. Price-fixing drugs leads to rationing and shortages as evidenced in other countries who have employed this policy. The Democrats' bill is estimated to increase spending by about $11 billion, and the bill is paid for by delaying the rebate rule for one year. This Trump-era rule compels pharmacy benefit managers to share the rebates they receive from drug manufacturers with Part D beneficiaries to lower their out-of-pocket expenses.

The Affordable Insulin Now Act is an election year messaging act on the part of Democrats. If they were serious about lowering the cost of insulin, they would work with Republicans on innovative programs like the Part D Senior Savings Model, a program that is expanding with robust participation by plan sponsors and offers predictable insulin costs that do not exceed $35/month.

As an organization comprised of Americans who are age 55-plus, controlling drug costs, especially insulin costs, is paramount to maintaining a good quality of life for AMAC members. H.R. 6833 is a step in the wrong direction for lowering insulin prices and opens the door for further government price-fixing and regulation.

Sincerely,

BOB CARLSTROM,
President, AMAC Action,

COUNCIL FOR CITIZENS
AGAINST GOVERNMENT WASTE,
March 30, 2022,

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: You will soon be considering H.R. 6833, the Affordable Insulin Now Act. On behalf of the more than one million members and supporters of the Council for Citizens Against Government Waste (CCAGW), I urge you to oppose H.R. 6833 and any other measure to institute price controls in the medical marketplace.

In addition to imposing price controls, H.R. 6833 also increases funding for the Medicare Improvement Fund by $9 billion and adds $1.5 million to the budget for the Centers for Medicare and Medicaid Services to carry out the provisions of the bill.

Historically, price controls like those contained in the Affordable Insulin Now Act increase costs and lead to shortages and rationing. H.R. 6833 will lead to increased premiums for seniors and the 217 million Americans who rely on private health insurance. The government has no business setting prices on any good or service, especially not healthcare. Price controls inherently distort the medical marketplace and leave Americans worse off by significantly decreasing future research and development.

Americans are already suffering under the highest inflation in 40 years, and H.R. 6833 will increase this financial hardship. The cost of medicines should be address without instituting price controls or threatening future innovation. I again urge you to oppose this legislation. All votes on H.R. 6833 may be among those considered in CCAGW's 2022 Congressional Ratings.

Sincerely,

TOM SCHATZ.

NFIB,
Washington, DC, March 30, 2022.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

Hon. KEVIN MCCARTHY,
Republican Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: On behalf of NFIB, the nation's leading small business advocacy organization, I write to express concern regarding H.R. 6833, the Affordable Insulin Now Act.

This legislation has a laudable goal of attempting to make insulin more affordable and accessible to Americans on private and public health plans. Unfortunately, it will have unintended consequences for small businesses and employees by necessitating increased premiums while failing to address the underlying issues that make insulin unaffordable in the first place.

As studies have shown, a limited number of manufacturers, patent evergreening, practices of pharmacy benefit managers (PBMs), and other issues contribute to the high price of insulin. H.R. 6833 does not address any of these problems and instead seeks to solve consumer affordability by pushing significant, additional costs onto employers and health plans by limiting participant cost sharing.

For over 30 years, NFIB members have identified the cost of health insurance as the number one small business problem with 50 percent ranking it as a critical problem. Rising health insurance premiums result in fewer small businesses offering health insurance benefits. Since 2000, the average costs of an employer-sponsored single coverage plan and an employer-sponsored family plan have increased 149 percent and 18 percent, respectively. Unsurprisingly, facing these cost pressures, the number of small businesses with fewer than 50 employees offering coverage has declined from 47.2 percent in 2000 to 31 percent in 2020. Many small employers that are providing insurance have been forced to increase participant cost-sharing and deductibles as the only means to counter unsustainable premium increases and continue to offer coverage. To that end, solutions to affordability that limit cost-sharing without corresponding reforms will only serve to increase premiums and further exacerbate the small business affordability problem.

NFIB continues to advocate for affordable health insurance for small businesses and all Americans. However, if the system of employer sponsored health insurance is to endure in the long-term, Congress must work together to address the underlying cost drivers of the American healthcare system, rather than shift additional cost burdens onto employers seeking to offer health insurance to their employees.

Sincerely,

KEVIN KUHLMAN,
Vice President,
Federal Government Relations.

PARTNERSHIP FOR
EMPLOYER-SPONSORED COVERAGE,
March 30, 2022.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: The Partnership for Employer-Sponsored coverage (P4ESC) writes to share our strong concerns regarding H.R. 6833 the ''Affordable Insulin Now Act.'' Although P4ESC shares the goal of lowering the cost of insulin, we believe this bill will simply shift costs back to employers and employees, including those who are insulin dependent. A better and more direct solution that addresses excessive profit taking by pharmaceutical manufacturers and others, including pharmacy benefit managers, in the pharmaceutical supply chain would be preferable.

The Congressional Budget Office (CBO) recently found that H.R. 6833 would increase the federal deficit by as much as $11 billion over ten years and increase health insurance

premiums for all Americans. Indeed, there will not be any curb on future insulin price increases paid by employers and insurers. Every dollar of cost increase will be reflected in ever higher health insurance premiums paid by all Americans, whether privately insured or covered through Medicare. Better approaches that increase competition among insulin manufacturers, address regulatory problems and streamline the supply chain will help reduce the cost of all prescription drugs, including insulin.

The Partnership for Employer-Sponsored Coverage is an advocacy alliance of employment-based organizations and trade associations representing businesses of all sizes and the more than 181 million American employees and their families who rely on employer-sponsored coverage every day. We are committed to working to ensure that employer-sponsored coverage is strengthened and remains a viable, affordable option for decades to come. We look forward to working with you to ensure employer-sponsored coverage continues to thrive.

We would welcome the opportunity to discuss these issues with you or your staffs.

Sincerely,

PARTNERSHIP FOR EMPLOYER-SPONSORED COVERAGE (P4ESC).

THE ERISA INDUSTRY COMMITTEE,
Washington, DC, March 29, 2022.

