

Calendar No. _____

110TH CONGRESS
1ST SESSION**S. 3****[Report No. 110-_____]**

To amend part D of title XVIII of the Social Security Act to provide for fair prescription drug prices for Medicare beneficiaries.

IN THE SENATE OF THE UNITED STATES

JANUARY 4, 2007

Mr. REID (for himself, Mr. BAUCUS, Mr. LEAHY, Ms. MIKULSKI, Mr. SCHUMER, Mrs. CLINTON, Ms. CANTWELL, Mr. KOHL, Ms. STABENOW, Mr. WEBB, Mrs. BOXER, Mr. BROWN, Ms. KLOBUCHAR, Mr. CASEY, and Mr. LEVIN) introduced the following bill; which was read twice and referred to the Committee on Finance

APRIL _____ (legislative day, _____), 2007

Reported by Mr. BAUCUS, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

A BILL

To amend part D of title XVIII of the Social Security Act to provide for fair prescription drug prices for Medicare beneficiaries.

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; SENSE OF THE CONGRESS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the
3 “Medicare Prescription Drug Price Negotiation Act of
4 2007”.

5 (b) **SENSE OF THE CONGRESS.**—It is the sense of
6 the Congress that the Congress should enact, and the
7 President should sign, legislation to amend part D of title
8 XVIII of the Social Security Act to provide for fair pre-
9 scription drug prices for Medicare beneficiaries.

10 **SECTION 1. SHORT TITLE.**

11 *This Act may be cited as the “Medicare Fair Prescrip-*
12 *tion Drug Price Act of 2007”.*

13 **SEC. 2. REPEAL OF PROHIBITION.**

14 (a) **REPEAL OF PROHIBITION.**—

15 (1) **IN GENERAL.**—Section 1860D–11(i) of the
16 Social Security Act (42 U.S.C. 1395w–111(i)) is
17 amended by striking “the Secretary—” and all that
18 follows through “may not require” and inserting “the
19 Secretary may not require”.

20 (2) **RULE OF CONSTRUCTION.**—Nothing in the
21 amendment made by paragraph (1) shall be construed
22 as doing any of the following:

23 (A) Preventing the sponsor of a prescription
24 drug plan or an MA organization offering an
25 MA–PD plan under part D of title XVIII of the

1 *Social Security Act from obtaining a discount or*
2 *reduction of the price for a covered part D drug.*

3 *(B) Affecting the authority of the Secretary*
4 *of Health and Human Services to ensure appro-*
5 *priate and adequate access to covered part D*
6 *drugs under prescription drug plans and under*
7 *MA–PD plans under such part, including com-*
8 *pliance of such plans with formulary require-*
9 *ments under section 1860D–4(b)(3) of the Social*
10 *Security Act (42 U.S.C. 1395w–104(b)(3)).*

11 *(C) Limiting access by individuals enrolled*
12 *in such prescription drug plans and MA–PD*
13 *plans to community pharmacies.*

14 (3) CONDUCT OF NEGOTIATIONS.—Section
15 1860D–11 of the Social Security Act (42 U.S.C.
16 1395w–111) is amended by adding at the end the fol-
17 lowing new subsection:

18 “(k) EFFORTS TO PROMOTE AND ENSURE ACCESS TO
19 FAIR PRICES.—

20 “(1) USE OF AGENCY RESOURCES.—To the ex-
21 tent that the Secretary promotes and ensures access to
22 fair prices by engaging in any direct negotiations
23 with a drug manufacturer with respect to prices for
24 covered part D drugs, the Secretary—

1 “(A) may only do so utilizing the resources
 2 of the Department of Health and Human Serv-
 3 ices; and

4 “(B) may not enter into a contract with
 5 any public or private entity or enter into an
 6 Interdepartmental Agreement for the purpose of
 7 conducting such negotiations.”.

8 (b) *ACCOUNTABILITY*.—Section 1860D–11(k) of the So-
 9 cial Security Act, as added by subsection (a)(3), is amended
 10 by adding at the end the following new paragraph:

11 “(2) *ANNUAL REPORT ON EFFORTS TO PROMOTE*
 12 *AND ENSURE ACCESS TO FAIR PRICES*.—The Sec-
 13 retary shall submit to Congress an annual report on
 14 the efforts of the Secretary to promote and ensure ac-
 15 cess to fair prices for prescription drugs under this
 16 part.”.

17 (c) *EFFECTIVE DATE*.—The amendments made by this
 18 section shall take effect on the date of enactment of this Act.

