

One of those renters—some lived in the Presiding Officer's home State, I believe in North Minneapolis—told her story. It is an increasing problem in every region, from big cities to rural towns. Deep-pocketed investors come into a community they have no connection to, and they buy up homes; they raise rents; they cut services; and they don't deliver on their promises to their tenants.

These out-of-town and sometimes out-of-country investors are raising rents often by as much as 50 percent, issuing eviction notices, and leaving toxic mold and pest infestations to grow worse, all to pad their bottom line.

We heard from renters in apartment buildings and single-family homes and manufactured housing. We heard from renters in Las Vegas, NV; Great Falls, MT; and Hyattsville, MD—all sharing those stories.

One renter was told, when she asked why her rent suddenly increased by hundreds of dollars a month, "We have to please the investors." Think about that. "We have to please the investors."

Renters in Nevada, in Maryland, in Texas, and in California had their homes repeatedly flooded with wastewater, lived with rodent infestations, and went long periods without working showers or hot water.

Listen to Juan Cuellar from Maryland. He said:

The ceiling in the hallways is falling in. The wood floor is buckling. We don't have heat. There are cockroaches and mice. The air conditioning units don't work. There is a lot of mold. The refrigerator doesn't work. They don't want to fix anything, including the stove and the refrigerator and the heater.

They don't even have heat. These investors claim they are just running a business. OK. The business is supposed to be providing a decent place to live—that is part of the deal—in exchange for collecting people's hard-earned money in rent each month. If your building is full of mold and mice and doesn't have working heat or doesn't have a working stove, you are not holding up your end of the deal. You are not running a real business; you are running a scam. Families pay a very high price for it.

Rachel Jones is a working mother in North Minneapolis. She said her persistent complaints about her home's leaking sewage and dangerous garage went unanswered. The city itself was forced to step in because of code violations. This single mother said the company that owns her home bought it as "essentially a money-grabbing tool. That's all they are doing."

Ms. Nguyen, who lives in Brooklyn, talked about the firm that bought her building, Greenbrook. She said:

They and their business model do not care if I or my neighbors become homeless—in fact, their business model makes that possibility [much more] likely.

Cindy Newman, from Great Falls, MT, talked about her manufactured

home community. She worked hard to buy her home, but she rents the land it sits on. That is how manufactured homes work, how mobile home parks work. She rents the land it sits on. She said they used to have "a fair land owner who kept our community safe and affordable," until the private equity firm Havenpark Capital took over.

I would just add that Senator SANDERS just walked in, and Senator SANDERS and I have talked about when these private equity firms come in and buy mobile home parks and the damage that so often does.

She said her new owners in Montana have "cut back on all amenities and strip value out of our communities. They are brutal, absentee landlords." Her line, her quote.

The group raised rents and added fees for water and sewer and trash removal. Ms. Newman said this company bought a number of these homes—Havenpark—all over Montana and Iowa and other places around the country.

She said it amounted to about an 86-percent increase—her words—for the dirt that her home sits on. But they just can't pick up and move. Moving her home to a different community would cost \$10,000 or \$20,000.

Just picture these mobile home parks. These mobile homes they buy—maybe \$30-, \$40-, \$50,000 in some cases—they set them and then they build around them, and they aren't really mobile at that point. It costs, as this woman said, \$10- to \$20,000 to move them.

Most of her neighbors are seniors. They are on fixed incomes.

She continues:

It's hard to believe we could lose our homes and our life savings to such uncaring, greedy people.

Remember, they moved into these places 5 years, 10 years, 20 years ago. A family owned it. The family rented the land out for \$200 or \$300 a month. Then a private equity firm came in and doubled their rent. I mean, think about what that does, just upending the lives of people who are not all that affluent. They are kind of living paycheck to paycheck or Social Security check to Social Security check anyway.

As apartments and houses and manufactured home communities that people can afford become harder and harder to find, families are left with an impossible choice: pay money they don't have for a home that may put their kids at risk or gamble and look for a new place to live with a fear they will end up with no place to sleep.

That is what these seven renters, who represent millions of renters across the country—that is what they told us yesterday. These renters and homeowners shared their stories. They have shone a light on this problem.

