118TH CONGRESS	C	
1st Session	5.	

To amend title XIX of the Social Security Act to improve transparency and prevent the use of abusive spread pricing and related practices in the Medicaid program.

IN THE SENATE OF THE UNITED STATES

Mr. Welch (for himself and Mr. Marshall) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To amend title XIX of the Social Security Act to improve transparency and prevent the use of abusive spread pricing and related practices in the Medicaid program.

- 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 "Drug Price Trans-
- 5 parency in Medicaid Act of 2023".
- 6 SEC. 2. IMPROVING TRANSPARENCY AND PREVENTING THE
- 7 USE OF ABUSIVE SPREAD PRICING AND RE-
- 8 LATED PRACTICES IN MEDICAID.
- 9 (a) Pass-Through Pricing Required.—

1	(1) In General.—Section 1927(e) of the So-
2	cial Security Act (42 U.S.C. 1396r–8(e)) is amended
3	by adding at the end the following:
4	"(6) Pass-through pricing required.—A
5	contract between the State and a pharmacy benefit
6	manager (referred to in this paragraph as a 'PBM'),
7	or a contract between the State and a managed care
8	entity or other specified entity (as such terms are
9	defined in section $1903(m)(9)(D)$) that includes pro-
10	visions making the entity responsible for coverage of
11	covered outpatient drugs dispensed to individuals en-
12	rolled with the entity, shall require that payment for
13	such drugs and related administrative services (as
14	applicable), including payments made by a PBM on
15	behalf of the State or entity, is based on a pass-
16	through pricing model under which—
17	"(A) any payment made by the entity or
18	the PBM (as applicable) for such a drug—
19	"(i) is limited to—
20	"(I) ingredient cost; and
21	"(II) a professional dispensing
22	fee that is not less than the profes-
23	sional dispensing fee that the State
24	plan or waiver would pay if the plan

1	or waiver was making the payment di-
2	rectly;
3	"(ii) is passed through in its entirety
4	by the entity or PBM to the pharmacy or
5	provider that dispenses the drug; and
6	"(iii) is made in a manner that is con-
7	sistent with section 1902(a)(30)(A) and
8	sections 447.512, 447.514, and 447.518 of
9	title 42, Code of Federal Regulations (or
10	any successor regulation) as if such re-
11	quirements applied directly to the entity or
12	the PBM, except that any payment by the
13	entity or the PBM (as applicable) for the
14	ingredient cost of a covered outpatient
15	drug dispensed by providers and phar-
16	macies referenced in clauses (i) or (ii) of
17	section 447.518(a)(1) of title 42, Code of
18	Federal Regulations (or any successor reg-
19	ulation) shall be the same as the payment
20	amount for the ingredient cost when dis-
21	pensed by providers and pharmacies not
22	referenced in such clauses, and in no case
23	shall payment for the ingredient cost of a
24	covered outpatient drug be based on the
25	actual acquisition cost of a drug dispensed

1	by providers and pharmacies referenced in
2	such clauses or take into account a drug's
3	status as a drug purchased at a discounted
4	price by a provider or pharmacy referenced
5	in such clauses;
6	"(B) payment to the entity or the PBM
7	(as applicable) for administrative services per-
8	formed by the entity or PBM is limited to a
9	reasonable administrative fee that covers the
10	reasonable cost of providing such services;
11	"(C) the entity or the PBM (as applicable)
12	shall make available to the State, and the Sec-
13	retary upon request, all costs and payments re-
14	lated to covered outpatient drugs and accom-
15	panying administrative services incurred, re-
16	ceived, or made by the entity or the PBM, in-
17	cluding ingredient costs, professional dispensing
18	fees, administrative fees, post-sale and post-in-
19	voice fees, discounts, or related adjustments
20	such as direct and indirect remuneration fees,
21	and any and all other remuneration; and
22	"(D) any form of spread pricing whereby
23	any amount charged or claimed by the entity or
24	the PBM (as applicable) is in excess of the
25	amount paid to the pharmacies on behalf of the

1	entity, including any post-sale or post-invoice
2	fees, discounts, or related adjustments such as
3	direct and indirect remuneration fees or assess-
4	ments (after allowing for a reasonable adminis-
5	trative fee as described in subparagraph (B)) is
6	not allowable for purposes of claiming Federal
7	matching payments under this title.".
8	(2) Conforming Amendment.—Section
9	1903(m)(2)(A)(xiii) of such Act (42 U.S.C.
10	1396b(m)(2)(A)(xiii)) is amended—
11	(A) by striking "and (III)" and inserting
12	"(III)";
13	(B) by inserting before the period at the
14	end the following: ", and (IV) pharmacy benefit
15	management services provided by the entity, or
16	provided by a pharmacy benefit manager on be-
17	half of the entity under a contract or other ar-
18	rangement between the entity and the phar-
19	macy benefit manager, shall comply with the re-
20	quirements of section 1927(e)(6)"; and
21	(C) by moving the left margin 2 ems to the
22	left.
23	(3) Effective date.—The amendments made
24	by this subsection apply to contracts between States
25	and managed care entities, other specified entities,