19 **SEC. 3. GREATER TRANSPARENCY OF PART D PRICES AND**
 20 **INFORMATION.**

21 (a) *ACCESS OF CONGRESSIONAL SUPPORT AGENCIES*
 22 *TO DATA ON PRESCRIPTION DRUG PLANS AND MEDICARE*
 23 *ADVANTAGE PLANS*.—Section 1860D–42 of the Social Secu-
 24 rity Act (42 U.S.C. 1395w–152) is amended by adding at
 25 the end the following new subsection:

1 “(c) *PROVIDING PART D DATA TO CONGRESSIONAL*
2 *SUPPORT AGENCIES.*—

3 “(1) *IN GENERAL.*—*Notwithstanding any provi-*
4 *sion under this part that limits the use of prescrip-*
5 *tion drug data collected under this part and subject*
6 *to the restriction under paragraph (6), upon the re-*
7 *quest of a congressional support agency, the Secretary*
8 *shall provide such agency with the following data col-*
9 *lected from, or related to, prescription drug plans and*
10 *MA–PD plans:*

11 “(A) *AGGREGATE NEGOTIATED PRICE CON-*
12 *CESSIONS.*—*Aggregate negotiated price conces-*
13 *sions described in section 1860D–2(d)(2) (as de-*
14 *termined necessary and appropriate by the con-*
15 *gressional support agency to carry out the legis-*
16 *latively mandated duties of the agency).*

17 “(B) *NEGOTIATED PRICE CONCESSIONS.*—
18 *The negotiated rebates, discounts, and other price*
19 *concessions (as currently reported pursuant to*
20 *section 1860D–2(d)(2)).*

21 “(C) *DRUG CLAIMS DATA.*—*Data or a rep-*
22 *resentative sample of data regarding drug claims*
23 *submitted under section 1860D–15(c)(1)(C) (as*
24 *determined necessary and appropriate by the*

1 *congressional support agency to carry out the*
2 *legislatively mandated duties of the agency).*

3 “(D) *REINSURANCE PAYMENTS.—The*
4 *amount of reinsurance payments paid under sec-*
5 *tion 1860D–15(a)(2), provided at the plan level.*

6 “(E) *RISK-CORRIDOR PAYMENTS.—The*
7 *amount of any adjustments of payments made*
8 *under subparagraph (B) or (C) of section*
9 *1860D–15(e)(2), provided at the plan level.*

10 “(2) *PROHIBITION ON DISCLOSURE OF DATA BY*
11 *CONGRESSIONAL SUPPORT AGENCIES.—*

12 “(A) *Data provided to a congressional sup-*
13 *port agency under this subsection shall not—*

14 “(i) *be disclosed by such agency in the*
15 *performance of the agency’s duties in cases*
16 *where such disclosure by the Secretary*
17 *would be prohibited under applicable Fed-*
18 *eral law, or where such disclosure would re-*
19 *sult in the disclosure of trade secrets; and*

20 “(ii) *be disclosed, reported, or released*
21 *by such agency in identifiable form.*

22 “(B) *IDENTIFIABLE FORM.—For purposes of*
23 *subparagraph (A)(ii), the term ‘identifiable*
24 *form’ means any representation of information*
25 *described in subparagraphs (A) through (E) of*

1 *paragraph (1) that permits identification of a*
2 *specific prescription drug plan, MA–PD plan,*
3 *pharmacy benefit manager, drug manufacturer,*
4 *drug wholesaler, drug, or individual enrolled in*
5 *a prescription drug plan or an MA–PD plan*
6 *under this part.*

7 “(3) *SAFEGUARDING DATA.*—*Each congressional*
8 *support agency shall adopt and maintain reasonable*
9 *safeguards to protect against the unauthorized disclo-*
10 *sure of data provided under this subsection. Such*
11 *safeguards shall only permit the congressional support*
12 *agency to disclose the data to another agency or enti-*
13 *ty if the agency or entity is—*

14 “(A) *under a subcontract with the congres-*
15 *sional support agency to support any analysis*
16 *conducted by the congressional support agency*
17 *with respect to such data; and*

18 “(B) *is subject to the same data disclosure*
19 *provisions and safeguards as the congressional*
20 *support agency is subject to under this para-*
21 *graph and paragraph (2).*

22 “(4) *DISCLOSURE EXEMPTION.*—*Data provided*
23 *under this subsection shall be exempt from disclosure*
24 *under section 552 of title 5, United States Code.*

