

115TH CONGRESS  
1ST SESSION

# H. R. 2999

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.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 2017

Mr. MCKINLEY (for himself, Mr. BUTTERFIELD, Mr. CICILLINE, Mr. SMITH of New Jersey, Mr. RYAN of Ohio, Mr. TAKANO, Mr. LANGEVIN, Mr. CONNOLLY, Mrs. NAPOLITANO, and Ms. SLAUGHTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Patients’ Access to  
3 Treatments Act of 2017”.

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

7 (a) IN GENERAL.—Subpart II of part A of title  
8 XXVII of the Public Health Service Act (42 U.S.C. 300gg  
9 et seq.) is amended by adding at the end the following:  
10 **“SEC. 2719B. COST-SHARING REQUIREMENTS APPLICABLE**  
11 **TO PRESCRIPTION DRUGS IN A SPECIALTY**  
12 **DRUG TIER.**

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

23 “(b) SPECIAL RULE.—If a formulary used by a group  
24 health plan or a health insurance issuer offering group or  
25 individual health insurance contains more than one non-  
26 preferred brand drug tier, then the requirements of sub-

1 section (a) shall be applied with respect to the non-pre-  
2 ferred brand drug tier for which beneficiary cost-sharing  
3 is lowest.

4 “(c) DEFINITIONS.—In this section:

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

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

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

18 “(B) that are prescription drugs.

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

24 “(A) within a drug tier in such formulary  
25 or structure for which beneficiary cost-sharing

1 is greater than drug tiers for generic drugs or  
2 preferred brand drugs in the formulary or  
3 structure;

4 “(B) that are prescription drugs; and

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

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

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

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

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

18 “(A) within a drug tier in such formulary  
19 or structure for which beneficiary cost-sharing  
20 is greater than drug tiers for generic drugs,  
21 preferred brand drugs, or non-preferred drugs  
22 in the plan’s formulary; and

23 “(B) that are prescription drugs.”.

24 (b) EFFECTIVE DATE.—Section 2719B of the Public  
25 Health Service Act, as added by subsection (a), applies

1 to plan years beginning on or after the date of the enact-  
2 ment of this Act.

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