for years. As I said, the typical patent lasts for 20 years from the discovery of the chemical compound. It is usually filed at that time, early in drug development. But these 10 drugs that the President noted have been loaded up with secondary patents, extending that period of monopoly sales for years and years. It is a scheme by Big Pharma to block competition, which brings prices down for consumers and for Medicare and Medicaid.

Take a look at—I am going to see if I can pronounce this drug's name—Imbruvica, a cancer medication. It is right here, Imbruvica, a cancer medication from AbbVie and Johnson & Johnson. It has received 37 patents since its original FDA approval, extending its protection to 2035—another 12 years from now.

Also on this list here is Farxiga. Medicare spent $3.3 billion a year on this drug. It spent $77 million a year advertising it on television. How much did they have as global revenue in 2022? They had $4.4 billion. So of the $4.4 billion, $3.3 billion came right out of the taxpayer's Agency, Medicare.

It is a heart medication. This added 13 patents after its approval, shielding the drug from competition for 16 years.

By retaining extensive monopoly periods, the manufacturers have been able to charge Medicare and patients as much as they want. It doesn't have to be this way. While Jardiance retails for more than $700 in the United States, the exact same drug sells for $150 in Canada—$700 in the United States, $150 in Canada. It costs $680 to $700 in the United States. Farxiga costs $680 in the United States and $110 in the United Kingdom. How can you explain that difference? Why are the American consumers being taken to the cleaners?

Here is the bottom line: For too long, Big Pharma has abused the drug-pricing system in America, driving up costs and profits off the backs of patients who can no longer afford these medications.

Last week's announcement is a breakthrough, a political breakthrough, thanks to the Inflation Reduction Act passed here in the Senate and the House, signed by President Biden, without a single Republican Senator voting in favor of it—not one. What a shame it is that Big Pharma has filed lawsuit after lawsuit to block these savings for patients, and what a shame that it has become so darn partisan.

I can't tell you how many families have brought this issue up to me. Whether they have a sick child or an aging parent, they need help with the cost of medications. This should be bipartisan, for goodness' sake.

We can have a healthy, productive pharmaceutical industry and have pricing that is affordable. We can bring Canadian prices home to America once we shame these pharmaceutical companies into admitting that they are taking advantage of American consumers.

One of the arguments made by Senator MCCONNELL was to reference a study at the University of Chicago. He said that if we go ahead with this so-called prescription drug socialism, we are going to deny the discovery and marketing of 130 new drugs. Of course, that would be of very grave concern.

The Congressional Budget Office looked at that study, which was done long before this bill was passed, and said that, in fact, we stand to lose 13 new drugs over the next 30 years if we bring down the profit-taking by these pharmaceutical companies—13 over 30 years.

If a drug is not affordable, it is not accessible. So a drug that you can't afford, even if it is on the market, is of no help to you and your family.

Is this important beyond the cost at the drugstore? Yes, it is. One of the leading health insurers in this country, Blue Cross Blue Shield, told me in Chicago that the No. 1 driver of health insurance premiums people are paying at work is the cost of prescription drugs. This advertising that creates this appetite for all these new drugs leads to requests by patients of doctors to prescribe them. Some doctors, instead of taking the time to question whether or not a patient needs the drug or whether a generic could be satisfactory, just write out a script, and the cost of healthcare goes up day in and day out. Individuals, even with copays, are finding it difficult to have their prescriptions filled.

It doesn't have to be this way. If the pharmaceutical companies of the United States of America would just treat us like their Canadian customers—that is all I might ask for—or European customers, we would be in much better condition.

Finally, we have a President and an administration that stopped talking about it and is doing something. What the President has said is that we are going to negotiate for American consumers and for Medicare the prices of these top-10 drugs: Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara, and NovoLog/Fiasp. All of these are going to be negotiated by the President to bring down the prices by authority created with Congress and a bill that passed with no Republican support.

If the price of prescription drugs is important to you, understand that the battle is now joined. The President has announced we are going after these overcharging pharmaceutical companies. Finally, the American consumer is going to have a champion and have a break in the cost of prescription drugs. It is long overdue.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

REGULAR ORDER PROCESS

Mr. THUNE. Mr. President, today, I want to talk about something that has been going really right here in the U.S. Senate, and that is the use of regular order to consider the annual appropriations bills.

