

Whereas that tireless work ethic propelled Jeri Bustamante to professional success, beginning with an internship at a Miami television station and culminating in a period of service as press secretary to Governor Rick Scott;

Whereas the enthusiasm, compassion, tenacity, and vibrant energy of Jeri Bustamante are greatly missed by her family, friends, and coworkers;

Whereas the spirit of Jeri Bustamante lives on through the Jereima Bustamante Memorial Scholarship, which aims to help graduates of Miami Beach Senior High School achieve their goals and pursue the American Dream through a college education; and

Whereas April 8, 2021, marks 3 years since the life of Jeri Bustamante was tragically cut short in a fatal boating accident: Now, therefore, be it

Resolved, That the Senate—

(1) honors the life and memory of Jereima “Jeri” Bustamante (referred to in this resolution as “Jeri Bustamante”);

(2) offers heartfelt condolences to the family, loved ones, and friends of Jeri Bustamante;

(3) recognizes that living the American Dream remains possible for any individual who, following the example of Jeri Bustamante, works hard to pursue and achieve a goal; and

(4) encourages the recipients of the Jereima Bustamante Memorial Scholarship to carry on the legacy of Jeri Bustamante.

SENATE RESOLUTION 151—CALLING ON THE PRESIDENT AND THE SECRETARY OF HEALTH AND HUMAN SERVICES TO TAKE ACTION TO LOWER PRESCRIPTION DRUG COSTS

Mr. MERKLEY (for himself, Mr. SANDERS, Ms. WARREN, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 151

Whereas the United States is facing a pandemic, and economic crisis, caused by the Coronavirus Disease 2019 (COVID-19) that threatens the health and financial well-being of nearly every family in the United States;

Whereas even before the COVID-19 pandemic, consumers and patients in the United States were charged higher prices for prescription drugs than consumers and patients in other countries around the world;

Whereas families in the United States continue to face financial hardship from unaffordable out-of-pocket costs and higher premiums that have been exacerbated by an economic crisis and losses in employer-sponsored health coverage;

Whereas 8 in 10 individuals in the United States say the cost of prescriptions is unreasonable, and nearly 3 in 10 individuals across the United States are rationing their medicine due to high prescription drug costs;

Whereas the prescription drug cost crisis has put families at risk for poor health outcomes, increasing the likelihood of complications from a severe case of COVID-19 for those families;

Whereas even before the COVID-19 pandemic, people of color, including Black, Brown, and indigenous people, were disproportionately impacted by high prescription drug costs, which was due in part to a higher prevalence of chronic conditions in those populations that require expensive prescription drugs;

Whereas people of color, including Black, Brown, and indigenous people, are dying at much higher rates as a result of COVID-19, and other diseases, for which affordable prescription drugs can and should be available;

Whereas any price gouging by pharmaceutical companies is a root cause of health disparities in the United States;

Whereas nearly 1 in 3 individuals in the United States facing increased prescription drug costs spend less on basic necessities, including groceries, to account for that increased prescription drug cost;

Whereas approximately 25 percent of the monthly premium for a health care consumer in the United States goes to prescription drug costs;

Whereas more than 1 in 4 health care consumers decline other medical tests or procedures, or put off a visit to the doctor's office, because of increased prescription drug costs;

Whereas pharmaceutical companies abuse monopoly control granted by the Federal Government, in the form of patents and regulatory exclusivities, to limit competition and raise prescription drug costs;

Whereas 8 out of 10 new drug patents are for slight modifications to existing drugs, not for innovating new drug products;

Whereas 9 out of 10 of the largest pharmaceutical companies spend more on sales and marketing than on researching new drugs;

Whereas each of the 356 drugs approved by the Food and Drug Administration between 2010 and 2019 was developed through taxpayer-funded research conducted by the National Institutes of Health;

Whereas the 18 pharmaceutical companies on the S&P 500 spent more money on stock buybacks and dividends than on research and development between 2009 and 2018;

Whereas the pharmaceutical and medical products industry spent \$295,000,000 on lobbying in 2019, more than any other industry and nearly double the next closest industry;

Whereas the pharmaceutical industry employs more lobbyists than there are Members of Congress;