1	or pharmacy benefits managers that are entered into
2	or renewed on or after the date that is 18 months
3	after the date of enactment of this Act.
4	(b) Ensuring Accurate Payments to Phar-
5	MACIES UNDER MEDICAID.—
6	(1) In General.—Section 1927(f) of the Social
7	Security Act (42 U.S.C. 1396r–8(f)) is amended—
8	(A) by striking "and" after the semicolon
9	at the end of paragraph (1)(A)(i) and all that
10	precedes it through "(1)" and inserting the fol-
11	lowing:
12	"(1) Determining Pharmacy actual acqui-
13	SITION COSTS.—The Secretary shall conduct a sur-
14	vey of retail community pharmacy drug prices to de-
15	termine the national average drug acquisition cost as
16	follows:
17	"(A) USE OF VENDOR.—The Secretary
18	may contract services for—
19	"(i) with respect to retail community
20	pharmacies, the determination of retail
21	survey prices of the national average drug
22	acquisition cost for covered outpatient
23	drugs based on a monthly survey of such
24	pharmacies; and";

1	(B) by adding at the end of paragraph (1)
2	the following:
3	"(F) Survey reporting.—In order to
4	meet the requirement of section 1902(a)(54), a
5	State shall require that any retail community
6	pharmacy in the State that receives any pay-
7	ment, reimbursement, administrative fee, dis-
8	count, or rebate related to the dispensing of
9	covered outpatient drugs to individuals receiv-
10	ing benefits under this title, regardless of
11	whether such payment, fee, discount, or rebate
12	is received from the State or a managed care
13	entity directly or from a pharmacy benefit man-
14	ager or another entity that has a contract with
15	the State or a managed care entity, shall re-
16	spond to surveys of retail prices conducted
17	under this subsection.
18	"(G) Survey information.—Information
19	on national drug acquisition prices obtained
20	under this paragraph shall be made publicly
21	available and shall include at least the fol-
22	lowing:
23	"(i) The monthly response rate of the
24	survey including a list of pharmacies not in
25	compliance with subparagraph (F).

1	"(ii) The sampling frame and number
2	of pharmacies sampled monthly.
3	"(iii) Information on price concessions
4	to the pharmacy, including discounts, re-
5	bates, and other price concessions, to the
6	extent that such information is available
7	during the survey period.
8	"(H) Report on specialty phar-
9	MACIES.—
10	"(i) In General.—Not later than 1
11	year after the effective date of this sub-
12	paragraph, the Secretary shall submit a re-
13	port to Congress examining specialty drug
14	coverage and reimbursement under this
15	title.
16	"(ii) Content of Report.—Such re-
17	port shall include a description of how
18	State Medicaid programs define specialty
19	drugs and specialty pharmacies, how much
20	State Medicaid programs pay for specialty
21	drugs, how States and managed care plans
22	determine payment for specialty drugs, the
23	settings in which specialty drugs are dis-
24	pensed (such as retail community phar-
25	macies or specialty pharmacies), to what

1	extent acquisition costs for specialty drugs
2	are captured in the national average drug
3	acquisition cost survey or through another
4	process, examples of specialty drug dis-
5	pensing fees to support the services associ-
6	ated with dispensing specialty drugs, and
7	recommendations as to whether specialty
8	pharmacies should be included in the sur-
9	vey of retail prices to ensure national aver-
10	age drug acquisition costs capture drugs
11	sold at specialty pharmacies and how such
12	specialty pharmacies should be defined.";
13	(C) in paragraph (2)—
14	(i) in subparagraph (A), by inserting
15	", including payments rates under Med-
16	icaid managed care plans," after "under
17	this title"; and
18	(ii) in subparagraph (B), by inserting
19	"and the basis for such dispensing fees"
20	before the semicolon; and
21	(D) in paragraph (4), by inserting ", and
22	\$5,000,000 for fiscal year 2025 and each fiscal
23	year thereafter," after "2010".
24	(2) Effective date.—The amendments made
25	by this subsection take effect on the first day of the

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1 first quarter that begins on or after the date that is

2 18 months after the date of enactment of this Act.