

a prescription for it, if a patient has seen an advertisement for such medication, even if such medication is not the most clinically appropriate for the patient or if a lower cost generic medication may be available.

(7) According to a 2011 Congressional Budget Office report, the average number of prescriptions written for newly approved brand-name drugs with direct-to-consumer advertising was 9 times greater than the average number of prescriptions written for newly approved brand-name drugs without direct-to-consumer advertising.

(8) The Centers for Medicare & Medicaid Services is the single largest drug payer in the United States. Between 2016 and 2018, 58 percent of the \$560,000,000,000 in Medicare drug spending was for advertised drugs, and in 2018 alone, the 20 most advertised drugs on television cost Medicare and Medicaid a combined \$34,000,000,000.

(9) A 2021 Government Accountability Office report found that direct-to-consumer advertising may have contributed to increases in Medicare beneficiary use and spending among certain drugs.

(10) The American Medical Association has passed resolutions supporting the requirement for price transparency in any direct-to-consumer advertising, stating that such advertisements on their own “inflate demand for new and more expensive drugs, even when these drugs may not be appropriate”.

(11) A 2019 study published in the *Journal of the American Medical Association* found that health care consumers dramatically underestimate their out-of-pocket costs for certain expensive medications, but once they learn the wholesale acquisition cost (in this section referred to as the “WAC”) of the product, they are far better able to approximate their out-of-pocket costs.

(12) Approximately half of Americans have high-deductible health plans, under which they often pay the list price of a drug until their insurance deductible is met. All of the top Medicare prescription drug plans use co-insurance rather than fixed-dollar copayments for medications on nonpreferred drug tiers, exposing beneficiaries to WAC prices.

(13) Section 119 of division CC of the Consolidated Appropriations Act, 2021 (Public Law 116-260) requires the Secretary of Health and Human Services to increase the use of real-time benefit tools to lower beneficiary costs. However, there still remains a lack of available pricing tools, so patients may not learn of their medication's cost until after being given a prescription for the medication. A 2013 study published in *The Oncologist* found that one-quarter of all cancer patients chose not to fill a prescription due to cost.

(14) The Federal Government already exercises its authority to oversee certain aspects of direct-to-consumer drug advertising, including required disclosures of information related to side effects, contraindications, and effectiveness.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) a lack of transparency in pricing for pharmaceuticals has led to a lack of competition for such pharmaceuticals, as evidenced by a finding by the Department of Health and Human Services that “Consumers of pharmaceuticals are currently missing information that consumers of other products can more readily access, namely the list price of the product, which acts as a point of comparison when judging the reasonableness of prices offered for potential substitute products” (84 Fed. Reg. 20735);

(2) in an age where price information is ubiquitous, the prices of pharmaceuticals remain shrouded in secrecy and limited to those who subscribe to expensive drug price reporting services, which typically include

pharmaceutical manufacturers or other health care industry entities and not the general public;

(3) greater insight and transparency into drug prices will help consumers know if they can afford to complete a course of therapy before deciding to initiate that course of therapy;

(4) price shopping is the mark of rational economic behavior, and markets operate more efficiently when consumers have relevant information about a product, including its price, before making an informed decision about whether to buy that product;

(5) providing consumers with basic price information may result in the selection of lesser cost alternatives, all else being equal relative to the patient's care, and is integral to providing adequate competition in the market;

(6) the WAC is a factual, objective, and uncontroversial definition for the list price of a medication, in that it is defined in statute, reflects an understood place in the supply chain, and is at the sole discretion of the manufacturer to set;

(7) there is a governmental interest in ensuring that consumers who seek to purchase pharmaceuticals for purposes of promoting their health and safety understand the objective list price of any pharmaceutical that they are encouraged through advertisements to purchase, which allows consumers to make informed purchasing decisions; and

(8) there is a governmental interest in mitigating wasteful expenditures and promoting the efficient administration of the Medicare program by slowing the growth of Federal spending on prescription drugs.

