

Last year, I asked Katelyn to take charge of improving safety and medication standards in the thoroughbred racing industry. Even as a national publication was calling to end this sport altogether, Katelyn assembled owners, trainers, jockeys, breeders, and fans to preserve Kentucky's signature industry.

This is a long list of accomplishments. Yet it is only a short summary of Katelyn's impact on my team and our Commonwealth. She has set very high standards. She has helped everyone achieve them.

We are certainly going to miss her around here, but I am sure her husband Eric and their new daughter Alice are looking forward to seeing a bit more of her every day.

So, Katelyn, thank you for your ability, for your friendship. I wish you and your family all the best.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

#### COVID-19 HATE CRIMES ACT—MOTION TO PROCEED—Resumed

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 937, which the clerk will report.

The senior assistant legislative clerk read as follows:

Motion to proceed to Calendar No. 13, S. 937, a bill to facilitate the expedited review of COVID-19 hate crimes, and for other purposes.

The ACTING PRESIDENT pro tempore. The Senator from Connecticut.

#### NOMINATION OF VANITA GUPTA

Mr. BLUMENTHAL. Madam President, I feel very privileged to be here today to speak on behalf of Vanita Gupta, a dedicated public servant who is devoted, deeply devoted, to equal justice, civil rights, and the rule of law.

I have seen firsthand, and I know I am not the only one who has done so, her consummate dedication to the integrity of the Department of Justice, which is so vital to be restored at this moment in our history.

The support for her reflects a broad, professionally and ideologically diverse coalition of individuals and organizations that know she is eminently qualified to be Associate Attorney General.

When she is confirmed, she will not only be the first civil rights lawyer but also the first woman of color to serve as Associate Attorney General.

She is, in effect, the leader we need in that position now. And we need it

right now. The Attorney General needs her right now. He has said so. And we should be proud to confirm this eminently qualified woman. Hers is the character that the Department of Justice requires to help restore trust and credibility.

Now, the fact is that she has been a target of a smear campaign, a vial and despicable campaign of lies and deception that are completely unfounded. These attacks are based on demonstrable lies and mischaracterizations.

Her previous tenure in the civil rights division makes absolutely clear her commitment to enforcing the law with integrity and honesty, with balance and insight. She has a proven record as a consensus builder and as a leader.

And her work with law enforcement is the reason why she has such support among law enforcement leaders, and that support is across party lines. In fact, every major law enforcement organization refers and supports her nomination.

Try as they might, unfortunately, our Republican colleagues continue to smear her. She has never—she has never called for defunding the police. She has never said many of the lies that are attributed to her. And even more than being unfounded, these attacks are really the height of hypocrisy. It is unconscionable that Republicans would criticize this lifelong public servant and Justice Department veteran after they silently sat by when there was no Senate-confirmed Associate Attorney General for nearly 3 years during the Trump administration. The outrage that they feign should fall on deaf ears.

Our moment of reckoning is soon. It is not just our moment of reckoning; it is a moment of reckoning for the Nation because, in the last year, we have faced a global pandemic. We have grappled with racial justice issues that have been ignored for too long, and we have defended against an onslaught of hate and extremism.

We are at a pivotal moment. We urgently need her kind of leadership to combat domestic terrorism, extremist violence, and hate crimes. In fact, we are in the midst right now of considering a measure that will help combat hate crimes, including my No Hate legislation. We know hate crimes are surging, and Asian Americans and Pacific Islanders have been the target of them, particularly the alarming wave of vitriolic attacks most recently.

Vanita Gupta has been a leader in the fight against hate crimes. As the head of the civil rights division, she was the Nation's chief civil rights enforcer and prosecutor. And while leading that division, she also headed the first prosecutions under the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, which expanded the Federal hate crime law to include, among other things, crimes motivated by a victim's sexual orientation—crimes motivated by whom a person loved.

During her confirmation hearing, she committed to using the Department of Justice tools to investigate and prosecute hate crimes where they happen and to use its bully pulpit to prevent hate from festering in communities around the country.

