decades ago, but high-level and transuranic waste continued to be stored at the site.

□ 1600

While a cost-sharing agreement between New York State and the Department of Energy has been resolved for the site's remediation, the ultimate disposal of the waste remains a point of contention. There have been ongoing disputes and legislative actions spanning from the 1980s through today, with DOE and New York State continuing to disagree over who should be responsible for paying for waste disposal. This disagreement has major consequences for how the waste can be disposed of and who will be responsible for covering the disposal costs.

H.R. 2389 would require a report by the Government Accountability Office, or GAO, to help clarify the origins of and disposal pathways for the waste, including cost estimates. The bill also reauthorizes the West Valley demonstration project at $75 million annually for 7 years, and this funding level is identical to the amount appropriated in fiscal year 2018 and will help ensure the cleanup continues on schedule.

While this bill does not settle the decades-old dispute between New York and DOE, it takes positive steps towards the site's remediation and attempts to move the ball forward to ensure that wastes are disposed of properly.

Madam Speaker, I want to thank Representative TONKO, the ranking member of the committee's Environment Subcommittee, for his work on this bill, and commend both him and the bill's sponsor for their efforts.

Madam Speaker, I urge my colleagues to support this important legislation, and I reserve the balance of my time.

Mr. MCKINLEY. Madam Speaker, I yield 5 minutes to the gentleman from New York (Mr. REED).

Mr. REED. Madam Speaker, I rise today in strong support of the pending legislation before our body.

Madam Speaker, I would like to take a moment to thank the gentleman from West Virginia as well as my colleagues on the other side of the aisle for their support and their articulation of the legislation and the need for this legislation. I would, in particular, like to thank my good colleague PAUL TONKO from New York, on the other side of the aisle, for working with us in a bipartisan way to get this legislation to reauthorize the West Valley Nuclear Site Reauthorization Act into law.

Madam Speaker, this legislation will provide clarity, additional steps that we can take, and give clarity to our area of New York that is impacted by this nuclear waste site, the folks who are working there on a day-in, day-out basis.

I have been to this site, Madam Speaker, multiple times. I have met with the managers of this site; I have met with the employees of this site; and they have worked tirelessly over the years to clean up this nuclear waste and this threat to our environment and to our communities, and I applaud their efforts.

Madam Speaker, I can attest to, firsthand, seeing the fruits of the work that have been done over the years that they have tended to West Valley and the surrounding community in order to address the threat from nuclear waste that exists there.

As we go forward, many years are still ahead of us in regard to the efforts to clean up that nuclear waste legacy that is located in our district in West Valley, New York. This legislation will give us clarity as to a future path that will be followed in order for us to continue the successful work there.

Madam Speaker, I encourage all Members to join us in supporting this legislation that will do great work to make sure that our environment is protected and that the legacy obligations of us as a government are attended to for a local community that is dealing with this issue.

Madam Speaker, to the Department of Energy and all the folks who work there, we say thank you.

I would like to thank, in particular, not only the Energy and Commerce Committee members, their staffs, but also the folks in our local community, such as Town of Ashford Supervisor Charles Davis and the local citizens task force that spent hours, upon days, upon years attending to this issue in their unwavering support in standing with us as we move forward on this legislation.

Madam Speaker, to West Valley Deputy General Manager Scott Anderson: Keep up the good work, and together we will clean up this site once and for all.

Madam Speaker, I ask all my colleagues to support this legislation.

Mr. PALLONE. Madam Speaker, I would just ask support from my colleagues to pass this legislation, and I yield back the balance of my time.

Mr. MCKINLEY. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from West Virginia (Mr. MCKINLEY) that the House suspend the rules and pass the bill, H.R. 2389, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PATIENT RIGHT TO KNOW DRUG PRICES ACT

Mr. CARTER of Georgia. Madam Speaker, I move to suspend the rules and pass the bill (S. 2554) to ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2554

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Patient Right to Know Drug Prices Act''.

