

116TH CONGRESS
1ST SESSION

S. 709

To establish an interactive dashboard to allow the public to review information on the price and utilization of prescription drugs purchased by Federal programs.

IN THE SENATE OF THE UNITED STATES

MARCH 7, 2019

Mr. CASEY (for himself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish an interactive dashboard to allow the public to review information on the price and utilization of prescription drugs purchased by Federal programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Prescription Drug
5 Pricing Dashboard Act”.

6 **SEC. 2. PRESCRIPTION DRUG PRICING DASHBOARD.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services (referred to in this section as the “Sec-
9 retary”) shall establish, and annually update, an inter-

1 active internet website-based dashboard, through which
2 patients, clinicians, researchers, and the public can review
3 information on the price and utilization of prescription
4 drugs purchased by Federal programs, and view pricing
5 trends over time.

6 (b) CONTENT.—

7 (1) GENERAL INFORMATION.—The internet
8 website established under subsection (a) shall pro-
9 vide at least the following information with respect
10 to a drug:

11 (A) The brand and generic name.

12 (B) Consumer-friendly information of the
13 drug’s uses and other relevant clinical informa-
14 tion.

15 (C) The manufacturer.

16 (D) For each Federal program (which
17 shall include the Medicare program under title
18 XVIII of the Social Security Act (42 U.S.C.
19 1395 et seq.), the Medicaid program under title
20 XIX of the Social Security Act (42 U.S.C. 1396
21 et seq.), the Federal Employees Health Benefits
22 Program established under chapter 89 of title
23 5, United States Code, and any other Federal
24 program, as determined by the Secretary), the

1 following information regarding program spend-
2 ing for each drug:

3 (i) The average Federal and, as appli-
4 cable State, spending per dosage unit in
5 the preceding 2 fiscal years.

6 (ii) The percentage change in spend-
7 ing on the drug per dosage unit from the
8 preceding year, and to the extent feasible,
9 from the preceding 5 to 10 fiscal years.

10 (iii) The change in average spending
11 per dosage unit in the preceding 2 fiscal
12 years.

13 (iv) The annual growth rate in aver-
14 age spending per dosage unit in the pre-
15 ceding 5 fiscal years.

16 (v) Total spending for the preceding
17 fiscal year.

18 (vi) The number of individuals receiv-
19 ing such drug under the program in the
20 preceding fiscal year.

21 (vii) Average spending on the drug
22 per beneficiary for the preceding fiscal
23 year.

24 (viii) With respect to a drug covered
25 under part B of such title XVIII the aver-

1 age sales price as determined under section
2 1847A of the Social Security Act (42
3 U.S.C. 1395w-3a) for the preceding fiscal
4 year.

5 (ix) Consumer-friendly information
6 about the average, highest, and lowest out-
7 of-pocket cost for the drug (such as copay-
8 ment or coinsurance amounts) for an indi-
9 vidual enrolled in a State plan under such
10 title XIX or the Medicare program under
11 such title XVIII (including parts B and D
12 of such title) in the preceding fiscal year or
13 in the preceding plan year in the case of
14 part D of such title, including such costs
15 under such part before, during, and after
16 the coverage gap described in subpara-
17 graphs (C) and (D) section 1860D-2(b)(2)
18 of the Social Security Act (42 U.S.C.
19 1395w-102(b)(2)).

20 (x) Such additional information per-
21 taining to Federal expenditures on, or con-
22 sumer out-of-pocket costs for, drugs, as
23 the Secretary determines appropriate.

24 (2) HIGHLIGHTED DRUGS.—The Secretary shall
25 identify, in a separate element of the dashboard—

1 (A) for each Federal program described in
2 paragraph (1)(D), the 15 drugs with the high-
3 est total program spending, including, for drugs
4 covered under the Medicaid program, the me-
5 dian State spending per dosage unit;

6 (B) the 15 drugs with the highest total
7 Federal spending across all such Federal pro-
8 grams;

9 (C) any drugs with annual per-user spend-
10 ing under any such program, based on claims
11 data analysis, that, for the first reporting year
12 is \$10,000 or more per user, and, in subsequent
13 reporting years, is priced at or above the rate,
14 as determined by the Secretary, that is
15 \$10,000, increased by the medical care con-
16 sumer price index; and

17 (D) the drugs ranked among the top 10
18 highest unit costs increases (if not already iden-
19 tified) for any such Federal program.

20 (3) DATA FILES.—The interactive internet
21 website-based dashboard described in this subsection
22 shall include machine-readable data files.

23 (4) ADDITIONAL INFORMATION.—The Secretary
24 may include such additional information (not other-
25 wise prohibited in law from being disclosed) on the

1 website-based dashboard that would provide pa-
2 tients, clinicians, researchers, and the public with in-
3 formation about prescription drugs and their prices
4 as the Secretary determines appropriate.

5 (c) PLAN TO INCORPORATE DATA FROM OTHER
6 PROGRAMS.—

7 (1) EXPANSION OF DASHBOARD.—Within 2
8 years of the date of enactment of the Prescription
9 Drug Pricing Dashboard Act, the Secretary shall
10 submit to the Committee on Finance, the Committee
11 on Health, Education, Labor, and Pensions, the
12 Committee on Armed Services, the Committee on
13 Veterans' Affairs, and the Special Committee on
14 Aging of the Senate and the Committee on Ways
15 and Means, the Committee on Energy and Com-
16 merce, the Committee on Armed Services, and the
17 Committee on Veterans' Affairs of the House of
18 Representatives, a report that includes a plan to ex-
19 pand the dashboard under this section to include
20 data on Federal expenditures on, and patient out-of-
21 pocket costs for, drugs under the TRICARE pro-
22 gram, the health program of the Department of Vet-
23 erans Affairs, and qualified health plans purchased
24 through an American Health Benefits Exchange or
25 other private health insurance coverage.

1 (2) CONSULTATION.—In preparing the report
2 in paragraph (1), the Secretary shall consult with
3 the Secretary of Defense and the Secretary of Vet-
4 erans Affairs.

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