

118TH CONGRESS
1ST SESSION

S. 2405

To amend title XVIII of the Social Security Act to assure pharmacy access and choice for Medicare beneficiaries.

IN THE SENATE OF THE UNITED STATES

JULY 20, 2023

Mr. THUNE (for himself, Mr. BROWN, Mr. BARRASSO, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to assure pharmacy access and choice for Medicare beneficiaries.

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 “Strengthening Phar-
5 macy Access for Seniors Act”.

6 **SEC. 2. ASSURING PHARMACY ACCESS AND CHOICE FOR**
7 **MEDICARE BENEFICIARIES.**

8 Section 1860D–4(b)(1) of the Social Security Act (42
9 U.S.C. 1395w–104(b)(1)) is amended by adding at the
10 end the following new subparagraph:

1 “(F) LIMITED ACCESS DRUGS.—

2 “(i) LIMITATION ON RESTRICTIONS OR
3 LIMITS ON ACCESS.—For each plan year
4 (beginning with plan year 2026), a PDP
5 sponsor offering a prescription drug plan
6 or pharmacy benefit manager—

7 “(I) may not restrict or limit ac-
8 cess to any covered part D drug to a
9 subset of their network pharmacies,
10 other than with respect to a limited
11 access drug, as defined in clause (v);
12 and

13 “(II) shall record in writing the
14 rationale for why a covered part D
15 drug meets the definition of a limited
16 access drug under clause (v) and
17 maintain written records of any such
18 rationales, if such plan restricts or
19 limits access to a limited access drug
20 to a subset of network pharmacies.

21 “(ii) ANNUAL SUBMISSION OF INFOR-
22 MATION TO THE SECRETARY ON LIMITED
23 ACCESS DRUGS.—For each plan year (be-
24 ginning with plan year 2026), each PDP
25 sponsor offering a prescription drug plan

1 shall submit to the Secretary, at a time
2 and in a manner specified by the Sec-
3 retary, with respect to each prescription
4 drug plan offered by the sponsor during
5 such plan year—

6 “(I) a list of all covered part D
7 drugs that the PDP sponsor des-
8 ignated as a limited access drug;

9 “(II) the written rationales for
10 why any covered part D drugs listed
11 under subclause (I) meet the defini-
12 tion of a limited access drug;

13 “(III) the requirements imposed
14 on network pharmacies to ensure ap-
15 propriate handling and dispensing of
16 the covered part D drugs listed under
17 subclause (I);

18 “(IV) the percentages of covered
19 part D drugs listed under subclause
20 (I) that are dispensed through retail
21 pharmacies, specialty pharmacies,
22 mail order pharmacies, or other dis-
23 pensing channels as defined by the
24 PDP sponsor, respectively, during the

1 most recent plan year for which such
2 data are available;

3 “(V) the annual percentage of
4 covered part D drugs listed under
5 subclause (I) that are dispensed
6 through pharmacies wholly or par-
7 tially owned by, or otherwise affiliated
8 with (such as through common owner-
9 ship), the plan or pharmacy benefit
10 manager; and

11 “(VI) any other information de-
12 termined appropriate by the Sec-
13 retary.

14 “(iii) PHARMACY ACCESS TO LIMITED
15 ACCESS DRUG INFORMATION.—For plan
16 years beginning with plan year 2026, upon
17 the request of a network pharmacy, a PDP
18 sponsor of a prescription drug plan (or a
19 pharmacy benefit manager acting on behalf
20 of such sponsor) shall present such phar-
21 macy, on a timely basis (as determined by
22 the Secretary), with information specific to
23 any covered part D drug listed under sub-
24 clause (II) of clause (i) of this subpara-
25 graph, along with the rationale for its des-

1 ignation as a limited access drug (as de-
2 scribed in subclause (II) of clause (ii)) and
3 the requirements imposed with respect to
4 such drug (as described in subclause (III)
5 of clause (ii)). Any PDP sponsor or phar-
6 macy benefit manager that provides false
7 information upon such a request or that
8 fails to provide the information requested
9 on a timely basis shall be found in viola-
10 tion of this subsection.

11 “(iv) HHS ANNUAL REPORT ON LIM-
12 ITED ACCESS DRUGS.—Not later than De-
13 cember 31, 2027, and annually thereafter,
14 the Secretary shall submit to the Com-
15 mittee on Finance of the Senate, and the
16 Committee on Ways and Means and the
17 Committee on Energy and Commerce of
18 the House of Representatives a report on
19 compliance by PDP sponsors with the re-
20 quirements under this subparagraph. Each
21 such report shall include—

22 “(I) a description of the patterns,
23 trends, variations, and rationales for
24 the designation by PDP sponsors of
25 certain covered part D drugs as lim-

1 ited access drugs described in clause
2 (v), and the implications of such des-
3 ignations on beneficiary access to such
4 covered part D drugs;

5 “(II) a description of the infor-
6 mation submitted to the Secretary
7 under clause (ii) (in a manner that
8 does not disclose the identity of a
9 pharmacy, a PDP sponsor, a prescrip-
10 tion drug plan, or pharmacy benefit
11 manager, or any proprietary pricing
12 information); and

13 “(III) any other information de-
14 termined appropriate by the Sec-
15 retary.

16 “(v) LIMITED ACCESS DRUG DE-
17 FINED.—In this subparagraph, the term
18 ‘limited access drug’ means a covered part
19 D drug that meets at least one of the fol-
20 lowing:

21 “(I) The Food and Drug Admin-
22 istration has restricted distribution of
23 such covered part D drug to certain
24 facilities or physicians.

1 “(II) The dispensing of such cov-
2 ered part D drug requires extraor-
3 dinary special handling, provider co-
4 ordination, or patient education that
5 cannot be met by a network phar-
6 macy.”.

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