Tomorrow in our hearing—we will hold a hearing in our committee looking at how we ended up here, how this exploitive business model has exploded around the country. For Wall Street investors, rent increases are distilled

down as returns to shareholders. Code violations and eviction violations are just the cost of doing business. But for Mr. Cuellar and Ms. Jones and Ms. Newman and millions of Americans, these are their homes. These are their neighborhoods. It is up to us to look out for them, not to look out for private equity firms' bottom lines.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

UNANIMOUS CONSENT REQUEST—S. 3615

Mr. SANDERS. Madam President, let us be as clear as we can be, and that is, there is significant discontent throughout our country today, from Vermont to California and in all 50 States. The American people are worried about COVID. We are all worried about COVID. We are all tired of COVID. But the American people are worried about much more. They are worried about inflation, the price of food and gas, and other products going up. They are worried about climate change and whether or not the planet they will be leaving to their kids and grandchildren will be healthy and habitable. They are worried about a middle class whose real, inflation-accounted-for wages have not risen in almost 50 years, have been stagnant, and the reality that today, half of our workforce is living paycheck to paycheck.

The American people are worried about the massive level of income and wealth inequality which we are experiencing in which, during this pandemic alone, just the last few years, the billionaire class saw an increase in their wealth by some \$2 trillion while at the same time, thousands of workers died as they went to their jobs. They didn't have a choice about it; they went to work, and they died.

The American people are worried that their kids are not getting the quality childcare that they need or that the family can afford. They are worried about the outrageous levels of student debt that their kids acquired because they chose to get a higher education.

Above all else, the American people, in my view, are outraged that in the midst of all of these crises and more, their elected officials are simply not responding.

In my view, now is the time to tell the American people that we in Congress do understand their pain, that we do know what they are going through, and that we are prepared to stand up for the working families of this country and take on the greed of powerful special interests who wield so much influence over the economic and political life of our Nation.

Today, Senator KLOBUCHAR and I are going to focus on one—just one—of the many issues that this Congress must address. The American people want action, and that is what we have to give them. We have to respond to the crises.

Today, we are going to be talking about prescription drugs. For decades, literally decades—20, 30, 40 years—

Members of both political parties have come to the floor of the Senate, come to the floor of the House, and they have bemoaned the high cost of prescription drugs in this country. They promised the American people they would lower those outrageous prices. Republicans have come to the floor, Democrats have come to the floor, and speech after speech has been made. And not only speeches—Members of both political parties put 30-second ads on television when they ran for office: Hey, vote for me. I am going to lower the cost of prescription drugs.

For decades now, Members of Congress have been talking about lowering the cost of prescription drugs, and for decades, they have failed to deliver. Talk, talk, talk—nothing happens. The cost of prescription drugs goes up.

Congress has failed to deliver under Democratic leadership. It has failed to deliver under Republican leadership. It failed to deliver under Democratic Presidents and failed to deliver under Republican Presidents. We have failed to deliver because of the greed of the pharmaceutical industry, which today is likely the most powerful corporate interest in America and is certainly the dominant political force here in Washington, DC.

So I ask my fellow Americans today: Do you want to know why you are paying the highest prices in the world for prescription drugs? Simple question. Why is it that we are paying in some cases 10 times more for the same exact prescription drugs that are sold in Canada or in Europe?

Do you want to know why one out of four Americans—this is really quite crazy, that in the midst of a dysfunctional healthcare system, we have one out of four Americans who cannot afford to fill the prescriptions that their doctor writes. Think about that for one-half a second. People are sick. They go to the doctor. The doctor writes out a prescription. People can't afford to fill it. They end up in the emergency room. They end up in the hospital. They get sicker because they simply cannot afford the outrageous cost of medicine.

Do you know why millions of diabetic Americans actually ration their insulin? I have talked to diabetics and parents of diabetics. Their kids get sick because they cannot afford the cost of insulin. Obviously, diabetes today is a terrible, terrible illness impacting many millions of Americans.

Let me tell you why we pay the highest prices in the world, why people in America die because they can't afford prescription drugs. The answer has everything to do with the corrupt political system in which over the past 20 years the pharmaceutical industry has spent over \$4.5 billion—not million; \$4.5 billion—on lobbying and hundreds of millions of dollars on campaign contributions. Yes, you heard that correctly—\$4.5 billion over 20 years on lobbying and God knows how many hundreds of millions of dollars on cam-

paign contributions. These are campaign contributions that go to Republicans. These are campaign contributions that go to Democrats. And I am talking about many hundreds of Members of the House and Senate who receive funding from the pharmaceutical industry.