SEC. 2. PROHIBITION ON LIMITING CERTAIN INFORMATION ON DRUG PRICES.

Subpart II of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–11 et seq.) is amended by adding at the end the following:

''SEC. 2729. INFORMATION ON PRESCRIPTION DRUGS.

''(a) IN GENERAL.—A group health plan or a health insurance issuer offering group or individual health insurance coverage shall—

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to an enrollee in the plan or coverage from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance coverage; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, with respect to such plan or coverage, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance coverage.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the enrollee under the plan or coverage, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

SEC. 3. MODERNIZING THE REPORTING OF BIOLOGICAL AND BIOSIMILAR PRODUCTS.

Subtitle B of title XI of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173) is amended—

(1) in section 1111—

(A) by redesignating paragraphs (3) through (8) as paragraphs (6) through (11), respectively;

(B) by inserting after paragraph (2) the following:

''(3) BIOSIMILAR BIOLOGICAL PRODUCT.—The term 'biosimilar biological product' means a biological product for which an application under section 351(k) of the Public Health Service Act is approved.

''(4) BIOSIMILAR BIOLOGICAL PRODUCT APPLICANT.—The term 'biosimilar biological product applicant' means a person who has filed or received approval for a biosimilar biological product under section 351(k) of the Public Health Service Act.

''(5) BIOSIMILAR BIOLOGICAL PRODUCT APPLICATION.—The term 'biosimilar biological product application' means an application for licensure of a biological product under section 351(k) of the Public Health Service Act.'';

(C) in paragraph (6), as so redesignated, by inserting '', or a biological product for which

an application is approved under section 351(a) of the Public Health Service Act'' before the period;

(D) in paragraph (7), as so redesignated—

(i) by striking ''paragraph (3)'' and inserting ''paragraph (6)'';

(ii) by inserting ''or a reference product in a biosimilar biological product application'' after ''ANDA''; and

(iii) by inserting ''or under section 351(a) of the Public Health Service Act'' before the period; and

(E) by adding at the end the following:

''(12) REFERENCE PRODUCT.—The term 'reference product' means a brand name drug for which a license is in effect under section 351(a) of the Public Health Service Act.'';

(2) in section 1112—

(A) in subsection (a)—

(i) in paragraph (1)—

(I) by inserting ''or a biosimilar biological product applicant who has submitted a biosimilar biological product application for which a statement under section 351(l)(3)(B)(ii)(I) of the Public Health Service Act has been provided'' after ''Federal Food, Drug, and Cosmetic Act''; and

(II) by inserting ''or the biosimilar biological product that is the subject of the biosimilar biological product application, as applicable'' after ''the ANDA''; and

(ii) in paragraph (2)—

(I) in the matter preceding subparagraph (A), by inserting ''or a biosimilar biological product applicant'' after ''generic drug applicant'';

(II) in subparagraph (A)—

(aa) by striking ''marketing'' and inserting ''marketing,''; and

(bb) by inserting ''or the reference product in the biosimilar biological product application'' before ''involved'';

(III) in subparagraph (B), by inserting ''or of the biosimilar biological product for which the biosimilar biological product application was submitted'' after ''submitted''; and

(IV) by amending subparagraph (C) to read as follows:

''(C) as applicable—

''(i) the 180-day period referred to in section 505(j)(5)(B)(iv) of the Federal Food, Drug, and Cosmetic Act as it applies to such ANDA or to any other ANDA based on the same brand name drug; or

''(ii) the 1-year period referred to in section 351(k)(6)(A) of the Public Health Service Act as it applies to such biosimilar biological product application or to any other biosimilar biological product application based on the same brand name drug.''; and

(B) in subsection (b)—

(i) by amending paragraph (1) to read as follows:

''(1) REQUIREMENT.—

''(A) GENERIC DRUGS.—A generic drug applicant that has submitted an ANDA containing a certification under section 505(j)(2)(A)(vii)(IV) of the Federal Food, Drug, and Cosmetic Act with respect to a listed drug and another generic drug applicant that has submitted an ANDA containing such a certification for the same listed drug shall each file the agreement in accordance with subsection (c). The agreement shall be filed prior to the date of the first commercial marketing of either of the generic drugs for which such ANDAs were submitted.