The plain truth is that Vanita Gupta is the right person at the right time for this job. The Senate should confirm her as supremely qualified for this eminently important assignment, and it should do so swiftly with bipartisan support.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### INFRASTRUCTURE

Mr. THUNE. Madam President, I am feeling a sense of *deja vu* this morning. In March, Democrats used reconciliation to pass a massive, partisan bill that served as a cover for a collection of payoffs to Democratic interest groups in Democratic States.

Now, just over a month later, we are facing the prospect of round 2. Democrats are once again looking at reconciliation to pass a massive, partisan piece of legislation that serves to cover a long wish list of liberal priorities. The subject this time, of course, is infrastructure—like COVID relief, a subject that Republicans are very ready to tackle, but, just like with their COVID bill, Democrats aren't showing a lot of interest in bipartisan cooperation. Once again, their message seems to be "Go along with everything we want or be completely excluded from any part of this bill."

As I said, Republicans would be happy to take up infrastructure legislation. Our Nation is overdue for additional infrastructure investment. But an infrastructure bill should be focused on actual infrastructure: roads, bridges, airports, waterways, and digital infrastructure like broadband.

Democrats have some of that in their bill, but they also have been very busy expanding the definition of "infrastructure" to include a whole host of Democratic priorities. One Democratic Senator tweeted:

Paid leave is infrastructure. Childcare is infrastructure. Caregiving is infrastructure.

Well, actually, no, they are not. Neither is the Civilian Climate Corps or community colleges or support for Big Labor. None of those things are infrastructure.

Now, it may be that some—and I say "some"—of Democrats' noninfrastructure proposals are things that we should have a discussion about here in Congress, a bipartisan discussion, but they are not infrastructure, and they

don't belong in an infrastructure bill. Democrats should stop rewriting the definition of "infrastructure" to suit their purposes. The word "infrastructure" is not, in fact, anything that Democrats say it is. "Infrastructure" has an actual meaning, and it is not childcare or assistance for unions.

Even Democrats' actual infrastructure spending is frequently problematic. Democrats' infrastructure proposals would cost \$2.2 trillion. Less than 6 percent of that—less than 6 percent—would be spent on roads and bridges. Under the Democrats' plan, spending on electric vehicle promotion would exceed investments in roads, bridges, ports, and waterways combined. That includes tax credits and rebates for electric vehicles, measures that will primarily benefit wealthier car buyers and leave rural States like South Dakota, where electric vehicles remain impractical, behind.

The bill also includes a massive sum for transit and high-speed rail—substantially more than the bill spends on highways, roads, and bridges—despite Americans' limited interest in rail travel.

On the tax front, Speaker PELOSI has expressed her interest in including a lifting of the current cap on State and local tax deductions. Now, this one is really interesting. It is a very interesting priority for Democrats, considering that repealing the SALT deduction would mostly benefit wealthy taxpayers, including that evil 1 percent whom Democrats are always talking about. But I guess sometimes principle has to take a back seat to keeping Democratic donors happy.

While we are talking about taxes, let's talk about how Democrats plan to at least partially—and I say "partially" because a lot of this could go on to debt—pay for this bill. Democrats would like to partially pay for this legislation with the largest corporate tax increase in a generation. They would sharply increase the corporate tax rate, once again putting American companies at a disadvantage next to their foreign competitors and threatening American jobs and wages. It is pretty hard to think of any worse proposal right now, with our economy still trying to recover from the effects of the pandemic.

What, in effect, you are doing when you are raising taxes dramatically—when I say "raising taxes dramatically," I am talking the largest or highest tax rate in the developed world. We will be leading the OECD when it comes to taxation of businesses if the Democrats get their way and raise the tax rate on businesses from 21 percent to 28 percent. What you are doing when you do that is not punishing some corporation; it is punishing workers who work for those companies. This is about jobs. It is fundamentally about jobs. When you raise taxes on businesses, it hurts jobs.

Now, there is a history of bipartisan collaboration on infrastructure legisla-

tion. Our last major transportation infrastructure bill, the FAST Act, was supported by both Democrats and Republicans, and it was a remarkably successful bill. Last Congress, the Environment and Public Works Committee here in the Senate developed bipartisan transportation infrastructure legislation. There is absolutely no reason—no reason—why we couldn't replicate past bipartisan success in this Congress.