DEAR MEMBER OF CONGRESS: As the House prepares to vote on the ''Affordable Insulin Now Act'' (H.R. 6833), The ERISA Industry Committee (ERIC) writes to share opposition to this legislation and urges members to vote ''NO'' when the bill is called for a vote.

ERIC is a national nonprofit organization exclusively representing the largest employers in the United States in their capacity as sponsors of employee benefit plans for their nationwide workforces. With member companies that are leaders in every economic sector, ERIC is the voice of large employer plan sponsors on federal, state, and local public policies impacting their ability to sponsor benefit plans and to lawfully operate under ERISA's protection from a patchwork of different and conflicting state and local laws, in addition to federal law.

ERIC member companies voluntarily offer comprehensive health benefits to millions of active and retired workers and their families across the country. Our members offer great health benefits to attract and retain employees, be competitive for human capital, and improve health and provide peace of mind. On average, large employers pay around 75 percent of health care costs on behalf of 181 million beneficiaries. As such, ERIC member companies have a significant stake in, and deep commitment to, efforts to curb unsustainable rising costs in the health care system.

Employers oppose H.R. 6833 because the bill imposes government-mandated prices, shifts costs to patients, and will not lower drug costs. The bill may in fact increase the costs of insulin by creating a perverse incentive wherein insulin manufacturers know that no matter how much they increase prices, their customers will pay government-set prices. This action will cause employers, insurers, and other health insurance enrollees to pay more to offset these high costs. This view is supported by the Congressional Budget Office (CBO), which recently found that this policy would increase the federal deficit by around $11 billion and increase health insurance premiums for all Americans.

ERIC and our member companies support legislation that would actually lower prescription drug costs, including for insulin, rather than shift costs to employers and other patients. Congress could achieve this by enacting policies to:

Increase competition among insulin manufacturers;

Fix the regulatory problems that misclassify insulin and fail to properly align market exclusivity and patent protections to the drug; and

Address supply chain issues like rebates and bona fide service fees that lead to formularies that do not reflect value for patients.

Many of these proposals are already included in bipartisan legislation that could be quickly passed and sent to the President for his signature. They have been scored by CBO to lower drug costs and health insurance premiums for all Americans.

Because the ''Affordable Insulin Now Act'' fails to reduce drug prices and raises health insurance costs for all, ERIC urges members to vote NO, and oppose the passage of H.R. 6833. We look forward to working with Congress on productive, effective, value-driven solutions to make prescription drugs—including insulin—affordable for all Americans.

Sincerely,

JAMES P. GELFAND.

FREEDOMWORKS,
March 30, 2022.

KEY VOTE NO ON THE AFFORDABLE INSULIN NOW ACT, H.R. 6833

On behalf of FreedomWorks' activist community, I urge you to contact your representative and ask him or her to vote NO on the Affordable Insulin Now Act, H.R. 6833, introduced by Rep. Angie Craig (D–Minn.). This legislation would impose socialist price controls to cap the price of insulin at $35.

Currently, Americans are grappling with the harsh reality of increased prices on everything from gas to groceries. We see firsthand the consequences of modem monetary theory and the devastation it brings. Unfortunately, the many Americans that struggle with diabetes are no stranger to increased prices. The cost of insulin has been steadily rising for decades.

While progressives are all too eager to blame high prices on ''corporate greed,'' the reality is that this is an issue created by the federal government. Heavy-handed price controls are a deeply flawed solution that misses the mark when identifying the problem.

Pharmacy benefit managers (PBMs) play a significant role in the dramatic rise in the cost of prescription drugs. PBMs are third-party administrators determining which drugs go on formularies (a list of approved prescription drugs that hospitals can prescribe and are covered under an insurance policy). Ostensibly, PBMs negotiate to obtain the best price. However, these ''savings'' are often pocketed by PBMs themselves and aren't passed onto patients. Since they are reimbursed based on the markdown from the original list price, PBMs are incentivized to prioritize drugs with higher list prices, so they can receive a larger markdown.

There are free-market alternatives to lower the cost of insulin and healthcare in general. For example, it was reported in an article in The Federalist, ''A consortium of hospitals recently announced plans to build a factory that can manufacture insulin within two years. Once their plant gets up and running, the non-profit consortium said it would sell the insulin at a cost of $30 a vial—a fraction of what pharmaceutical companies currently charge.''

This legislation is a simplistic proposal to address a highly complex problem. We cannot afford half-hearted proposals based on unsound economics like this one for an issue that impacts so many.

FreedomWorks will count the vote for H.R. 6833 on our 2022 Congressional Scorecard and reserves the right to score any amendments, motions, or other related votes. The scorecard is used to determine eligibility for the FreedomFighter Award, which recognizes Members of the House and Senate who consistently vote to support economic freedom and individual liberty.

Sincerely,

ADAM BRANDON,
President, FreedomWorks.

NATIONAL TAXPAYERS UNION

As the calendar turns to April, the U.S. House of Representatives is planning to vote on legislation that would cap insulin costs for all Americans who are privately insured or on Medicare Part D at no more than $35 per month in out-of-pocket payments. While the bill's sponsors may have good intentions, and while Congress can certainly act to provide support for Americans facing high prescription drug costs, NTU has several concerns about the impact the ''Affordable Insulin Now Act'' will have on America's taxpayers and broader health care system.

The legislation would impose new cost-sharing limits on insulin for almost all privately insured Americans, and would extend these limitations to the tens of millions of Americans on Medicare Part D. According to a Congressional Budget Office (CBO) cost estimate, the bill's requirements would cost federal taxpayers around $11 billion ($6.6 billion in higher spending and $4.8 billion in reduced revenues). It is likely this cost estimate is due to anticipated higher premiums in both Medicare Part D and the Affordable Care Act individual marketplace. In these programs, higher premiums usually mean higher federal subsidies for health coverage that are paid for by taxpayers.

