and promote research and treatment development.

That funding legislation dedicated significant new resources to the fight against the opioid epidemic. It helped fund groundbreaking research into the field of regenerative medicine. With its passage, Congress took one more critical step forward in the advancement of medical research and addiction treatment.

The Senate will soon have another opportunity to move ahead in the fight against this devastating disease by voting to confirm Dr. Scott Gottlieb to oversee the Food and Drug Administration.

The FDA plays a central role in the approval of new drug treatments and therapies. An important part of the 21st Century Cures Act provided an accelerated pathway for the FDA to approve regenerative medicines. I look forward to having a Commissioner like Dr. Gottlieb, who is committed to the development of groundbreaking medicines and treatments to combat serious illnesses.

Additionally, the FDA will continue to be a crucial partner as States like Kentucky continue their fight against the opioid epidemic. The FDA plays an important regulatory and oversight role in combating this crisis.

I have encouraged the agency to incentivize the approval of safer, more abuse-deterrent formulations of drugs, and I am glad when they have concurred. These types of constructive policy decisions show an FDA that is ready to join the fight against heart-breaking disease and opioid abuse, and I am proud to support that kind of rigorous oversight from the agency.

Dr. Gottlieb has the necessary experience to serve in this key role. Not only has he worked in hospitals, interacting directly with those affected by disease and treatment, but he has also developed and analyzed medical policies in both the public and private sectors. He formed his perspectives on the dynamic public health sector by overseeing medical research and innovation projects.

In 2005, Dr. Gottlieb was appointed the FDA’s Deputy Commissioner for Medical and Scientific Affairs. He also has served as senior adviser to the FDA Commissioner and as the agency’s Director of Medical Policy Development.

As a practicing physician with a wealth of policy experience, Dr. Gottlieb has the necessary qualifications to lead the FDA at this critical time. The Senate voted to advance his nomination last night on a bipartisan basis, and I look forward to his confirmation.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive sessions to consider the nomination of Dr. Scott Gottlieb to be Commissioner of Food and Drugs, Department of Health and Human Services.

The PRESIDING OFFICER. Under the previous order, the time until 12:30 p.m. will be equally divided in the usual form.

The assistant Democratic leader, Mr. DURBIN, Mr. President, I ask unanimous consent to speak as in morning business.

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

RUSSIA INVESTIGATION

Mr. DURBIN. Mr. President, this weekend we saw a peaceful democratic election in France, one of our key Western allies in the bedrock of European stability after two terrible wars in the last century. What happened in France last night tells us more about the direction of Russia in the 21st century. Was there a massive cyber attack on the leading candidate, the one who prevailed, Emmanuel Macron? Whom do experts suspect was behind this cyber attack trying to manipulate another Western election? Trying to foster mistrust in that nation’s democratic institutions? Not surprisingly, Russia.

Yet none of this should surprise anyone. Not only had Russia been subsidizing Mr. Macron’s opponent, Marine Le Pen, who is seen as more sympathetic to Moscow, not to mention trying to interfere in Dutch and German elections as well, but we were warned about this by our own intelligence agencies 6 months ago.

In early October last year, the U.S. intelligence community detailed Russia’s attack on America’s election and warned us that other attacks would follow. During a recent trip to Eastern Europe, a Polish security expert warned me that if the United States didn’t respond to an attack on its own Presidential election by the Russians, Putin would feel emboldened to keep up the attacks to undermine and manipulate elections all through the free world.

What has this administration and this Congress done to respond to the cyber act of war by the Russians against America’s democracy? Has President Trump clearly acknowledged Russia’s attack on the U.S. and forcefully condemned the actions? No. Has President Trump warned Russia to stop meddling in the United States and other democratic elections in France, Germany, and other countries? No. Has President Trump clearly acknowledged the administration’s plan to help the United States thwart the U.S. future attack on the next election and to help our States protect the integrity of their voting systems? No. Has the Republican-led Congress passed sanctions on Russia in response to this attack on our democracy? Has it passed meaningful cyber security legislation? No.

Quite simply, the failure of this President and Congress to address the cyber security threat is a stunning abdication of responsibility to protect the United States and our democratic values.

As if the conclusions of 17 U.S. intelligence agencies weren’t enough to raise concern, what emerged just over the recent April recess. For example, Reuters reported that a Russian Government think tank, controlled by Russian dictator Vladimir Putin, developed a plan to swing our 2016 Presidential election to Donald Trump and undermine voters’ faith in our electoral system.

The institute, run by a retired senior Russian foreign intelligence official, appointed by Putin, released two key reports, one in June and one in October of last year.

In the first, it argued that “the Kremlin launch a propaganda campaign on social media and Russian state-backed global news outlets to encourage US voters to elect a president who would take a softer line toward Russia than the administration of then-President Obama.”

The second warning said:

[Presidential candidate Hillary Clinton was likely to win the election. For that reason, the Kremlin wanted to swing the election to a pro-Trump candidate who would take a softer line toward Russia than the administration of then-President Obama.]”

It was also recently disclosed that the FBI obtained a Foreign Intelligence Surveillance Court warrant to monitor the communications of former Trump campaign foreign policy adviser Carter Page on the suspicion that he was a Russian agent. Add this to the growing list of suspicious relationships between those in the Trump circle and Russia, from Michael Flynn to Paul Manafort, to Roger Stone, to Felix Sater.

In fact, just last month, the Republican House Intelligence Committee chair, JASON CHAFFETZ, and the ranking Democratic member, ELIJAH CUMMINGS, said General Flynn may have broken the law by failing to disclose on his security clearance forms payments of more than $65,000 from companies linked to Russia. Yet, incredibly, the White House continues to stonewall requests for documents related to General Flynn.