''(B) BIOSIMILAR BIOLOGICAL PRODUCTS.—A biosimilar biological product applicant that has submitted a biosimilar biological product application for which a statement under section 351(l)(3)(B)(ii)(I) of the Public Health Service Act has been provided with respect to a reference product and another biosimilar biological product applicant that has submitted a biosimilar biological product application for which such a statement for the same reference product has been provided shall each file the agreement in accordance with subsection (c). The agreement shall be filed prior to the date of the first commercial marketing of either of the biosimilar biological products for which such biosimilar biological product applications were submitted.''; and

(ii) in paragraph (2)—

(I) by striking ''between two generic drug applicants is an agreement'' and inserting ''is, as applicable, an agreement between 2 generic drug applicants''; and

(II) by inserting '', or an agreement between 2 biosimilar biological product applicants regarding the 1-year period referred to in section 351(k)(6)(A) of the Public Health Service Act as it applies to the biosimilar biological product applications with which the agreement is concerned'' before the period;

(3) in section 1115, by striking ''or generic drug applicant'' each place such term appears and inserting '', generic drug applicant, or biosimilar biological product applicant''; and

(4) in section 1117, by striking '', or any agreement between generic drug applicants'' and inserting ''or a biosimilar biological product applicant, any agreement between generic drug applicants, or any agreement between biosimilar biological product applicants''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. CARTER) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. CARTER of Georgia. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. CARTER of Georgia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, as the only pharmacist in Congress and a practicing pharmacist for over 30 years, this issue of an industry forcing the American people at the pharmacy counter hits incredibly close to home for me.

Pharmacy benefit managers, also known as PBMs, have put forth restrictions that debase the drug supply chain in the United States.

PBMs have existed for decades, but they have grown through mergers and acquisitions to be the middlemen for much drug coverage on formularies.

The hope was that PBMs would reduce administrative burdens and be able to negotiate drug prices, yet here we are today voting on two bills to stop them from intentionally defrauding patients. It is unfortunate that we have even reached the point where there needs to be a law passed that prohibits this type of behavior.

I appreciate that we are here today voting to sign these two Senate bills banning gag clauses into law; however, I think these bills could go further.

My bill, the Prescription Transparency Act, which was introduced earlier this year, deemed any contract containing gag clauses null and void. Furthermore, it applied to every single insured patient. And it not only ensured that patients were notified of the lowest price, but also of any less expensive generic equivalents that might be available to the patient.

My other piece of legislation, the Know the Cost Act, not only bans gag clauses in prescription drug plans for Medicare Advantage, Medicare part D, and individual and group insurance plans, but also informs beneficiaries about the consequences of paying out of pocket.

My bill received letters of support from the American Medical Association, the American Psychiatric Association, the Global Healthy Living Foundation, the National Association of Chain Drug Stores, and Rite Aid, a clearly diverse group of stakeholders all hoping to lower the price of prescription drugs.

States around the country have taken action to address gag clauses, with over 20 States having banned them and countless more considering it.

While we have worked through these bills, we have seen the wide-ranging impact it has had. We have even heard in a committee hearing from colleagues like Congresswoman DINGELL, who was initially told that her prescription would be $1,300 but then talked to her pharmacist and got an equivalent for $40.

I want to repeat that.

We have even heard in a committee hearing from colleagues like Congresswoman DINGELL, who was initially told that her prescription would be $1,300 but then talked to her pharmacist and got an equivalent for $40.

The discrepancy in costs should really be a wake-up call for how formularies are being impacted. Let's get this legislation passed so we can take on the other issues in this space.

While I am pleased that we are taking these important steps toward reining in PBMs and drug costs, I think there is still far more work ahead.

