

1 Title: To address the high cost of prescription drugs.  
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4 Be it enacted by the Senate and House of Representatives of the United States of America in  
5 Congress assembled,

## 6 SECTION 1. SHORT TITLE.

7 This Act may be cited as the “Transparent Drug Pricing Act of 2019”.

## 8 SEC. 2. PRICE TRANSPARENCY AT PHARMACIES.

9 Section 1927(g)(2) of the Social Security Act (42 U.S.C. 1396r–8(g)(2)) is amended by adding  
10 at the end the following new subparagraph:

11 “(E) DISCLOSURE OF DRUG PRICES AT POINT OF SALE.—Beginning January 1, 2022,  
12 as part of a State’s drug use review program, applicable State law shall require  
13 pharmacists to disclose to customers, at the point of sale of any prescription drug—

14 “(i) the customer’s out-of-pocket cost with respect to acquisition of such drug  
15 under the health plan in which the customer is enrolled, if applicable; and

16 “(ii) the cost to the consumer for acquisition of the drug without using any  
17 health plan.”.

## 18 SEC. 3. REQUIREMENTS WITH RESPECT TO 19 PRESCRIPTION DRUG COST-SHARING.

20 Subpart II of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–11 et  
21 seq.) is amended by adding at the end the following:

### 22 “SEC. 2729A. REQUIREMENTS WITH RESPECT TO 23 PRESCRIPTION DRUG COST-SHARING.

24 “(a) Credit Towards Deductible.—With respect to any enrollee in a health plan or individual  
25 or group health insurance coverage who pays out-of-pocket for the full cost of a prescription  
26 drug, the group health plan or health insurance issuer offering such health insurance coverage  
27 shall credit the full amount such enrollee paid for such drug towards any deductible under the  
28 plan or coverage applicable to prescription drugs.

29 “(b) Establishment of Co-payments for Certain Prescription Drugs.—

30 “(1) IN GENERAL.—A group health plan or a health insurance issuer offering group or  
31 individual health insurance coverage shall, not later than 60 days before the first annual  
32 open enrollment period after the date of enactment of the \_\_\_\_\_ Act of \_\_\_\_, and 60 days  
33 before each annual open enrollment period thereafter, publish a list of the co-payment  
34 amounts for the applicable plan year with respect to each prescription drug covered under  
35 the plan or coverage.

36 “(2) PROHIBITION ON CHANGES IN CO-PAYMENT AMOUNTS.—A group health plan or health  
37 insurance issuer described in paragraph (1) may not change the co-payment amount

1 published in accordance with paragraph (1) until the next plan year.

2 “(3) CALCULATION OF OUT-OF-POCKET COSTS.—A group health plan or a health insurance  
3 issuer offering group or individual health insurance coverage shall provide a mechanism  
4 that enables enrollees in the plan or coverage to determine the projected total out-of-pocket  
5 costs of an enrollee in the plan or coverage for each prescription drug covered under such  
6 plan or coverage.”.

## 7 **SEC. 4. INTERNATIONAL RETAIL LIST PRICE INDEX.**

8 (a) In General.—The retail list price in the United States for a drug approved under subsection  
9 (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or a  
10 biological product licensed under subsection (a) or (k) of section 351 of the Public Health  
11 Service Act (42 U.S.C. 262) may not exceed the lowest retail list price for the drug among  
12 Canada, France, the United Kingdom, Japan, or Germany.

13 (b) Sunset.—The requirement under subsection (a) shall terminate on the date that is 5 years  
14 after the date of enactment of this Act.  
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