Further, the pharmaceutical industry has over the years mounted an unprecedented lobbying effort in Washington, here in the Nation's Capital, and in States all over the country. I hope everybody hears this because this is what power is about. This is why you pay the highest prices in the world for prescription drugs.

Last year alone, the pharmaceutical industry hired more than 1,700 well-paid lobbyists to come to Capitol Hill to protect their interests, including the former congressional leaders of both major political parties. Got that? Seventeen hundred well-paid lobbyists protecting the interests of the pharmaceutical industry—get out your calculator because what that amounts to is three pharmaceutical industry lobbyists for every Member of Congress. There are 435 Members in the House and 100 in the Senate and 1,700 well-paid lobbyists making sure that you pay the highest prices in the world for prescription drugs.

What is the result of all of that lobbying and all of those campaign contributions? Well, I think the American people know it every time they walk into a drugstore. The pharmaceutical industry, uniquely in the entire world, is able to raise their prices anytime they want, to any level they want.

How many people out there walked into a drugstore, refilled their prescription, and the pharmacist said: Well, I am sorry to tell you the cost of your medicine has gone up 20 percent.

Why? Because they can. They can do anything they want. If they want to double prices, triple prices, there is no law stopping them. That is what you get when you spend billions of dollars on lobbyists and campaign contributions. You get what you pay for, and they have gotten what they paid for.

Not only do we pay the highest prices in the world for prescription drugs, but the result of that is that the pharmaceutical industry, year after year, makes huge profits. Eight of the largest drug companies in America in 2020 made nearly \$50 billion in profits, while the CEOs of those pharmaceutical companies took home over \$350 million in total compensation. Eight companies; \$350 million in compensation for the CEOs of those companies; \$50 billion in profits in the last year we have information.

Let's be very clear. The overriding motivation of the pharmaceutical industry is greed. Their overriding goal is to make as much money as they can by squeezing as much as they can get from the sick, from the elderly, and from the desperate.

I could give you many, many examples of the outrageous greed of the

pharmaceutical industry, and I am not even going to talk about the opiate crisis, which has killed hundreds of thousands of Americans. I am not even going to go there today.

Let me just mention, a couple of years ago, the former CEO of a drug company called Gilead became a billionaire by charging \$1,000 for the hepatitis drug Sovaldi. He became a billionaire. Interestingly enough, that drug was developed by taxpayer dollars through the Veterans' Administration. While they charge \$1,000 a treatment here in the United States, it turns out that it costs \$1 to manufacture and can be purchased in India for all of \$4—\$1,000 here; \$4 there.

In 2016, the chairman of Mylan received a \$164 million compensation package after his company jacked up the price of EpiPen—you all remember EpiPen—by 550 percent over a 9-year period.

All over this country, the American people are asking a simple question: How many people in our country need to die? How many people need to get unnecessarily sicker before Congress is prepared to take on the greed and power of the pharmaceutical industry?

Enough is enough. A lifesaving prescription drug does not mean anything if you cannot afford that drug. We have great drugs out there. What does it mean if you can't afford that drug or if you are going to go bankrupt because you have to buy it for a family member?

We cannot allow the pharmaceutical industry to charge the American people, by far, the highest prices in the world for prescription drugs. And that is why I have introduced today, along with Senator KLOBUCHAR, legislation that would cut the cost of prescription drugs under Medicare in half—not by 10 percent, not 30 percent—cut the cost of prescription drugs under Medicare in half. It would do that by making sure that Medicare pays the same low prices for prescription drugs as the Veterans' Administration does.

Why is it that the VA pays so much less for prescription drugs than Medicare? The answer is pretty simple. While the VA has been able to negotiate with the pharmaceutical industry for the past 30 years, Congress banned Medicare by law from doing anything to lower prescription drug prices. And the result is that, according to the nonpartisan Government Accountability Office, Medicare pays twice as much for the exact same prescription drugs as the VA.

All right. You talk about dysfunctionality. You talk about crazy. You have two branches of government. VA pays X, Medicare pays 2X. How in God's name does that make sense to anybody other than the pharmaceutical industry? This is totally absurd. And if the VA can negotiate with the drug companies, so can Medicare.