Whereas the 25 largest pharmaceutical companies in the United States achieve an average profit margin above 20 percent, more than twice the average profit margin of the other 500 largest companies in the United States;

Whereas pharmaceutical spending growth in the United States is projected to outpace inflation for the foreseeable future;

Whereas pharmaceutical companies raised the price of 245 drugs in the first 5 months of the COVID-19 pandemic, with the average price increase being 23.8 percent;

Whereas 61 of the 245 prescription drugs that saw price hikes during the first months of the COVID-19 pandemic were being used to treat COVID-19, and another 30 drugs were undergoing clinical trials for use against that virus;

Whereas nearly 9 in 10 adults in the United States said they were concerned the pharmaceutical industry would use the pandemic to raise prescription drug prices;

Whereas the United States spends twice as much money on prescription drugs when compared to other economically-comparable countries, including Canada, France, and the United Kingdom, despite purchasing fewer drugs per individual;

Whereas adults in the United States consistently rank the pharmaceutical industry as their least liked industry, with the industry being ranked less favorably than the oil, banking, and airline industries;

Whereas 8 out of 10 adults in the United States say prescription drug costs are unreasonable and driven by the desire for profits by pharmaceutical companies;

Whereas the President can license generic competition with patented products when it

is in the public interest, including to combat abusive price gouging by large pharmaceutical companies;

Whereas the Secretary of Health and Human Services (referred to in this preamble as the “Secretary”) can require reasonable pricing in return for receiving Federal funding and other support for research and development; and

Whereas the President and the Secretary can lower prescription drug prices under existing law and authorities: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the authority of the President and the Secretary of Health and Human Services (referred to in this resolution as the “Secretary”) to lower prescription drug prices;

(2) calls on the President and the Secretary to take administrative action to lower prescription drug prices under existing law and authorities, including—

(A) Federal Government use, pursuant to section 1498(a) of title 28, United States Code;

(B) march-in rights, pursuant to section 203 of title 35, United States Code;

(C) royalty-free rights, pursuant to sections 202(c)(4) and 209(d)(1) of title 35, United States Code;

(D) the Center for Medicare and Medicaid Innovation, established by section 1115A(a)(1) of the Social Security Act (42 U.S.C. 1315a(a)(1)); and

(E) all other existing law and authorities; and

(3) encourages the President to use existing law and authorities to align prescription drug prices in the United States with drug prices in other economically-comparable countries, including Canada, France, the United Kingdom, Japan, and Germany.

SENATE RESOLUTION 152—HONORING THE MEMORY OF OFFICER WILLIAM FRANCIS “BILLY” EVANS OF THE UNITED STATES CAPITOL POLICE FOR HIS SELFLESS ACTS OF HEROISM ON THE GROUNDS OF THE UNITED STATES CAPITOL ON APRIL 2, 2021

Mr. SCHUMER (for himself, Mr. MCCONNELL, Ms. BALDWIN, Mr. BARASSO, Mr. BENNET, Mrs. BLACKBURN, Mr. BLUMENTHAL, Mr. BLUNT, Mr. BOOKER, Mr. BOOZMAN, Mr. BRAUN, Mr. BROWN, Mr. BURR, Ms. CANTWELL, Mrs. CAPITO, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. CASSIDY, Ms. COLLINS, Mr. COONS, Mr. CORNYN, Ms. CORTEZ MASTO, Mr. COTTON, Mr. CRAMER, Mr. CRAPO, Mr. CRUZ, Mr. DAINES, Ms. DUCKWORTH, Mr. DURBIN, Ms. ERNST, Mrs. FEINSTEIN, Mrs. FISCHER, Mrs. GILLIBRAND, Mr. GRAHAM, Mr. GRASSLEY, Mr. HAGERTY, Ms. HASSAN, Mr. HAWLEY, Mr. HEINRICH, Mr. HICKENLOOPER, Ms. HIRONO, Mr. HOEVEN, Mrs. HYDE-SMITH, Mr. INHOFE, Mr. JOHNSON, Mr. Kaine, Mr. KELLY, Mr. KENNEDY, Mr. KING, Ms. KLOBUCHAR, Mr. LANKFORD, Mr. LEAHY, Mr. LEE, Mr. LUJAN, Ms. LUMMIS, Mr. MANCHIN, Mr. MARKEY, Mr. MARSHALL, Mr. MENENDEZ, Mr. MERKLEY, Mr. MORAN, Ms. MURKOWSKI, Mr. MURPHY, Mrs. MURRAY, Mr. OSSOFF, Mr. PADILLA, Mr. PAUL, Mr. PETERS, Mr. PORTMAN, Mr. REED, Mr. RISCH, Mr. ROMNEY, Ms. ROSEN, Mr. ROUNDS, Mr. RUBIO, Mr. SANDERS, Mr. SASSE, Mr.