The word is that next week the Democratic leader is going to bring up a bipartisan water infrastructure bill that recently passed the Senate Environment and Public Works Committee unanimously. I hope he will. That should be a model for a larger infrastructure bill, not the partisan process that Democrats embraced with their COVID legislation and not the partisan, wasteful proposal full of non-infrastructure-related measures that Democrats have put forward.

I saw an op-ed the other day that pointed out that "President Biden promised to usher in a golden age of bipartisan cooperation, but instead he is showing a reverse Midas touch—taking issues that once united Republicans and Democrats and making them partisan and divisive." Sad but true. But the President has a chance to turn that around with infrastructure.

It is not too late for Democrats and the President to sit down at the table with Republicans and develop a substantial, bipartisan proposal that would address our country's infrastructure needs without spending taxpayer dollars on wasteful or extraneous proposals.

I am encouraged that President Biden is meeting with Republicans on infrastructure legislation, but I hope these meetings are not just for show. The President, as we all recall, met with Republicans on COVID legislation, too, before rejecting bipartisan cooperation. Let's hope he will choose a different path this time.

It is not too late for the President to start fulfilling his inauguration promise of unity and bipartisanship. He should start with this infrastructure bill.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BENNET). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

UNANIMOUS CONSENT REQUEST—S. 1132

Mr. KENNEDY. Mr. President, I want to talk a little bit today about a subject that I have struggled with in terms of how to address, and I am going to finish my remarks by offering a bill up for the Senate's consideration.

Mr. President, I know you are aware of all of this, but we can't live without glucose. Glucose fuels our cells, and, of

course, our cells make up our muscles and our tissues and our organs, and we can't live without insulin. Insulin is a hormone that regulates the amount of glucose in our blood. Thankfully, for most people, their pancreas produces insulin naturally. It is just an undeniable fact that without insulin, without glucose, you are dead.

Unfortunately, as you know, sometimes our pancreas does not create insulin or doesn't create enough insulin or creates it erratically, and that condition, of course, is called diabetes. Thankfully, 100 years ago, in 1920, there was a Canadian physician and scientist whose name was Dr. Frederick Banting. He invented a synthetic form of insulin to help people whose pancreas could not produce the hormone. He won a Nobel Prize for it. It was extraordinary.

He was so committed to helping humanity that he and his other colleagues who had patents on this synthetic insulin sold their insulin patents for \$1, 1 buck. They wanted to make sure that insulin was affordable. God bless them.

Today, 34.2 million Americans have diabetes. Not all people who have diabetes need insulin, but of that 34.2 million people, 7.4 million people need synthetic insulin; otherwise, they are dead men; they are dead women. Eighty-eight million Americans have what we call prediabetes. That means they are just a hair away from having full-blown diabetes. It is a problem in Louisiana, Mr. President, as I am sure it might be in Colorado. Louisiana has about 500,000 people with diabetes, most of whom need insulin. That is 12 percent of my population.

Now, here is where the story becomes dark. Three pharmaceutical companies have a monopoly on synthetic insulin. These three companies control about 90 percent of the global supply of insulin. Diabetes is certainly not unique to Americans, and these three pharmaceutical companies control almost, well, virtually, 100 percent of the U.S. market. Their cost, as best I can tell, you might be surprised to learn that a lot of the cost of these pharmaceutical drugs—and that is what synthetic insulin is; some call it a biologic—but the cost, as best I can tell, to produce a vial of insulin is about 10 bucks in today's dollars. There is no viable generic. You have to buy a brand name from one of the three companies.

Now, the cost of synthetic insulin has increased fairly recently very dramatically. The average list price for insulin tripled from 2002 to 2013, and then from 2013 to 2016 it doubled again. In the last 10 years, the out-of-pocket costs because many people have insurance—not everyone, but many people have insurance—in the last 10 years, the out-of-pocket cost of insulin for the average patient has doubled. Most diabetes patients, to give you some context, require two, quite often, three vials a month.

