As a former Navy helicopter pilot and federal prosecutor, Mikie Sherrill has always put service to our country ahead of politics. Now she’s taking that approach to Congress and is working to make sure everyone in New Jersey has access to quality and affordable health care. She passed a bill to allow Medicare to negotiate lower prescription drug prices. And Mikie Sherrill is fighting to protect coverage for people with pre-existing conditions.

USNA: “Sherrill Spent Almost 10 Years On Active Duty In The United States Navy,” Flying Missions Throughout Europe And The Middle East As A Sea King Helicopter Pilot. “After graduating from the United States Naval Academy in 1994, Congresswoman Sherrill spent almost 10 years on active duty in the United States Navy. She flew missions throughout Europe and the Middle East as a Sea King helicopter pilot, worked on the Battle Watch Floor in the European Theater during the Iraq invasion, and served as a Flag Aide to the Deputy Commander in Chief of the U.S. Atlantic Fleet. Congresswoman Sherrill also served as a Russian policy officer and worked on the implementation of our nuclear treaty obligations and oversaw the relationship between the U.S. Navy and Russian Federation Navy.” [United States Naval Academy, accessed 9/18/20]

Sherrill Worked Previously As An Assistant U.S. Attorney. “After leaving the Navy in 2003, Congresswoman Sherrill attended law school, earning a degree from Georgetown University. She worked as a lawyer and eventually joined the U.S. Attorney’s Office in New Jersey where she worked as an Outreach and Re-entry Coordinator and as an Assistant U.S. Attorney.” [United States Naval Academy, accessed 9/18/20]

Sherrill Voted For Condemning The Trump Administration’s Legal Campaign Against The Affordable Care Act. In April 2019, Sherrill voted for: “Passage of the resolution that would express the sense of the House of Representatives that the Trump administration's stance on invalidating the 2010 health care law is ‘unacceptable’ and that the Justice Department should protect individuals with pre-existing conditions, individuals who pay high costs for prescription drugs, and individuals who ‘gained health insurance coverage since 2014.’ The resolution would recommend that the department reverse its position in the case of Texas v. United States.” The resolution passed 240 to 186. [H Res 271, Vote #146, 4/3/19; CQ, 4/3/19]

Sherrill Voted For The Elijah E. Cummings Lower Drug Costs Now Act, Which Would Allow The Federal Government To Negotiate Lower Drug Prices. In December 2019, Sherrill voted for: “Passage of the bill, as amended, that would allow the Health and Human Services Department to negotiate prices for certain drugs under Medicare programs and would make a number of modifications to Medicare programs related to drug costs and plan benefits. Specifically, the bill would establish a fair price negotiation program in which HHS would enter into agreements with drug manufacturers negotiate maximum fair prices for certain drugs.” The motion passed by a vote of 230-192. [HR 3, Vote #682, 12/12/19; CQ, 12/12/19]

The Bill Would Enable HHS To Negotiate The Prices Of As Many As 250 Drugs Annually And Would Penalize Drug Companies That Did Not Negotiate. “The final bill enables the HHS secretary to negotiate the prices of as many as 250 drugs annually, a much higher number than the 25-drug threshold the speaker’s office had outlined in one of the earlier versions of the plan. Additionally, it would penalize companies that do not negotiate with HHS with a fine that starts at 65 percent of a drug’s gross sales from the prior year. For every quarter that the company does not engage, the
penalty goes up by 10 percentage points, until it hits 95 percent of a drug’s gross sales.” [Vox, 9/19/19]

Sherrill Voted For Passage Protecting Americans With Preexisting Conditions Act, Prohibiting Federal Departments From Exempting State Health Care Plans From Federal Requirements Under The ACA. In May 2019, Sherrill voted for: “Passage of the bill that would prohibit the Health and Human Services and Treasury departments from taking any action to implement or enforce their October 2018 guidance regarding criteria for evaluating Section 1332 state health care plan waivers under the 2010 health care overhaul, and would prohibit the departments from effectively reissuing the guidance. Section 1332 waivers exempt state health care plans from certain federal requirements under the Affordable Care Act, including requirements related to qualified health plans, tax credits, and individual and employer mandates. To be eligible for such waivers, proposed state plans are required to provide care to a ‘comparable number’ of residents that is ‘as comprehensive’ and ‘as affordable’ as would otherwise be provided under the ACA. The October 2018 guidance modifies guidelines for considering waiver applications, emphasizing that a proposed state health care plan should be evaluated based on the number of residents that would have ‘access’ to comparable coverage under the plan, as opposed to the number of residents that purchase such coverage.” The motion was agreed to by a vote of 230-183. [HR 986, Vote #196, 5/9/19; CQ, 5/9/19]