1 “(5) *CONGRESSIONAL SUPPORT AGENCY DE-*
2 *FINED.—In this subsection, the term ‘congressional*
3 *support agency’ means—*

4 “(A) *the Medicare Payment Advisory Com-*
5 *mission;*

6 “(B) *the Congressional Research Service;*

7 “(C) *the Congressional Budget Office; and*

8 “(D) *the Government Accountability Office.*

9 “(6) *RESTRICTION ON DISCLOSURE OF PRICE*
10 *CONCESSIONS.—The Secretary may only release data*
11 *on the negotiated price concessions described in para-*
12 *graph (1)(B) to the congressional support agency de-*
13 *scribed in paragraph (5)(C).*

14 “(7) *RULE OF CONSTRUCTION.—Nothing in this*
15 *subsection shall be construed to limit the ability of a*
16 *congressional support agency to obtain information*
17 *not described in paragraph (1).”.*

18 **(b) *STUDY ON MARKET COMPETITION AND REPORTS***
19 ***ON LIMITATIONS OF DATA ELEMENTS FOR STUDYING THE***
20 ***PRESCRIPTION DRUG PROGRAM.—***

21 **(1) *STUDY AND REPORT ON MARKET COMPETI-***
22 ***TION BY THE CONGRESSIONAL BUDGET OFFICE.—***

23 **(A) *IN GENERAL.—The Director of the Con-***
24 ***gressional Budget Office shall conduct a study on***
25 ***the effect of market competition on prices for***

1 *drugs under part D of title XVIII of the Social*
2 *Security Act (42 U.S.C. 1395w–101 et seq.) that*
3 *includes a review of—*

4 *(i) the number and extent of discounts*
5 *and other price concessions received by pre-*
6 *scription drug plans and MA–PD plans for*
7 *covered part D drugs under such part;*

8 *(ii) the relationship between such dis-*
9 *counts and price concessions and drug utili-*
10 *zation;*

11 *(iii) the relationship between such dis-*
12 *counts and price concessions and the manu-*
13 *facturer’s best price (as defined in section*
14 *1927(c)(2)(B) of the Social Security Act (42*
15 *U.S.C. 1396r–8(c)(2)(B)) for covered out-*
16 *patient drugs; and*

17 *(iv) the extent to which the efforts of*
18 *the Secretary of Health and Human Serv-*
19 *ices (as reported by the Secretary under sec-*
20 *tion 1860D–11(k) of the Social Security*
21 *Act, as added by section 2(b)) to promote*
22 *and ensure access to fair prices for prescrip-*
23 *tion drugs under such part have an effect*
24 *upon payers in non-Medicare markets.*

1 (B) *REPORT.*—Not later than 1 year after
2 the date of enactment of this Act, the Director of
3 the Congressional Budget Office shall submit a
4 report containing the results of the study con-
5 ducted under subparagraph (A).

6 (2) *REPORTS ON LIMITATIONS OF DATA ELE-*
7 *MENTS FOR STUDYING THE PRESCRIPTION DRUG PRO-*
8 *GRAM.*—Not later than 180 days after the date of en-
9 actment of this Act, the Medicare Payment Advisory
10 Commission and the Government Accountability Of-
11 fice shall each submit a report to Congress com-
12 menting on the limitations on the usefulness of the
13 data described in subparagraphs (A) through (E) of
14 section 1860D–42(c)(1), as added by subsection (a), to
15 inform Congress on negotiated prices for covered part
16 D drugs (as defined in section 1860D–2(e) of such Act
17 (42 U.S.C. 1395w–102(e)) under the Medicare pre-
18 scription drug program.

19 (c) *DISCLOSURE OF DRUG CLAIMS DATA TO THE*
20 *STATE AGENCY RESPONSIBLE FOR ADMINISTERING THE*
21 *STATE PLAN UNDER THE MEDICAID PROGRAM.*—Section
22 1860D–42 of the Social Security Act (42 U.S.C. 1395w–
23 152), as amended by subsection (a), is amended by adding
24 at the end the following new subsection:

1 “(d) *DISCLOSURE OF DRUG CLAIMS DATA TO THE*
2 *STATE AGENCY RESPONSIBLE FOR ADMINISTERING THE*
3 *STATE PLAN UNDER THE MEDICAID PROGRAM.*—*Notwith-*
4 *standing any provision under this part that limits the use*
5 *of prescription drug data collected under this part, upon*
6 *the request of a State agency with responsibility for admin-*
7 *istering the State plan under title XIX, the Secretary shall*
8 *provide such State agency with the data described in para-*
9 *graph (1)(C) of subsection (c) with respect to full-benefit*
10 *dual eligible individuals (as defined in section 1935(c)(6))*
11 *who are enrolled in the State plan. The provisions of para-*
12 *graphs (2) and (3) of subsection (c) shall apply to a State*
13 *agency with respect to data provided under this subsection*
14 *in the same manner as such provisions apply to a congres-*
15 *sional support agency with respect to data provided under*
16 *subsection (c).”.*

17 “(d) *PUBLIC DISCLOSURE OF DATA BY THE SECRETARY*
18 *OF HEALTH AND HUMAN SERVICES.*—*Section 1860D–42 of*
19 *the Social Security Act (42 U.S.C. 1395w–152), as amend-*
20 *ed by subsections (a) and (c), is amended by adding at the*
21 *end the following new subsection:*

22 “(e) *DISCLOSURE OF DRUG PRICES CHARGED TO EN-*
23 *ROLLEES.*—

24 “(1) *IN GENERAL.*—*The Secretary shall make*
25 *available to the public, upon request and in an elec-*

1 *tronic form determined appropriate by the Secretary,*
2 *data on the prices charged for each covered part D*
3 *drug under each prescription drug plan and MA–PD*
4 *plan to individuals enrolled in the plan. Such data*
5 *shall reflect actual prices posted on the Internet*
6 *website of the Centers for Medicare & Medicaid Serv-*
7 *ices and shall be made available in a manner that*
8 *permits linkage of the data to data contained in other*
9 *public prescription drug plan and MA–PD plan data*
10 *files.*

11 *“(2) NOMINAL FEE FOR DATA PROVIDED.—The*
12 *Secretary may charge a nominal fee for data pro-*
13 *vided under paragraph (1) based on the cost of pre-*
14 *paring and providing such data.”.*

15 *(e) DISSEMINATION OF RETAIL DRUG PRICES.—Sec-*
16 *tion 1860D–4(k) of the Social Security Act (42 U.S.C.*
17 *1395w–104(k)) is amended—*

18 *(1) in the heading, by striking “PHARMA-*
19 *CEUTICAL PRICES FOR EQUIVALENT DRUGS” and in-*
20 *serting “PRESCRIPTION DRUG INFORMATION AT*
21 *POINT OF SALE”;*

22 *(2) by striking “IN GENERAL.—A PDP spon-*
23 *sor” and inserting “**PHARMACEUTICAL PRICES***
24 ***FOR EQUIVALENT DRUGS.**—*

25 *“(A) IN GENERAL.—A PDP sponsor”;*

1 (3) *by redesignating paragraph (2) as subpara-*
2 *graph (B) and indenting appropriately;*

3 (4) *by redesignating subparagraphs (A) and (B)*
4 *as clauses (i) and (ii), respectively, and indenting ap-*
5 *propriately;*

6 (5) *in clause (i), as redesignated under para-*
7 *graph (4)—*

8 (A) *by striking “subparagraph (B)” and in-*
9 *serting “clause (ii)”;* and

10 (B) *by striking “paragraph (1)” and insert-*
11 *ing “subparagraph (A)”;* and

12 (6) *by adding at the end the following new para-*
13 *graph:*

14 “(2) *DRUG PRICES CHARGED TO ENROLLEES.—*

15 “(A) *IN GENERAL.—A PDP sponsor offering*
16 *a prescription drug plan shall provide that each*
17 *pharmacy that dispenses a covered part D drug*
18 *shall inform an enrollee of the price charged for*
19 *such drug under the prescription drug plan.*

20 “(B) *TIMING OF NOTICE.—The information*
21 *under subparagraph (A) shall be provided at the*
22 *time of purchase of the drug involved, including*
23 *for purchases of covered part D drugs by mail*
24 *order.”.*

1 **SEC. 4. PRIORITIZING STUDIES OF COMPARATIVE CLINICAL**
2 **EFFECTIVENESS OF COVERED PART D DRUGS.**

3 (a) *PRIORITIES.*—

4 (1) *IN GENERAL.*—*The Secretary of Health and*
5 *Human Services (in this section referred to as the*
6 *“Secretary”)* shall develop a comprehensive
7 *prioritized list of comparative clinical effectiveness*
8 *studies that are most critical to building the evidence*
9 *needed to advance value-based purchasing of covered*
10 *part D drugs (as defined in section 1860D–2(e) of the*
11 *Social Security Act (42 U.S.C. 1395w–102(e)) under*
12 *the Medicare prescription drug program under part*
13 *D of title XVIII of such Act.*