White House ethics lawyer during the George Bush administration, Richard Painter, wrote of this stonewalling: “US House must subpoena the docs. . . . Zero tolerance for WH [White House] covering up foreign payoffs.”

Is it any wonder why, in recent testimony to Congress, FBI Director Comey acknowledged an investigation of Russian interference in our election, which
he said included possible links between Russia and Trump associates.

Finally, over the recess—on tax day, to be precise—there were nationwide protests calling on President Trump to take the necessary step to dispel concerns by releasing his taxes once and for all. The public understandablely press the serious question as to how much Russian money is part of the Trump business empire. In 2008, Donald Trump, Jr., said Trump’s businesses “see a lot of money pouring in from Russia.”

It appears that the Russians were some of the few willing to take on the financial risk required to invest in Trump’s precarious business deals. Any such Russian money, combined with the President’s refusal to formally separate himself from his business operations during his Presidency, demand the release of his tax returns. Trump’s response to the mounting calls to release these returns—the usual—is to attack everyone asking questions and blindly dismiss the issue as being irrelevant.

Of course, the Senate Judiciary Subcommittee had compelling testimony yesterday from former Acting Attorney General Sally Yates and former Director of National Intelligence James Clapper. Miss Yates discussed the urgent need for the President to release his tax returns. General Flynn, who concealed his payments to Congress related to Michael Flynn, had been compromised and was subject to blackmail by the Russians. It was a warning she repeated in two meetings and a phone call.

What did the White House do in response to the Acting Attorney General warning them that the highest adviser in the White House on national security and the man who was his deputy was subject to blackmail by the Russians? Nothing. For 18 days, General Flynn continued to staff President Trump for a phone call with Vladimir Putin and other highly sensitive national security matters.

Think of that. After being warned by the Attorney General that the man sitting in the room with you, the highest level of National Security Advisor, could be compromised by the Russians, President Trump continued to invite General Flynn for 18 days in that capacity. White House Press Secretary Sean Spicer said:

When the President heard the information as presented by White House Counsel, he instinctively thought that General Flynn did not do anything wrong, and that the White House Counsel’s review corroborated that.

Let’s be clear. It is bad enough to have a National Security Advisor who is subject to blackmail by the Russians. The fact that the Trump White House didn’t see that as an urgent problem is deeply troubling.

I am glad the Senate Crime and Terrorism Subcommittee held this hearing yesterday, but the occasional subcommittee hearing is not enough. Let’s make sure we know for the record that this subcommittee—chaired by Senator Lindsey Graham, a Republican of South Carolina, and Ranking Member Sheldon Whitehouse, a Democrat of Rhode Island—has the duty of investigating not just yesterday but in a previous hearing, without being allocated any additional resources for this investigation, without being given additional staff. They have brought to the attention of the American public important facts about what transpired in the Trump White House after it was clear that General Flynn had been compromised by the Russians.

But the occasional subcommittee hearing like this is not enough. We need an independent, bipartisan commission with investigative resources and the power necessary to dig into all of the unanswered questions. Until we do, the efforts of this committee or others that follow that have arisen to be a conscious effort on a national basis by an independent commission.

For President Trump, these issues do not appear to be relevant, yet there is a simple way to resolve the many questions that remain:

First, disclose your tax returns and clear up, among other questions, what your son said in 2008 about a lot of Russian money pouring into your family business.

No. 2, answer all the questions about campaign contacts with the Russians, including your former campaign manager Paul Manafort, former National Security Advisor Michael Flynn, and former policy advisor Carter Page.

No. 3, quite simply, explain the reports of repeated contacts between your campaign operatives and Russian intelligence.

No. 4, answer all the questions about your close friend Roger Stone’s connection with the floor of Wikileaks’ having and using, in strategically timed releases when your campaign was struggling, information that had been hacked by the Russians from your opponent’s campaign.

No. 5, explain your ties to Russian foreign businessman Felix Sater, who worked at the Bayrock Group investment firm, which partnered with your business and had ties to Russian money.

No. 6, provide all requested documents to Congress related to Michael Flynn, who concealed his payments from the Russian interests. If there is nothing to hide, this is your chance to clear up things once and for all.

To my Republican colleagues I say again that these Russian connections may constitute a national security crisis. We need to have the facts. How long will we wait for these desperately needed answers before we establish an independent commission investigation, and, how long will we be faced with previous attacks on America?

Finally, how long will we sit by before passing additional sanctions on Russia for their cyber attack on the United States of America? That attack makes November 8, 2016, a day that will live in cyber infamy in America’s history. It is time for the Republicans and the Democrats to show the appropriate concern for this breach of our national security.

We have a bipartisan Russian sanctions bill ready to go to the Senate Foreign Relations Committee. What are we waiting for?

I yield the floor.

I suggest the absence of a quorum.

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

Mr. MARKEY. Mr. President, I rise today to speak in opposition to the nomination of Dr. Scott Gottlieb to lead the Food and Drug Administration.

The FDA Commissioner is our Nation’s pharmacist, but for years the FDA has granted unfettered access to Big Pharma and its addictive opioid painkillers to the American public. The result is a prescription drug, heroin, and fentanyl epidemic of tragic proportions and the greatest public health crisis our Nation currently faces.

At a time when we need its leader to break the stronghold of big pharmaceutical companies on the FDA, Dr. Scott Gottlieb would be nothing more than an agent of Big Pharma. Dr. Gottlieb’s record shows that he doesn’t support using the tools that the FDA has at its disposal to minimize the risks to public health from the misuse of prescription opioids.

The current opioid epidemic is a man-made problem. It was born out of the greed of big pharmaceutical companies and aided by the FDA, which willfully green-lighted supercharged painkillers like OxyContin. But, in order for us to understand this public health emergency and the critical role that leadership at the FDA has played and will continue to play in this crisis, we need a brief history lesson. We need to understand where these opioids come from.