Again, Madam Speaker, I want to thank you for including these bills on the legislative calendar for today. I sincerely hope that you take the resounding national support for banning gag clauses in consideration in the future and allow patients to regain control of their medical decisions back from multibillion-dollar middlemen.

Madam Speaker, I urge all Members to support this important legislation, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of the Patient Right to Know Drug Prices Act and the next bill we will be considering, the Know the Lowest Price Act. These two bills are the product of bipartisan efforts in the Energy

and Commerce Committee to ban so-called gag clauses, which prevent pharmacists from providing consumers information about cheaper prescription drug options.

I did want to mention I see that my colleague, Mr. DOGGETT from Texas, is here, and the Senate bills being considered today are companion legislation to a House bill that Congressman DOGGETT introduced with 32 colleagues earlier this year.

Specifically, gag clauses are contractual provisions that can limit pharmacists from informing consumers that their prescriptions may be purchased for a lower price if paid out of pocket instead of through their insurance plan. These bills increase consumer transparency and may help some consumers who get their insurance through the private market or through Medicare save money.

Madam Speaker, I would like to thank, again, Congressman DOGGETT and Mr. WELCH, also from our committee, for their long-time leadership on this issue. I see also that Mr. SARBANES is here, who has also been involved in this legislation in a major way.

I am glad to see we are voting on these policies today.

The Patient Right to Know Drug Prices Act also includes an important provision that ensures biologic and biosimilar drug manufacturers are required to inform the Federal Trade Commission of potentially anticompetitive agreements that may delay lower cost drugs from entering the market in the same manner that brand and generic drug manufacturers do today. This notification will allow the FTC to challenge any ''pay for delay'' agreements in court.

Madam Speaker, the language included in this bill is based on legislation introduced by Congressmen SARBANES and JOHNSON, and I thank them for their leadership on this important issue.

Now, I must say, Madam Speaker, while I believe both bills are commonsense measures that we should all support, I also strongly believe that this cannot and should not be Congress' only effort to reduce drug prices.

When I am home—and we have been home a lot, as you know, over the last couple of months—one of the number one issues that people are concerned about is the high cost of prescription drugs. We need to address that. I personally believe we should be negotiating the prices of drugs under Medicare, but there are many other measures, including encouraging more generics, that could accomplish the goal of trying to reduce drug prices.

These bills do nothing to address the biggest drivers of high drug costs in this country, namely, the high list prices set by drug companies for branded drugs. So we must address overall drug affordability, which these bills do not, but I continue to urge my colleagues to work together to find solutions that can actually lower drug prices in a meaningful way.

Madam Speaker, I reserve the balance of my time.

Mr. CARTER of Georgia. Madam Speaker, I yield as much time as he may consume to the gentleman from Oregon (Mr. WALDEN), the honorable chairman of the full Committee on Energy and Commerce.

Mr. WALDEN. Madam Speaker, I rise in support of the two bills that will bring some much-needed transparency into the drug supply chain process, and they will help patients afford the medicines that they really need.

The Patient Right to Know Drug Prices Act, sponsored by Senator SUSAN COLLINS, and the Know the Lowest Price Act of 2018, sponsored by Senator DEBBIE STABENOW, will, together, ban gag classes from Medicare and private insurance.

These clauses restrict a pharmacist's ability to inform a patient that their drug would be cheaper if they paid out of pocket than if they paid through their insurance. And while there is already a regulation banning this practice in Medicare part D, this legislation will end the practice across Medicare Advantage prescription drug plans, Medicare part D, and group and individual insurance plans.

These two bills mirror legislation authored by Representative BUDDY CARTER, who is carrying this legislation for the majority on the floor today. He is a very valuable member of our House Energy and Commerce Committee. And, by the way, he is the only pharmacist in the Congress, so he understands this from a very personal perspective from behind the counter.