By the way, for all of the great deficit hawks here staying up nights worrying about the deficit, let me tell you,

if we do that, we will save Medicare some \$900 billion over the next decade. I would like to see where the deficit hawks are on this issue—\$900 billion, 10 years. That is real money.

The VA, obviously, is not the only Agency that negotiates for lower drug prices. That is something that takes place in every other major country on Earth. There is no rational reason for the pharmaceutical industry to charge the American people \$98.70 for a standard unit of insulin that can be purchased in the UK for just \$7.52, and on and on it goes.

The American people are being played for suckers. They have bought the U.S. Congress, and it is time now for Congress to stand up to these people.

With that, I would mention that what we are talking about—what Senator KLOBUCHAR and I are talking about is not some radical far-left idea. I get that. I don't know if Senator KLOBUCHAR gets that, but it is not some radical, far-left idea; it is a fairly popular idea.

According to an October 2021 poll by the Kaiser Family Foundation, 83 percent of the American people want Medicare to negotiate with the pharmaceutical industry to lower the cost of prescription drugs, and poll after poll shows the same thing. Maybe, just maybe—ready for a radical idea, Madam President? Maybe, just maybe, instead of doing the work of the lobbyists and the pharmaceutical industry, we might just want to represent the American people.

I yield the floor.

Ms. KLOBUCHAR. Madam President, I think you know Senator SANDERS and I debated a number of issues before, but from the beginning, we have been strongly united on one thing, and that is bringing down costs for the American people. And that is, as he just said, not one bit radical.

We have joined together to introduce the Cutting Medicare Prescription Drug Prices in Half Act because that is what we should be doing. America pays more. The people of this country pay more for their prescription drugs than any other country in the world. How can that be, as Senator SANDERS has noted, when it is our country, our taxpayers who are investing in all this research? How can we come up short when it comes to what our people are paying for drugs?

The examples: In the past 5 years, the cost of Lyrica—a drug that you see advertised on TV, millions of dollars in ads—a drug that treats nerve pain or Symbicort, an asthma medication, increased almost 50 percent. What is the result of these kinds of increases? Nearly 20 percent of older adults have reported not taking their medicines as prescribed because of the cost.

Last month alone, drug companies hiked the price of 742 drugs in America. What do we do? We sit. We sit; we talk about it; and we are not taking action.

That is why Senator SANDERS and I are putting our bill in today. We would

love to spend the week debating it. We would like to move to this bill so we can get this done. We know that prescription drug prices in the United States are more than 250-percent higher than other industrialized nations.

What is our simple solution? The VA, the U.S. Department of Veterans Affairs, that we empower with the lives of our veterans and their healthcare—they negotiate the prices of the drugs they purchase and dispense for our Nation's veterans. One report found that the VA price is often half as much as what Medicare pays. Why? It is simple. The VA negotiates for prices; Medicare doesn't.

I kind of think—and Senator SANDERS and I know this well—that 46 million seniors in America could get a pretty good deal if you allow the government to negotiate on their behalf, a good deal for the taxpayers of this country, for people who care about deficits, for people who care about the bottom-line budget, and a good deal for customers.

Guess what. It wouldn't just help seniors because that is such a large block of customers in this country that it would bring down the drug costs for everyone.

The stories in my State—people like Claire from St. Paul. When the cost of the prescription drug she relied on to manage her rheumatoid arthritis jumped from \$60 a month to \$1,400 per month, she could no longer afford it. In her words, her arthritis became so bad that she could barely handle a fork and a knife or the young man who is the manager of a restaurant, a full-time job. When he aged off his parents' insurance, what happened to him? You know this story, Madam President. He started to ration his insulin. He had severe diabetes, and he died. His mother has made her life about getting better drug prices.

Senator SANDERS and I believe you start with the biggest buying block. You start with seniors. You get that negotiation going, and it will make a big difference.

For people who believe in free markets and negotiation and competition, I don't know how you can say no to this proposal. It is time to allow this to be debated to move forward with this bill. Let's get it on the floor and call it up for a vote.

Thank you, Senator SANDERS.

Mr. SANDERS. Senator KLOBUCHAR said it all. I know we are spending the week dealing with Assistant Secretaries or something or another—and that is all terribly important—but the American people want us to start acting on their needs.

At the top of the list, as Senator KLOBUCHAR just said—and what she said about folks in Minnesota is exactly the same everywhere. You hear the same stories in Vermont. People die and get sick because they can't afford prescription drugs.