Indeed, proponents of the legislation have not properly addressed the impact this legislation would have on premiums in both Part D and the private marketplace. The Affordable Insulin Now Act puts a cap on the out-of-pocket costs owed by insured enrollees for insulin products, but it does not ultimately change the price of insulin paid for by health insurers. If insurers face higher costs for covering these drugs, they will likely be forced to pass those costs on to customers in the form of higher premiums or higher cost-sharing on other health products and services. And, as noted above, some higher premiums will result in higher costs for taxpayers, who bear some of the burden for covering seniors under Part D and low- and middle-income Americans on the ACA marketplace.

Perhaps the most troubling part of the legislation, though, is the proposed offset for the cost of the legislation. House Democratic leadership is proposing to 'pay for' the legislation's $11 billion cost with a shameless budget gimmick that NTU and NTU Foundation have called out before: delaying a Trump administration ''rebate'' regulation that was projected to raise federal government costs but was never likely to be implemented in the first place.

As NTU wrote in July of last year, when a bipartisan group of lawmakers proposed using rebate rule delay as a pay-for in the major infrastructure bill:

''This phantom $49 billion ''pay for'' was called ''Washington at its worst'' by one health industry lobbyist speaking to The Washington Post. In short, the Biden administration has delayed until 2023 a Trump administration regulation that would change how prescription drug discounts are handled by insurers and pharmacy benefit managers (PBMs). Because the Congressional Budget Office projected that the so-called rebate rule would increase federal spending in Medicare and Medicaid by about $177 billion over

a decade, due to a rise in Medicare premiums (and therefore, taxpayer-funded subsidies for Medicare premiums), lawmakers get to count a further delay in the rule (beyond the Biden administration's one-year delay) as ''savings'' for the federal government. Reports indicate Congressional Democrats may use additional phantom ''savings'' from the rebate rule in their larger reconciliation bill by repealing the rebate rule entirely.

. . . This rule has never been implemented, and there's no clear indication that the Biden administration would have followed through on implementing the regulation even after their one-year delay. And even if the Biden administration had implemented the rule, there's little clarity as to whether the rebate rule would have actually cost federal taxpayers over $177 billion over the decade. In short, delaying the rebate rule does not present real, tangible savings to taxpayers, like a reduction in federal spending would.''

Unfortunately, it seems like the rebate rule is becoming yet another tried-and-true budget gimmick that Congress dips into again and again, in order to appear as if they are paying for new spending. And according to the CBO estimate cited above, because the rebate rule is projected to offer $20 billion in phantom savings—not just the $11 billion needed to cover the insulin bill's costs—the revised insulin legislation proposes spending another $9 billion on a broad-based Medicare Improvement Fund. That means $9 billion more will ultimately be spent without real offsets and, in our view, be paid for by taxpayers in the long run with higher debt and deficits.

To be clear, high out-of-pocket costs for insulin are a real issue for many Americans. NTU continues to support several bipartisan and meaningful proposals that would provide relief for many Americans, including:

An out-of-pocket cap in Medicare Part D, along with Part D benefit redesign that would actually save taxpayers money in the long run;

An ongoing Medicare insulin model that represents a public-private partnership between the federal government, insurers, and drug manufacturers that has the potential to meaningfully reduce out-of-pocket insulin costs for up to millions of seniors on Part D; and

Allowing Part D enrollees to spread their out-of-pocket burdens over the 12 months of a plan year, rather than having to owe major bills in the first or second months of a new plan year.

This legislation could undermine the ongoing Medicare insulin model, Part D redesign efforts, and reported bipartisan work in the Senate to provide insulin cost relief for American patients who are struggling. The House should go back to the drawing board and focus on more bipartisan opportunities.

Mr. SMITH of Nebraska. Madam Speaker, I yield such time as he may consume to the gentleman from Arizona (Mr. SCHWEIKERT), who is an expert in health policy.

Mr. SCHWEIKERT. Madam Speaker, you do realize what is going on here, and I am going to be a little sarcastic because I am frustrated.

Insulin prices are outrageous.

But why is it outrageous?

The fact of the matter is our regulatory mechanic and our payment mechanic are the very things that broke this, and here you do a piece of legislation that will break it more.

Please, I beg of the majority: Hire an economist. And I will walk you through some of the facts on it. So, Madam Speaker, you are doing a bill here where you are going to subsidize the dollar amount in the back, but you are still going to keep the regulatory mechanics the way they are in their archaic designs, and then you are going to be joyful that individuals will pay what, $35 a vial?

At the same time we are subsidizing it billions and billions and billions of dollars.

Does anyone have a subscription to an aggregator on healthcare policy on your side?

You do realize, there is a co-op coming out of the ground right now that is going to be $50, $55 for a box of five. It is lower than your subsidized price. And this is their market price.

If you were doing something good for society, you would actually be moving this covax to the top of the regulatory stack and say: We want them to get permitted and licensed as fast as possible because they are still a year plus away. But it is being built right now, and you are about to screw up the solution. And if you really, really, really, really care about people—remember, I represent the population with the second highest number of diabetes. I represent a Tribal community that is number two in the world. Come with me some time and let me introduce you to people who have had their feet cut off. If you actually care about solving the misery, then read the science journals that made it clear last November, December, the success.

We know how to cure. And for my friend over here, you have a family member type 1—I know I need to go through the Speaker—but a family member with type 1, we know how to cure it now. And there is even the next generation of this. We have even learned how to do the stem cell, the isolate cell, tag it with a CRISPR so you can do a bio-foundry, meaning it doesn't have to come from your skin cells, we can basically now cure type 1 and the same technology will work for type 2. But we are going to have to deal with some societal issues. If you want to end the misery in society don't build more clinics, don't do a subsidy, get this technology to people.

And for those of us who are fiscal hawks and actually care about where we are going, you do realize that 31 percent of all Medicare spending is just diabetes. Thirty-three percent of all healthcare spending is diabetes. And so the brain trust here decides: Hey, let's subsidize this by billions and billions and billions and billions and billions of dollars, screw up the movement to actually have cures to actually have a co-op provide the product dramatically less expensive.

Remember, the co-op is going to bring it in cheaper than the subsidized price without all the taxpayer money.

Please, I know the virtue signaling here is powerful. The economics are crap.

