To ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees.

IN THE SENATE OF THE UNITED STATES

MARCH 14, 2018

Ms. Collins (for herself, Mrs. McCaskill, Mr. Barrasso, Ms. Stabenow, and Mr. Cassidy) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees.

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

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the “Patient Right to Know Drug Prices Act”. 
SEC. 2. PROHIBITION ON LIMITING CERTAIN INFORMATION ON DRUG PRICES.

(a) EXCHANGE PLANS.—Section 1311(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(e)) is amended by adding at the end the following:

“(4) INFORMATION ON PRESCRIPTION DRUGS.—The Exchange shall require health plans seeking certification as qualified health plans to ensure that—

“(A) the health insurance issuer does not restrict any pharmacy that dispenses a prescription drug to an enrollee in the plan from informing (or penalize such pharmacy for informing) an enrollee of any differential between the price of the drug to the enrollee under the plan and the price the individual would pay for the drug if the enrollee obtained the drug without using any health insurance coverage; and

“(B) any entity that provides pharmacy benefits management services under a contract with any such health plan does not, with respect to such plan or any health benefits plan that the entity contracts with to provide pharmacy benefits management services and that is offered by an entity other than such sponsor or organization, restrict a pharmacy that dispenses
a prescription drug from informing (or penalize such pharmacy for informing) an enrollee of any differential between the price of the drug to the enrollee under the plan and the price the individual would pay for the drug if the enrollee obtained the drug without using any health insurance coverage.”.

(b) Other Health Plans.—The provisions of section 1311(e)(4) of the Patient Protection and Affordable Care Act (as added by subsection (a)) shall apply to all health insurance issuers with respect to health insurance coverage and to all group health plans (as such terms are defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91)).