Let me try to get out of the conceptual and be specific. One type of insulin, and I don't mean just to single them out, but it is called Humalog. It was released in 1996. Its price since 1996, which costs about 10 bucks to make it per vial, has increased 1,700 percent. It has gone from \$21 a vial to \$375 a vial. Now, that same vial in Canada that costs \$375 here costs about 50 bucks in Canada. Remember, you need three vials, sometimes two, hopefully, a month to live, to survive. So if you use three vials a month at 375 bucks a crack, the cost has gone from \$750 a year in 1996 to \$13,500 a year. Nothing has changed about the insulin. This insulin is 100 years old—100 years old.

Now, that, of course, is the list price. As we know, many people have insurance, and there are all sorts of insurance plans with differing amounts of deductions and differing amounts of copays, but I think a recent report by the Health Care Cost Institute is instructive. It found that the average American with type 1 diabetes, who needs insulin, has out-of-pocket insulin costs every year of about \$6,000. That is every year. You will not be surprised to learn that, as a result of that, about one in four Americans has to ration the insulin—they don't take their full doses—to make them last longer.

Now, I have a bill. It is called the Ending Pricey Insulin Act. I don't know where my staff comes up with these names. I can hardly say that. Anyway, it is to try to lower the cost of insulin. It is going to cap out-of-pocket costs for insulin if this bill, in its wisdom, passes the Senate. It is going to cap the cost at 50 bucks for a 30-day supply. It is going to cap the cost for people who have insurance. It is going to cap the cost for people who have Medicare. It is going to cap the cost for people who have Medicaid, and it is going to cap the cost for the people who don't have anything—no insurance whatsoever. It is going to cover high-deductible health plans. It is going to cover the CHIP program. It is going to cover veterans' health plans. It is going to cover TRICARE. It is going to cover everybody and have a maximum out-of-pocket cost per month of \$50.

This bill would take effect for plan year 2022. Health plans, as the Presiding Officer knows, set their rates 6 to 9 months in advance, so I want to give them fair warning here. My bill provides a workable runway for the insurance plans to comply, but the bill does include a retroactive clause that insures any out-of-pocket costs above 50 bucks that people pay. After that, they will be reimbursed. The bill is only five pages long. I don't think it is complicated to fix this problem.

Now, I really struggled with whether to offer this bill. Let me say first that I am not trying to pick on our pharmaceutical drug companies. What they have done in the last year is nothing short of miraculous. To me, it is just evidence that American and human in-

genuity can never be underestimated, and it is extraordinary what the private sector can accomplish when the government gets out of the way. I am talking, of course, about the coronavirus vaccines. I happen to have two brothers who are physicians, and I called both of them right after the coronavirus was determined to be the coronavirus.

I said: How long for a vaccine?

They both said: A minimum of 2 years, probably 3 or 4.

The pharmaceutical drug industry did it in less than a year. God bless them.

So I don't mean to criticize them. I understand they have research costs, and I understand they have marketing costs, and I certainly understand that the health insurance delivery system and the market itself is opaque. God, how did we design such a system? I yearn for the day—we all do—when we have a healthcare delivery system for pharmaceutical drugs that looks like somebody designed it on purpose.

I have spent a lot of time—I certainly don't pretend to be an expert—researching the problem surrounding the cost of insulin, and everybody blames everybody else. The pharmaceutical drug companies blame the PBMs. The PBMs blame the insurance companies. They all blame each other. Some of them blame the doctors. Some of them blame patients for whining. You know, at some point, you say: Gosh. You know, it is almost as if you are intentionally making it opaque, and that is a big part of our health insurance market problem.

I was reading an article the other day, and this is on a slightly different subject. As you know, the Trump administration issued an Executive order saying hospitals have to post their prices. The hospitals sued, and the government won. So now the hospitals have to post their prices.

The Wall Street Journal did a very interesting investigative piece. It really was a fine piece of work in this post-journalism, pay-to-play world that we live in. It looked at the websites of all of the major hospitals throughout the United States, and it found, I think—I don't remember the number—over 100 that had implemented or put it on their websites' software so that the posted prices for their services that they offered, which the Executive order required, were there on the websites, but you just couldn't see it, and consumers couldn't find it. Those who could find it had to go through about 10 different layers to get to it. When the Wall Street Journal contacted the hospitals, they said: Oh, whoops. It is just a software mistake. We will get it fixed.