The SPEAKER pro tempore. The gentleman is reminded to direct his remarks to the Chair.

Mr. KILDEE. Madam Speaker, to my friend from Arizona, I appreciate his passion. I wish it were true that he had somehow cured diabetes. It would be great news for my daughter and so many other Americans who say that they are looking for that cure. In the meantime, while we are working to get there—and I appreciate the effort, I do, because I am on board, I am completely on board with the notion that we ought to cure this terrible disease—however, until that day comes, let's make sure that the people who depend on insulin in order to stay alive can live to see that day that I know he and I both are looking forward to.

Madam Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL), who is my colleague from the Ways and Means Committee.

Mr. PASCRELL. Madam Speaker, the Affordable Insulin Now Act will cap out-of-pocket insulin costs at $35 a month—not a miracle by any stretch of the imagination. And anyone who supports legislation in this order and others where we address other diseases obviously, we are working on new situations just about every month. So because you are working on it and you are trying to find a balance of the free market, and where the price goes without fixing the price of what something will cost, I mean, we have been called worse things than Socialists. When you come to this debate, I'll settle on that word.

Well, what does that mean?

You want to get into a debate about socialism?

I served in the Armed Forces. I fought for my country. I am tired of being called names.

Seven million Americans who use insulin want to stay alive. The average insulin costs rose 54 percent. We have heard that before.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. KILDEE. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. PASCRELL. Madam Speaker, when insulin was discovered, Warren Harding was the President and the New York Giants won the World Series, yet there was no television to watch the New York Giants.

Insulin costs are a national disgrace. For a drug discovered over 100 years ago, $1,000 price tag for a single vial is an outrage. You know it, and I know it.

So get beyond the argument that we are all a bunch of Socialists because we want to help people. We are doing what the folks sent us here to do. We can't do it on every drug. We need the technology. The gentleman from Arizona is right on target. It will save lives.

If we can't do that, then what the heck are we doing here?

The SPEAKER pro tempore. The gentleman is reminded to direct his remarks to the Chair.

Mr. SMITH of Nebraska. Madam Speaker, it is interesting listening to the debate here. Certainly my colleague, Mr. DOGGETT, I think very appropriately pointed out:

> This bill does not lower the price of insulin by one penny. It just simply shifts around who pays for what.

We have seen that pattern in healthcare across America for some time now, and I would hope that we could learn from that.

Madam Speaker, I reserve the balance of my time.

Mr. KILDEE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. CHU), who is a member of the Ways and Means Committee.

Ms. CHU. Madam Speaker, I rise today in strong support of H.R. 6833, the Affordable Insulin Now Act.

I will never forget the day a constituent in my district showed me his bottle of insulin. He told me that one day while traveling in Canada he found he forgot it, so he went to a pharmacy. He found that that same bottle of insulin that he buys here in the U.S. for $200 cost only $25 in Canada, the exact same product.

He started calculating how much it would cost him to fly to Canada once every 3 months, and then asked himself: Why are Americans the only ones paying these exorbitant prices?

Nobody should have to sacrifice just to afford medicine. That is why today's bill is so important. By capping the cost of insulin at $35 a month, this bill will ensure that monthly costs for millions of families are truly affordable. It is time to prioritize the needs of our people so that every American can afford to stay alive.

Mr. SMITH of Nebraska. Madam Speaker, I yield myself the balance of my time to close.

Madam Speaker, I think that this discussion that we are having here today is important. I also believe that we need to work together on solutions to actually reduce the cost of insulin, again, not just shifting around who pays for what. But certainly I am willing to give my colleague on the other side more information about the information Mr. SCHWEIKERT was sharing. He is very knowledgeable on the subject. He certainly works with his constituents a lot, constituents in need. And we know that literally millions of people across America are in need for lower-cost insulin. We owe them, I think, a much better approach than just simple government intrusion and more government involvement shifting around the cost.

□ 1515

I was a bit alarmed earlier when I heard that we should maybe make Medicare prescription coverage more like the VA. We need to remember that the VA offers roughly 50 percent of the options for participants compared to Medicare. I don't think we want to reduce the choices that seniors would have with their formularies within Medicare part D. If anything, we should make sure they have more choices. We know that more choices in the marketplace bring down the price, and we need to focus in that direction.

Madam Speaker, I urge a ''no'' vote on this bill. We owe the American people a diligent effort, working together to truly reduce the cost of insulin.

I yield back the balance of my time.

Mr. KILDEE. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I appreciate my colleagues' support of this legislation. This is important legislation.

I will say this: I understand the points that have been made on the other side. As a father of a type 1 diabetic, I am one of those many millions of families that pay very close attention to the important research that we think ultimately may lead to a cure for diabetes, so I embrace the suggestion made on the other side that we have hope for a cure. I have hope for a cure. Ever since my daughter was diagnosed, I have been waiting for that moment, as she has, for that cure to appear. If it is just outside our grasp, let's do everything we can to get there.

But that is not what this legislation is intended to attack. It doesn't mean we ignore that. It means we continue to push.

I have worked with my colleague on this side of the aisle, Congresswoman DEGETTE, to try to do everything we can to find these cures. But in the meantime, let's make sure that there is not a diabetic who is standing at the pharmacy counter with lifesaving medication just beyond their reach, not because it is unavailable but because it is unaffordable to them.

I take the point that while this legislation doesn't do what we all would like to do—and that is to reduce the overall cost of medication through the way markets actually work, negotiation between a buyer and a seller. I mean, that is the way the free market works. Let's let the free market work and not have law that allows the seller to dictate to us the price of a drug that can save lives and make huge profits while there are people in a pharmacy reaching for a drug that they can't get because the price is too high. This legislation will help save lives in the immediate term.

I hope there is a day when Democrats and Republicans can come together to establish policy that would allow negotiation on the overall price of these lifesaving medications. That would be a solution. We support it; you oppose it. In the meantime, let's do this and save some lives.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from California (Mr. DESAULNIER) and the gentlewoman from North Carolina (Ms. FOXX) each will control 10 minutes.

