Here we go again. They are ignoring the reality that the tax cuts they are promoting for the wealthiest and biggest corporations are going to end up blowing a hole in the deficit—a hole in the deficit, which is going to have to be paid for by future generations.

I used to watch as my Republican colleagues would get red in the face talking about our national debt, but that, of course, was under a Democratic President. Under a Republican President, it doesn't seem to be a major issue. Incidentally, there is a way to plug that hole, and somewhere along the way someone slipped and told us what it was.

If you want to plug the hole of $1.5 trillion in tax cuts to the wealthy and big corporations, they propose cutting Medicare benefits and Medicaid benefits, cutting the basic health insurance plans that seniors and people in low-income categories use. Is that a sound policy, to try to patch a hole in the deficit by taking healthcare protection away from senior citizens in America—the 40-plus million who count on it—or those who are under Medicaid? I think it is not.

It turns out that Chairman HATCH had a new surprise for us this week. At 10:30 p.m. last night, Chairman ORRIN HATCH released additional changes to this bill, which is evolving before our eyes. It is a bill which was not publicly announced until last Friday and is currently being debated in the hopes that when we return a week after our Thanksgiving recess, we will take it up and vote on it.

Does it seem like it is a hurried operation? Of course, it is. They know that if these bills sit out long enough and people read them and consider them, there will be a lot of questions asked that they can't answer.

Chairman HATCH released additional changes to the bill, and they decided to fund permanent tax cuts for some corporations. That is a high priority for the Republicans—wealthy people, big corporations. So how do they pay for permanent tax cuts for the biggest corporations? It turns out that in addition to raising taxes on working families, the Senate Republican tax bill would also raise health insurance premiums on middle-income families. That is right. The Republicans propose that their tax bill would also repeal parts of the Affordable Care Act. As a result, the Congressional Budget Office tells us that an estimated 13 to 14 million Americans will lose their health insurance protection because of the Republican tax giveaway plan. I thought that plan was supposed to help working families. It ends up taking away their health insurance.

For those who can still remain in the market buying health insurance, they can anticipate their premiums for health insurance going up 10 percent. What kind of tax cut is this that ends up raising the cost of health insurance for working families and ends up eliminating health insurance for many middle-income families?

I find it hard to believe the satisfaction so many Republicans take to be able to boast and brag that they passed a bill that took away health insurance for Americans. You are proud of that? I wouldn't be. We should be doing the opposite—expanding the reach of health insurance, making sure every American has the peace of mind and health insurance they need for them and their families.

Remember when Republicans campaigned on the promise of increasing the number of people with insurance and decreasing premiums? This tax bill does just the opposite.

Haven't my Republican colleagues learned the lessons of the ACA—Affordable Care Act—repeal by now? We spent the whole year in a vain effort by the Republicans to repeal and barely replace. The American people don't want it. Overwhelmingly, they are against it.

My hospitals in Illinois and across this Nation don't want what the Republicans are proposing in their bill. Patients don't want it. Nurses don't want it. Clinics don't want it. The disabled community doesn't want it. The Republicans are determined to do it anyway.

Senior leaders are against it, faith leaders are against it, the American people are against it, but this is going to be the feather in the cap for the Republican majority; that by the end of this year, they hope to pass a tax reform bill that is going to give tax breaks to the wealthiest, give a permanent tax break to the biggest corporations, make the middle-income families pay for it, eliminate 13 to 14 million Americans' health insurance, and raise their premiums. What a package. You have to work overtime to put together a package that damaging to working families in America, but that is what they are pushing. That is what they are determined to do.

DRUG PRICE TRANSPARENCY

Mr. President, maybe it is the time I turn on my television, but it seems to me I just can't escape drug advertising on television. It just comes one after the other, all kinds of drugs—many of which I can't even pronounce their names, can't remember their names. I can't remember why they are being advertised, and then I listen to all of the things that follow when all these drug ads come on.

My favorite—favorite of all time—is one of these drugs in which it says: Be sure to tell your doctor if you have had a liver transplant. Be sure to tell your doctor if you have had a liver transplant. Imagine going to your doctor for a checkup or physical and talking about your condition and failing to mention you had a liver transplant. That is what one of the ads say, and many of the ads are just as baffling as to the warnings and side effects.