I say to my Republican friend, the time is now to have that debate. You

want to vote against this bill? Hey, that is your right. You go home and explain it to the people. That is what democracy is. Some of us still believe in democracy, by the way.

Madam President, as if in legislative session, I ask unanimous consent that at a time to be determined today by the majority leader, following consultation of the Republican leader, the Senate proceed to the consideration of S. 3615, which was introduced earlier today; that there be 2 hours for debate, equally divided; that upon the use or yielding back of time, the bill be read a third time and the Senate vote on passage of the bill without intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. CRAPO. Madam President, reserving the right to object.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Madam President, our Nation's seniors deserve meaningful solutions that increase prescription drug access and affordability.

This bill, unfortunately, would double down on the deepest flaws in our current healthcare system and usher in a host of new problems from fewer treatments to more bureaucracy. And, yes, it is almost certain under this legislation we would see launch prices for new drugs actually increase. The solution is not to go and double down on a failed socialist theory of price-fixing and work to make our market better.

Even setting aside the overwhelming implementation challenges and technical issues that this legislation would present from the outset, the provisions included would do far more harm than good, particularly for the very older Americans they are intended to help.

I would note from the outset there is talk about wanting to have process and a vote. This legislation was just introduced today. It just got a bill number today. There has been no vetting of this legislation in the committee, which is the regular order of this Senate. There has been no public analysis. There has been no public review. There has not been any hearing on this legislation. There has been not any negotiation on this legislation.

I heard numbers thrown out here about what a savings this would be. CBO has not scored this legislation, and there are serious flaws with it.

Under this proposal, we would see a staggering decline in the game-changing research and development that our universities, medical centers, and entrepreneurs conduct every day, as vital investments in the cures of the future would decline.

As countless studies of price control mandates like the one before us today have concluded, these policies would slash new drug discoveries in the years to come, jeopardizing some of the highest risk projects, in particular.

Potential treatments targeted at conditions affecting seniors at high

rates, like certain cancers, would likely suffer the greatest impact, as Medicare would become increasingly stagnant and unable to meet the evolving needs of rapidly aging populations.

After coming in under budget with satisfaction rates soaring and premiums remaining remarkably stable, Medicare Part D would lose the market-driven structure that has made it such a success story for so many seniors. Instead, we would move closer to a government-run healthcare system—which is the ideal and the goal—where bureaucratic price controls like these would become the norm.

The vast majority of Americans, in my opinion, still reject the notion of a government-run healthcare system and price controls in place of a free market.

Meanwhile, our frontline healthcare providers have weathered a truly unprecedented 2 years of pandemic, and they would face a sweeping, immediate, and drastic payment cut as this legislation aims to advance immediate payment reductions under Medicare Part B with direct implications for doctors and other healthcare professionals across all settings.

In the face of widespread provider burnout, retirements, closures, and consolidation, these cuts risk accelerating trends that already jeopardize access to healthcare for far too many Americans from all walks of life, particularly in rural and underserved communities.

The VA, which has been referenced here, for its part, would inevitably see higher healthcare costs as any discounts or other price concessions that lower drug costs for our Nation's veterans would disappear.

Previous payment systems along these lines that have been suggested in the past have resulted in a host of unintended consequences, from higher launch prices to withheld rebates and discounts.

Our veterans do not stand to gain from being tied to this unvetted and failed new proposal.

As we confront unprecedented challenges at home and abroad, we must look to consensus-driven solutions that meet Americans' everyday needs, including prescription drug access and affordability. We can agree on that.

Members across the political spectrum have developed bipartisan drug pricing policies that could make a meaningful difference for workers and families. I have introduced legislation which is waiting in the committee for a vetting rather than coming to the floor here to try to get it brought to the floor without even going through Senate regular order.

My legislation is called the Lower Cost, More Cures Act. Here is just a quick summary of what it contains: a hard cap on annual out-of-pocket spending for all seniors under Medicare Part B, with an installment-based monthly payment option; reforming of Medicare Part B benefits to reduce sen-

iors' cost-sharing burdens and incentivize plans to negotiate the best possible deal for enrollees; increasing Part D plan choices; increasing options; and reducing prices.