He was joined in this effort by Representatives WELCH and CATHY MCMORRIS RODGERS, ANNA ESHOO, MORGAN GRIFFITH, DEBBIE DINGELL, GENE GREEN, and our chairman of the Subcommittee on Health, Dr. MICHAEL BURGESS.

I think all of us on the committee are very supportive of this effort. We, in fact, moved this bill, Madam Speaker, as you know, as an important part of our committee earlier this month, and it did pass unanimously. So I commend Mr. CARTER for his good work on this issue.

I first heard about the gag clause issue from a pharmacist in Grants Pass, Oregon, named Michele. That is in my district. She is an independent pharmacist. We were talking about a lot of these issues, about how we get drug prices down for consumers, and she told me that as a pharmacist, she was prevented, precluded under certain insurance contracts, from telling a patient that their cash price would be cheaper than going through their insurance.

Can you imagine such a thing in America?

Michele told me that she once even received a cease and desist letter for trying to help a child with a terminal illness access his medication—simply unacceptable, period.

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Madam Speaker, I am glad we are taking concrete action today to address this important issue. And as we have heard already, these bills are coming over from the Senate. We had them in the House, marked them up in committee, and did our work. At the end of the day, I decided the important thing was not who had which bill. It was, how do we help consumers the quickest.

Taking the Senate bills, getting them down to the President's desk with the support of our colleagues who worked so hard in the House seemed like the best path. It is about putting consumers first. That is what we have done on the Energy and Commerce Committee, and I encourage our colleagues in the House to support this legislative effort.

Mr. PALLONE. Madam Speaker, I yield 5 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Madam Speaker, unfortunately, there is just no wonder drug that will cure prescription price gouging. And with many prices for drugs rising at 10 times the rate of inflation, and with an unaffordable drug being 100 percent ineffective for the many that cannot afford it, many Americans are really desperate.

In this Congress, we have another lost year of failing to address prescription price gouging. Now, on election eve, we take this miniscule step forward. A few of the many consumers who have been scrimping to get their medications, could at least find out if by paying cash, they can get a particular prescription at a lower price. No longer will gag provisions deny pharmacists the right to counsel about this issue.

After learning about this problem about two years ago, I consulted with experts, with patient advocates, with pharmacists about these clauses, and asked the CMS, the Centers for Medicare and Medicaid Services to prevent this administratively, which they could have done, but they failed to do so.

Finally, months ago this year, I filed two bills as companion legislation to the measures we are considering today by Senators COLLINS and STABENOW, and was joined by 32 Members of the other house in supporting and sponsoring those measures.

This Patient Right to Know Drug Prices Act, the House version of it, was endorsed back in June by the National Community Pharmacists Association, thereafter, by the National Association of Chain Drug Stores, and by the American Psychiatric Association.

Madam Speaker, I include in the RECORD their letters of support.

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION,
June 28, 2018.

Re National Community Pharmacists Association (NCPA) Support of H.R. 6143 & 6144.

Hon. LLOYD DOGGETT,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE DOGGETT: The National Community Pharmacists Association (NCPA) is writing today in strong support of the Patient Right to Know Drug Prices Act and the Know the Lowest Price Act of 2018, H.R. 6143 and 6144, two bills that would ban provisions in contracts between pharmacy benefit managers (PBMs) and pharmacies (so called ''gag clauses'') that prohibit pharmacists from being able to inform patients of cheaper alternatives for their medication.

NCPA represents the interests of America's community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together, they represent an $80 billion health care marketplace and employ more than 250,000 individuals on a full or part-time basis.

''Gag clauses'' refer to contract provisions and/or requirements embedded in lengthy provider manuals that include overly broad confidentiality requirements, and non-disparagement clauses, as well as requirements that pharmacies charge insured patients what the PBM says at point of sale, leaving pharmacies with little to no ability to inform patients of actual drug costs. Such provisions have the effect of chilling a range of pharmacist communications with patients and others for fear of retaliation by the PBM.