SEC. 3. REQUIREMENT THAT DIRECT-TO-CONSUMER ADVERTISEMENTS FOR PRESCRIPTION DRUGS AND BIOLOGICAL PRODUCTS INCLUDE AN APPROPRIATE DISCLOSURE OF PRICING INFORMATION.

Part A of title XI of the Social Security Act is amended by adding at the end the following new section:

“SEC. 1150D. REQUIREMENT THAT DIRECT-TO-CONSUMER ADVERTISEMENTS FOR PRESCRIPTION DRUGS AND BIOLOGICALS INCLUDE AN APPROPRIATE DISCLOSURE OF PRICING INFORMATION.

“(a) REQUIREMENT.—

“(1) IN GENERAL.—Subject to paragraph (2), not later than July 1, 2026, the Secretary shall require that each direct-to-consumer advertisement for a prescription drug or biological product for which payment is available under title XVIII or XIX and that is required to include the information relating to side effects, contraindications, and effectiveness described in section 202.1(e)(1) of title 21, Code of Federal Regulations (or any successor regulation) also include an appropriate disclosure of pricing information, as described in subsection (b), with respect to such prescription drug or biological product.

“(2) EXEMPTION.—The requirement under paragraph (1) shall not apply to a prescription drug or biological product for which the wholesale acquisition cost for a 30-day supply of (or, if applicable, a typical course of treatment as set forth in the approved label for the primary indication addressed in the advertisement for) such prescription drug or biological product is less than \$35.

“(b) APPROPRIATE DISCLOSURE OF PRICING INFORMATION.—For the purposes of subsection (a), an appropriate disclosure of pricing information, with respect to a prescription drug or biological product—

“(1) shall clearly and conspicuously disclose the wholesale acquisition cost for a 30-day supply of (or, if applicable, a typical course of treatment for) such prescription drug or biological product; and

“(2) may explain that a consumer may pay a different amount for such prescription drug or biological product than such wholesale acquisition cost depending on the health insurance coverage of the consumer.

“(c) RULEMAKING.—Not later than 1 year after the date of enactment of this section, the Secretary shall promulgate final regulations to carry out this section, including establishing requirements for—

“(1) the visual and audio components, with respect to each medium of direct-to-consumer advertisement, to communicate the wholesale acquisition cost of the advertised prescription drug or biological product; and

“(2) the amount of time for a manufacturer to update any direct-to-consumer advertisement to reflect any change to the wholesale acquisition cost of the advertised prescription drug or biological product.

“(d) SANCTIONS.—Any manufacturer of a prescription drug or biological product, or an agent of such manufacturer, that violates the requirement of this section may be subject to a civil money penalty of not more than \$100,000 for each such violation. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to civil money penalties under the preceding sentence in the same manner as they apply to a penalty or proceeding under section 1128A(a).

“(e) PUBLIC REPORTING.—In order to enforce the requirement under this section, the Secretary may use information reported about manufacturers that fail to comply with such requirement.

“(f) DEFINITIONS.—In this section:

“(1) BIOLOGICAL PRODUCT.—The term ‘biological product’ means any biological product (as defined in section 351(i) of the Public Health Service Act) that is licensed by the Food and Drug Administration pursuant to section 351 and is subject to the requirements of section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act.

“(2) PRESCRIPTION DRUG.—The term ‘prescription drug’ means any drug (as defined in section 201(g) of the Federal Food, Drug, and Cosmetic Act) that has been approved by the Food and Drug Administration pursuant to section 505 of such Act and is subject to the requirements of section 503(b)(1) of such Act.

“(3) WHOLESALE ACQUISITION COST.—The term ‘wholesale acquisition cost’ has the meaning given such term in section 1847A(c)(6)(B).

