

**AMENDMENT TO S. CON. RES. 3**  
**OFFERED BY MS. MICHELLE LUJAN GRISHAM OF**  
**NEW MEXICO**

At the end of title IV, add the following:

1 **SEC. \_\_\_\_ . REDUCING PRESCRIPTION DRUG COSTS FOR**  
2 **AMERICANS.**

3 (a) FINDINGS.—The House finds the following:

4 (1) The prices of many prescription drugs are  
5 skyrocketing with no apparent link to the costs of  
6 manufacturing, research and development, or any  
7 other reasonable basis.

8 (2) A 2015 article in the Journal of Economic  
9 Perspectives found that the average launch price of  
10 anticancer drugs increased by 10 percent annually—  
11 an average increase of \$8,500 per year—from 1995  
12 to 2013, after adjusting for inflation and expected  
13 health benefits of the drugs.

14 (3) A Government Accountability Office study  
15 of 75 Medicare Part B covered drugs approved by  
16 the Food and Drug Administration since 2006 found  
17 that—

1 (A) more than one in four of these new  
2 drugs had total yearly expenditures per bene-  
3 ficiary exceeding \$50,000 in 2013; and

4 (B) nearly two-thirds of these new drugs  
5 had expenditures per beneficiary in excess of  
6 \$9,000, with beneficiary cost-sharing for these  
7 drugs ranging from \$1,900 to \$107,000 per  
8 drug.

9 (4) According to Reuters, four of the top ten  
10 prescription drugs in the United States have in-  
11 creased in price by more than 100 percent since  
12 2011.

13 (5) Several companies in recent years have driv-  
14 en up their revenues and profits by exploiting flaws  
15 in the generic drug market, such as using “reverse  
16 monopoly” strategies to purchase older drugs with  
17 few or no competitors and dramatically increase  
18 their prices, with recent examples including the price  
19 of an antiparasitic drug that first came on the mar-  
20 ket six decades ago suddenly increasing by 5,500  
21 percent.

22 (6) Dramatic prescription drug price increases  
23 impact access and availability to potentially life-sav-  
24 ing drugs and increase costs for patients, providers,  
25 hospitals, and taxpayers.

1           (7) Americans spend more per capita on pre-  
2       scription drugs than people in other developed coun-  
3       tries, and they pay two to six times more for brand-  
4       name prescription drugs than people in the rest of  
5       the world pay.

6           (8) In 2014, American spending on prescription  
7       drugs increased by 13.1 percent—the largest annual  
8       increase in more than a decade. In 2015, spending  
9       grew an additional 12.2 percent.

10          (9) According to a recent Kaiser Family Foun-  
11       dation poll, 61 percent of Americans say lowering  
12       the cost of prescription drugs should be a “top pri-  
13       ority” for policymakers.

14          (10) Studies consistently show that prescription  
15       drug prices in the United States are much higher  
16       than in other developed countries.

17          (11) The Affordable Care Act provisions to  
18       close the Medicare prescription drug benefit coverage  
19       gap, or “doughnut hole”, will reduce annual average  
20       out-of-pocket costs for affected seniors by nearly  
21       \$2,000 by 2022.

22       (b) REDUCING PRESCRIPTION DRUG COSTS FOR  
23   AMERICANS.—It is the sense of Congress that rising phar-  
24   maceutical costs are a threat to the well-being of the  
25   American people, and that Congress has a responsibility

1 to act to improve access to, and affordability of, prescrip-  
2 tion drugs for all Americans and to hold pharmaceutical  
3 companies accountable for the prices they charge for crit-  
4 ical medications.