One ad says: Don't take Xarelto if you are allergic to Xarelto. Well, how do I know if I am allergic if I don't take it? So many questions and so many warnings.

How many other countries in the world do you think go through this? How many other countries in the world are there where, when you turn on the television, you get ads for drugs? There must be a lot of them, right? No. It turns out there is only one other country in the world that does this—New Zealand. The United States of America and New Zealand are the only two countries in the world that allow direct-to-consumer pharmaceutical advertising.

You ask yourself, when did this come about? It seems relatively new, and it is. This direct-to-consumer advertising was legalized in 1985, but it didn't take off until 1997—that is about 20 years ago—when the Food and Drug Administration eased the requirements for detailing the side effects of the drugs that were being advertised.

After the FDA made that ruling, the drug companies decided to dive into this in a big way. Now you see these fancy commercials with popular music, with celebrity actors, golf clubs, lofty treatment promises. Every hour on television—every hour on television—an average of 80 drug ads are aired. The average American sees nine of these pharmaceutical ads every day—nine of them. In fact, drug companies spend more each year on advertising and sales than the entire budget of the Food and Drug Administration. These ads saturate our airways so much that there is now a national conference on drug ads and a hall of fame for the best drug ads. Can you believe it?

As common as these direct-to-consumer drug ads are, drug companies spend four times as much as the cost of these ads on an army of sales representatives who target doctors who write prescriptions. These companies in America spend $20 billion a year trying to get these drugs into the doctors' offices and to get the doctors to prescribe them.

I once talked to a young lady who did that for a living for a while. I said: How does that work? She said: I knew the birthday of every nurse in every doctor's office in my territory. I had a standing order every day for birthday cakes, which I delivered on behalf of my drug company in the hopes that that nurse and that doctor would prescribe my drug, and therefore I would be financially rewarded.

I said: How did you know if they ever prescribed it? Well, it turns out the drug companies can go to the local pharmacies, and although they can't get the names of people receiving them, they can test the volume of sales at each of the pharmacies close to the doctors' offices, and that is one of the ways they measure their success.

So let me ask and answer an obvious question. Why do the biggest pharmaceutical companies in America spend billions of dollars to promote and advertise their drugs? For one reason—it increases sales. It increases their profits. You see, patients are more likely to ask their doctor for a specific drug

when they have seen the ad for it, whether they need it or not. That is why most countries have banned direct-to-consumer drug advertising. As I mentioned, only New Zealand and the United States make it legal.

Why is that a problem? One reason is, it promotes overuse of medication for often benign conditions. That bit of dry skin that you have on your elbow, that little stiffness in your knee, hooray. There is a drug for it, and you are going to find out on your television set tonight exactly what it is.

They push pills for every natural condition or cosmetic issue, and we waste money on unnecessary drugs, costs that every one of us pays for when the overall cost of healthcare goes up.

Over the past 20 years, since these direct-to-consumer ads have been allowed, the number of people with five or more prescriptions—five or more in America—has nearly tripled. A primary problem with these ads is that they steer patients toward the most expensive drugs, and that raises the cost of healthcare.

Drugs with ads have nine times more prescriptions than those without. It just stands to reason. What are the most advertised drugs? Let's take a look at a couple of them here.

Humira—incidentally, a prescription for Humira, from the disclosure of the drug company, costs $3,743 a month.

Here is one you probably had to write down three times before you could pronounce it, Xeljanz. That costs $3,100 a month, a Pfizer drug. Humira costs $3,700 a month; Xeljanz, $3,100. Both are for rheumatoid arthritis.

The drug industry spent over $100 million in advertising for each of the top 16 brand-name drugs in 2015, which means 50 percent of all direct-to-consumer advertising was just for these 16 medications.

Do you ever see an advertisement during the Super Bowl for a generic, lower cost medication? Of course not. It is the same story when it comes to the $20 billion the same companies spend to butter up doctors so that they will prescribe these drugs. Doctors are more likely to prescribe a specific brand-name drug if they have been marketed by drug companies, while they are more likely to prescribe cheaper generics if not targeted with these ads.

These ads often urge patients to ''ask your doctor if this drug is right for you.'' Well, we asked the doctors whether direct-to-consumer drug advertising was right for America, right for the health of America. We went straight to the American Medical Association, the largest medical society in the United States. The American Medical Association has called for a ban on direct-to-consumer prescription drug advertising. Here is what they said: ''Direct-to-consumer advertising inflates demand for new and more expensive drugs even when these drugs may not be appropriate.''