What do I mean by ''regular order''? For starters, regular order refers to allowing bills to go through the committee process—including hearings and a markup—where members of the committee have a chance to amend and approve the bill before being referred by the committee to the Senate as a whole for additional debate and deliberation.

The regular-order process is key. It provides the time and space for real deliberation. It allows for input from a broad array of Members and promotes collaboration and compromise. It is a transparent process, one that ensures that both Senators and the American people can see how the legislation in question is made and have ample time to digest it, not to mention the fact that by ensuring the input of more Senators, the regular-order process helps ensure that a broader swath of the American people is represented in any final legislation.

One of Congress's most basic responsibilities is funding the government. For all the reasons I just listed, the way we should be doing that is through regular order. But we haven't been doing the greatest job of that lately here in the Senate. But this year, for the first time in 5 years, the Senate Appropriations Committee has processed all 12 appropriations bills through the committee. A huge amount of credit goes to Senator COLLINS and to her Democrat counterpart, Senator MURRAY, for making this happen.

I hope this will not be a one-off but the start of a new habit for the Senate—a habit of giving each of the appropriations bills the time, debate, and serious consideration that it deserves.

In their press release following passage of all 12 appropriations bills out of committee, Senators COLLINS and MURRAY noted that the bills had passed the committee by overwhelming bipartisan margins, and it is not surprising. When you give Members time to debate and amend legislation and make their concerns and the concerns of their constituents heard, you are a lot more likely to get bipartisan buy-in on the final product.

Today, we expect the Democrat leader to file cloture on what we call a minibus of three appropriations bills: Agriculture; Transportation, Housing and Urban Development, or what we call THUD; and Military Construction and Veterans Affairs, or MILCON–VA. I hope the hearing these bills got in committee will be matched by a similarly deliberative process on the floor, including ample time for consideration of amendments.

Debate and amendment on the floor is another key element of the regular-

order process and one that also helps promote a bipartisan final bill. The debate on the National Defense Authorization Act in July was a good example of this. Members had the opportunity to file and offer amendments when the bill came to the floor, resulting in consideration of 131 amendments, including 33 amendment votes, which helped the bill pass the full Senate by an overwhelming bipartisan margin.

I am looking forward to next week's debate on the minibus, and I am very pleased that, among many other good provisions, this year's MILCON–VA appropriations bill will continue funding for building out the necessary infrastructure for the B–21 long-range strike bomber at Ellsworth Air Force Base in South Dakota. The B–21 will revolutionize the Air Force's long-range strike capabilities and is an important step forward in ensuring that our military is prepared to meet and defeat 21st-century threats. I have been working to ensure that the Air Force—and Ellsworth, the main operating base for the first B–21s—has everything it needs for the B–21 mission.

So, as I said, I am looking forward to debate on the Agriculture, THUD, and MILCON–VA appropriations bills. I trust that we will continue working through appropriations bills in the coming weeks with full debates on the Senate floor. I expect we will need to pass a short-term continuing resolution to enable these debates and to allow for time to reconcile the House and Senate versions of these bills and get final versions to the President's desk.

Before I close, I do want to mention one troubling thing among the good news about the regular-order process, and that is the Democrat leader's decision, in his words, to ''invent a new process'' to deal with the thorny question of regulating AI, or artificial intelligence, because the committee process ''won't suffice''—''won't suffice.''

I am not too sure what the majority leader hopes to gain by taking responsibility for oversight and examination of this subject away from the relevant committees of jurisdiction that consider issues like this day in and day out and are well-versed in developing solutions. I am definitely worried that this new process will restrict Senators' input into the final product, leading to legislation created by the leader exclusively without collaboration with other Members or relevant committees.

It is a disappointing move, especially considering the progress we have made on returning to regular order with appropriations bills. I would like to see the leader show a little more faith in the committee process and in his committee chairs.

But, again, I am very pleased that at least on the appropriations front, we are back where we should be, and that is processing appropriations bills in committee and on the Senate floor.

I am looking forward to next week's Ag, THUD, and MILCON–VA appropriations debate.

I yield the floor.

The PRESIDING OFFICER (Mr. LUJÁN). The Senator from Kentucky.