SCHATZ, Mr. SCOTT of Florida, Mr. SCOTT of South Carolina, Mrs. SHAHEEN, Mr. SHELBY, Ms. SINEMA, Ms. SMITH, Ms. STABENOW, Mr. SULLIVAN, Mr. TESTER, Mr. THUNE, Mr. TILLIS, Mr. TOOMEY, Mr. TUBERVILLE, Mr. VAN HOLLEN, Mr. WARNER, Mr. WARNOCK, Ms. WARREN, Mr. WHITEHOUSE, Mr. WICKER, Mr. WYDEN, and Mr. YOUNG) submitted the following resolution; which was considered and agreed to:

S. RES. 152

Whereas William Francis Evans was born in North Adams, MA to Howard and Janice Evans;

Whereas Officer Evans joined the United States Capitol Police force in March 2003, after graduating from Western New England College in 2002 with a bachelor's degree in criminal justice and completing training at the Federal Law Enforcement Training Center;

Whereas Officer Evans served as a member of the First Responder Unit for over 15 years, where his fellow officers referred to him as "King of the North;"

Whereas on the afternoon of April 2, 2021, Officer Evans was killed in the line of duty while protecting the North Barricade at the United States Capitol with fellow Officer Ken Shaver, who was also injured;

Whereas Officer Evans is survived by family and loved ones, including his children, Logan and Abigail, and their mother, Shannon Terranova; his mother, Janice; his sister, Julie Kucyn; his brother-in-law, Andrew; his nephew, Timothy and niece Katherine; and aunts, uncles, and cousins;

Whereas Officer Evans was a life-long fan and fervent support of the Boston Red Sox and the New England Patriots and cherished time with his children building with Lego, having lightsaber duels, and doing arts and crafts;

Whereas Officer Evans and his colleagues at the United States Capitol Police are true national heroes to whom the United States and the Capitol community owe a deep debt of gratitude: Now, therefore be it

Resolved, That the Senate honors the memory of United States Capitol Police Officer William Francis "Billy" Evans for the selfless acts of heroism displayed on April 2, 2021, in risking and sacrificing his life in the line of duty.

Resolved, That the Secretary of the Senate communicate these resolutions to the House of Representatives and transmit an enrolled copy thereof to the family of the deceased.

Resolved, That when the Senate adjourns today, it stand adjourned as a further mark of respect to the memory of United States Capitol Police Officer William Francis "Billy" Evans.

SENATE RESOLUTION 153—RECOGNIZING THE WEEK OF APRIL 11 THROUGH APRIL 17, 2021, AS "BLACK MATERNAL HEALTH WEEK" TO BRING NATIONAL ATTENTION TO THE MATERNAL HEALTH CRISIS IN THE UNITED STATES AND THE IMPORTANCE OF REDUCING MATERNAL MORTALITY AND MORBIDITY AMONG BLACK WOMEN AND BIRTHING PERSONS

Mr. BOOKER (for himself, Mrs. FEINSTEIN, Ms. DUCKWORTH, Mr. BLUMENTHAL, Mr. MARKEY, Ms. CORTEZ MASTO, Ms. STABENOW, Mr. DURBIN, Mr. MENENDEZ, Mr. PADILLA, Mr. MERKLEY,

Mr. BROWN, Mr. WARNOCK, Mr. PETERS, Ms. BALDWIN, Ms. SMITH, Mr. SANDERS, Mr. KAINE, Mr. VAN HOLLEN, Mr. BENNETT, Ms. KLOBUCHAR, Mrs. GILLIBRAND, and Ms. ROSEN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 153