In 1898, a German chemist introduced heroin to the world—a reproduction of an earlier form of morphine believed to be nonaddictive. The name “heroin” was derived from the German word “heroisch,” which means “heroic.” That is how men described the way they felt after taking the new drug.

In the first decade of the 20th century, doctors were led to believe that heroin was nonaddictive and prescribed it for many ailments. But heroin addiction soon became prevalent, so the government began to regulate its use, including arresting doctors who prescribed it to those who were already
addicted, and the medical community began to stop prescribing it. Inevitably, the addicted turned to illegal markets to feed their dependence.

Wariness toward prescribing opioid-based painkillers for anything other than serious illnesses continued through the 20th century, all the way up until the late 1970s and the early 1980s. At that time, the international debate broke out on pain management. The question was asked: Was it humane to allow patients to suffer needlessly through pain when opioid-based medications were available?

Many advocates for increased use of painkillers pointed to a 1980 letter to the New England Journal of Medicine, which concluded that only 1 percent of patients who were prescribed opiate-based painkillers became addicted to their medication. Known as the Porter and Jick letter because it was named after the two Boston researchers who conducted research and authored the letter, it fueled a belief that opiate-based prescription drugs were not addictive. It was a belief that began to permeate the medical community.

But one problem with Porter and Jick’s conclusions. They had only collected data on patients who were receiving inpatient care. As you can imagine, the percentage of patients who became addicted to opiates while in the hospital was only a tiny fraction of the patients who received opiate prescription drugs in an outpatient setting.

But the medical community was not the only group espousing theories that opiates were not addictive. With the FDA’s 1995 approval of the original OxyContin, the original sin of the opiate crisis, we can literally point to the starting point of this epidemic. The FDA approved the original version of OxyContin, an extended-release opioid, and believed that it “would result in less abuse potential since the drug would be absorbed slowly and there would not be an immediate ‘rush’ or high that promote abuse.”

In 1996, Purdue Pharma brought OxyContin to the market, earning the company $38 million in sales just that year alone. Purdue Pharma claimed OxyContin was nonaddictive and couldn’t be abused, and the FDA agreed. Neither of those claims turned out to be true.

Purdue Pharma built a massive marketing and sales program for OxyContin. From 1996 to 2000, Purdue Pharma’s sales force more than doubled, from 318 to 671 sales representatives. In 2001 alone, Purdue gave out $40 million in sales bonuses to its burgeoning sales force. These sales representatives targeted healthcare providers who were more willing to prescribe opioid painkillers.

As a result of these sales and marketing efforts from 1997 to 2002, OxyContin prescriptions increased almost tenfold, from 670,000 in 1997 to 6.2 million prescriptions in 2002.

Then, in 2007, Purdue Pharma paid $600 million in fines and other penalties after pleading guilty in Federal court to misleading regulators, doctors, and patients about the risks of addiction to OxyContin and its potential for abuse. The company’s president, top lawyer, and former chief medical officer also pled guilty to criminal misdemeanor charges and paid $34 million in fines.

In many cases, the FDA approved so-called “abuse-deterrent” opioids, despite warnings from the medical community that they were ineffective for abuse. And when it wasn’t turning a blind eye to the warnings of experts, the FDA simply didn’t engage them at all in approval of opioids with abuse-deterrent properties. With numerous approvals of so-called abuse-deterrent opioids in 2010, the agency convened advisory committees of outside experts for less than half of them.

Mr. President, I note the presence of the minority leader on the floor. At this time I ask unanimous consent to suspend this portion of my statement and to return to it when the minority leader has concluded speaking to the Senate.

The PRESIDING OFFICER. Without objection, it is ordered.

Mr. SCHUMER. Mr. President, first I wish to thank my friend and our great Senator from Massachusetts, Mr. MARKERT, for the great work he has done on the opioid issue of the first to sound the alarm when prescription drugs just began to be overprescribed and has worked very, very hard, with many successes, in trying to deal with this problem. We have a long way to go. Things would have been a lot worse without the great work of the Senator from Massachusetts.

I see my colleague from New Hampshire on the floor, as well, and the same goes for her. She has done an outstanding job here and campaigned on this issue and is keeping her promises, working very hard here in the U.S. Senate. We know that their States are among the top States with opioid abuse problems.

Mr. President, at yesterday’s Judiciary Committee hearing, we heard from former Deputy Attorney General Sally Yates and former Director of National Intelligence James Clapper. In their testimony, both of them confirmed that we already know—that Russia has tried to interfere in our elections and is keeping her promises, working very hard here in the U.S. Senate. We know that their States are among the top States with opioid abuse problems.

The Founding Fathers, in their wisdom, wrote in the Constitution that we had to worry about foreign interference. It is happening now in a way that has never happened before, and in a bipartisan way we must act.

Mr. President, now a word on healthcare. The bill the House of Representatives passed last week is devasting in so many ways and to so many groups of Americans—older Americans, who would be charged five times as much as others; to middle-class Americans, who will be paying on average $1,500 a year more for their coverage in the next few years; to lower income Americans, who are struggling to make it into the middle class and who will be paying thousands of dollars more per year; to women, for whom pregnancy could now become a terminal illness continued to be a terminal illness. And the Trump administration is now taking away their healthcare. It is a skyrocketing bill that will cost everyone billions of dollars more per year. Americans who are struggling to make it into the middle class and who will be paying thousands of dollars more per year; to women, for whom pregnancy could now become a terminal illness continued to be a terminal illness. And the Trump administration is now taking away their healthcare. It is a skyrocketing bill that will cost everyone billions of dollars more per year. Americans who are struggling to make it into the middle class and who will be paying thousands of dollars more per year; to women, for whom pregnancy could now become a terminal illness continued to be a terminal illness. And the Trump administration is now taking away their healthcare. It is a skyrocketing bill that will cost everyone billions of dollars more per year. Americans who are struggling to make it into the middle class and who will be paying thousands of dollars more per year; to women, for whom pregnancy could now become a terminal illness continued to be a terminal illness. And the Trump administration is now taking away their healthcare. It is a skyrocketing bill that will cost everyone billions of dollars more per year.
Amusingly, this bill is even devastating to our veterans. That is what I would like to focus on for the remainder of my time this morning.

