

116TH CONGRESS
1ST SESSION

S. _____

To address the high cost of prescription drugs.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To address the high cost of prescription drugs.

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 “Transparent Drug
5 Pricing Act of 2019”.

6 **SEC. 2. PRICE TRANSPARENCY AT PHARMACIES.**

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

10 “(E) DISCLOSURE OF DRUG PRICES AT
11 POINT OF SALE.—Beginning January 1, 2022,
12 as part of a State’s drug use review program,

1 applicable State law shall require pharmacists
2 to disclose to customers, at the point of sale of
3 any prescription drug—

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

8 “(ii) the cost to the consumer for ac-
9 quisition of the drug without using any
10 health plan.”.

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

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

16 **“SEC. 2729A. REQUIREMENTS WITH RESPECT TO PRESCRIP-**
17 **TION DRUG COST-SHARING.**

18 “(a) CREDIT TOWARDS DEDUCTIBLE.—With respect
19 to any enrollee in a health plan or individual or group
20 health insurance coverage who pays out-of-pocket for the
21 full cost of a prescription drug, the group health plan or
22 health insurance issuer offering such health insurance cov-
23 erage shall credit the full amount such enrollee paid for
24 such drug towards any deductible under the plan or cov-
25 erage applicable to prescription drugs.

1 “(b) ESTABLISHMENT OF CO-PAYMENTS FOR CER-
2 TAIN PRESCRIPTION DRUGS.—

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

13 “(2) PROHIBITION ON CHANGES IN CO-PAY-
14 MENT AMOUNTS.—A group health plan or health in-
15 surance issuer described in paragraph (1) may not
16 change the co-payment amount published in accord-
17 ance with paragraph (1) until the next plan year.

18 “(3) CALCULATION OF OUT-OF-POCKET
19 COSTS.—A group health plan or a health insurance
20 issuer offering group or individual health insurance
21 coverage shall provide a mechanism that enables en-
22 rollees in the plan or coverage to determine the pro-
23 jected total out-of-pocket costs of an enrollee in the
24 plan or coverage for each prescription drug covered
25 under such plan or coverage.”.

1 **SEC. 4. INTERNATIONAL RETAIL LIST PRICE INDEX.**

2 (a) IN GENERAL.—The retail list price in the United
3 States for a drug approved under subsection (c) or (j) of
4 section 505 of the Federal Food, Drug, and Cosmetic Act
5 (21 U.S.C. 355) or a biological product licensed under
6 subsection (a) or (k) of section 351 of the Public Health
7 Service Act (42 U.S.C. 262) may not exceed the lowest
8 retail list price for the drug among Canada, France, the
9 United Kingdom, Japan, or Germany.

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