

117TH CONGRESS
1ST SESSION

H. R. 1829

To require the Government Accountability Office to study the role pharmaceutical benefit managers play in the pharmaceutical supply chain and provide Congress with appropriate policy recommendations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2021

Mrs. HARSHBARGER (for herself and Mr. CARTER of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Government Accountability Office to study the role pharmaceutical benefit managers play in the pharmaceutical supply chain and provide Congress with appropriate policy recommendations, and for other purposes.

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 “Pharmacy Benefit
5 Manager Accountability Study Act of 2021”.

1 **SEC. 2. GAO STUDY.**

2 Not later than 1 year after the date of enactment
3 of this Act, the Comptroller General of the United States
4 shall submit to the Committee on Ways and Means, the
5 Committee on Energy and Commerce, and the Committee
6 on Education and Labor of the House of Representatives
7 and to the Committee on Finance and the Committee on
8 Health, Education, Labor, and Pensions of the Senate a
9 report that—

10 (1) addresses, at minimum—

11 (A) the role that pharmacy benefit man-
12 agers play in the pharmaceutical supply chain;

13 (B) the state of competition among phar-
14 macy benefit managers, including the market
15 share for the Nation's 10 largest pharmacy
16 benefit managers;

17 (C) the use of rebates and fees by phar-
18 macy benefit managers, including data for each
19 of the 10 largest pharmacy benefit managers
20 that reflects, for each drug in the formulary of
21 each such pharmacy benefit manager—

22 (i) the amount of the rebate passed on
23 to patients;

24 (ii) the amount of the rebate passed
25 on to payors;

1 (iii) the amount of the rebate kept by
2 the pharmacy benefit manager; and

3 (iv) the role of fees charged by the
4 pharmacy benefit manager;

5 (D) whether pharmacy benefit managers
6 structure their formularies in favor of high-re-
7 bate prescription drugs over lower-cost, lower-
8 rebate alternatives;

9 (E) the average prior authorization ap-
10 proval time for each of the 10 largest pharmacy
11 benefit managers;

12 (F) factors affecting the use of step ther-
13 apy in each of the 10 largest pharmacy benefit
14 managers; and

15 (G) the extent to which the price that
16 pharmacy benefit managers charge payors, such
17 as the Medicare program under title XXVIII of
18 the Social Security Act (42 U.S.C. 1395 et
19 seq.), State Medicaid programs under title XIX
20 of the Social Security Act (42 U.S.C. 1396 et
21 seq.), the Federal Employees Health Benefits
22 Program under chapter 89 of title 5, United
23 States Code, or private payors, for a drug is
24 more than such pharmacy benefit managers pay
25 the pharmacy for the drug; and

1 (2) provides recommendations for legislative ac-
2 tion to lower the cost of prescription drugs for con-
3 sumers and payors, improve the efficiency of the
4 pharmaceutical supply chain by lowering inter-
5 mediary costs, improve competition in pharmacy
6 benefit management, and provide transparency in
7 pharmacy benefit management.

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