The Chair now recognizes the gentleman from California.

Mr. DESAULNIER. Madam Speaker, I yield myself such time as I may consume.

Today, I rise in support of the Affordable Insulin Now Act.

On top of weathering the economic fallout of the global pandemic, Americans are still paying far too much for insulin. This is particularly frustrating, given that these are not the prices that consumers in the rest of the world pay. The most commonly used form of insulin costs 10 times more in the United States than in any other developed country.

Tragically, there have been recent reports of deaths of patients with diabetes because they cannot afford the insulin they need to stay alive.

The Affordable Insulin Now Act would take a historic step to lower the cost of insulin and cap out-of-pocket costs at $35 per month. This means individuals with private insurance could save up to $500 per year.

This bill ensures affordable access to lifesaving medication for the more than 37 million people in the United States who have diabetes and the over 7 million Americans who rely on insulin to maintain their health and well-being.

Madam Speaker, it is past time, but today it is time to finally deliver on our promise to ensure that all Americans can get the medication they need and they deserve to stay healthy and thrive. The Affordable Insulin Now Act brings us one step closer to that promise.

There is certainly more work to be done. I look forward to working with my colleagues to get the cost of prescription drugs under control and to build upon this important first step.

Madam Speaker, I urge all of my colleagues to please support this bill, and I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in opposition to H.R. 6833.

Americans are rightly concerned about the price of prescription drugs, but Democrats are trying to solve this problem in the wrong way, as usual. Instead of discussing bipartisan, commonsense legislation to address the rising costs of prescription drugs, we are debating H.R. 6833. This radical bill is another attempt by the left to advance a government takeover of prescription drug pricing.

Don't be fooled. This legislation is a Trojan horse. H.R. 6833 claims to address insulin prices, but what it actually does is opens the door to government price controls without addressing the root problem, which is the rising cost of insulin.

H.R. 6833 won't lower costs. It is a smokescreen that will raise premiums for workers and seniors when inflation is at a 40-year high.

Why are Democrats knowingly raising healthcare premiums on the majority of Americans when so many Americans are struggling to pay for gas and put food on the table? Four out of five Americans in large group plans already pay under $35 a month for insulin. This

bill will raise healthcare costs for the vast majority of working Americans.

When insurers are required by the Federal Government to cover an insulin product, this allows manufacturers to raise the price of insulin indiscriminately. Since insurers can charge only $35 a month out of pocket to the patient, the insurer must make up for the increased cost of insulin by raising premiums for all beneficiaries. With a lack of competition in the market, this bill removes the bargaining power insurers use to keep insulin prices low, leading to increased insulin prices and higher premiums.

This legislation will only worsen the root problem of high insulin prices, which is a lack of competition in the market. H.R. 6833 will lead to fewer approved generic insulin brands, making the insulin monopoly even worse. If Democrats really want to decrease the price of insulin, they should pave the way for more competition, not less.

This legislation will cost taxpayers $11 billion, giving the Centers for Medicare and Medicaid Services $1.5 million in fiscal year 2022 to administer these drug-pricing caps. Trusting the Washington bureaucracy to manage drug pricing and distribution is a mistake. This legislation would be the largest expansion of Federal control over Americans' private health insurance since ObamaCare.

We must stop the Federal Government from wedging its foot in the door of our healthcare system and moving us one step closer to a socialist, single-payer system for Medicare for All. In fact, this week, the chair of the Progressive Caucus said she was ''fighting to make it the law of the land.''

H.R. 6833 sets a dangerous precedent. If the Federal Government can set prices for insulin, what is to stop it from implementing price controls for every drug on the market or in every other sector of the economy?

The free market is the reason the United States outpaces every other country in developing lifesaving cures and treatments, particularly countries with socialized medicine. Federal drug-pricing mandates will discourage medical innovation, resulting in fewer cures, which will keep Americans from receiving the therapies they rely upon.

Instead of perpetuating Obama-era schemes to expand Federal controls over Americans' health insurance, the Biden administration and congressional Democrats should bring to the floor H.R. 19, the bipartisan Lower Costs, More Cures Act.

Every single provision in H.R. 19 has bipartisan support. Lawmakers on both sides of the aisle agree that this legislation will lower healthcare costs and protect America's status as a leading healthcare innovator.

Furthermore, H.R. 19 sets a new standard in healthcare affordability. This bill caps seniors' out-of-pocket insulin costs at only $50 a month in the Medicare program. It also allows for high-deductible insurance plans to cover insulin before a deductible kicks in, and it increases the availability of low-cost options for treatment in the marketplace.

The cost of insulin, like most healthcare costs in this country, are climbing rapidly. Yet, total Federal control is not the solution.

H.R. 6833 is a perfect example of legislative trickery. This bill will lower out-of-pocket costs for insulin for a minority of Americans by bloating premiums and other healthcare costs for the majority of Americans and leave our healthcare system worse off.

Supporting socialist drug pricing isn't a solution, which is why I am rejecting this one-sided, harmful bill. I urge my Democrat colleagues to support the Lower Costs, More Cures Act, bipartisan legislation that will lower drug costs for Americans without limiting access to cures.

Madam Speaker, I reserve the balance of my time.

Mr. DESAULNIER. Madam Speaker, I yield 3 minutes to the gentlewoman from Georgia (Mrs. MCBATH), a lead sponsor of this legislation and a member of the Education and Labor Committee.

Mrs. MCBATH. Madam Speaker, I really appreciate Mr. DESAULNIER giving me a few moments of time.

Madam Speaker, I rise today in support of H.R. 6833, the Affordable Insulin Now Act.

I want to take this time just to talk about the cost of healthcare and prescription drugs for all those in our community. It is a topic that I hear about every single day from my constituents, and it is something that touches the lives of every single American, whether you have diabetes or not.

Today, we will be voting on a bill that will actually provide desperately needed relief to some of the most vulnerable patients in the United States, in Georgia and all across this Nation.

There is no time off when you live with diabetes. It is a constant, ever-present disease that influences every aspect of your life. Listen to those who gave testimony about what they live with every single day with this chronic disease.

