

114TH CONGRESS
1ST SESSION

H. R. 1600

To amend title XXVII of the Public Health Service Act to limit co-payment, coinsurance, or other cost-sharing requirements applicable to prescription drugs in a specialty drug tier to the dollar amount (or its equivalent) of such requirements applicable to prescription drugs in a non-preferred brand drug tier, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2015

Mr. MCKINLEY (for himself, Mrs. CAPPS, Mr. HECK of Nevada, Mr. JOHNSON of Georgia, Mr. HARPER, Mr. DAVID SCOTT of Georgia, Mr. YOUNG of Alaska, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. FITZPATRICK, Mr. PRICE of North Carolina, Ms. ESHOO, Mr. CARTWRIGHT, Mr. HIGGINS, Mr. TONKO, Mr. RYAN of Ohio, Ms. PINGREE, Ms. TSONGAS, Ms. CLARK of Massachusetts, Ms. TITUS, Mr. SCHIFF, Ms. BROWNLEY of California, Ms. GABBARD, Mr. KEATING, Mr. ISRAEL, Ms. NORTON, Mr. CARSON of Indiana, Mr. BUTTERFIELD, Mr. DEFazio, Mr. THOMPSON of Mississippi, Mr. BLUMENAUER, Mr. GARAMENDI, Mr. HASTINGS, Mr. PETERS, Mr. WALZ, Ms. SLAUGHTER, Mr. MCGOVERN, Mr. NOLAN, Mr. QUIGLEY, Mr. JOLLY, Mr. FARR, Mrs. DAVIS of California, Mr. SMITH of New Jersey, Mr. LANGEVIN, Mr. SEAN PATRICK MALONEY of New York, Mr. LOEBSACK, Mr. PAYNE, Mr. NADLER, Mr. COHEN, Mr. BEYER, Mr. DOGGETT, and Mr. RANGEL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to limit co-payment, coinsurance, or other cost-sharing requirements applicable to prescription drugs in a specialty drug tier to the dollar amount (or its equivalent) of such requirements applicable to prescription drugs

in a non-preferred brand drug tier, and for other purposes.

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 “Patients’ Access to
 5 Treatments Act of 2015”.

6 **SEC. 2. COST-SHARING REQUIREMENTS APPLICABLE TO**
 7 **PRESCRIPTION DRUGS IN A SPECIALTY DRUG**
 8 **TIER.**

9 (a) IN GENERAL.—Subpart II of part A of title
 10 XXVII of the Public Health Service Act (42 U.S.C. 300gg
 11 et seq.) is amended by adding at the end the following:

12 **“SEC. 2719B. COST-SHARING REQUIREMENTS APPLICABLE**
 13 **TO PRESCRIPTION DRUGS IN A SPECIALTY**
 14 **DRUG TIER.**

15 “(a) REQUIREMENT.—A group health plan, or a
 16 health insurance issuer offering group or individual health
 17 insurance, that provides coverage for prescription drugs
 18 and uses a formulary or other tiered cost-sharing struc-
 19 ture shall not impose cost-sharing requirements applicable
 20 to prescription drugs in a specialty drug tier that exceed
 21 the dollar amount (or its equivalent) of cost-sharing re-
 22 quirements applicable to prescription drugs in a non-pre-
 23 ferred brand drug tier (or prescription drugs in a brand
 24 drug tier if there is no non-preferred brand drug tier).

1 “(b) SPECIAL RULE.—If a formulary used by a group
2 health plan or a health insurance issuer offering group or
3 individual health insurance contains more than one non-
4 preferred brand drug tier, then the requirements of sub-
5 section (a) shall be applied with respect to the non-pre-
6 ferred brand drug tier for which beneficiary cost-sharing
7 is lowest.

8 “(c) DEFINITIONS.—In this section:

9 “(1) The term ‘cost-sharing’ includes co-pay-
10 ment and coinsurance.

11 “(2) The term ‘drug tier’ means, with respect
12 to a group health plan or health insurance issuer of-
13 fering group or individual health insurance coverage
14 that uses a formulary or other cost-sharing struc-
15 ture, a category of drugs—

16 “(A) within such formulary or structure
17 for which the total dollar amount of cost-shar-
18 ing requirements for any drug does not vary by
19 more than ten percent from the total dollar
20 amount of cost-sharing requirements for any
21 other drug; and

22 “(B) that are prescription drugs.

23 “(3) The term ‘non-preferred brand drug tier’
24 means, with respect to a group health plan or health
25 insurance issuer offering group or individual health

1 insurance coverage that uses a formulary or other
2 tiered cost-sharing structure, a category of drugs—

3 “(A) within a drug tier in such formulary
4 or structure for which beneficiary cost-sharing
5 is greater than drug tiers for generic drugs or
6 preferred brand drugs in the formulary or
7 structure;

8 “(B) that are prescription drugs; and

9 “(C) that are not included within a spe-
10 cialty drug tier.

11 “(4) The term ‘prescription drug’ means—

12 “(A) a drug subject to section 503(b)(1) of
13 the Federal Food, Drug, or Cosmetic Act; and

14 “(B) includes a drug described in subpara-
15 graph (A) that is a biological product (as de-
16 fined in section 351(i) of this Act).

17 “(5) The term ‘specialty drug tier’ means, with
18 respect to a group health plan or health insurance
19 issuer offering group or individual health insurance
20 coverage that uses a formulary or other tiered cost-
21 sharing structure, a category of drugs—

22 “(A) within a drug tier in such formulary
23 or structure for which beneficiary cost-sharing
24 is greater than drug tiers for generic drugs,

1 preferred brand drugs, or non-preferred drugs
2 in the plan's formulary; and

3 “(B) that are prescription drugs.”.

4 (b) EFFECTIVE DATE.—Section 2719B of the Public
5 Health Service Act, as added by subsection (a), applies
6 to plan years beginning on or after the date of the enact-
7 ment of this Act.

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