You would think that when the House of Representatives was writing its bill, Members were more careful to make sure that our veterans, who put their lives on the line for our country, wouldn’t be hurt by their legislation. In their haste to cobble together a bill that could pass the House, the Republican majority actually introduced yesterday, it would be possible for coverage at the VA from being eligible for the tax credits in this bill.

I am sure my Republican friends who rushed to draft this bill thought that was a perfectly fine policy. After all, our veterans can get care at the VA. In fact, many veterans don’t get their care from the Department of Veterans Affairs. Yes, they are eligible, but many live in rural communities that don’t have a VA facility. Many can’t go to the VA because of means testing. Some get treated at the VA for a specific injury related to their service but rely on private insurance for the rest of their healthcare. I am sure some veterans would simply prefer the choice to have private insurance rather than go through the VA.

Under TrumpCare, any veteran who falls into one of these categories would be denied the tax credits they need to get affordable coverage. Let me repeat that. This means 7 million veterans, possibly more, who qualify for VA healthcare wouldn’t be eligible for the tax credits they need to get affordable insurance on the private market.

For the sake of perspective, under TrumpCare, folks who make over $250,000 a year get a massive tax break while taxes and costs would go up for so many of our brave veterans.

I am not sure it is possible for a bill, and for the party that passed it, to get its priorities straight when it leaves them. It is the shameful consequence of a slapdash, partisan bill that was thrown together at the last minute—a bill whose purpose, it seems, is not to provide better coverage or lower costs or even to provide better care for our veterans. Its purpose seems to be to provide tax breaks to the very wealthy.

For the President, who lobbied for this bill down to the individual Member, it is another giant broken promise to the working people and, in this case, to our veterans. President Trump made improving the healthcare of our veterans a theme of his campaign. Just a few weeks ago, he said that “the veterans have poured out their sweat and blood and tears for this country for so long and it’s time that they are recognized and it’s time that we now take care of them and take care of them properly.”

His healthcare bill, TrumpCare, would deny the means of affording private insurance to as many as 7 million veterans and maybe more—another broken promise, saying one thing and doing another. Many of the people who support Donald Trump don’t want to embrace that idea, but it is happening in issue after issue. They will see it—saying one thing and doing another. That is another reason for Senate Republicans to scrap this bill, scrap repeal, and start working with Democrats on bipartisan ways to improve our healthcare system.

Today, we Democrats will be sending a letter to the Republican leadership laying out our position on healthcare. All 48 Senate Independents who caucus with us have signed it. It has been our position all along: We are ready to work in a bipartisan, open, and transparent way to improve and reform our healthcare system.

Look, we have made a lot of progress in the last few years. Kids can now stay on their parents’ plan until they are 26. Women are no longer charged more for the same coverage. There are more Americans alive before. These are good things. We ought to keep them and then build on our progress.

To our Republican friends we say this. Drop this idea of repeal. Drop this nightmare of a bill, TrumpCare, which raises costs on our veterans, and come work with us on ways to reduce the cost of premiums, the cost of prescription drugs, and other out-of-pocket costs. We can find ways to make our healthcare system better and stronger.

To our veterans, TrumpCare is not the answer.

Let me turn now and yield to the Senator.

Mr. MARKEY. Mr. President, I thank our leader for his great leadership on all of these national security and healthcare issues. I think he has injected some common sense into how the American people should be viewing each and every one of those very important issues. His national leadership is greatly appreciated.

Let me turn now and yield to the great Senator from the State of New Hampshire, where this opioid epidemic has hit hardest of all, Senator HASSAN.

Mr. HASSAN. The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. HASSAN. I thank Senator MARKEY.

Mr. President, I, too, want to thank Leader SCHUMER for his remarks and his work on national security and on cybersecurity, to include, on opioids, heroin, and fentanyl crisis, which is the greatest public health and safety challenge that the State of New Hampshire faces and which I know many other States face as well.

I rise today to oppose the nomination of Dr. Scott Gottlieb to serve as the Commissioner of the Food and Drug Administration. It is the responsibility of the Food and Drug Administration, starting with its Commissioner, to protect consumers and stand up for public health.

I have serious concerns about Dr. Gottlieb’s record. I also have additional concerns from his nomination hearing about his stances on critical priorities for people in New Hampshire and across the Nation.

As I mentioned, and as Senator MARKEY has detailed, as well, the most pressing public health challenge facing New Hampshire is the heroin, fentanyl, and opioid crisis. I want to thank the Senator from Massachusetts for the courtesy.

I heard updates from those on the front lines about the latest developments in the substance misuse crisis. We discussed the spread of the dangerous synthetic drug carfentanil, which is 100 times stronger than the already deadly drug fentanyl.

A report released this week by New Hampshire showed the economic impact of alcohol and substance misuse costs. It costs New Hampshire’s economy now over $2 billion a year. It is clear that we need to take stronger action to combat this crisis.

We have to continue partnering together with those on the frontlines and at every level of government. We need to be developing new tools and leveraging the ones we have to combat this crisis.