14 (2) *REQUIREMENTS.*—

15 (A) *DEVELOPMENT OF LIST.*—*In developing*
16 *the list under paragraph (1), the Secretary shall*
17 *take into account—*

18 (i) *the work the Agency for Healthcare*
19 *Research and Quality has already done to*
20 *identify needed comparative clinical effec-*
21 *tiveness and safety research on prescription*
22 *drugs, including the work identifying issues*
23 *for which existing scientific evidence is in-*
24 *sufficient under subsection (a)(3)(A)(ii) of*
25 *section 1013 of the Medicare Prescription*

1 *Drug, Improvement, and Modernization Act*
2 *of 2003 (42 U.S.C. 299b–7);*

3 (ii) *the initial list of medical condi-*
4 *tions considered a priority for research that*
5 *was developed in response to the require-*
6 *ments of subsection (a)(2)(B) of such section*
7 *1013;*

8 (iii) *areas where patients and doctors*
9 *are most lacking the information needed to*
10 *make the best decisions regarding covered*
11 *part D drugs, such as the areas where there*
12 *is a large gap in knowledge of drug thera-*
13 *pies and areas that involve the most widely*
14 *prescribed covered part D drugs; and*

15 (iv) *any advice provided by the advi-*
16 *sory committee established under paragraph*
17 *(3).*

18 (B) *CONTENTS OF PRIORITIZED LIST.—*

19 (i) *SPECIFICATION OF ITEMS, SERV-*
20 *ICES, AND METHODOLOGY.—The prioritized*
21 *list shall specify the items and services to be*
22 *evaluated, as well as the general method-*
23 *ology that should be used to conduct each*
24 *study identified as a priority on the list,*
25 *taking into consideration the full range of*

1 *methodologies available, from systematic re-*
2 *views to clinical trials.*

3 *(ii) STUDIES INCLUDED.—The studies*
4 *included on the prioritized list may include*
5 *studies that compare a covered part D drug*
6 *to any other drug (or biological product),*
7 *item, or service that is covered under the*
8 *Medicare program.*

9 *(C) REPORT TO CONGRESS.—*

10 *(i) IN GENERAL.—Not later than 1*
11 *year after the date of enactment of this Act*
12 *and subject to the requirements under clause*
13 *(ii), the Secretary shall submit to Congress*
14 *a report that contains the following:*

15 *(I) The prioritized list developed*
16 *under paragraph (1) and plans for the*
17 *conduct of studies identified as a pri-*
18 *ority on such list.*

19 *(II) A summary of the informa-*
20 *tion described in clauses (i) through*
21 *(iv) of subparagraph (A).*

22 *(III) An explanation of how the*
23 *Secretary took into account the infor-*
24 *mation described in such clauses (i)*
25 *through (iv) in developing the*

1 *prioritized list and in preparing the*
2 *report.*

3 *(IV) The rationale for why the*
4 *Secretary included the studies identi-*
5 *fied as a priority on such list.*

6 *(ii) SUBMISSION OF DRAFT REPORT.—*
7 *Before submitting the report under clause*
8 *(i), the Secretary shall—*

9 *(I) submit to Congress a draft*
10 *version of the report;*

11 *(II) make such draft version*
12 *available to the public; and*

13 *(III) provide a 60-day period for*
14 *public comment on such draft version.*

15 *(D) AVAILABILITY OF REPORT.—The Sec-*
16 *retary shall make the report submitted under*
17 *subparagraph (C)(i) available to the public.*

18 *(3) ESTABLISHMENT OF ADVISORY COM-*
19 *MITTEE.—*

20 *(A) ESTABLISHMENT.—The Secretary shall*
21 *establish an advisory committee for the purpose*
22 *of providing advice to the Secretary on setting*
23 *priorities for comparative clinical effectiveness*
24 *studies across all agencies of the Department of*
25 *Health and Human Services. The Secretary shall*

1 *make available to the public any advice provided*
2 *to the Secretary by the advisory committee.*

3 *(B) MEMBERSHIP.—*

4 *(i) IN GENERAL.—The advisory com-*
5 *mittee shall include a diverse range of pub-*
6 *lic and private clinical experts, stake-*
7 *holders, and interests from the following*
8 *groups:*