NCPA strongly supports passage of the Patient Right to Know Drug Prices Act and the Know the Lowest Price Act of 2018 to help ensure that patients are not being charged inflated prices for their drugs. Thank you for your leadership in addressing this issue, and we look forward to working with you to advance these pieces of legislation.

Sincerely,
KARRY K. LA VIOLETTE,
Senior Vice President of Government Affairs & Director of the Advocacy Center.

NATIONAL ASSOCIATION OF CHAIN DRUG STORES,
Arlington, VA, July 16, 2018.

Hon. LLOYD DOGGETT,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE DOGGETT: The National Association of Chain Drug Stores (NACDS) is pleased to support your legislation, the Know the Lowest Price Act of 2018 (H.R. 6144), to prohibit PDP sponsors, Medicare Advantage Organizations, and pharmacy benefit managers (PBMS) from restricting pharmacies from informing individuals regarding the prices for certain drugs and biologicals.

NACDS believe gag clauses should not be allowed in contracts between health plans and pharmacies. Such clauses prevent pharmacists from informing patients when a medication can be purchased at a lower price without using insurance. The prohibition and/or removal of gag clauses in contracts between Part D plans, Medicare Advantage plans, PBMs, and pharmacies will enhance patient access to medications, enable pharmacists to have improved relationships with patients, and keep healthcare costs for patients to a minimum.

Pharmacies are the face of neighborhood healthcare and are a highly trusted source of healthcare information, products, and services. Your legislation helps ensure that Medicare beneficiaries can continue to trust their local pharmacies for accurate and helpful information regarding their prescription drug costs.

Again, we appreciate your leadership on this critically important healthcare issue.

Sincerely,
TOM O'DONNELL,
Senior Vice President, Government Affairs and Public Policy.

AUGUST 16, 2018.

Hon. LLOYD DOGGETT,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE DOGGETT: On behalf of the American Psychiatric Association (APA), the national medical specialty association representing more than 37,800 psychiatric physicians, I write in support of your bill H.R. 6143, the Patient Right to Know Drug Prices Act. H.R. 6143 seeks to enhance transparency in the pricing of prescription drugs by forbidding insurers and pharmacy benefit managers (PBMs) from imposing ''gag clauses'' in their contracts with pharmacies. These clauses forbid pharmacies from disclosing to patients the difference between the amount of the drug's copay under their insurance plan and the amount they would pay for the drug without using their insurance. As providers, we are deeply concerned about the barriers these clauses impose on a patient's access to affordable medications. Federal preemption of these clauses is among the proposals included in President Trump's blueprint to lower drug prices and reduce out-of-pocket costs for patients.

As you know, the list prices for prescription drugs continue to rise. PBMs seek to lower those prices by negotiating discounts directly with drug manufacturers. However, the amount of these discounts may result in an insurance plan's copay for a drug exceeding the actual cost of purchasing the drug out-of-pocket because the copay is typically calculated based on factors other than the actual price of the drug. Unfortunately, because the amount of these discounts is not publicly available, consumers do not know when their insurance plan copay is higher than the actual price of the drug and often assume that their copay represents only a portion of the best possible price of the drug.

According to a recent study of 2013 drug pricing and payment data, consumers overpaid for their prescription drugs by $135 million. Almost a quarter (23%) of all prescriptions filled in 2013 involved a patient copayment that exceeded the average price of the drug by more than $2.00. Prescriptions for drugs commonly used to treat mental health disorders are prone to this overpayment phenomenon. The medications cited as having the highest frequency of overpaid prescriptions include drugs commonly used to treat insomnia, depression, and some side effects of psychiatric medications.

Thank you for your ongoing commitment to finding bipartisan ways to enhance transparency in the prices consumers pay for their health care. Accordingly, we welcome an opportunity to aid your efforts to advance H.R. 6143, the Patient Right to Know Drug Prices Act from the Energy & Commerce Committee.

Sincerely,
SAUL LEVIN, MD, MPA, FRCP–E,
CEO and Medical Director, American Psychiatric Association.