When we cannot afford to do is to institute policies that would take us backward. Unfortunately, Dr. Gottlieb has been opposed to the creation of one of the key tools that the FDA has at its disposal—risk evaluation and mitigation strategies, otherwise known as REMS. The agency uses REMS—including, as a strategy, prescriber training—to try to stem the risks associated with certain medications.

The FDA should be making REMS stronger and making sure that all other medications which are concerning about Dr. Gottlieb’s record of putting politics ahead of science when it comes to women’s health. To compete economically on a level playing field, women must be able to make their own decisions about when and if to start a family. To fully participate not only in our economy but also in our democracy, women must be recognized for their capacity to make their own healthcare decisions. They must also have the full independence to make their own healthcare decisions, just as men do.
Unfortunately, this administration has made clear that it is focused on an agenda that restricts women’s access to critical health services, including family planning.

Dr. Gottlieb’s record has demonstrated that he supports the anti-choice agenda. During his time in the Bush administration, Dr. Gottlieb was involved in a controversial and scientifically based decision under pressure from this administration. Dr. Gottlieb’s nomination raises too many questions about whether he will put political interests ahead of science and ahead of the safety of consumers.

I hope that he has learned about the priorities of Senators and the constituents of women throughout the nomination process and that he proves to be a stronger Commissioner than his record suggests. But in voting today, I cannot overlook that record, so I will vote against his nomination, and I urge my colleagues to do the same.

I yield the floor.

The PRESIDING OFFICER (Mr. STRANGE). The Senator from Massachusetts.

Mr. MARKEY. Thank you, Mr. President.

I thank Senator HASSAN for all of her great leadership as Governor of New Hampshire and now the Senator from New Hampshire. The epidemic has hit New Hampshire very hard, harder than any other place. Her leadership is absolutely outstanding. I thank her for all of her leadership on this nomination as well.

As we look at this issue, we realize that a whole epidemic was being created because of approvals of “abuse-deterrent” opioids since 2010. I put “abuse-deterrent” in quotes because it was extremely deceptive because too many people felt “abuse-deterrent” meant they could not ultimately become addicted to the medicine. The damage has now been done. The prescription painkiller abuse became rampant across the country. We had become the United States of Oxy and the opioid issue was on its way to becoming an opioid epidemic because when those who were addicted to Oxy could no longer afford $60 for a 60-milligram pill, they opted for low-priced heroin, which is why we should not be surprised that 22 percent of the individuals who began abusing heroin in the 2000s, 75 percent reported that their first opioid was a prescription drug.

Taking advantage of the new demand for heroin, an incredibly sophisticated network of drug traffickers from Mexico and in every State in the United States, and now they are branching out from large urban areas into our suburbs. These systems collided in a perfect storm that has caused the epidemic we are experiencing today: the overprescription of opioid painkillers that were approved by the FDA, the over-the-top sales and marketing programs by a deceptive and deep-pocketed pharmaceutical giant that went unimpeded for years, and an overabundance of heroin flowing into the United States from Mexico and South America. All of that has led us here.

We know that nationally opioid overdoses kill more people than gun violence or auto accidents. Every single day in America, we lose more than 91 people to an opioid-related overdose. Nationally, nearly half of all opioid overdose deaths involve a prescription opioid that was approved by the FDA and often prescribed by a physician. In Massachusetts, in 2016, 2,000 people died from an opioid overdose.

Who is the typical victim of an opioid overdose? Who is the typical substance abuser? The answer is that there is none. This epidemic does not discriminate on the basis of age or gender or race or ethnicity or economic status. It does not care if you live in a city or in the countryside. It does not care if you have a white-collar or a blue-collar job. The 50-year-old White male attorney is just as likely to become addicted to prescription drugs or heroin as the 22-year-old Latina waitress. Opioid addiction is an equal opportunity destroyer of lives.

Those addicted to opiates are too often stealing from their friends, their families and neighbors, or complete strangers to fuel their addiction. Cars are broken into, and valuable stereo systems are left intact, while a few dollars in change are stolen. Homes are broken into, and flat-screen television sets remain untouched, while children’s piggy banks go missing.

The opiate addiction is also causing immeasurable harm to the families of those in the unbreakable grip of opioids. Too often, I hear the stories of parents who have drained their entire life savings to provide the treatment and recovery programs necessary to beat this addiction. Many times, it results in bankruptcy filings that were unimaginable only a few short years ago.

The opioid crisis is robbing people of their friends and their families. It is robbing them of their livelihood. It is robbing them of their freedom as they look out from behind prison bars. All too often, it is robbing them of their lives.

If we don’t act now, we could lose an entire generation of people. As this opioid crisis explodes in my State of Massachusetts and in every State in the country, we need an FDA leader who will understand that universal healthcare does not mean that every American should have access to a bottle of prescription opioids.

Last year, more than 33,000 mothers, fathers, children, and loved ones were robbed of their potential when they died of an opioid overdose, but Dr. Scott Gottlieb has openly questioned the value of the Drug Enforcement Administration’s enforcement against doctors and pharmacists to prevent prescription opioids from entering the illicit market. The DEA’s over-prescription drug cop on the beat, but Dr. Gottlieb wants to give that role to bureaucrats at the Department of Health and Human Services, an agency that has consistently failed at any kind of enforcement.

At the same time, Dr. Gottlieb has also publicly stated his opposition to the FDA’s risk plans, so called REMS—meaning risk evaluation and mitigation strategies—for the use of these opioids. That is what is used to address the safety of opioid painkillers. These vital tools that the FDA has to manage the risk should be made stronger, but Dr. Gottlieb argues that they should not exist at all. Risk evaluation and mitigation strategies are necessary to reduce harm. That is simply irresponsible.

