

Wyden #1

Wyden Amendment #1 to the Modernizing and Ensuring PBM Accountability (MEPA) Act of 2023

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Wyden #2

Wyden Amendment #2 to the Modernizing and Ensuring PBM Accountability (MEPA) Act of 2023

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Stabenow/Lankford Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Mid-Year Formulary Changes for Biosimilars

Description of the Amendment: Beginning in plan year 2025, this amendment would allow PDP sponsors to change the preferred or tiered cost-sharing status of a reference biological product if such sponsor adds a biosimilar for such reference product to the formulary. The PDP sponsor must submit a request to the Secretary to make such change.

Offset: Would reduce direct spending by \$221M over the budget window, per CBO.

Cantwell/Grassley/Menendez/Daines Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: PBM Reporting Enhancements Under 1150A

Description of the Amendment: This amendment would amend Section 1150A of the Social Security Act to expand the type of entities that must report data to the HHS Secretary to include certain PBM affiliates, add data elements that would be required to be reported to include fees received from manufacturers, and add a requirement for CMS to produce an annual report with confidentiality protections.

Offset: N/A. No budgetary impact per CBO.

Carper/Grassley Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

- a) **Short Title:** PBM Oversight Act of 2023
- b) **Description of the Amendment:** This Amendment would amend SSA Section 1860D-4 to require that P&T committees to report their recommendations for which drugs are included and excluded from health plans formulary to Centers for Medicare and Medicaid Services annually. The Government Accountability Office would report trends to Congress by January 2029.

Offset: Budgetary impact is still under evaluation with the Congressional Budget Office.

Carper/Grassley Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

- a. **Short Title:** P&T Committee Conflicts of Interest

- b. **Description of the Amendment:** This amendment would amend SSA Section 1860D-4 to require that at least one practicing physician and one practicing pharmacist is independent and free of conflict with respect to any pharmacy benefit manager.

Offset: N/A. No budgetary impact per CBO.

Cardin Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: GAO Drug Shortage Study

Cosponsors: Senator Cassidy

Description of the Amendment: This amendment would require GAO to complete a study of factors across the outpatient prescription drug supply chain that influence prescription drug shortages.

Offset: N/A

Cardin Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Streamlining the Part D Appeals Process

Cosponsors: Senator Cornyn

Description of Amendment: This amendment would require a point-of-sale rejection of a prescription for a coverable Part D drug to be treated by the prescription drug plan as a coverage determination subject to reconsideration and appeal.

Offset: TBD

Bennet/Lankford Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Prescription Drug Supply Chain Pricing Transparency Act

Description of the Amendment: This amendment would require GAO to complete a study of compensation and payment structures related to the prescription drug pricing in the retail prescription drug supply chain.

Offset: N/A. No budgetary impact per CBO.

Bennet/Cornyn Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Increasing Access to Biosimilars Act

Description of Amendment: This amendment would establish a shared savings demonstration project to increase access to biosimilar biological products under Medicare Part B. Under the demonstration, Medicare would provide an additional payment to providers for administering lower-cost biosimilar products.

Bennet Amendment #3 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: American Made Pharmaceuticals Act

Description of Amendment: This amendment would establish a CMS demonstration program to test providing preferential treatment for certain U.S. manufactured drugs and biologics under Medicare, Medicaid, and CHIP programs in at least 8 states for at least 7 years.

Bennet/Blackburn Amendment #4 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Rural Prescription Drug Costs Transparency Study

Description of Amendment: This amendment would require a GAO study to analyze total spending and out-of-pocket spending on Part B and D drugs for rural and urban Medicare beneficiaries; the percentage of prescription drug spending that is paid out-of-pocket by rural and urban beneficiaries, stratified into three categories of drugs: brand-name, biosimilar, and generic; and how rural and urban out-of-pocket spending for prescription drugs differ based on PDP Region, whether the plan offers national coverage or has limited geographical service areas, and other socioeconomic variables.

Casey-Cornyn Amendment #1 to the Chairman's Mark

Short Title: Protecting Seniors from High Drug Costs

Description of Amendment: This amendment is identical to S. 2456 and limits cost-sharing to no more than the plan's net price for prescription drugs covered under Medicare Part D.

Offset: To be determined

Warner-Lankford Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Relevance Determinations related to Pharmacy Quality Measures

Description of the Amendment: Section 3 of the Modernizing and Ensuring PBM Accountability Act requires Part D sponsors to only use pharmacy quality measures that are: (1) established or adopted by the HHS Secretary; and (2) relevant to the pharmacy. This amendment would require relevance to be determined based on type of pharmacy.

Offset: N/A. No budgetary impact per CBO.

Warner-Thune-Cortez Masto-Tillis Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: PBM Reporting Transparency Act

Description of Amendment: This amendment would require MedPAC issue two reports and related recommendations to Congress on the information being reported by PBMs in Section 2, including: (1) an initial analysis of information reported by PBMs during the early years of implementation; and (2) a second analysis several years later analyzing changes in trends revealed in the information reported over time.

Offset: N/A. No budgetary impact per CBO.

**Warner-Cassidy Amendment #3 to the Chairman's Mark of the Modernizing and Ensuring PBM
Accountability Act**

Short Title: To establish an acquisition cost and dispensing fee survey and reporting regimen specific to certain non-retail pharmacies.