Mr. DOGGETT. Madam Speaker, I am pleased that finally our House Republican colleagues have agreed to approve this proposal today. With families nationwide concerned about soaring drug prices, this legislation would end a restrictive, anticompetitive, and anticonsumer provision for those who rely on ObamaCare in the marketplace and for group employer ERISA plans.

I must note, however, that of all the many bills I have either introduced or supported from other colleagues dealing with excessive medication costs, this is the most narrow of the proposals out of all of them.

Instead of really saving lives, some may view this as simply a life preserver for those who have ignored prescription price gouging for the past two years. Approving this modest, narrow bill is not a substitute for tackling the pervasive problem of prescription price gouging.

Pharmacists are not the only ones who are, apparently, gagged. Right here in this Congress, some seem to be unable to find their voice and vote for real reform that would lower drug prices when we are outnumbered by two pharmaceutical lobbyists for every Member of this House of Representatives.

Repeated attempts to pass measures that would lower prices have been blocked. Republicans even blocked my amendment to the opioid legislation to authorize the Trump administration to negotiate the price of naloxone, the lifesaving opioid overdose reversal drug whose prices soared by 700 percent.

During the past week, Big Pharma, with considerable help from the Republican majority leader, sought to hitch a ride on this very same opioid legislation to get an unrelated $4 billion gift. It is enough to make you gag. Hopefully, we have got that stopped.

Passage of this bill today is one modest step that we can take, but so much more is needed. That this bill even counts as progress, demonstrates how far we have to go. And while this bill brings some transparency to the pharmacy counter, the transparency which is most needed is comprehensive legislation like the Transparency Drug Pricing Act that I have introduced, to shed some light on where the prices get set. And that is by the manufacturer who hides the whole process through discounts, rebates, and fees.

Now, we all know that President Trump solved the problem with his Rose Garden press conference early in the summer when he announced that prices are going down. But I have yet to find anybody who has benefited from that announcement. And, in fact, the Associated Press just analyzed drug prices since that announcement and they couldn't find any company that had made any significant reduction on prices.

And when questioning the executives of 24 large drug companies, the AP didn't find a single one committed to cutting prices.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. Madam Speaker, I yield an additional 1 minute to the gentleman from Texas.

Mr. DOGGETT. Madam Speaker, the attitude was best captured by one pharmaceutical executive who within

the last month said that he had a, ''moral requirement . . . to sell the product for the highest price.''

Today's two minor prescription drugs bills are being passed in this process that is called ''suspension.'' But let's not create any further suspense for families that are in need on their healthcare costs. Let's approve real, comprehensive prescription drug pricing reform in a new Congress that is not indifferent to the needs of American healthcare consumers.

Mr. PALLONE. Madam Speaker, I yield 5 minutes to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise today in support of the Patient Right to Know Drug Prices Act, an important bill that will ensure consumers can get the lowest price for their drugs.

This bill is also aligned with the bipartisan Biosimilars Competition Act, a bill that I introduced that will shine a light on secret agreements called pay-for-delay deals. Pay-for-delay deals are great deals for the drug companies, but they are bad deals for consumers. Pay-for-delay refers to a practice where brand-name drug or biologic manufacturers make agreements with competing manufacturers to keep their lower-cost drugs off the market in exchange for a settlement.

Brand-name drugs often have exorbitant costs compared to their generic counterparts. Although they make up approximately—listen to the statistics—although they make up approximately 10 percent of all drugs dispensed in America, brand-name drugs make up 72 percent of U.S. drug spending. A 2013 FTC report estimates that these pay-for-delay agreements cost consumers $3.5 billion each year.

FTC currently has the authority—and this is good—to review agreements like these between conventional drug manufacturers. But this authority does not extend to the manufacturers of biologic and biosimilar drugs, which are new, cutting-edge drugs that are often extremely expensive.

