117TH CONGRESS
1ST SESSION

S. ___

To require the Government Accountability Office to study the role pharma-
ceutical benefit managers play in the pharmaceutical supply chain and
provide Congress with appropriate policy recommendations, and for other
purposes.

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IN THE SENATE OF THE UNITED STATES

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Mrs. BLACKBURN (for herself and Mr. BRAUN) introduced the following bill;
which was read twice and referred to the Committee on
_____

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A BILL

To require the Government Accountability Office to study
the role pharmaceutical benefit managers play in the
pharmaceutical supply chain and provide Congress with
appropriate policy recommendations, and for other pur-
poses.

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 "Pharmacy Benefit

5 Manager Accountability Study Act of 2021".

1 **SEC. 2. GAO STUDY.**

2   Not later than 1 year after the date of enactment

3 of this Act, the Comptroller General of the United States

4 shall submit to the Committee on Finance and the Com-

5 mittee on Health, Education, Labor, and Pensions of the

6 Senate and to the Committee on Ways and Means and

7 the Committee on Energy and Commerce of the House

8 of Representatives a report that—

9   (1) addresses, at minimum—

10   (A) the role that pharmacy benefit man-

11   agers play in the pharmaceutical supply chain;

12   (B) the state of competition among phar-

13   macy benefit managers, including the market

14   share for the Nation's 10 largest pharmacy

15   benefit managers;

16   (C) the use of rebates and fees by phar-

17   macy benefit managers, including data for each

18   of the 10 largest pharmacy benefit managers

19   that reflects, for each drug in the formulary of

20   each such pharmacy benefit manager—

21   (i) the amount of the rebate passed on

22   to patients;

23   (ii) the amount of the rebate passed

24   on to payors;

25   (iii) the amount of the rebate kept by

26   the pharmacy benefit manager; and

1   (iv) the role of fees charged by the

2   pharmacy benefit manager;

3   (D) whether pharmacy benefit managers

4   structure their formularies in favor of high-re-

5   bate prescription drugs over lower-cost, lower-

6   rebate alternatives;

7   (E) the average prior authorization ap-

8   proval time for each of the 10 largest pharmacy

9   benefit managers;

10   (F) factors affecting the use of step ther-

11   apy in each of the 10 largest pharmacy benefit

12   managers; and

13   (G) the extent to which the price that

14   pharmacy benefit managers charge payors, such

15   as the Medicare program under title XXVIII of

16   the Social Security Act (42 U.S.C. 1395 et

17   seq.), State Medicaid programs under title XIX

18   of the Social Security Act (42 U.S.C. 1396 et

19   seq.), the Federal Employees Health Benefits

20   Program under chapter 89 of title 5, United

21   States Code, or private payors, for a drug is

22   more than such pharmacy benefit managers pay

23   the pharmacy for the drug; and

24   (2) provides recommendations for legislative ac-

25 tion to lower the cost of prescription drugs for con-

1   sumers and payors, improve the efficiency of the

2   pharmaceutical supply chain by lowering inter-

3   mediary costs, improve competition in pharmacy

4   benefit management, and provide transparency in

5   pharmacy benefit management.