....
(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

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.

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IN THE HOUSE OF REPRESENTATIVES

Mrs. HARSHBARGER introduced the following bill; which was referred to the Committee on _____

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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".

SEC. 2. GAO STUDY.

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

(1) addresses, at minimum—

(A) the role that pharmacy benefit managers play in the pharmaceutical supply chain;

(B) the state of competition among pharmacy benefit managers, including the market share for the Nation's 10 largest pharmacy benefit managers;

(C) the use of rebates and fees by pharmacy benefit managers, including data for each of the 10 largest pharmacy benefit managers that reflects, for each drug in the formulary of each such pharmacy benefit manager—

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

(ii) the amount of the rebate passed 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

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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.