This means that right now, we have no way of knowing how many of these backroom deals occur between manufacturers of biologic and biosimilar drugs. That is why I introduced the Biosimilars Competition Act, a bipartisan bill, which would combat these agreements that keep drug prices high and have the effect of harming patients.

These provisions would require manufacturers of biologics and biosimilar drugs to report pay-for-delay agreements and file them with the FTC and the Department of Justice for review of antitrust and anticompetitive behavior.

Granting the FTC the authority to monitor these deals and punish bad actors, will deter many of these backroom deals from being made in the first place, and will help crack down on unfair deals that give millions of dollars to big pharmaceutical companies, while forcing American consumers to pay more for lifesaving drugs.

Madam Speaker, I urge my colleagues to support these new requirements because they are good for consumers. They will increase transparency in drug pricing, and add more competition to the drug market, both of which will help lower drug costs at the pharmacy.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I yield myself the balance of my time.

Madam Speaker, let me just say these are commonsense initiatives that help address the drug pricing issue. As I have said before, we still need to do a lot more, and we haven't this Congress. But I do agree that these bills will be helpful in that regard.

Madam Speaker, I urge support for this legislation, and I yield back the balance of my time.

Mr. CARTER of Georgia. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I want to thank my colleagues on the other side of the aisle, and I want to assure them that this is only the beginning of what we intend to do and what I intend to do to help to lower prescription drug prices here in America.

Madam Speaker, I want to thank also my colleagues on this side of the aisle for all of their help. I ask for support of this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, S. 2554.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

KNOW THE LOWEST PRICE ACT OF 2018

Mr. BURGESS. Madam Speaker, I move to suspend the rules and pass the bill (S. 2553) to amend title XVIII of the Social Security Act to prohibit health plans and pharmacy benefit managers from restricting pharmacies from informing individuals regarding the prices for certain drugs and biologicals.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2553

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Know the Lowest Price Act of 2018''.

SEC. 2. PROHIBITION ON LIMITING CERTAIN INFORMATION ON DRUG PRICES.

(a) IN GENERAL.—Section 1860D–4 of the Social Security Act (42 U.S.C. 1395w–104) is amended by adding at the end the following new subsection:

''(m) PROHIBITION ON LIMITING CERTAIN INFORMATION ON DRUG PRICES.—A PDP sponsor and a Medicare Advantage organization shall ensure that each prescription drug plan or MA–PD plan offered by the sponsor or organization does not restrict a pharmacy that dispenses a prescription drug or biological from informing, nor penalize such pharmacy for informing, an enrollee in such plan of any differential between the negotiated price of, or copayment or coinsurance for, the drug or biological to the enrollee under the plan and a lower price the individual would pay for the drug or biological if the enrollee obtained the drug without using any health insurance coverage.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to plan years beginning on or after January 1, 2020.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of S. 2553, the Know the Lowest Price Act of 2018. This bill would prohibit health plans and pharmacy benefit managers under Medicare or Medicare Advantage from restricting pharmacies from informing individuals about prices for certain drugs and biologics at the pharmacy counter, a practice commonly referred to as a gag clause.

These clauses prohibit pharmacists from informing patients that paying in cash will result in lower out-of-pocket costs than the insurer's cost-sharing arrangement unless the patient directly asks. This is a policy that the Energy and Commerce Committee has pursued in H.R. 6733, the Know the Cost Act of 2018. We held a legislative hearing and a markup in the Health Subcommittee before ultimately passing the bill out of the full committee.

Once again, I want to commend Representative BUDDY CARTER for championing this policy. His bill would have banned gag clauses in group and commercial health insurance plans, as well as for prescription drug plan sponsors for Medicare part D, or Medicare Advantage plans.

As an original cosponsor of H.R. 6733, I believe these bills banning gag clauses are essential in both lowering drug costs for individuals and freeing pharmacists to do what many consider to be the right thing.

I am surprised Congress has not acted sooner to ban health insurance plans from using gag clauses. I am glad to see these bills on the House floor today. This will allow pharmacists to