In 1920, before insulin was discovered, it would have been exceptional for those who had diabetes to live longer than 1 or 2 years. But over the past 100 years, we have been able to save lives with insulin. For over 100 years, it has remained the most effective treatment that we have.

Over 100 years later, some estimates state that diabetics spend around $6,000 a year alone on insulin. This is just absolutely unconscionable for a drug that has been saving lives for over 100 years. We can and must make it more affordable for Americans who need it to live.

That is why I joined my colleagues, ANGIE CRAIG and DAN KILDEE, who I find to be healthcare champions, in introducing this critical legislation.

It is just really very simple. The Affordable Insulin Now Act would cap out-of-pocket costs of insulin products at $35 per month for Americans with health insurance.

This bill brings a measure of certainty and affordability to every American who needs insulin to continue living a healthy life.

Yes, I have heard arguments this afternoon that this doesn't take care of every individual in the country, specifically those who are uninsured. We know that. I assure you, we are not completely satisfied with this either. But if our Republican colleagues would come to the table with us, with any measures that you have—compromise, come to the table, consensus. Help us build the ability to make sure that every American in this country, whether they are insured or not, has the ability to be able to afford this lifesaving drug. We welcome that from you because people every single day are dying right beneath our noses. I am here to save lives.

I look forward to passing this vital legislation out of the House of Representatives today, and I look forward to continuing to fight for passage with Senator WARNOCK in the Senate.

As the President so rightly stated, this legislation can and will save lives, and it is long overdue.

□ 1530

Mr. DESAULNIER. Madam Speaker, I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. GROTHMAN).

Mr. GROTHMAN. Madam Speaker, it is a good-sounding bill. Everyone knows drug costs in general are too high, and insulin costs in particular are way too high. But it is a bill with a simple answer.

We look at a problem and solve the problem by having the Federal Reserve eventually print more money, $15.5 billion over 10 years.

I realize you feel you have a pay-for here, but it is just by delaying another program by another year. And as a practical matter, this bill spends $15.5 billion more over 10 years than we would without the bill.

We are already told this source of funds—we already used this type or source of funds in the infrastructure bill. It is just grabbing another year.

Why don't we just require PBMs to pass on their rebates to the patients as intended? That is something that would cost the Federal Government, in my mind, no new money. It would be a significant reduction in cost for the individual.

I appreciate that so many people on the majority side of the aisle would like to work together with us, and it shouldn't be difficult to find a solution to this problem that is fair to all concerned.

Mr. DESAULNIER. Madam Speaker, I yield 1 minute to the gentleman from Texas (Mr. CASTRO), a member of the Education and Labor Committee.

Mr. CASTRO of Texas. Madam Speaker, I rise in support of the Affordable Insulin Now Act which would cap

out-of-pocket insulin costs at $35 per month and help fight the scourge of diabetes.

In 2019, as chair of the Congressional Hispanic Caucus, I organized meetings with leading insulin producers to confront them about the strain their prices are putting on the American people.

In each of those meetings, I said the same thing; that for millions of Americans, including a disproportionate number of Latinos, access to affordable insulin is a matter of life and death.

And for me and many of us, those aren't just numbers. Four months before I graduated from college in 1996, my grandmother died of complications from diabetes. If we fail to bring down the price of insulin, more families will suffer just like mine did.

But our responsibility is to all our constituents, not just those with insurance. So I co-sponsored Representative DOGGETT's amendment to extend the benefits of this bill to the uninsured, and I hope we will make that happen in the days to come.

But this bill is an important step forward, and I urge my colleagues to support it.

Ms. FOXX. Madam Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GOOD).

Mr. GOOD of Virginia. Person Speaker, and I say ''Person Speaker'' because I am not a biologist. And out of respect to our Supreme Court nominee, I don't feel qualified to say Madam Speaker.

But I do rise in opposition to this bill. The Affordable Insulin Now Act is just more of government controlling your healthcare.

Today, Democrats are using insulin as the gateway to their dream of fully socialized medicine where Joe Biden and his accomplices in Congress have more control over your healthcare than you or your doctor. After all, they got to decide whether or not you got a vaccine, and they fired you if you didn't obey.

If Democrats succeed in setting the price of insulin at $35, the negative effects will ripple across the entire healthcare market.

I invite my Democrat colleagues to read my sophomore economics textbook to confirm what happens when you implement price controls.

It is estimated the average annual cost for the private sector of compliance with this mandate is $2 billion. Not that Democrats care about billions of dollars, the way they throw around trillions of dollars. Don't tell them what comes after a trillion.

But we all remember the lies of ObamaCare. Please, say it with me. If you like your doctor, you can keep your doctor. Come on. This is participatory. If you like your healthcare plan, you can keep your healthcare plan. As a matter of fact, costs are going to go down. None of that was true.

And, instead, American families found themselves with plans they didn't like, but at least they cost more, so it was a lose-lose.

Premiums will rise again if this bill becomes law because setting prices, again, has consequences, something our economically illiterate Democrat friends apparently don't understand, or maybe they do.

American innovation has brought amazing, lifesaving treatments to the healthcare market, but that research and development comes at a cost, like any other good or product or service in this country.

Don't we all want the best drugs, the best medicine, and the best healthcare? Instead of going with the Democrat default government-knows-best, one-size-fits-all mentality, we need to embrace free market principles.

Mr. DESAULNIER. Madam Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. JEFFRIES).

Mr. JEFFRIES. Madam Speaker, I thank the gentleman for yielding.

What is the difference between us and them that was just on full display?

We care about everyday Americans. They don't.

We make life better for everyday Americans. They don't.

We get things done for everyday Americans, and they don't.

Insulin is a drug that is lifesaving and life-sustaining. It has been around for more than 100 years. It is off patent. There are no research and development costs associated with it.

Yet so many Americans pay approximately $4,000 a year for insulin. That is unacceptable, un-American, and unconscionable. And that is why Democrats are doing something about it.