9 *(I) The medical and health indus-*
10 *tries.*

11 *(II) Patients and representatives*
12 *of patients.*

13 *(III) Researchers.*

14 *(IV) Government.*

15 *(ii) NO MAJORITY OF MEMBERSHIP*
16 *FROM ANY ONE GROUP.—The Secretary*
17 *shall ensure that the advisory committee*
18 *does not have a majority of members from*
19 *any one of the groups described in sub-*
20 *clauses (I) through (IV) of clause (i).*

21 *(C) PUBLIC COMMENT.—The Advisory com-*
22 *mittee shall provide a substantial opportunity*
23 *for public comment by accepting oral and writ-*
24 *ten comments from the public prior to making*

1 *any recommendations or providing any advice to*
2 *the Secretary.*

3 ***(b) RULE OF CONSTRUCTION.***—*Nothing in this section*
4 *shall be construed to limit the authority of the Secretary—*

5 *(1) to prioritize comparative clinical effective-*
6 *ness research needs for procedures, devices,*
7 *diagnostics, or other medical interventions; or*

8 *(2) to conduct any study on the list developed*
9 *under subsection (a)(1) or any other study determined*
10 *appropriate by the Secretary.*

11 ***(c) AUTHORIZATION OF APPROPRIATIONS.***—*There are*
12 *authorized to be appropriated such sums as may be nec-*
13 *essary to carry out this section.*

14 **SEC. 5. AUTHORIZING CONSIDERATION OF COMPARATIVE**
15 **CLINICAL EFFECTIVENESS STUDIES IN DE-**
16 **VELOPING AND REVIEWING FORMULARIES**
17 **UNDER THE MEDICARE PRESCRIPTION DRUG**
18 **PROGRAM.**

19 ***(a) IN GENERAL.***—*Section 1860D–4(b)(3)(B) of the*
20 *Social Security Act (42 U.S.C. 1395w–104(b)(3)(B)) is*
21 *amended—*

22 *(1) in clause (i), by striking “and” at the end;*

23 *(2) in clause (ii), by striking the period at the*
24 *end and inserting “; and”; and*

1 (3) *by adding at the end the following new*
2 *clause:*

3 “(iii) *take into account relevant com-*
4 *parative clinical effectiveness studies.*”.

5 (b) *EFFECTIVE DATE.*—*The amendments made by sub-*
6 *section (a) shall apply to plan years beginning on or after*
7 *January 1, 2007.*

8 **SEC. 6. SENSE OF THE SENATE REGARDING THE RESOURCE**
9 **STANDARD USED TO DETERMINE ELIGIBILITY**
10 **FOR PREMIUM AND COST-SHARING SUB-**
11 **SIDIES UNDER PART D.**

12 (a) *FINDINGS.*—*The Senate makes the following find-*
13 *ings:*

14 (1) *Currently, beneficiaries enrolled in the Medi-*
15 *care part D prescription drug program must satisfy*
16 *a resource standard in order to be eligible for the low-*
17 *income subsidy.*

18 (2) *The resource standard used to determine eli-*
19 *gibility for the low-income subsidy has resulted in*
20 *many Medicare beneficiaries who are in financial*
21 *need being disqualified from receiving additional as-*
22 *sistance.*

23 (3) *Under S. 1 from the 108th Congress, as*
24 *passed by the Senate, beneficiaries were not subjected*

1 *to a resource standard to qualify for additional as-*
 2 *sistance.*

3 *(b) SENSE OF THE SENATE.—It is the Sense of the*
 4 *Senate that Congress should revisit the resource standard*
 5 *used to determine the eligibility of individuals for premium*
 6 *and cost-sharing subsidies under section 1860D–14 of the*
 7 *Social Security Act (42 U.S.C. 1395w–114).*

8 **SEC. 7. SENSE OF THE SENATE REGARDING PHARMACY**
 9 **ISSUES UNDER PART D.**

10 *(a) FINDINGS.—*

11 *(1) Pharmacists play a critical role in delivering*
 12 *prescription drugs to Medicare beneficiaries enrolled*
 13 *in prescription drug plans and MA–PD plans under*
 14 *the Medicare part D prescription drug program.*

15 *(2) Pharmacists have encountered difficulties in*
 16 *providing services under their contracts with PDP*
 17 *sponsors offering prescription drug plans and MA or-*
 18 *ganizations offering MA–PD plans under part D.*

19 *(b) SENSE OF THE SENATE.—It is the sense of the Sen-*
 20 *ate that Congress should address issues related to phar-*
 21 *macies under the Medicare part D prescription drug pro-*
 22 *gram.*