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

look out for their patients' pocketbooks and help them get their medications at the lowest possible price.

This bipartisan policy has been a shared priority for many Members on the Energy and Commerce Committee. Our Senate counterparts had a shared interest in this sound and reasonable policy, and recently advanced it out of their Chamber.

The issue of gag clauses was further brought up to the forefront by the Trump administration's drug pricing blueprint which was released this May. The President proposed eliminating gag clauses as a solution in his plan to address rising drug prices.

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I, too, believe that allowing pharmacists to disclose the cost-saving potential of paying out-of-pocket to patients at the point of sale is an important piece of the drug pricing puzzle. While gag clauses are already prohibited in Medicare through regulation, it makes sense that we protect our seniors by putting this language in statute and sending S. 2553 to the President's desk.

This legislation should serve as an example of how the House and the Senate can work together to accomplish a goal to swiftly pass and send to the President for his signature.

There have been news stories across the country from the New York Times—two investigations in my market—and CBS 11 in the Dallas-Fort Worth area about how consumers can save money at the pharmacy counter by getting around gag clauses and directly asking their pharmacist: Is this cheaper for me to pay cash and not use my insurance?

Kelly Selby, a community pharmacist and pharmacy owner in north Texas, has told me about the problems that gag clauses cause at his own pharmacy. He says that a gag clause has a chilling effect as a pharmacy owner and a pharmacist, and that the pharmacy benefit managers will call you after you break a gag clause and threaten you with canceling their contract. Even if pharmacists have what is in the best interest to their customers at heart, Mr. Selby told me that, overnight, he could lose 40 percent of his business, taken away by the power of pharmacy benefit managers.

It is unfair for pharmacists across our country like Kelly to have to choose between hiding useful cost information from their patients and losing their other contacts.

Eliminating gag clauses is an integral part of driving down healthcare costs and prescription drug prices, an issue that hits home with each and every one of our constituents. It may not solve the entire drug pricing dilemma, but it is an essential piece. When this bill becomes law, it will make a real difference in the lives of patients across the country.

Mr. Speaker, I support S. 2553, and I urge fellow Members to support this legislation. Let's send it to the President's desk for his signature.

Mr. Speaker, I reserve the balance of my time.

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

Mr. Speaker, I already spoke in support of both this bill, S. 2553, and the previous one, S. 2554, so, at this time, I yield such time as he may consume to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I continue to hear from neighbors in my part of Texas and beyond who are unable to afford their prescription drugs, lifesaving drugs. They are cutting back on necessities, cutting pills in half, or cutting into what little savings they may have.

After seeking administrative action to address this gag order problem with no success, I introduced with Senators STABENOW and COLLINS here in the House, along with 32 colleagues, a House bill to do what their measures do today.

Despite repeated requests, the House Ways and Means Committee, which enjoys jurisdiction over this matter as a Medicare bill, along with the Commerce Committee, declined to consider them.

This particular bill that we are considering now will allow those Medicare beneficiaries, seniors and individuals with disabilities, to turn to a professional pharmacist to learn if there is information available that, on a particular drug, they might be able to get a less expensive alternative by paying cash.

While pleased that this modest Know the Lowest Price bill will become law, we have had too much aiming low and shooting low in this Congress that has really been indifferent to the overall plight of seniors burdened with exorbitant prescription drug costs.

What a low bar that has been set. Patients want real change on this matter. Yet, we do the least possible to address this problem. We take baby steps when bold steps are required. To borrow from Mark Twain, I believe seniors can recognize the difference between lightning and a lightning bug, like we are getting today.

While this may enable some to learn the lowest available price, I believe what we need to find out about is the highest price that is being extorted in too many cases. The sky seems to be the limit. Whatever can be obtained from someone who is sick or dying seems to be the price point.

We may be able to cure some cancers and diseases—we want to encourage a price that will encourage continued innovation—but it need not come at the levels that are being charged too many people today only because this Congress is unwilling to curb the government monopoly that it has granted.

Pharmaceutical pricing is a tangled knot. There is no one panacea. Every step forward is a good step forward.

I formed a House Prescription Drug Task Force three years ago to begin to look at administrative and legislative steps in how we encourage innovation without being exploited by monopoly prices.

I think there is much more we can do, much more for someone like Bob from San Antonio, who has suffered from crippling arthritis for decades. He has seen the prescription that he relies on skyrocket from about $200 a year to $22,000 in co-payments annually. He finally had to switch to a less expensive drug and lives with the fear that it will not adequately cover his pain, even though it has become too painful to afford it.

Patients like Bob need much more than modest bills. We need a Congress that does not repeatedly cave in to the Big Pharma lobbyists. What is happening this week, this very week, is yet another reminder of the choice that has been made between a special interest and the needs of seniors.

With the active assistance of the Majority Leader, Big Pharma tried to exploit bipartisan opioid legislation and further burden patients with a provision undoing what had been a bipartisan agreement that helped plug the so-called donut hole and lowered patients' out-of-pocket drug spending in Medicare.

Pharma's plan would save them $4 billion, but the costs would have been shifted either to our seniors and individuals with disabilities directly or through the premiums that they pay.

Unable to defend this heist on its merits of flawed and misleading advertisements, and a hoard of lobbyists who have been here to try to get that $4 billion, I hope that we have it stopped. Hopefully, in fact—speak of hope—in a new Congress, we can see some action on what really might make a difference, and that is the ability of Medicare to negotiate for our seniors to get lower prices in much the same way the Veterans Administration does for our veterans.

I have introduced, along with almost 90 sponsors, the Medicare Negotiation and Competitive Licensing Act to harness the purchasing power of the government through the Health and Human Services Secretary. If negotiations fail, the Secretary would use good old American competition to lower them, bringing in generics, bidding, and competition, a real American way to solve what is a serious American problem.

