S. 977

To address the high cost of prescription drugs.

IN THE SENATE OF THE UNITED STATES

APRIL 1, 2019

Mr. SCOTT of Florida (for himself and Mr. HAWLEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the high cost of prescription drugs.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Transparent Drug Pricing Act of 2019”.

SEC. 2. PRICE TRANSPARENCY AT PHARMACIES.

Section 1927(g)(2) of the Social Security Act (42 U.S.C. 1396r–8(g)(2)) is amended by adding at the end the following new subparagraph:

“(E) DISCLOSURE OF DRUG PRICES AT POINT OF SALE.—Beginning January 1, 2022,
as part of a State’s drug use review program, applicable State law shall require pharmacists to disclose to customers, at the point of sale of any prescription drug—

“(i) the customer’s out-of-pocket cost with respect to acquisition of such drug under the health plan in which the customer is enrolled, if applicable; and

“(ii) the cost to the consumer for acquisition of the drug without using any health plan.”.

SEC. 3. REQUIREMENTS WITH RESPECT TO PRESCRIPTION DRUG COST-SHARING.

Subpart II of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–11 et seq.) is amended by adding at the end the following:

“SEC. 2729A. REQUIREMENTS WITH RESPECT TO PRESCRIPTION DRUG COST-SHARING.

“(a) CREDIT TOWARDS DEDUCTIBLE.—With respect to any enrollee in a health plan or individual or group health insurance coverage who pays out-of-pocket for the full cost of a prescription drug, the group health plan or health insurance issuer offering such health insurance coverage shall credit the full amount such enrollee paid for

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such drug towards any deductible under the plan or coverage applicable to prescription drugs.

“(b) Establishment of Co-Payments for Certain Prescription Drugs.—

“(1) In general.—A group health plan or a health insurance issuer offering group or individual health insurance coverage shall, not later than 60 days before the first annual open enrollment period after the date of enactment of the Transparent Drug Pricing Act of 2019, and 60 days before each annual open enrollment period thereafter, publish a list of the co-payment amounts for the applicable plan year with respect to each prescription drug covered under the plan or coverage.

“(2) Prohibition on changes in co-payment amounts.—A group health plan or health insurance issuer described in paragraph (1) may not change the co-payment amount published in accordance with paragraph (1) until the next plan year.

“(3) Calculation of out-of-pocket costs.—A group health plan or a health insurance issuer offering group or individual health insurance coverage shall provide a mechanism that enables enrollees in the plan or coverage to determine the projected total out-of-pocket costs of an enrollee in the
plan or coverage for each prescription drug covered
under such plan or coverage.”.

SEC. 4. INTERNATIONAL RETAIL LIST PRICE INDEX.

(a) In General.—The retail list price in the United
States for a drug approved under subsection (c) or (j) of
section 505 of the Federal Food, Drug, and Cosmetic Act
(21 U.S.C. 355) or a biological product licensed under
subsection (a) or (k) of section 351 of the Public Health
Service Act (42 U.S.C. 262) may not exceed the lowest
retail list price for the drug among Canada, France, the
United Kingdom, Japan, or Germany.

(b) Sunset.—The requirement under subsection (a)
shall terminate on the date that is 5 years after the date
of enactment of this Act.