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 2 to 3 times more likely than white women to die from pregnancy-related causes;

Whereas Black women in the United States suffer from life-threatening pregnancy complications, known as "maternal morbidities", twice as often as white women;

Whereas maternal mortality rates in the United States are—

(1) among the highest in the developed world; and

(2) increasing rapidly;

Whereas the United States has the highest maternal mortality rate among affluent countries, in part because of the disproportionate mortality rate among Black women;

Whereas Black women are 49 percent more likely than white women to deliver prematurely;

Whereas the high rates of maternal mortality among Black women span across—

(1) income levels;

(2) education levels; and

(3) socioeconomic status;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women;

Whereas racism and discrimination play a consequential role in the maternal healthcare experiences and outcomes of Black birthing people;

Whereas a fair and wide distribution of resources and birth options, especially with regard to reproductive healthcare services and maternal health programming, are critical to closing the racial gap in maternal health outcomes;

Whereas the COVID-19 pandemic has further highlighted issues within the broken healthcare system in the United States and the harm of that system to Black women and birthing persons by exposing—

(1) increased barriers to accessing prenatal and postpartum care, including maternal mental healthcare;

(2) the lack of uniform hospital policies permitting doulas and support persons to be present during labor and delivery;

(3) inconsistent hospital policies regarding the separation of the newborn from a mother that is suspected positive for COVID-19;

(4) complexities in COVID-19 vaccine and therapeutics trials including pregnant and lactating people;

(5) increased rates of caesarean section deliveries;

(6) shortened hospital stays following delivery;

(7) provider shortages and lack of sufficient policies to allow home births attended by midwives;

(8) insufficient practical support for delivery of care by midwives, including telehealth access;

(9) adverse economic impact on Black mothers and families due to job loss or reduction in income during quarantine and the pandemic recession; and

(10) pervasive racial injustice against Black people in the criminal justice, social, and healthcare systems;

Whereas, even as there is growing concern about improving access to mental health services, Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy;

Whereas justice-informed, culturally congruent models of care are beneficial to Black women; and

Whereas an investment must be made in—

(1) maternity care for Black women and birthing persons, including support of care led by the communities most affected by the maternal health crisis in the United States;

(2) continuous health insurance coverage to support Black women and birthing persons for the full postpartum period up to at least 1 year after giving birth; and

(3) policies that support and promote affordable, comprehensive, and holistic maternal healthcare that is free from gender and racial discrimination, regardless of incarceration: Now, therefore, be it

Resolved, That the Senate recognizes—

(1) that Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the United States;

(2) that the alarmingly high rates of maternal mortality and morbidity among Black women are unacceptable;

(3) that, in order to better mitigate the effects of systemic and structural racism, Congress must work toward ensuring that the Black community has—

(A) safe and affordable housing;

(B) transportation equity;

(C) nutritious food;

(D) clean air and water;

(E) environments free from toxins;

(F) fair treatment within the criminal justice system;

(G) safety and freedom from violence;

(H) a living wage;

(I) equal economic opportunity;

(J) a sustained workforce pipeline for diverse perinatal professionals; and

(K) comprehensive, quality, and affordable healthcare with access to the full spectrum of reproductive care;

(4) that, in order to improve maternal health outcomes, Congress must fully support and encourage policies grounded in the human rights and reproductive justice frameworks that address Black maternal health inequity;

(5) that Black women and birthing persons must be active participants in the policy decisions that impact their lives;

(6) that, in order to ensure access to safe and respectful maternal healthcare for Black women and birthing persons, Congress must pass the Black Maternal Health Momnibus Act of 2021;

(7) that Black Maternal Health Week is an opportunity to—

(A) raise national awareness of the state of Black maternal health in the United States;

(B) amplify the voices of Black women and birthing persons, families, and communities;

(C) serve as a national platform for—

(i) entities led by Black women; and

(ii) efforts on maternal health; and

(D) enhance community organizing on Black maternal health; and

(8) the significance of April 11 through April 17, 2021, as "Black Maternal Health Week".