We are suffering this public health epidemic because Big Pharma pushed pills they knew were dangerous and addictive. The FDA approved them, often without expert counsel, and doctors, hospitals, and pharmacies turned a blind eye by not enforcing the mandatory education on these drugs, prescribed them to innocent families all across our country. It is a vicious and deadly cycle that has turned this Nation into the United States of Oxy, and it must stop.

Dr. Gottlieb’s Big Pharma formula is simple: Take away the DEA oversight over prescription opioids and give that authority to the FDA. Then, at the same time, limit the FDA’s ability to utilize its full oversight authority over these addictive products. That would leave a mostly unregulated marketplace for big pharmaceutical companies and their opioid painkillers to thrive, while American families pay the highest price they can: the life of someone in their family.

Perhaps most alarming is Dr. Gottlieb’s connection to a specific pharmaceutical company called Cephalon. Last month, a Washington Post story revealed that Dr. Gottlieb worked on behalf of one company, Cephalon, to raise the amount of the addictive opioid fentanyl that the company could market at the same time the prescription painkiller epidemic was exploding. The Washington Post story detailed how Dr. Gottlieb advocated for the DEA—the Drug Enforcement Administration—to raise the quota of fentanyl that Cephalon could manufacture and put on the market, even while the company was under investigation for pushing doctors to prescribe the addictive painkiller for headaches and back pain when it was meant for late-stage cancer patients.
These aggressive and off-label promotion tactics were out of the Perdue Pharma playbook that got us into this opioid crisis in the first place.

Cephalon ultimately pleaded guilty in 2006 to illegally promoting the fentanyl drug and paid a $225 million fine. This relationship is deeply disturbing.

Dr. Gottlieb seems to believe that pharmaceutical profits are more important than the public’s health. When the opioid epidemic was taking deadly hold, Dr. Gottlieb advocated to put even more addictive fentanyl onto the market when it was not appropriate or necessary.

Dr. Gottlieb said during his confirmation hearing that the FDA unwittingly fueled the opioid epidemic, but he is guilty of intentionally pushing an addictive prescription opioid onto the American public just to benefit one company instead of working to prevent this massive public health crisis. Dr. Gottlieb’s actions could have made the opioid crisis worse.

Serious questions remain about Dr. Gottlieb’s association with Cephalon, which was fined hundreds of millions of dollars for violating FDA rules. Under the FDA, Scott Gottlieb was then hired by a law firm as an expert witness used to defend the actions of Cephalon in court.

In advance of this floor vote, I and a group of other Senators questioned Dr. Gottlieb on this and the extent of his historical and financial relationship with Cephalon, but we received nothing that shed any light on his relationship with the company.

We cannot have a leader at the FDA who has worked on behalf of a company that aided and abetted the prescription drug and heroin epidemic.

Sadly, Dr. Gottlieb is yet another example of President Trump’s lack of commitment to address the opioid crisis. President Trump believes that if we just build a border wall, well, we will end this opioid crisis.

We don’t need a wall, President Trump, we need treatment.

President Trump’s support for the repeal of the Affordable Care Act and the legislation the House passed just last week means coverage for opioid-use disorders for 2.8 million people could be ripped away. President Trump has proposed slashing the research budget of the National Institutes of Health by 18 percent, undercutting our ability to better understand addiction and come up with alternative, less addictive pain medication.

If President Trump and his Republican allies are committed to combating the opioid crisis, they should release their plan for addressing this crisis, including committing to quickly release the remaining $500 million authorized last year in the 21st Century Cures Act, and plan for investing more federally underwritten dollars to preventing, and treating this debilitating disease of addiction. The crisis is tearing families down to the bone and we need to give them hope. That is what a comprehensive strategy to address this crisis is all about, and strong leadership at the FDA is a critical component of any plan.

We need the FDA to be a tough cop on the beat, not a rubber stamp approving the latest big pharma painkillers that are cause of this deadly scourge of addiction in overdoses. We need to stop the overprescription of pain medication that is leading to heroin addiction and fueling this crisis. The United States consumes only 5 percent of the world population, but we consume 80 percent of the global opioid painkillers and 90 percent of the global supply of hydrocodone and the active ingredients inside of Vicodin.

We also need to ensure that prescribers are subject to mandatory education responsible for prescribing practices. Anyone who prescribes opioid pain medication and other controlled substances must undergo mandatory education that these physicians know what they are doing. The FDA would be in a position to be the primary enforcer of this critical education.

We also shouldn’t allow companies to continue to promote their opioids as abuse deterrents. It is misleading. Fifty percent of all physicians believe the “abuse deterrent” that is on the label means the drug is not addictive. Physicians don’t even know this is additive, and we know these physicians know what they are doing. The FDA would be in a prime position to ensure the terminology used for promoting a drug is not confusing or misleading. At this time of crisis, we need a leader at the FDA who recognizes the dangers of prescription painkillers, who will stand up to big pharma and reform the FDA to prevent addiction before it takes hold. Dr. Scott Gottlieb is not that individual.

Dr. Gottlieb’s nomination signals a continuation of FDA policy that has cultivated and fueled the opioid epidemic. I strongly oppose Dr. Gottlieb’s nomination and call on my colleagues to join me in voting no.

Mr. President, I yield back the floor.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

HEALTHCARE LEGISLATION

Mr. VAN HOLLEN. Mr. President, I join my colleagues in opposing the nomination of Dr. Gottlieb and thank him for laying out his case.

The FDA, of course, is an important part of our healthcare system, and just last week we saw the House of Representatives jam through a piece of legislation that would wreak havoc on the healthcare system. In fact, many people are appropriately calling what they did “healthcare” because it represents a huge transfer of wealth away from caring for patients to the very wealthiest in our country, including many powerful special interests. I think everybody understands—Republicans, Democrats, Independents alike—the Affordable Care Act is not perfect and specifically that we need to address the issues within the Affordable Care Act exchanges. We need to address those issues to lower the deductibles, lower the copays, and make it more affordable. There are some very straightforward ways of doing that.

