

118TH CONGRESS
2D SESSION

H. R. 8987

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to ensure cost sharing for a drug does not exceed the nationwide average of consumer purchase prices for such drug.

IN THE HOUSE OF REPRESENTATIVES

JULY 10, 2024

Ms. PORTER (for herself, Ms. DELAURO, Mr. GRIJALVA, Mr. COHEN, and Ms. OMAR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to ensure cost sharing for a drug does not exceed the nationwide average of consumer purchase prices for such drug.

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 “Lowest Price for Pa-
5 tients Act of 2024”.

1 **SEC. 2. ENSURING COST SHARING FOR A DRUG DOES NOT**
2 **EXCEED THE NATIONWIDE AVERAGE OF CON-**
3 **SUMER PURCHASE PRICES FOR SUCH DRUG.**

4 (a) PHSA.—Subpart II of part A of title XXVII of
5 the Public Health Service Act (42 U.S.C. 300gg–11 et
6 seq.) is amended by adding at the end the following new
7 section:

8 **“SEC. 2730. LIMITATION ON COST SHARING FOR DRUGS.**

9 “(a) IN GENERAL.—For plan years beginning on or
10 after the date of the enactment of this section, a group
11 health plan, and a health insurance issuer offering group
12 or individual health insurance coverage, may not impose
13 cost sharing (including deductibles, coinsurance, and co-
14 payments) with respect to a covered outpatient drug for
15 which benefits are available under such plan or coverage
16 dispensed by an in-network pharmacy in an amount that
17 exceeds the nationwide average of consumer purchase
18 prices for such drug for the 1-year period ending on the
19 first day of such plan year (as determined using informa-
20 tion from the survey described in section 1927(f)(1)(A)(i)
21 of the Social Security Act).

22 “(b) CLARIFICATION ON APPLICATION TO PHARMACY
23 BENEFIT MANAGERS.—A group health plan, and a health
24 insurance issuer offering group or individual health insur-
25 ance coverage, shall ensure that any pharmacy benefit
26 manager providing services under the plan or coverage

1 complies with subsection (a) in the same manner as such
2 subsection applies with respect to such plan or issuer.

3 “(c) DEFINITIONS.—In this section:

4 “(1) COVERED OUTPATIENT DRUG.—The term
5 ‘covered outpatient drug’ has the meaning given
6 such term in section 1927(k) of the Social Security
7 Act.

8 “(2) IN-NETWORK PHARMACY.—The term ‘in-
9 network pharmacy’ means, with respect to a group
10 health plan or group or individual health insurance
11 coverage and a drug, a pharmacy with a contractual
12 relationship in effect for dispensing such drug under
13 such plan or coverage.”.

14 (b) ERISA.—

15 (1) IN GENERAL.—Subpart B of part 7 of sub-
16 title B of title I of the Employee Retirement Income
17 Security Act of 1974 (29 U.S.C. 1185 et seq.) is
18 amended by adding at the end the following new sec-
19 tion:

20 **“SEC. 726. LIMITATION ON COST SHARING FOR DRUGS.**

21 “(a) IN GENERAL.—For plan years beginning on or
22 after the date of the enactment of this section, a group
23 health plan, and a health insurance issuer offering group
24 coverage, may not impose cost sharing (including
25 deductibles, coinsurance, and copayments) with respect to

1 a covered outpatient drug for which benefits are available
2 under such plan or coverage dispensed by an in-network
3 pharmacy in an amount that exceeds the nationwide aver-
4 age of consumer purchase prices for such drug for the 1-
5 year period ending on the first day of such plan year (as
6 determined using information from the survey described
7 in section 1927(f)(1)(A)(i) of the Social Security Act).

8 “(b) CLARIFICATION ON APPLICATION TO PHARMACY
9 BENEFIT MANAGERS.—A group health plan, and a health
10 insurance issuer offering group health insurance coverage,
11 shall ensure that any pharmacy benefit manager providing
12 services under the plan or coverage complies with sub-
13 section (a) in the same manner as such subsection applies
14 with respect to such plan or issuer.

15 “(c) DEFINITIONS.—In this section:

16 “(1) COVERED OUTPATIENT DRUG.—The term
17 ‘covered outpatient drug’ has the meaning given
18 such term in section 1927(k) of the Social Security
19 Act.

20 “(2) IN-NETWORK PHARMACY.—The term ‘in-
21 network pharmacy’ means, with respect to a group
22 health plan or group health insurance coverage and
23 a drug, a pharmacy with a contractual relationship
24 in effect for dispensing such drug under such plan
25 or coverage.”.

1 (2) CLERICAL AMENDMENT.—The table of con-
 2 tents in section 1 of such Act is amended by insert-
 3 ing after the item relating to section 715 the fol-
 4 lowing new item:

“Sec. 726. Limitation on cost sharing for drugs.”.

5 (c) IRC.—

6 (1) IN GENERAL.—Subchapter B of chapter
 7 100 of the Internal Revenue Code of 1986 is amend-
 8 ed by adding at the end the following new section:

9 **“SEC. 9826. LIMITATION ON COST SHARING FOR DRUGS.**

10 “(a) IN GENERAL.—For plan years beginning on or
 11 after the date of the enactment of this section, a group
 12 health plan may not impose cost sharing (including
 13 deductibles, coinsurance, and copayments) with respect to
 14 a covered outpatient drug for which benefits are available
 15 under such plan dispensed by an in-network pharmacy in
 16 an amount that exceeds the nationwide average of con-
 17 sumer purchase prices for such drug for the 1-year period
 18 ending on the first day of such plan year (as determined
 19 using information from the survey described in section
 20 1927(f)(1)(A)(i) of the Social Security Act).

21 “(b) CLARIFICATION ON APPLICATION TO PHARMACY
 22 BENEFIT MANAGERS.—A group health plan shall ensure
 23 that any pharmacy benefit manager providing services
 24 under the plan complies with subsection (a) in the same

1 manner as such subsection applies with respect to such
2 plan.

3 “(c) DEFINITIONS.—In this section:

4 “(1) COVERED OUTPATIENT DRUG.—The term
5 ‘covered outpatient drug’ has the meaning given
6 such term in section 1927(k) of the Social Security
7 Act.

8 “(2) IN-NETWORK PHARMACY.—The term ‘in-
9 network pharmacy’ means, with respect to a group
10 health plan and a drug, a pharmacy with a contrac-
11 tual relationship in effect for dispensing such drug
12 under such plan.”.

13 (2) CLERICAL AMENDMENT.—The table of sec-
14 tions for such subchapter is amended by adding at
15 the end the following new item:

“Sec. 9826. Limitation on cost sharing for drugs.”.

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