My bill does have an out-of-pocket monthly insulin cap at \$35. That, you might remember, is the insulin cap that President Trump put into place. That is the kind of approach we need to follow.

It also includes establishing a chief pharmaceutical negotiator to combat foreign freeloading and ensuring the best trade deals that achieve American success in dealing with these price discrepancies that are driven by terrible behavior from our counterparts in other parts of the global economy; strengthening our consumer-oriented oversight through our cost-comparison tools and price transparency measures and robust reporting requirements in the drug supply chain; facilitating value-based arrangements where private and public sector payers can pay based on patient outcomes, driving better results for patients; and restructuring payments for drugs administered in the doctor's office or hospital outpatient department to encourage physicians to deliver cost-effective treatment options where appropriate clinically.

My point is, there are a lot of solutions that can work within the consistent free market and private sector solutions that we have solved here and are working on to make them better.

We have an opportunity to lower prescription drug costs without threatening access to therapies or cures or the future handling of giving an advantage, frankly, to our global rivals like the Chinese. With a bipartisan and bicameral effort undertaken through regular order, we could make a major impact on these issues. This legislation, unfortunately, does no such thing. It is thoroughly unvetted, showing no signs of technical assistance or practical feasibility. It has not, as I said, received a CBO score or even an informal analysis or a committee hearing. It did not advance through regular process in the Senate.

I see that our time is running out, and so I will end my comments at this point but just ask my colleagues to let us engage in regular order in the Finance Committee in the Senate and work these issues through. There are a lot of ideas on the table. Let's work them through rather than try to cram through one side's idea on the very day the bill was introduced in the Senate. I object.

The PRESIDING OFFICER (Mr. OSSOFF). The objection is heard.

The Senator from Vermont.

Mr. SANDERS. I say to my friend from Idaho, we have been going through regular order dealing with prescription drugs for 40 years. It hasn't quite worked.

Your bill has gone nowhere. My bill has gone nowhere. If you have got objections to what Senator KLOBUCHAR

and I are doing, let's debate them on the floor of the Senate.

We have heard all the talking points from you that the pharmaceutical industry wrote—I got that. They spend a lot of money writing these talking points. Let's have that debate right here. The bill that Senator KLOBUCHAR and I are proposing is supported by over 80 percent of the American people and, I dare say, a vast majority of the people of Idaho. You want to oppose it. Go for it.

Let's have the damn debate right here on the floor, and if it takes 1 week, great. If it takes 2 weeks, great. You will agree with me that this is an issue that the American people care about so I would hope that you would reconsider. Let's bring it to the floor. Offer your amendments. Let's have the debate.

NOMINATION OF LEONARD PHILIP STARK

Mr. DURBIN. Mr. President, this week, the Senate will vote to confirm Judge Leonard Stark to serve on the U.S. Court of Appeals for the Federal Circuit.

Judge Stark is an exceptional and experienced jurist. For the past 14 years, he has served the District of Delaware—first, as a magistrate judge and, since 2010, as a district court judge.

He has presided over 6,000 civil and criminal cases, including 2,400 patent matters and 63 patent trials.

This experience will be of particular importance on the Federal Circuit for two reasons. First, unlike the 12 other courts of appeals, the Federal Circuit has a specialized jurisdiction; it hears all of the Nation's patent appeals. Second, Judge Stark would replace the only active judge on the court who has previously served as a trial judge. This makes his extensive background as a trial judge especially valuable.

Judge Stark brings with him considerable experience serving on Federal appeals panels. He has sat, by designation, on the Third and Federal Circuits, where he heard 54 appeals and authored 11 unanimous opinions. Before joining the bench, Judge Stark served as an Assistant U.S. Attorney for the District of Delaware for 4 years. He worked as a litigation associate at an international law firm. And he clerked on the Third Circuit.

Judge Stark earned his bachelor of arts, bachelor of science, and master of arts simultaneously at the University of Delaware. He was awarded the prestigious Rhodes Scholarship and received a doctorate in philosophy from the University of Oxford. He also holds a J.D. from Yale Law School. With such impressive credentials, it is clear why the American Bar Association rated Judge Stark unanimously as "Well Qualified" to sit on the Federal Circuit.

His expertise in adjudicating patents combined with his experience hearing appeals will be an asset to the Federal Circuit and to our industrious, inventive Nation. I will be voting for Judge Stark's confirmation, and I urge my colleagues to join me.