One good idea is to create a public option within the Affordable Care Act exchanges, a Medicare-for-all-type choice. What will that do? It will create more competition. That could drive down the price of insurance within the Affordable Care Act exchanges, and it will ensure that you have a provider everywhere in the United States in every community of this country. Even better, the Congressional Budget Office, the last time they looked at it, concluded that it would save taxpayers $160 billion over 10 years, so it would reduce our deficit.

The House Republican healthcare bill doesn’t try to fix the exchanges. What it does is blow up the Affordable Care Act and in the process wreaks havoc on our entire healthcare system. You don’t have to take my word for it. Just take a look at the long list of groups that have come out strongly opposed to the House bill, starting with patient advocacy groups, such as the American Lung Association, the American Diabetes Association, the American Heart Association, the American Cancer Society, and the list goes on.

They don’t have only Democratic patients. They have patients who are Democrats, Republicans, Independents, and people who aren’t participating in the political process. These are groups that care about patients, they don’t care about politics, and they are strongly opposed.

How about those who are providing care to those patients? Well, here is a partial list of the groups that are strongly opposed: the American Academy of Pediatrics, the American Academy of Family Physicians that this is just not the case. These aren’t Democratic groups. They have patients who are Democrats, Independents, and people who aren’t participating in the political process. These are groups that care about patients, they don’t care about politics, and they are strongly opposed.

How about those who are participating in the political process. These are groups that care about patients, they don’t care about politics, and they are strongly opposed.

Let’s look at the hospital groups. The American Hospital Association strongly opposes this; the Children’s Hospital Association opposes this, and the list goes on. It is opposed by those who are spending all their time advocating for patients and opposed by those who provide care to patients.

Then you have a long list of senior groups, including AARP, that strongly oppose this because the House bill discriminates against older Americans—people over 50 years old—because it allows seniors to opt out of Medicare. That charges them a whole lot more for their healthcare than they currently have to pay.

These groups don’t care about party. They don’t care about politics. They care about patients and the healthcare system, and it should tell us all a lot that they are opposed and strongly opposed to this bill. Now, why is that?
This House bill is rotten at its core. Its foundation was rotten when the Congressional Budget Office first looked at it, and then they made it even worse. Let’s look at the foundation of this, which the Congressional Budget Office did have a chance to look at. I do want to remind the Presiding Officer that the head of the Congressional Budget Office was selected by the chairman of the House Republican Budget Committee, the House Budget Committee, the Republican chairman, and the chairman of the Senate Budget Committee, a Republican chairman. They took a look at that first foundation of the House bill, and here is what they concluded. This is right in their report; that 24 million Americans would lose their access to affordable healthcare. That is on page 2 of the nonpartisan Congressional Budget Office report.

Why is that? It is because they take a wrecking ball to Medicaid and a wrecking ball to the exchanges. They don’t make the exchanges better. They don’t drive down the prices. They make the exchanges worse, and they take a big whack at Medicaid. In fact, they also take a cut at Medicare. In fact, if you go to the table in this CBO chart, I will just refer people to table 3. Sometimes you just have to dig deep in these reports to get to the bottom line.

There is an $863 billion cut that consists of about $340 billion cuts to the Medicaid Program and $52 billion to the Medicare Program, and I should emphasize that will actually make the Medicare Program somewhat more insolvent. You add it up, you have $880 billion in cuts to Medicare and Medicaid combined.

I remind people that the Medicaid funding not only went to provide more access to people for healthcare through expanding Medicaid, which many States have talked about and Governor Kasich has been talking about in New Hampshire recently, but this bill also cuts the core Medicaid Program to the States, and two-thirds of that money goes to care for seniors in nursing homes and people with disabilities. So it puts all of them at risk. That is $880 billion in cuts to Medicaid and Medicare and people who need healthcare.

What is the other big number in the House bill? Well, $900 billion is the amount of the tax cuts in what is being described as a wrecking ball to the exchanges. You are getting an average tax cut of $200,000.

Do you know what they did for insurance companies? They used to say the bonuses that were paid to the CEOs of insurance companies would be taxed, but then the CEOs of insurance companies can essentially pay bonuses and deduct those. They can deduct those now from their bottom line, which drives up the profits of insurance companies by allowing the deduction of CEO bonuses. They are going to apply big tax breaks to wealthy people, but then they added other provisions as well—getting rid of the essential health benefits, getting rid of protections for preexisting conditions. Then it was let’s see no evil, let’s hear no evil. We are not even going to wait for the next Congressional Budget Office report. I am looking forward to hearing what they have to say.

For the American people, I think the greatest danger is to what we are going to hear from a lot of Senators that they don’t like the House bill just as it is; yes, we are going to have to make some changes. What I would say to the American people is this: Beware of these people who say they are making a change that is meaningful when it is really only a cosmetic change, when it is really only a small change that then provides some kind of rationale or excuse for supporting a House bill that is rotten at its core.

For example, someone may say: Well, let’s do a little more by way of covering opioid addiction. That would be a good idea. But that doesn’t salvage a bill that is fundamentally flawed. That doesn’t salvage a bill that at its core cuts $900 billion from Medicaid and Medicare to provide a tax cut of over $900 billion, most of which goes to wealthy people and corporate special interests.

I would say to all the other people who are on employer-provided healthcare, which are the majority of Americans: Beware, because that House bill will affect you too.

I just want to read a portion from something that appeared in TheUpshot public health section of The New York Times—"G.O.P. Bill Could Affect Employer Health Coverage, Too." They write:

About half of all Americans get health coverage through work. The bill would make it easier for employers to increase the amount that employees could be asked to pay in premiums, or to stop offering coverage entirely. It also has the potential to weaken rules against dropping workers who are ill, and it is interesting how much employers can be asked to pay in deductibles or co-payments.