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for the purposes of carrying out this section.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 31—CALLING ON THE GOVERNMENT OF PANAMA TO EXPEL OFFICIALS AND INTERESTS OF THE PEOPLE'S REPUBLIC OF CHINA AND TERMINATE CHINESE MANAGEMENT OF KEY PANAMANIAN PORTS

Mr. SCHMITT (for himself, Mr. COTTON, Mr. MARSHALL, Mrs. BRITT, Mrs. BLACKBURN, and Mr. RICKETTS) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 31

Whereas the strategic location of the Panama Canal is vital to global trade and the security of the Western Hemisphere;

Whereas Panamanians and Americans have invested significantly to secure the sovereignty, stability, and prosperity of Panama, including the construction, defense,

and transfer of the Panama Canal, ensuring it remains a critical asset for global commerce;

Whereas the construction of the Panama Canal by the United States required more than a decade of work (1904-1914), involved tens of thousands of workers, and cost approximately \$375,000,000, equivalent to more than \$10,000,000,000 in 2025, with thousands of workers losing their lives due to disease and hazardous conditions;

Whereas the defense and operation of the Panama Canal during the 20th century further demonstrated the United States' commitment, at significant financial and human cost, to maintaining the vital global trade route;

Whereas the Treaty Concerning the Permanent Neutrality and Operation of the Panama Canal, signed at Washington September 7, 1977 (commonly referred to as the "Neutrality Treaty"), prohibits actions that undermine the canal's neutrality or threaten United States security interests and grants the United States the right to act, unilaterally if necessary, to defend the canal's neutrality and ensure its operational security;

Whereas the Neutrality Treaty obligates Panama and the United States to act against any threat to the neutrality or peaceful operation of the Panama Canal, including undue foreign control over its infrastructure or management;

Whereas when President Carter ratified the Neutrality Treaty, President Carter accepted a legally binding condition to the Treaty, adopted by the United States Senate, establishing an independent right of the United States to intervene militarily, consistent with United States constitutional processes, to reopen or restore the operations of the Panama Canal, as the United States deems necessary, to ensure the canal remains open, neutral, secure, and accessible;

Whereas the People's Republic of China, through state-owned enterprises and Chinese government-affiliated private entities, has expanded its influence with key infrastructure projects and ports around the world, including in Panama, raising concerns about undue leverage and potential threats to free and fair navigation and trade;

Whereas the People's Republic of China Belt and Road Initiative fosters economic dependence and exerts outsized geopolitical influence through its investments;

Whereas Panama joined the Belt and Road Initiative in December 2018;

Whereas the involvement of Chinese government-affiliated enterprises in the construction, management, and maintenance of other critical infrastructure, such as a proposed fourth bridge spanning the Panama Canal, calls into question the ability of Panama and the United States to defend the canal's neutrality and ensure its operational security;

Whereas two major ports in Panama, the ports of Balboa and Cristobal, are currently managed by Chinese-affiliated entities, such as Hutchison Ports, a Hong Kong-based operator with significant ties to China's economic and political ecosystem, threatening the sovereignty of Panama and the security of the Western Hemisphere;

Whereas the involvement of officials from the People's Republic of China and entities that are subject to the National Security Law of the People's Republic of China and similar laws in Panamanian ports and infrastructure compromises international security and disrupts critical trade routes;

Whereas the People's Republic of China's control over portions of the infrastructure of the Panama Canal poses a direct threat to the national security and strategic interests of the United States;

Whereas allowing foreign exploitation of Panama's ports and infrastructure undermines the sacrifices made to secure Panama's independence and the shared values between Panama and the United States; and

Whereas the United States and Panama have a long history of partnership and shared commitment to democratic governance, sovereignty, and the rule of law: Now, therefore, be it

Resolved, That the Senate—

(1) expresses profound concern about the presence and influence of the People's Republic of China in Panamanian ports and infrastructure, particularly in facilities of strategic significance such as the ports of Balboa and Cristobal;

(2) calls upon the Government of Panama to—

(A) reaffirm its commitment to the "permanent neutrality" of the Panama Canal as defined by the Neutrality Treaty by seeking management structures that ensure unbiased, equitable access for vessels of all nations;

(B) review and terminate agreements allowing Chinese state-owned enterprises or China-based so-called private entities to manage strategic infrastructure, including the ports of Balboa and Cristobal;

(C) expel all officials from the People's Republic of China operating within Panamanian ports and other critical infrastructure projects; and