The Affordable Insulin Now Act will lower out-of-pocket costs to $35 per month. That is not fiction. That is fact. That is not hyperbole. That is help that is game-changing for everyday Americans. Once again, Democrats deliver for the people.

Ms. FOXX. Madam Speaker, I believe I have the right to close, so I will reserve the balance of my time.

Mr. DESAULNIER. Madam Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY of New York).

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I thank the gentleman for yielding.

Insulin prices in the United States are the highest in the world. I support the Affordable Insulin Now Act, a bill that would cap patient costs at $35 a month. It would make lifesaving medicine affordable for millions of Americans living with diabetes.

My committee's investigation found that since the 1990s, insulin manufacturers have been raising the price of this lifesaving medicine despite no improvements to the drug, while making record profits.

The price gouging has harmed Americans. More than one in four Americans with diabetes report having to ration insulin, and some have died.

Nearly 2 million New Yorkers have diabetes. Capping out-of-pocket costs to $35 a month is an important step that Congress can take to reduce insulin costs for patients with diabetes.

Let's make prescription drugs affordable. Vote for this bill.

I thank Representatives KILDEE, CRAIG, and MCBATH for their leadership in authoring this bill.

Ms. FOXX. I reserve the balance of my time.

Mr. DESAULNIER. Madam Speaker, I yield 1 minute to the gentleperson from Virginia (Ms. SPANBERGER).

Ms. SPANBERGER. Madam Speaker, I have been so pleased to hear colleagues across the aisle speak in favor of competition and price negotiations.

I hope that they will follow through in their commitment to supporting competition and negotiation and co-sponsor Lower Drug Costs Now, H.R. 3.

But that is not the bill we are talking about today. Today, we are talking about the Affordable Insulin Now Act, a bill that would make changes in the lives of the more than 630,000 Virginians who are living with diabetes.

The Affordable Insulin Now Act would finally make sure that every affected child, teenager, family member, every American can afford the insulin that they need.

People living with diabetes do not have the choice of whether to purchase insulin or not. They depend on it to stay alive. People like my constituent, Joshua Davis, a 13-year-old Virginian with type 1 diabetes who accompanied Dr. Jill Biden to the State of the Union Address earlier this year.

I am proud to co-sponsor this legislation to make sure that no American is skipping lifesaving doses of their insulin or making choices between whether they take their insulin or put food on the table.

I am grateful to my colleagues for leading this effort.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. DESAULNIER. Madam Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. CARTER).

Mr. CARTER of Louisiana. Madam Speaker, I thank the gentleman for yielding.

Louisiana has the second highest diabetes mortality rate but only the 11th highest number of cases. The rate of diabetes among Blacks, Hispanics, and Native American adults in the State is disproportionately high as compared to other populations.

Insulin is a lifesaving medicine, allowing people to live healthy lives, raise families, and do their jobs. However, many can't afford this life-regulating medicine.

Many Louisianans have to pay over $100 a vial in out-of-pocket costs every single month. And some are forced to ration prescriptions, risking complications or death. The people must always come before Big Pharma.

Today, we are finally taking action to cut the price of insulin. The Affordable Insulin Now Act would cap out-of-

pocket insulin costs for insulin for a month-long supply at $35 and require plans to cover different types of insulin.

The bill is a strong move in the right direction to ease the burden, and we must do this now.

Mr. DESAULNIER. Madam Speaker, I yield back the balance of my time.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I cannot let go past one of our colleagues saying before that we don't believe in helping average people. Yes, we do.

Republicans are here every day. We are average people. We are here to help average people. But what we believe in most of all is freedom for Americans.

And we happen to believe that Democrats don't believe in that, and this bill is an exemplar of the fact that they want the government to control our lives in every way they possibly can.

In the past, Democrats and Republicans have worked together to bring down the cost of prescription drugs, but Democrats have once again pursued politics over progress.

H.R. 6833 is a massive power grab that will lead our country one step closer to socialized medicine. That is not what the American people think and want.

There is no such thing as a free-market system when government bureaucrats control prices. This legislation sets an extremely dangerous precedent.

We shouldn't pursue policies that will harm the health and well-being of American patients, and we should not knowingly raise healthcare premiums on American workers and their families when prices for goods are soaring.

Republicans stand ready to work with Democrats to advance legislation that promotes competition, lowers costs for consumers, establishes transparency and accountability in drug pricing, and advances the cause of freedom.

H.R. 6833 is not that legislation. I urge my colleagues to vote ''no,'' and I yield back the balance of my time.

Mr. NEAL. Madam Speaker, Americans pay too much for insulin. With the price hovering at three times what it was 15 years ago, this vital medication is not just expensive, it can be completely out of reach.

Every day, the more than 37 million Americans living with diabetes must choose between the insulin they need to stay alive and other basic necessities. Just last week, I heard about this issue from a couple who live in my district. Both people have diabetes, but one is forgoing insulin for the time being due to cost. Last year alone, their prescription costs topped $10,000.

This outrageous expense is unacceptable, particularly since Americans pay far more for insulin than patients in similar countries. In some cases, American patients pay as much as 10 times the price of their counterparts in other nations.

Today's legislation finally rights this wrong. Capping the cost of insulin at $35 per month will put the medicine within reach for millions of Americans. And we do this responsibly, by delaying the prior administration's Rebate Rule. Bringing down the cost of insulin will also help to close health inequities that skyrocketing drug costs exacerbated.

This is an important and welcome step in lowering the cost of prescription drugs in this country. More must be done, and that's why in the Build Back Better Act, we empowered the Secretary to negotiate prescription drug prices for Medicare, capped Medicare Part D out-of-pocket costs, and required drug companies to pay a rebate if their prices outpace inflation. We will not stop until these commonsense reforms are signed into law.

I applaud Ways and Means member, Congressman DAN KILDEE, for his work in bringing this legislation to the floor, and I urge all of my colleagues to support the Affordable Insulin Now Act.

Mr. ESPAILLAT. Madam Speaker, I rise in support of H.R. 6833, the Affordable Insulin Now Act, to cap the out-of-pocket price for one month's supply of insulin at $35.

