

[DISCUSSION DRAFT]

118TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To amend title XVIII of the Social Security Act to require MA–PD plans to report certain information relating to physician-administered drugs.

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IN THE HOUSE OF REPRESENTATIVES

Mr. MURPHY introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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**A BILL**

To amend title XVIII of the Social Security Act to require  
MA–PD plans to report certain information relating to  
physician-administered drugs.

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 “\_\_\_\_\_ Act  
5       of 2024”.

1 **SEC. 2. REQUIRING MA-PD PLANS TO REPORT CERTAIN IN-**  
2 **FORMATION RELATING TO PHYSICIAN-AD-**  
3 **MINISTERED DRUGS.**

4 Section 1852 of the Social Security Act (42 U.S.C.  
5 1395w-22) is amended by adding at the end the following  
6 new subsection:

7 “(o) INFORMATION RELATING TO PHYSICIAN-ADMIN-  
8 ISTERED DRUGS.—

9 “(1) IN GENERAL.—For plan years beginning  
10 on or after January 1, 2026, an MA-PD plan  
11 shall—

12 “(A) not later than 1 year after the last  
13 day of such plan year, make public (in a man-  
14 ner determined appropriate by the Secretary)  
15 the information specified in paragraph (2) with  
16 respect to claims submitted to such plan for  
17 specified drugs administered or dispensed dur-  
18 ing such plan year; and

19 “(B) provide to each individual enrolled  
20 under such plan and to each provider with a  
21 contractual relationship in effect to furnish  
22 items and services under such plan, at a time  
23 and in a manner specified by the Secretary, a  
24 list of all specified drugs for which benefits are  
25 available under such plan only when dispensed  
26 by a pharmacy that is an affiliated provider.

1           “(2) INFORMATION DESCRIBED.—For purposes  
2           of paragraph (1), the information specified in this  
3           paragraph is, with respect to claims submitted to an  
4           MA–PD plan for specified drugs administered or  
5           dispensed during a plan year, the following:

6                   “(A) The percentage of such claims sub-  
7                   mitted by a pharmacy for drugs dispensed by  
8                   such pharmacy and the percentage of such  
9                   claims submitted by a provider other than a  
10                  pharmacy for drugs administered by such pro-  
11                  vider, both in the aggregate and broken down  
12                  by specified drug, by drug classification, and by  
13                  the CD–10 code associated with the claim.

14                   “(B) The percentage of such claims sub-  
15                   mitted by an affiliated provider and the per-  
16                   centage of such claims submitted by a provider  
17                   other than an affiliated provider, both in the  
18                   aggregate and broken down in the manner de-  
19                   scribed in subparagraph (A).

20                   “(C) For each specified drug, the average  
21                   per-milligram amount paid by the plan (net of  
22                   all rebates, discounts, or other remuneration  
23                   paid or received by the plan with respect to  
24                   such drug and including any amounts paid by

1 the individual receiving such drug as part of a  
2 cost-sharing requirement) for such drug—

3 “(i) when dispensed by a pharmacy;

4 “(ii) when dispensed by a pharmacy  
5 that is an affiliated provider;

6 “(iii) when dispensed by a pharmacy  
7 that is not an affiliated provider;

8 “(iv) when administered by a provider  
9 other than a pharmacy;

10 “(v) when administered by an affli-  
11 ated provider other than a pharmacy; and

12 “(vi) when administered by a provider  
13 (other than a pharmacy) that is not an af-  
14 filiated provider.

15 “(D) For each specified drug, the average  
16 amount paid for a milligram of such drug by an  
17 individual in cost sharing for such drug—

18 “(i) when dispensed by a pharmacy;

19 and

20 “(ii) when administered by a provider  
21 other than a pharmacy.

22 “(E) The total number of unique—

23 “(i) pharmacies that submitted a  
24 claim for a specified drug;

1 “(ii) pharmacies that were affiliated  
2 providers that submitted such a claim;

3 “(iii) pharmacies that were not affili-  
4 ated providers that submitted such a claim;

5 “(iv) providers (other than phar-  
6 macies) that submitted such a claim;

7 “(v) providers (other than phar-  
8 macies) that were affiliated providers that  
9 submitted such a claim; and

10 “(vi) providers (other than phar-  
11 macies) that were not affiliated pharmacies  
12 that submitted such a claim.

13 “(3) VOLUNTARY REPORTING OF DELAYS IN  
14 TREATMENT AND WASTED DRUGS.—

15 “(A) IN GENERAL.—Not later than Janu-  
16 ary 1, 2026, the Secretary shall establish an  
17 internet portal on the public website of the Cen-  
18 ters for Medicare & Medicaid Services through  
19 which a provider with a contractual relationship  
20 to furnish items and services under an MA–PD  
21 plan may report to the Secretary, on a quar-  
22 terly basis—

23 “(i) the quantity of specified drugs  
24 described in paragraph (1)(B) adminis-  
25 tered by such provider to an enrollee of

1           such plan during such quarter that were  
2           delayed in being so administered because  
3           such drug was not available to be acquired  
4           from an affiliated provider at the time  
5           such drug was so prescribed; and

6           “(ii) the quantity of specified drugs  
7           described in paragraph (1)(B) acquired by  
8           such provider to administer to an enrollee  
9           of such plan during such quarter that was  
10          discarded or otherwise unused because the  
11          affiliated provider from whom such pro-  
12          vider acquired such drugs furnished an in-  
13          correct dosage of such drug, an incorrect  
14          drug, or so furnished such drug too late to  
15          administer such drug to such enrollee.

16          “(B) REPORT TO CONGRESS.—For plan  
17          years beginning on or after January 1, 2026,  
18          the Secretary shall submit to the Committee on  
19          Ways and Means and the Committee on Energy  
20          and Commerce of the House of Representatives  
21          and the Committee on Finance and the Com-  
22          mittee on Health, Education, Labor, and Pen-  
23          sions of the Senate a report that contains—

1 “(i) aggregate information submitted  
2 with respect to such plan year through the  
3 portal described in subparagraph (A); and

4 “(ii) information so submitted, broken  
5 down by MA–PD plan and by the affiliated  
6 provider to whom the delay described in  
7 subparagraph (A)(i) or lack of use de-  
8 scribed in subparagraph (A)(ii) is attrib-  
9 utable.

10 “(4) DEFINITIONS.—For purposes of this sub-  
11 section:

12 “(A) AFFILIATED PROVIDER.—The term  
13 ‘affiliated provider’ means, with respect to an  
14 MA–PD plan offered by an MA organization, a  
15 pharmacy or other provider with respect to  
16 which—

17 “(i) such organization (or any person  
18 with an ownership or control interest (as  
19 defined in section 1124(a)(3)) in such or-  
20 ganization) is a person with an ownership  
21 or control interest (as so defined); or

22 “(ii) an entity offering pharmacy ben-  
23 efit management services under such plan  
24 (or any person with an ownership or con-  
25 trol interest (as so defined) in such entity)

1                   is a person with an ownership or control  
2                   interest (as so defined).

3                   “(B) SPECIFIED DRUG.—The term ‘speci-  
4                   fied drug’ means a drug for which payment  
5                   may be made under section 1842(o) when ad-  
6                   ministered by a physician.”.