So the market is opaque.

Look, some of my colleagues are going to oppose this bill, and I understand their point of view in their saying: Kennedy, this is price-fixing. We thought you were a free market guy. I am. I am. I don't want to have to do

this, but we have been talking about this problem for years, and it just keeps getting worse and worse and worse.

I think the Members of the U.S. Senate—the most interesting group of people I have ever been around—are intelligent enough to understand nuance. They understand that this is price-fixing, but they also understand this argument of, well, you are going down a slippery slope. No, we are not. There is nothing in this bill that says we have to go down a slippery slope. I think most fair-minded people understand that insulin, as a biologic, pharmaceutical drug, is unique. We are not talking about a drug that the pharmaceutical industry has spent hundreds of billions of dollars developing and has taken on extraordinary risk. This is a product that has been around since 1920. It is virtually unchanged. It costs 10 bucks a vial to produce. There is virtually no risk, none whatsoever. It hasn't changed much in 100 years, and people have to have it. The costs were recouped long ago.

I am not accusing anybody of anything, but I think a big part of the problem is the fact that three companies have a monopoly, and there is no generic because some people engage in what is called evergreening, which is a very clever way devised by the patent lawyers to keep patents from ever running out. I am just tired of holding hearings and issuing press releases and talking to the press about it and then doing nothing.

I will just say—and I am going to end because I know Senator CRAPO has something he wants to say, and I want to hear him—that I really struggled with this. I guess I am being inconsistent, because I do believe in the free market. I don't believe in having the government set prices, but I don't know what else to do.

I don't think we are going down a slippery slope. Insulin is unique. We have all got good pairs of L.L. Bean and other boots to keep us from going down that slippery slope. There is no law that says the U.S. Senate can't consider issues on an ad hoc basis. Senators understand nuance, and in any event, I would rather be right than consistent.

For that reason, Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 1132, introduced earlier today. I ask unanimous consent that the bill be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

The Senator from Idaho.

Mr. CRAPO. Mr. President, in reserving the right to object, first of all, I want to respond to Senator KENNEDY.

The first thing I want to say to Senator KENNEDY is that I am impressed. He did this in only five pages. I wish we could all learn to write our legislation

in five pages or less. I don't disagree with the history Senator KENNEDY went through, with his powerful declaration, in that this is a critical issue that we must deal with, and I don't disagree with the fact that we have to have some serious pressure built here in the U.S. Congress to get this over the finish line.

That being said, I think we just got this language last night, and what Senator KENNEDY is asking us to do today is to bypass the committee and go immediately to the floor with his language. There are several reasons I am going to have to, ultimately, object to that.

The first is that he is correct. I and a number of my colleagues who would be here if I were not standing here have a real problem with the solution, the mechanism, that Senator KENNEDY has chosen—just outright price-fixing. Senator KENNEDY doesn't even try to deny that. It goes beyond imposing government regulatory price controls in government-run programs by going through the private market as well. That is a solution mechanism that I have opposed and many of my colleagues oppose in terms of dealing with this issue. That is one of the key reasons for my objection.

The other one, though, is that the Committee on Finance, of which I am the ranking member, is working on this. I know that this is not an answer, because the Committee on Finance has been working on this now for a year or 2 or more, but there is work underway in a number of different arenas to try to get a handle on how to solve this without having to take the drastic step of just having the government come in and take control over the private sector market.

I will just point to, for example, what happened under the Trump administration in just the last couple of years. Through the Trump administration's effort to try to deal with this, a demonstration project has been operating under Medicare Part D in which the effort was to try to get the monthly cost of insulin down to \$35 a month, and they have had some success in that program to demonstrate how it can be accomplished.

Now, look. I get that Medicare Part D is different than private sector insurance and that it is different than Medicaid and that it is different than other pieces of our healthcare system; it is also different than CHIP, but in one sector, a pretty significant sector, we have some solutions that are starting to show real potential.