Insulin was discovered nearly 100 years ago and costs less than $10 a vial to manufacture.

Yet there are millions of American families with insurance that are paying hundreds of dollars a vial.

No family in America should be forced to choose between buying insulin for their child and putting food on the table.

It's past time that this Congress says no to big pharma lining their pockets, at the expense of lives of the American people.

Ms. JACKSON LEE. Madam Speaker, I rise to speak in strong support of H.R. 6833, the Affordable Insulin Now Act. The bill is simple and gets to the urgent need to limit cost-sharing for insulin under private health insurance and the Medicare prescription drug benefit.

Specifically, the bill caps cost-sharing under private health insurance for a month's supply of selected insulin products at $35 or 25 percent of a plan's negotiated price (after any price concessions), whichever is less, beginning in 2023.

The bill caps cost-sharing under the Medicare prescription drug benefit for insulin products at:

$35 in 2023 regardless of whether a beneficiary has reached the annual out-of-pocket spending threshold, and

$35 beginning in 2024 for those who have not yet reached this threshold.

The subject of the bill is public knowledge and well known by members of this body.

I have worked closely with the healthcare community that serve Houstonians to ensure that programs are receiving the appropriate level of federal support.

One of the most difficult challenges are the hurdles to healthcare created by lack of health insurance such as a lack of access to necessary medications due to the high costs of many prescription drugs.

Diabetes is a life-threatening disease that disproportionately affects communities of color.

Diabetes is associated with serious health problems, including heart disease and stroke, kidney failure, and blindness.

There are 15,000 Medicare beneficiaries in the Eighteenth Congressional District who have been diagnosed with diabetes.

These individuals are my constituents and I know that on average, each of them pays 4.8 times the cost of similar medication in Australia, 3.6 times the cost in the United Kingdom, and 2.6 times the cost in Canada.

Additionally, in the Eighteenth Congressional District, 26.7 percent of residents are uninsured.

For example, an uninsured resident of this congressional district pays 23 times more for this brand of insulin than their counterparts in Australia, 15 times more than they would in the United Kingdom, and 13 times more than they would in Canada.

The consequences of these staggering costs are not benign.

Many patients often speak of having to make heartwrenching decisions about what to buy with the commonly fixed incomes attendant to seniors.

Many medical professionals indicate that the high prices for prescription drugs are a function of a lack of competition, and authorizing Medicare to create a program to negotiate drug prices may be an estimable way to lower the cost of prescription drugs.

All told this reflects a disturbing trend: in our country, the cost of branded drugs tends to go up, whereas in other countries, the costs tend to go down.

Before insulin the prognosis for diabetics was bleak.

Over the past two decades, manufacturers have systematically and dramatically raised the prices of their insulin products by more than tenfold—often in lockstep.

In 2017, diabetes contributed to the death of 277,000 Americans and was the primary death for 85,000 of those individuals

That same year diagnosed diabetes cost the United States an estimated $327 billion—including $237 billion in direct medical costs and $90 billion in productivity losses.

Diabetes drugs, including insulin and oral medications that regulate blood sugar levels, play a critical role in helping people with diabetes manage their condition and reduce the risk of diabetes-related health complications.

Although insulin is the most well-known diabetes medication, diabetes patients are often prescribed other oral drugs to use in place of or alongside insulin.

Many of these non-insulin products used to regulate blood sugar levels are brand drugs that lack generic alternatives.

In recent years, the high prices of diabetes drugs have placed a tremendous strain on diabetes patients as well as the federal government, which provides diabetes medications to more than 43 million Medicare beneficiaries.

Because Medicare lacks the authority to negotiate directly with drug manufacturers, Medicare beneficiaries pay significantly more for their drugs than patients abroad.

Patients who are uninsured or underinsured and must pay for their drugs out of pocket bear an even greater cost burden.

I thank the committees on Energy and Commerce, Ways and Means, and Education and Labor for the work they have done to bring H.R. 6833, the Affordable Insulin Now Act to the floor for a vote.

I encourage my colleagues on both sides of the aisle to vote in support of H.R. 6833.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1017, the previous question is ordered on the bill, as amended.

The question is on engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. BUCSHON. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Bucshon moves to recommit the bill H.R. 6833 to the Committee on Energy and Commerce.

The material previously referred to by Mr. BUCSHON is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Lower Costs, More Cures Act of 2022''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. BUCSHON. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

□ 1545

MOTION TO INSTRUCT CONFEREES ON H.R. 4521, AMERICA COMPETES ACT OF 2022

Mr. LUCAS. Madam Speaker, pursuant to the order of the House of March 30, 2022, I offer a motion to instruct on H.R. 4521.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. Lucas moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 4521 be instructed to agree to section 2502 of the Senate amendment.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Oklahoma (Mr. LUCAS) and the gentlewoman from Michigan (Ms. STEVENS) each will control 30 minutes. The Chair recognizes the gentleman from Oklahoma.

Mr. LUCAS. Madam Speaker, I yield myself such time as I may consume.

I rise today to urge my colleagues to vote in favor of this motion to instruct the conferees on our competitiveness legislation.

This motion instructs conference members to agree to section 2502 of the Senate legislation. This section is simple and common sense. It says that no person or entity of concern can receive grants, awards, or other support from the National Science Foundation, federally funded manufacturing programs, or technology hubs authorized by this legislation.

A person or entity of concern is generally defined by the Department of Defense as directed by Congress in previous Defense Reauthorization Acts.

DOD has identified entities of concern as Communist Chinese military companies and companies owned or controlled by the People's Liberation Army, and they have defined persons of concern as individuals affiliated with these CCP military entities.

Simply put, this motion ensures that we aren't giving taxpayer dollars to the adversaries who are trying to steal U.S. technology and use it against us.

The Senate was right to add this important guardrail, and it is only responsible that we urge our House conferees to ensure it is included in the final conferenced legislation.

I would like to point out that we wouldn't have this particular difference in our bills had the process of passing the House legislation been done in regular order.

The COMPETES Act was developed in a back room by the Speaker's office