UNANIMOUS CONSENT REQUEST—S. RES. 332

Mr. PAUL. Mr. President, the Flat Earth Society is champing at the bit to bring back masks even though the Cochrane analysis has looked at 78 randomized controlled studies and shown that masks didn't stop transmission, didn't stop hospitalization, and didn't lessen deaths. In other words, the masks on a population level had no influence over the spread of COVID. Again, the Flat Earth Society cannot listen and absorb these facts. They want the masks to come back.

In addition, the Flat Earth Society also wants to mandate three COVID vaccines for kids despite no evidence that COVID vaccines reduce transmission, hospitalization, or death for adolescents. Yet, to this very day, Senate pages are required to get three vaccines in order to participate in the program.

I rise today out of a desire to protect the health of the young men and women who serve as Senate pages. I think we can all agree that the Senate wouldn't function very well without the pages.

The very first page was a 9-year-old boy named Grafton Hanson. He was appointed by DANIEL WEBSTER back in 1829. In those days, the pages had to refill the inkwells and clean out the spittoons. Things have changed a little bit around here since then. The work isn't quite as messy anymore, but it is still a high-pressure job for a high school student.

From day one, our country's response to the pandemic made the comfortable more comfortable while the working class had to keep on working. And now, in the Halls of Congress, a privileged class can choose whether to get vaccinated while an underclass must abide by COVID dictates. Think about it. The antiquarians of the Senate are not required to be vaccinated, but the young, healthy people—at zero risk for death from COVID—are being forced to be vaccinated three times.

To become a Senate page, you must get a COVID–19 booster shot, but study after study demonstrates that for young and healthy people, the risks posed by the vaccine are greater than the risk from COVID. Let me be clear about that. This is for young, healthy adolescents; the facts are different.

If you are elderly or infirm or have other risk factors, the risks of the disease outweigh the risks of the vaccine, but for young, healthy people, none of them will die from COVID. Almost all of them have either had a vaccine or had the disease or both, but we are mandating that they have three vaccines.

Study after study shows that it makes no sense to mandate COVID vaccinations for teenagers who are healthy and that such a mandate actually may be dangerous to adolescents. A study published last year in the Journal of the American Medical Association Cardiology examined 23 million people ages 12 and up across Denmark, Finland, Norway, and Sweden. It found that after two doses of mRNA vaccine, ''the risk of myocarditis was higher within 28 days of vaccination.'' So they had a risk of developing a heart inflammation within 28 days of the vaccination compared with the group who was unvaccinated and that the risk increased with each successive dose.

So there is a risk, particularly for the ages between 16 and 24, of an inflammation of the heart, and it increases with each successive dose. So if you are going to mandate three vaccines on a group of kids who have zero risk of dying and the vaccine doesn't prevent transmission, protects no one, all you are doing is adding a risk to their health. And for goodness' sake, in a free country, couldn't we let them make their own medical decisions?

This is exactly why European countries, including Germany, France, Finland, Sweden, Denmark, and Norway, restrict the use of mRNA vaccines for COVID. There are rules for young people. Yet the policy for the Senate pages blindly commands three vaccines for young, healthy people.

A study published in December in the Journal of Medical Ethics found that per million third doses, booster doses, of COVID vaccine, up to 147 cases of myocarditis may be caused in males ages 18 to 29; up to 80 percent of those diagnosed with vaccine-induced myocarditis or pericarditis continue to struggle with cardiac inflammation more than 3 months after receiving a second dose.

Yet, remember, this is a group of people who have zero deaths—zero deaths. There are no deaths of young, healthy people from COVID, and we are mandating that they take three vaccines. We are supposed to be the leaders in this country. What science are we looking at? What science are we obeying? We are reacting in an emotional way. We are promoting hysteria and leading with the wrong example.

Recently, Dr. Vinay Prasad and Dr. Benjamin Knudsen published a review in the European Journal of Clinical Investigation that examined 29 studies across three continents. Six of the 29 studies showed that after two doses of mRNA vaccine, more than 1 in 10,000 males between the ages of 12 and 24 would experience myocarditis.

Think about it. To be a page up here, you send a perfectly healthy young man or woman up here, and then you give them the risk of a serious heart inflammation over a disease that is evolving every 3 or 4 months—such that the vaccine is good for about 3 or 4 months, until it is no longer good—for a disease that was never deadly for children.

Initially, the argument was: Oh, we have to stop the children from transmitting it to the old people. It doesn't