

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To amend the reporting requirements.

**IN THE SENATE OF THE UNITED STATES—117th Cong., 2d Sess.**

**S. 4293**

To prevent unfair and deceptive acts or practices and the dissemination of false information related to pharmacy benefit management services for prescription drugs, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mrs. BLACKBURN  
to the amendment (No. \_\_\_\_\_) proposed by Ms.  
CANTWELL

Viz:

1       On page 8, between lines 12 and 13, insert the fol-  
2       lowing:

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

10               (1) addresses, at minimum—

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

3 (B) the state of competition among phar-  
4 macy benefit managers, including the market  
5 share for the Nation's 10 largest pharmacy  
6 benefit managers;

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

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

14 (ii) the amount of the rebate passed  
15 on to payors;

16 (iii) the amount of the rebate kept by  
17 the pharmacy benefit manager; and

18 (iv) the role of fees charged by the  
19 pharmacy benefit manager;

20 (D) whether pharmacy benefit managers  
21 structure their formularies in favor of high-re-  
22 bate prescription drugs over lower-cost, lower-  
23 rebate alternatives;

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

4 (F) factors affecting the use of step ther-  
5 apy in each of the 10 largest pharmacy benefit  
6 managers; and

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

18 (2) provides recommendations for legislative ac-  
19 tion to lower the cost of prescription drugs for con-  
20 sumers and payors, improve the efficiency of the  
21 pharmaceutical supply chain by lowering inter-  
22 mediary costs, improve competition in pharmacy  
23 benefit management, and provide transparency in  
24 pharmacy benefit management.