

AMENDMENT TO
RULES COMMITTEE PRINT 116–41
OFFERED BY MR. STAUBER OF MINNESOTA

Add at the end of title II the following new section
(and update the table of contents accordingly):

1 **SEC. 206. REQUIREMENT TO PROVIDE 100 PERCENT OF**
2 **CERTAIN NEGOTIATED PRICE CONCESSIONS**
3 **FOR INSULIN AT POINT-OF-SALE UNDER**
4 **PART D OF MEDICARE PROGRAM.**

5 (a) IN GENERAL.—Section 1860D–2(d)(1) of the So-
6 cial Security Act (42 U.S.C. 1395w–102(d)(1)) is amend-
7 ed—

8 (1) in subparagraph (A), by striking “Under”
9 and inserting “Subject to subparagraph (D),
10 under”; and

11 (2) by adding at the end the following new sub-
12 paragraph:

13 “(D) REQUIREMENT TO PROVIDE 100 PER-
14 CENT OF CERTAIN NEGOTIATED PRICE CONCES-
15 SIONS FOR INSULIN AT POINT-OF-SALE.—For
16 plan years beginning on or after January 1,
17 2022, 100 percent of the price concessions ne-
18 gotiated between manufacturers and a prescrip-

1 tion drug plan or MA–PD plan and taken into
2 account under subparagraph (B) in determining
3 negotiated prices for covered part D drugs that
4 are insulin provided under such a plan shall be
5 provided to enrollees of such a plan at phar-
6 macies or by mail order service at the point-of-
7 sale of such drugs.”.

8 (b) STUDY AND REPORT.—Not later than two years
9 after the date of the enactment of this Act, the Comp-
10 troller General of the United States shall conduct a study
11 and submit to the Committees on Energy and Commerce,
12 Ways and Means, and Education and Labor of the House
13 of Representatives and the Committees on Finance and
14 Health, Education, Labor, and Pensions of the Senate a
15 report on the effects of the implementation of the require-
16 ment described in subparagraph (D) of section 1860D–
17 2(d)(1) of the Social Security Act (42 U.S.C. 1395w–
18 102(d)(1)), as added by subsection (a). The Comptroller
19 General shall include in such study and report an analysis
20 of each of the following:

21 (1) Any trends in the list and net prices of in-
22 sulin.

23 (2) Any savings for enrollees of prescription
24 drug plans or MA–PD plans under the Medicare
25 program as a result of such requirement.

1 (3) Any trends in out-of-pocket costs for such
2 enrollees, as compared to enrollees of employer-spon-
3 sored plans, State plans under the Medicaid pro-
4 gram, and plans offered through an Exchange estab-
5 lished under title I of Public Law 111–148.

6 (4) Pathways for the market entry of generic
7 drugs and biosimilar biological products for insulin.

8 (5) Recommendations to Congress on how to
9 enhance patient access to, and lower patient out-of-
10 pocket costs of, insulin.