(D) reaffirm its commitment to maintaining the sovereignty of Panama and protecting the security of the Western Hemisphere by seeking partnerships that align with democratic values and mutual respect;

(3) urges the Government of the United States to—

(A) leverage provisions in the Neutrality Treaty, including Condition (1), to monitor and address threats to the neutrality of the Panama Canal, acting decisively to counter undue foreign influence;

(B) provide technical, financial, and strategic support to Panama as it seeks to assert sovereignty over its critical infrastructure and reduce its dependence on entities affiliated with the People's Republic of China;

(C) strengthen collaboration with Panama and other allies in the region to promote transparent and sustainable investments in infrastructure projects;

(D) establish a framework to restore operational control of the Panama Canal to a collaborative partnership between the United States and Panama, which should honor the spirit of the Neutrality Treaty, respect Panama's sovereignty, and incorporate United States expertise and resources to benefit both nations;

(E) offer significant United States investments to modernize Panama's canal infrastructure and provide alternatives to Chinese-funded projects; and

(F) develop a joint United States-Panama task force to oversee canal security and operations, enhancing regional security and ensuring freedom of navigation;

(4) encourages Panama and other regional and global allies to monitor and counter efforts by authoritarian regimes to exploit economic vulnerabilities to gain strategic leverage in the Western Hemisphere; and

(5) directs that the Secretary of the Senate transmit a copy of this resolution to the President of the United States, the Secretary of State, the President of Panama, and the National Assembly of Panama.

SENATE RESOLUTION 32—DESIGNATING JANUARY 23, 2025, AS "MATERNAL HEALTH AWARENESS DAY"

Mr. BOOKER (for himself, Mrs. BRITT, Ms. ROSEN, Mr. WELCH, Mr. HICKENLOOPER, Mr. LUJÁN, Mr. WYDEN, and Mr. VAN HOLLEN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 32

Whereas each year in the United States, approximately 800 women die as a result of complications related to pregnancy and childbirth;

Whereas the pregnancy-related mortality ratio, defined as the number of pregnancy-related deaths per 100,000 live births, more than quadrupled in the United States between 1987 and 2021;

Whereas, according to the United Nations Maternal Mortality Estimation Inter-Agency Group, the United States is one of the only countries in the world with a significant percentage increase in the maternal mortality in 2020;

Whereas, of all pregnancy-related deaths that occurred in the United States in 2020—

(1) approximately 25.7 percent occurred during pregnancy;

(2) approximately 11.1 percent occurred during childbirth;

(3) approximately 16.2 percent occurred 1 to 6 days postpartum;

(4) approximately 20.2 percent occurred 7 to 42 days postpartum; and

(5) approximately 26.9 percent occurred between 43 days and 1 year postpartum.

Whereas 83.5 percent of pregnancy-related deaths in the United States are considered preventable;

Whereas, each year, as many as 60,000 women in the United States suffer from a severe maternal morbidity, which includes unexpected outcomes of labor and delivery that can result in significant short- and long-term health consequences;

Whereas approximately 20 percent of mothers who give birth in the United States report experiencing mistreatment;

Whereas postpartum depression affects a significant percentage of new mothers who give birth, with estimates ranging from 10 to 20 percent of mothers who give birth experiencing depressive symptoms during the first year after childbirth, but many postpartum depression cases go undiagnosed and untreated, often due to a lack of screening;

Whereas various social and systemic factors can influence maternal health outcomes and contribute to disparities in care;

Whereas significant disparities in maternal health outcomes exist in the United States, including that—

(1) the pregnancy-related mortality ratio for Black women is nearly 3 times higher than that of White women;

(2) the pregnancy-related mortality ratio for American Indian and Alaska Native women is more than twice as high as White women;

(3) the pregnancy-related mortality ratio for Black, American Indian, and Alaska Native women with at least some college education is higher compared to women of all other racial and ethnic backgrounds with less than a high school diploma;

(4) the rate of severe maternal morbidity for Black and Asian-Pacific Islander women is approximately twice as high as the rate for White women;

(5) women who live in rural areas have a greater rate of severe maternal morbidity and mortality compared to women who live in urban areas;