In addition, as Senator KENNEDY knows, I drafted legislation in the last Congress and am working on that legislation in this Congress that will deal not just with insulin but with many different other pieces of drug pricing in our system.

I can tell you that Senator WYDEN himself, my counterpart on the Democratic side on the Finance Committee, has been working on his own ideas, and

he and I have been working hard to prioritize this to get to a solution in the committee. I know, as I talked to Senator WYDEN just before I came to the floor, that Senator WYDEN and I both welcome the opportunity to work with Senator KENNEDY as we try to put together that bipartisan solution.

I know that there would be other Senators on the other side of this issue who would stand here if I were not today and say they don't like this solution because they want it to go further in the other direction. They want to see a complete government takeover of the entire market and move to a single-payer system, that single payer being the government. That is another thing that some on my side have been working hard not to have happen.

There is a lot of political controversy over what the mechanism must be, and that is the primary reason I want this to be able to be worked on in the committee, in the proper way that we manage legislation in the Senate. I commit to Senator KENNEDY that he can be as engaged as he wants to be with us in that as we move forward, but it is not the time right now to come and bypass that whole process.

I think Senator KENNEDY would probably make a very powerful rejoinder that we have heard that we are working on it a lot and we need to now get to the point where we put solutions here on the floor for the entire Senate to consider, but today is not the day to do it by a unanimous consent request, and for that purpose I do object.

The PRESIDING OFFICER. The objection is heard.

The Senator from Louisiana.

Mr. KENNEDY. Mr. President, my colleague, the Senator from Idaho, knows how much I respect him, and I certainly appreciate the invitation to work with him and his committee, and I intend to do that.

And I know that the Senator didn't say this, but I don't believe in government-run healthcare. But we have a discrete problem here and a very unique situation that can be addressed. This is not a biologic, as I said earlier, that costs hundreds of millions of dollars to develop. This is insulin, and a lot of Americans need it or they will die.

There is a monopoly, and there are efforts that have been made to maintain that monopoly, and my people in Louisiana—I know the people in Idaho—many of them feel the same way, and that is why they applaud Senator CRAPO's efforts, but they are hurting.

You can die without insulin. You can die. And it costs 10 bucks a vial to make, and it has been around 100 years, and now it costs 375 bucks. And all you have to do is walk across the border into Canada, and you can buy it for 50 bucks.

The market is being manipulated. I know it is complicated, and I understand politics. I have been around it a good portion of my life, but this is an

issue where we need to stop—we need to stop—talking about it, strutting around, issuing press releases, holding hearings, and doing nothing.

I don't want to price fix. I don't. It makes me real uncomfortable to be proposing this, but I don't know what else to do. There comes a point where patience—where patience—ceases to be a virtue.

And here is what I know. I mean, the bill has been objected to, and I appreciate it. You pass a bill like this or a similar bill like this; you are going to see a solution pretty fast. You are going to see a solution real fast. You are going to see some—this opaque market react with new energy. They are going to be running around like hounds from hell, trying to keep this from becoming the law, and that is why we need to hit this head-on.

But with that, I thank the President for his attention, and I thank my colleague for his eloquent remarks.

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

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

#### COVID-19 HATE CRIMES ACT

The PRESIDING OFFICER. Under the previous order, all postcloture time has expired, and the motion is agreed to.

The clerk will report the bill by title.

The bill clerk read as follows:

A bill (S. 937) to facilitate the expedited review of COVID-19 hate crimes, and for other purposes.

#### EXECUTIVE SESSION—MOTION TO PROCEED

Mr. SCHUMER. Mr. President, I move to proceed to executive session, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Vermont (Mr. SANDERS) is necessarily absent.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Kansas (Mr. MARSHALL), the Senator from Kansas (Mr. MORAN), the Senator from Ohio (Mr. PORTMAN), the Senator from South Dakota (Mr. ROUNDS), and the Senator from North Carolina (Mr. TILLIS).

Further, if present and voting, the Senator from Kansas (Mr. MARSHALL) would have voted "no."

The result was announced—yeas 49, nays 45, as follows: