

119TH CONGRESS  
2D SESSION

# H. R. 10133

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.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 20, 2026

Ms. SCHOLTEN 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 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

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## 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 “Fair Prescription Pric-  
5 ing Act of 2026”.

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.—Part D of title XXVII of the Public  
5 Health Service Act (42 U.S.C. 300gg–111 et seq.) is  
6 amended by adding at the end the following new section:

7 **“SEC. 2799A–12. LIMITATION ON COST SHARING FOR**  
8 **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. 727. 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. 727. 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. 9827. 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. 9827. Limitation on cost sharing for drugs.”.

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