Patients should not have to fight their insurer or a drug company when they need to be fighting their disease. Patients need this Congress to reclaim its voice and to not be gagged any longer. It can no longer let Big Pharma and its agenda define the debate. Instead, we need to end Big Pharma's exploitation of patients in order to get windfall profits.

Mr. BURGESS. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I want to mark this as an important day for this Congress taking real steps to lower the cost of drugs for Americans.

I am proud to have been the lead sponsor for H.R. 6733, the Know the Cost Act of 2018, a bill that includes the core elements of this bill and expands patient protections.

Currently, pharmacists are prevented from telling their patients about a lower cost out-of-pocket option rather than utilizing insurance coverage. These gag clause provisions are included in provider manuals and contracts that require broad confidentiality agreements for pharmacists.

Often, these contracts offered by the pharmacy benefit manager, the PBM, are a take-it-or-leave-it situation where the pharmacist doesn't have any other options. If they opt not to take the contract, they are often left out of servicing large segments of the patient market.

Gag clauses can come in many forms, such as confidentiality agreements between pharmacists and plan sponsors, nondisparagement clauses, and even prohibitions on contacting sponsors, the media, and elected officials. As a result, pharmacists cannot have a transparent relationship with their patients or provide them necessary information that could help guide their best treatment options.

Senator STABENOW's bill, the Know the Lowest Price Act of 2018, bans these types of gag clauses in Medicare Advantage drug plans. Although this bill does not contain requirements for beneficiary notification that my bill, the Know the Cost Act of 2018, included, it is still an important step forward.

Banning gag clauses has received national support from State legislatures, both Chambers of Congress, HHS, and the President.

As the only pharmacist currently serving in Congress, I know all too well about the constraints placed on pharmacists as part of the take-it-or-leave-it contracts, where the pharmacist has no other option if they want to continue providing care for their patients in their community.

Mr. Speaker, I thank all of my colleagues on both sides of the aisle for their help in bringing this legislation forward. I particularly thank Chairman BURGESS. Also, a shout-out to our staff, who has done an outstanding job of bringing this all together.

Mr. Speaker, I ask all my colleagues to vote in favor of this bill.

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

Mr. Speaker, in closing, I support these two bills, this one and the previous one. I do think that they are good, bipartisan measures. But I do want to repeat what Mr. DOGGETT said, that this Congress and the next have to do a lot more to deal with the issue of prescription drug prices. Probably the most effective thing, which I support, is negotiated prices under Medicare, as well as trying to do more with generic drugs.

Mr. Speaker, I urge support for the bill, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself the remainder of my time.

Mr. Speaker, I urge Members to support this important legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of S. 2553, the "Know the Lowest Price Act of 2018."

S. 2553 amends 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.

A Prescription Drug Plan (PDP) sponsor and a Medicare Advantage (MA) organization shall ensure that each prescription drug plan or Medicare Advantage Prescription Drug (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.

The U.S. Department of Health and Human Services (HHS) calculated that if generic substitution worked program-wide, then Part D could potentially save $5.9 billion a year.

Using generic drugs instead of their brand-name equivalents could have saved the Medicare Part D program approximately $3 billion in 2016 alone.

In 2016, beneficiaries paid $1.1 billion in out-of-pocket costs of brand-name drugs, which was almost twice as much as out-of-pocket costs for generics.

The high cost of prescriptions hits older Americans on fixed incomes particularly hard, especially for medications designed to treat serious or chronic conditions where the patient's cost-share can be expensive.

This bill prohibits these outrageous contract arrangements between Medicare private plans, PBMs and pharmacies and help seniors save money when they pick up their prescriptions.

Seniors should not have to choose between paying their bills and taking their medication.

We should make it our mission to put medicine within reach of patients.

I urge all of my colleagues to vote in favor of S. 2553.

The SPEAKER pro tempore (Mr. RUTHERFORD). The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, S. 2553.

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.

RESPONSIBLE DISPOSAL REAUTHORIZATION ACT OF 2018

Mr. MCKINLEY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2278) to extend the authorization of the Uranium Mill Tailing Radiation Control Act of 1978 relating to the disposal site in Mesa County, Colorado, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2278

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 ''Responsible Disposal Reauthorization Act of 2018''.

SEC. 2. AUTHORIZATION.

Section 112(a)(1)(B) of the Uranium Mill Tailings Radiation Control Act of 1978 (42 U.S.C. 7922(a)(1)(B)) is amended by striking ''September 30, 2023'' and inserting ''September 30, 2030''.

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

The Chair recognizes the gentleman from West Virginia.

GENERAL LEAVE

Mr. MCKINLEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, H.R. 2278 was introduced by my Colorado colleague, SCOTT TIPTON, and cosponsored by my Energy and Commerce colleague from Colorado, DIANA DEGETTE.

H.R. 2278 extends the authorization of the Uranium Mill Tailing Radiation Control Act of 1978 as it relates to the disposal site in Mesa County, Colorado.

The legislation was considered by the Subcommittee on Environment and marked up through regular order. It was reported by the full committee with a bipartisan amendment and passed on a voice vote.

Mining and processing uranium generates a byproduct known as uranium mill tailings. Congress passed the Uranium Mill Tailings Radiation Control Act 40 years ago to establish the framework for DOE to dispose of mill tailings, which are left over from the nuclear defense activities and the development of our nuclear commercial industry.

The act also authorizes the Grand Junction, Colorado, site to serve as a disposal location.

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This is the only DOE uranium mill tailing disposal site remaining open in the Nation, and so it is necessary for the final disposition of mill tailings discovered throughout this country.