So for someone who is getting coverage through their employer, beware because this is going to have harmful effects on you.

I want to close with one of the many stories that I have received—and I
know many of us have received from our constituents—about how that 
House bill would wreak havoc in their 
lives. Here is one that I received: 
I’m 29 years old and was just diagnosed 
Feb. 24th with breast cancer. . . . I buy in-
surance myself, and I did so with the assist-
ance from the ACA. Without that program in 
place, I might not have gone in when I felt 
this lump. I might have waited much longer 
just to see what it was and it was too late. Without 
this program, I would be bankrupted by the 
screenings alone just to find out I am dying. 
So that’s me and I don’t make this polit-
ical—but this is my life. It will literally be 
life or death for so many of us. 

This is a life-or-death issue for tens of 
millions of our fellow Americans. I 
urge the Senate to flatly reject the 
House healthcare-wealthcare bill, which 
is rotten to its core. 

Let’s focus on fixing the issues in the 
exchange. We can do that if people of 
good faith want to work from scratch 
to address that issue, but let’s not blow up 
the Affordable Care Act and lump on 
our constituents and tens of millions of 
other Americans in the process. 

I yield the remainder of my time. 

The PRESIDING OFFICER. The Sen-
ator from OHIO. 

Mr. BROWN. Mr. President, I par-
ticularly appreciate the comments of 
my colleague from Maryland about the 
Affordable Care Act. The fact is, they 
are taking insurance from 200,000 Ohio-
ans right now who are getting opioid 
treatment because of the Affordable 
Care Act, and the vote in the House of 
Representatives would turn those 
200,000 families upside down. They 
should be ashamed of themselves. Then 
to go to the White House and cele-
brate—that is just the ultimate des-
picable, political act. I just can’t im-
agine that in the 21st century people 
would actually do that. 

The FDA has incredible influence 
over Americans’ lives, and the Com-
misssioner of the Federal Food and Drug 
Administration will lead the agency 
dedicated to ensuring that our 
medications are safe. 

It is the job of the FDA Commiss-
ioner, and has been for decades, to be 
an independent check on big pharma-
ceutical companies, to crack down on 
Big Tobacco, and to oversee the safety 
and efficacy of new prescription drugs, 
including, most essentially in the last 
few years, opioid painkillers. Unfortu-
nately, Dr. Scott Gottlieb’s record 
gives me serious concern, as Senator 
MARKET has pointed out so well, that 
this Commissioner will fall short on all 
of these measures. 

We know the havoc that opioid pain-
killers have wreaked on communities 
across the country. My State of Ohio 
has had more overdose deaths from heroi-
- nal, Oxycodone, Percocet, opioids, 

morphine-based opioids; we have had more deaths than 
any other State in the United States of 
America. In my State and across this 
country, people are because of the 
opioid epidemic; 91 Americans, includ-
ing 12 Ohioans, will die today—91 
Americans, 12 Ohioans will die today—
from opioid overdoses.

The Commissioner will have a lot of 
tools to fight this epidemic that is rav-
ing our families and our commu-
nities. We need all hands on deck to 
fight this crisis. We need the FDA. 

Unfortunately, Dr. Gottlieb’s record 
indicates he lacks the epide-
mic and the FDA’s authority to rein 
in prescription painkillers and other 
drugs seriously, which is why I cannot 
support his nomination. 

I don’t want to point fingers, but 
there are a lot of reasons for this 
epidemic. One of them clearly is 
the proliferation of prescriptions and 
the manufacture of so many of these 
opioids. They are getting to market, 
and doctors are prescribing them, and 
pharmacists are filling them. 

I don’t point fingers at individual 
people and even individual industries; 
we are all at fault and not doing this 
right. But Dr. Gottlieb has had a cozy 
relationship with big drug companies 
for decades as an investor, as an ad-
vocate, and as a member of the board 
for a number of these companies. He sup-
ported allowing those same companies 
to rush their drugs, including poten-
tially addictive opioid painkillers, onto 
the market before we were sure they 
were safe—right at a moment. 

He has called into question the Drug 
Enforcement Administration’s author-
ity to police opioids, despite the fact 
that these drugs are often sold on the 
black market. He has defended indus-
try’s efforts to introduce new drugs 
and devices with minimal safety oversight. 

He has refused to answer questions 
about his previous work for pharma-
ceutical companies that make the 
opioid fentanyl. We know he partici-
pated in a meeting on their behalf at 
the time that the company was under 
FDA investigation for pushing off-label 
uses of fentanyl. 

Anyone who thinks we need more 
fentanyl on the market in many of 
Ohio’s 88 counties, or the nation’s 
coroner’s office. Imagine this: In some 
counties, the coroner’s office has had 
more of the manufacturing capabilities 
needed to bring in refrigerated semitrailers to 
keep up with the growing body count 
from opioid deaths. Think of that; just think of that picture 
that tell you? Can we really trust him 
with the people’s safety over drug company 
profit? Can we trust him to protect our children; 
even if we do, he is in charge of the FDA— 
whoever is in charge—must put the 
people’s safety over drug company 
profits, whether it is addictive pain-
killers or e-cigarettes. 

I don’t think Dr. Gottlieb is the right 
person for this. I hope I am wrong. I 
plan to vote no. I hope he proves me 
wrong. If he does, I will come back to 
the floor and applaud him. But from 
his background, from his statements, 
from his qualifications, from his 
investments, from his business back-
ground, I don’t think he fits the bill. 

Mr. President, I suggest the absence 
of a quorum. 

Mr. President, I withdraw the sugges-
tion. 

The PRESIDING OFFICER. So noted. 

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