

118TH CONGRESS
1ST SESSION

H. R. 5150

To direct the Secretary of Defense to submit to Congress a report evaluating beneficiary access to TRICARE network pharmacies.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 4, 2023

Mr. NEGUSE introduced the following bill; which was referred to the
Committee on Armed Services

A BILL

To direct the Secretary of Defense to submit to Congress a report evaluating beneficiary access to TRICARE network pharmacies.

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. REPORT ON ACCESS OF TRICARE BENE-**
4 **FICIARIES TO NETWORK RETAIL PHAR-**
5 **MACIES.**

6 (a) REPORT REQUIRED.—Not later than 180 days
7 after the date of the enactment of this Act, the Secretary
8 of Defense shall submit to Congress a report evaluating
9 beneficiary access to TRICARE network pharmacies

1 under the TPharm5 contract and changes in beneficiary
2 access versus the TPharm4 contract.

3 (b) ELEMENTS.—The report required under sub-
4 section (a) shall include the following:

5 (1) An analysis of pharmacy access in rural
6 areas under such contracts, including:

7 (A) The number of TRICARE bene-
8 ficiaries and number of TRICARE network re-
9 tail pharmacies located in rural areas.

10 (B) The average drive time to the nearest
11 TRICARE network retail pharmacy for a bene-
12 ficiary residing in rural areas.

13 (C) The number of beneficiaries who live
14 farther than a 15-minute drive to a TRICARE
15 retail network pharmacy.

16 (D) An assessment of medication compli-
17 ance rates for beneficiaries residing in rural
18 areas for the three years prior to October 24,
19 2022, compared to the period-to-date following
20 October 24, 2022.

21 (2) An analysis of TRICARE retail pharmacy
22 network capabilities under such contracts, including
23 the number of network pharmacies offering—

24 (A) long-term care services;

1 (B) prescription drug compounding serv-
2 ices; and

3 (C) home infusion therapy services.

4 (3) An analysis of affected beneficiaries and
5 their use of the TRICARE Pharmacy program
6 under TPharm4 and TPharm5, including:

7 (A) Data on affected beneficiaries' use of
8 MTF pharmacies, TRICARE mail order pro-
9 gram, Accredo, departed retail pharmacies, net-
10 work retail pharmacies.

11 (B) An assessment of medication compli-
12 ance rates for affected beneficiaries for the
13 three years prior to October 24, 2022, com-
14 pared to the period-to-date following October
15 24, 2022.

16 (C) Data on affected beneficiaries' use of
17 pharmacies that offer long-term care services,
18 compound pharmacies, home infusion therapy.

19 (D) The number of affected beneficiaries
20 and number of total TRICARE beneficiaries by
21 age group: under age 18, 18–24, 25–44, 45–64,
22 65–79, 80 and older.

23 (4) An analysis on the effect on long-term care
24 residents under TPharm4 and TPharm5, including:

1 (A) The number of beneficiaries who filled
2 at least one prescription at a pharmacy that
3 provides long-term care services.

4 (B) The number of beneficiaries who filled
5 prescriptions at a single long-term care phar-
6 macy only with no prescriptions filled via mail
7 order, MTF pharmacy, or another retail phar-
8 macy.

9 (5) An analysis of non-network pharmacy use
10 by TRICARE beneficiaries under TPharm4 and
11 TPharm5, disaggregated by rural beneficiaries, non-
12 rural beneficiaries, affected beneficiaries, rural af-
13 fected beneficiaries, and non-rural affected bene-
14 ficiaries:

15 (A) The number of beneficiaries who used
16 a non-network pharmacy.

17 (B) The number of non-network claims
18 submitted.

19 (C) For all non-network claims sub-
20 mitted—

21 (i) the average TRICARE allowed
22 amount per prescription;

23 (ii) the average TRICARE amount
24 paid per prescription; and

1 (iii) the average beneficiary out-of-
2 pocket cost per prescription.

3 (c) DEFINITIONS.—In this section:

4 (1) The term “affected beneficiary” means a
5 beneficiary who filled at least one prescription in the
6 year preceding October 24, 2022, at a departed
7 pharmacy.

8 (2) The term “beneficiary” has the meaning
9 given that term in section 1074g(i) of title 10,
10 United States Code.

11 (3) The term “departed retail pharmacy”
12 means a retail pharmacy that participated in the
13 TRICARE network in September 2022 but left the
14 network with the transition to the TPharm5 con-
15 tract.

16 (4) The term “network pharmacy” means a re-
17 tail pharmacy described in section
18 1074g(a)(2)(E)(ii) of title 10, United States Code.

19 (5) The term “rural”—

20 (A) with regards to a location, has the
21 meaning given such term in section 343(a) of
22 the Consolidated Farm and Rural Development
23 Act (7 U.S.C. 1991(a)); and

24 (B) with regards to a beneficiary, has the
25 meaning used by the Secretary of Defense in

1 the administration of section 1074g of title 10,
2 United States Code.

3 (6) The term “TPharm4” means the period
4 covered by the 4th Generation pharmacy contract
5 under TRICARE prior to October 24, 2022, when
6 the retail network reduction went into effect.

7 (7) The term “TPharm5” means the period
8 covered by the 5th Generation pharmacy contract
9 under TRICARE to date.

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