If a patient finally figures out how to spell Xeljanz or Xarelto on the third try and comes to the doctor demanding these drugs, the doctor often has a choice. He or she can spend valuable time explaining why the patient doesn't need the drug or why there is a cheaper generic or just write the prescription. It is sad that too many doctors just write the prescription.

Sometimes, with these drug ads it is hard to tell whether the commercial is for a pharmaceutical or a sports car, except you know the price of a BMW before you go buy it. With billions in targeted spending on drug advertising, patients and doctors are bombarded with information—all of those side effects, and ''be sure and tell the doctor if you had a liver transplant''—but they are kept in the dark about one major, important element: What do these drugs cost? Ultimately, somebody is going to pay for them—maybe your insurance company, if you are lucky. If not, maybe it is you and your family. Price disclosure is absent from virtually all of these drug ads.

So when a patient sees an advertisement for Xeljanz or Xarelto, or his family doctor writes a prescription for it, the moment of truth may only occur when the patient finally goes to the pharmacy and sees for the first time what they are facing. No other industry conceals its prices when it comes to consumer goods this way. I think that needs to change. I think American consumers have a right to know—in front, on the ads.

That is why I will be introducing a bill, the Drug-price Transparency in Communications Act, or DTC Act, to require the disclosure of prices in direct-to-consumer ads and promotions to doctors.

The American Medical Association recently adopted a resolution supporting me. In addition to that, my bill is endorsed by the American College of Physicians and the Consumers Union. It is a simple thing: Do American consumers have the right to know when it comes to the cost of these drugs? Do they have the right to know that if you take Xeljanz for rheumatoid arthritis, you are going to spend $3,100 per month? This bill would have the FDA and the Federal Trade Commission oversee these communications, requiring drug makers to disclose the wholesale acquisition cost, known as the WAC, of the drug.

Now, I am sure the response from Big Pharma, which makes a lot of money, will be to say: Well, that is just not the right price for every patient.

I agree, but when we ask the pharmaceutical companies for better price information, they clam up. They will not answer. As long as they refuse to disclose the true cost of drugs and refuse to provide any transparency in the shell games they run between charging different patients different amounts, we have to stick with the one industry-reported, verified number—the WAC—and that price is what we have put in as the required advertising on each of these drug ads on television.

I have asked a lot of stakeholders for their suggestions about other approaches. I am open to them, but everyone understands this price establishment—this price bottom line—and that is why we used it.

Further, my legislation allows drug companies to explain that patients would pay less than the amount they advertise. But let's also remember that somebody has to pay this high cost. If patients don't pay the WAC price out-of-pocket to the pharmacy, their insurance company just might, which is why health premiums keep going up.

Blue Cross Blue Shield of Illinois told me that they spend more on prescription pharmaceuticals than they do on in-patient hospital care. This is one of the big drivers in the cost of healthcare.

Is it important that we disclose to consumers what the real costs are of the drugs they are being bombarded with on television? I think so. Doctors, patients, and families agree. If drug makers can fill the airways with pharmaceutical ads, then they should tell the whole story and provide clear information about drug costs.

I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

HEALTHCARE

Mr. MERKLEY. Mr. President, our Constitution starts with those three beautiful and powerful words: ''We the People.'' Our Founders envisioned a nation with a form of government that wouldn't result in a government by the powerful and the privileged but instead would really deliver for the American people a form of government that is the foundation for every American to thrive. What a contrast that is to many of the governments of Europe that they had seen function on behalf of the privileged and the powerful.

Well, we have an issue before us that certainly is about government of, by, and for the people. It is the issue of the Children's Health Insurance Program, often referred to as CHIP. This program has been expired for 46 days—46 days—putting children's healthcare at risk throughout our country.

Why isn't this bill on the floor right now? Why isn't it being passed by unanimous consent right now, or at least being debated and amended and passed? We have five States—five States—that are running out of money in this quarter. Oregon, my home State, is one of them. We are going to be out of money next month. We have another 25 States that are going to be running out of money in the first 3 months of 2018, disrupting the continuity of essential services for our little ones.