

what Kristen had to do in the face of these rising drug prices.

In order to pursue her dream internship, Kristen had to purchase the only health insurance she could afford, which was a high-deductible plan whose monthly payments consumed 15 percent of her income. To try to prepare for the realities of this kind of coverage, she had to hoard her insulin and other diabetes supplies for months in advance, deliberately starving her body of the medicine she needed in order to keep her head above water financially.

I have submitted bipartisan legislation that was recently approved unanimously by the Judiciary Committee, along with my colleague Senator CORNYN, that would end these abusive practices surrounding patents—patent-thicketing and product-hopping. You don't need to know the details of those abuses or of our legislation to understand the need for protection and the need for security and safeguards for these kinds of patients—the 30 million who suffer from diabetes and who are paying exploding costs for insulin that are rising exponentially and astronomically for not only insulin but also many other drugs, as we know from listening to our constituents.

All of our colleagues understand the high cost of prescription drugs that continue to plague America across all walks of life. Every day, patients are forced to choose, in fact, between paying for the medicines they need and the needs of their families. Drugs to treat everything from depression, to arthritis, to cancer, and even basic saline solution for IVs have increased in price in recent months. They are not new, wondrous, magic discoveries; they are workhorse medicines. Insulin has been around for 100 years. Many of these other drugs have been around for decades as well. We owe it to Americans.

As citizens and as patients ourselves, we know that these rising prescription prices are ruining families, tearing apart communities, and destroying the basic trust we have in our healthcare system. Nothing is more basic. Healthcare is a right. Prescription drugs should not be available just to the wealthy.

The bill Senator CORNYN and I are hoping this Chamber will pass is just one step toward making prescription drug prices more affordable; making these cures that are America's pride—developed by great researchers and wonderful minds—available to all of our citizens.

Logan Merwin, Emma Del Vecchio, and all of the children in America who suffer from diabetes understand something maybe we don't as well: that insulin is a matter of life and death and that they are alive because they live in the greatest country in the history of the world, where insulin is available to them even at times when it is difficult for their families to afford. They know, too, that with the great advocacy of Kathryn Nagel, Kristin Whitney Dan-

iels, Jonathan Chappell, and others who are taking their cause to America, as well as the JDRF, which is supporting wonderful discoveries, we will be a better country. We will make these prescription drugs affordable.

Insulin will be available to all. Insulin does not belong to me or to you; it belongs to the world. And I hope America will be an example of making insulin belong to the world.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at 11 a.m., Thursday, July 11, the Senate vote on the confirmation of Executive Calendar Nos. 101 and 103 in the order listed. I further ask that if confirmed, the motions to reconsider be considered made and laid upon the table and that the President be immediately notified of the Senate's action; further, that if cloture is invoked on Executive Calendar No. 13, the postcloture time expire at 1:45 p.m.; finally, that the ranking member of the Committee on Environment and Public Works control the time from 1 p.m. until 1:40 p.m.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak therein for 10 minutes each.

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

AFFORDABLE CARE ACT

Mr. CARDIN. Mr. President, today I wish to discuss Americans' access to healthcare and patient protections that are carelessly being threatened by President Trump and his administration, specifically, his decision to not uphold the Patient Protection and Affordable Care Act, ACA, which is the law of the land.

This week, the U.S. Court of Appeals for the fifth circuit began reviewing appeals to a December decision in the case *Texas v. U.S.*, in which the entire ACA was ruled unconstitutional. Republican attorneys general from 18 States argue that the ACA is unconstitutional because our Republican colleagues repealed the individual mandate as part of their 2017 tax bill. In-

stead of defending the ACA and fighting for Americans with preexisting health conditions, President Trump took the unprecedented step of not defending current law, and the Department of Justice revised its position to support full repeal of the ACA, continuing the administration's sabotage of affordable access to healthcare through all avenues of Executive action.

If Republicans successfully overturn the ACA, hundreds of millions of Americans will lose access to affordable healthcare and the monumental consumer protections created through the ACA. This includes the 133 million Americans with preexisting conditions, 17 million people who gained insurance through Medicaid expansion, 12 million seniors who pay less for prescription drugs, and over 2 million adult children who will no longer be able to stay on their parent's health insurance.

I am particularly worried about the 2.5 million Marylanders with a preexisting condition, 320,000 of whom are children. Before the ACA, insurers denied health coverage to Americans with preexisting health conditions.

The most common preexisting conditions are pregnancy, cancer, diabetes, high blood pressure, behavioral health disorders, high cholesterol, asthma, and heart conditions. Patients with preexisting conditions must know their health insurance coverage is there for them when they are healthy, but particularly when they become sick. The ACA took the important step to ensure this, by protecting all patients against arbitrary, sudden loss of insurance. This security would, of course, be eliminated if the ACA is overturned.

In addition to these important consumer protections, the Affordable Care Act increased access to care for millions of people who previously were uninsured or underinsured. Through Medicaid expansion, 13 million low-income Americans now have dependable, comprehensive healthcare, including 300,000 Marylanders. We must protect the Medicaid expansion population and other uninsured or underinsured populations from the Trump administration's efforts to eliminate their access to affordable care.

The numerous reckless attempts by the Trump administration to sabotage the ACA disregard how much good healthcare reform has done for all Americans. Before we passed the Affordable Care Act, too many people fell through the cracks with inadequate insurance coverage, annual and lifetime coverage caps, or limits to preventive health services. Too many declared bankruptcy because of high healthcare costs or skipped prescribed care or medications because of the costs.

The ACA ensured that many of those people now have access to higher-quality coverage. Core elements of the law require companies to cover adults and children with preexisting conditions, prevent insurance companies from setting annual and lifetime limits, and