Description of Amendment: This amendment would establish an acquisition cost and dispensing fee survey and reporting regimen specific to certain non-retail pharmacies, such as specialty, long-term care, home infusion, and mail-order pharmacies, modeled after and aligned with the National Average Drug Acquisition Cost survey and reporting for retail pharmacies.

Offset: To be provided.

Hassan/Lankford Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Enhanced PBM Reporting Requirements Related to Generics & Biosimilars

Description of the Amendment: This amendment would require PBMs to report additional information about generic and biosimilar medications to Part D plans under Section 2 of the Modernizing and Ensuring PBM Accountability Act, including when a generic or biosimilar is on the same formulary tier as a brand or reference product.

Offset: N/A. No budgetary impact per CBO.

Hassan Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Report on Medicare Beneficiary Out-of-Pocket Costs for Off-Campus Drug Administration

Description of the Amendment: This amendment would direct the Medicare Payment Advisory Commission (MedPAC) to submit to Congress a report on out-of-pocket costs paid by Medicare beneficiaries who receive drug administration services in off-campus hospital outpatient facilities. It would include an estimate of the potential impact of setting all outpatient drug administration reimbursement at the Ambulatory Surgical Center or Physician Fee Schedule rate on beneficiary out-of-pocket costs.

Offset: Expect no offset needed.

Cortez Masto/Young Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Biennial Report on Inappropriate Pharmacy Rejections

Description of the Amendment: This amendment would require the Secretary to publicly post a biennial report related to preventing, identifying, or addressing inappropriate pharmacy rejections and inappropriate coverage denials.

Offset: N/A. No budgetary impact per CBO.

Cortez Masto Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Enhance oversight of pharmacy rejections

Description of Amendment: This amendment would require pharmacy benefit managers to report to Part D Plan sponsors the number of automatic pharmacy rejections during such plan year, broken down by whether the rejection was related to the drug's exclusion from the plan formulary or unmet utilization management requirement(s) including prior authorization, quantity limit, or step therapy.

Warren Amendment #1 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Addressing Vertical Integration in the Drug Supply Chain

Description of Amendment: The amendment would prohibit a PBM or company that owns a PBM from also owning a mail-order, specialty, retail, or any other type of pharmacy, and would require such company to divest its pharmacy within six months.

Warren Amendment #2 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Establishing Formulary Integrity

Description of Amendment: The amendment would require Part D plans to base formulary tier placement on list price for drugs that are considered therapeutically competitive, which is to mean drugs containing the same active ingredient. PBMs contracting with Part D plan sponsors would be required to place the drug with the lowest list price on a lower, or cheaper, formulary tier than its therapeutic competitors with higher list prices.

Warren Amendment #3 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Eliminating Anti-Competitive Gaming by Drug Manufacturers

Description of Amendment: This amendment would prohibit a drug manufacturer (or affiliate, subsidiary, or agent of the drug manufacturer) from making rebates, discounts, payments, or other financial incentives related to one or more prescription drugs of the manufacturer contingent upon coverage, formulary placement, or utilization management conditions on other prescription drugs.

Warren Amendment #4 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Increasing Transparency of PBM Practices

Description of Amendment: The amendment would require PBMs or their affiliates to submit the annually reported data required under this Act to the Secretary of the U.S. Department of Health and Human Services (HHS) and for the Secretary to publish such data on the HHS website within 30 days of receipt.

The amendment would further require PBMs or their affiliates to submit a written explanation to the Secretary of contracts or arrangements with a drug manufacturer (or affiliate) that makes rebates, discounts, payments, or other financial incentives related to the drug manufacturer's drug(s) contingent upon coverage, formulary placement, or utilization management conditions on other prescription drugs. The Secretary would be required to publish such explanations on the HHS website within 10 days of receipt.

The amendment would strike the confidentiality provision in Section 2 of the Chairman's mark.

Warren Amendment #5 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Strengthening Oversight of PBMs

Description of Amendment: The amendment would allow the Secretary of the U.S. Department of Health and Human Services to disclose information obtained from a Part D sponsor or PBM under this Act with the Federal Trade Commission.

Warren Amendment #6 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Expanding Enforcement Authority to Ensure PBM Compliance

Description of Amendment: The amendment would authorize the Department of Justice to enforce the provisions under this Act.

Crapo #1 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

Crapo #2 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

Grassley Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Cosponsors: Menendez and Blackburn

Short Title: Pharmacy benefit manager accountability and compliance to delinking provision

Description of the Amendment: The amendment requires that a method for reporting potential noncompliance with provisions that prohibit PBM and affiliate remuneration other than bona fide service fees in Medicare Part D be available to participants in the prescription drug supply chain.

Offset: To be determined.

Grassley Amendment #2 to the Chairman’s Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: To protect competition and access to rural and independent pharmacies during DIR fee clawback changes

Description of the Amendment: The amendment requires the Secretary of Health and Human Services to report to the Senate Committee on Finance within 30 days of enactment on its activities to ensure pharmacy access standards under 423.120 and enforce prompt pay rules are being enforced given the changes to direct and indirect remuneration (DIR) fees starting in calendar year (CY) 2024.

Pharmacies, especially independent and rural pharmacies have reported cash flow concerns related to changes to DIR fee clawbacks still applicable to CY 2023 and changes to point-of-sale reimbursement for CY 2024.

In the agency’s final rule, CMS stated in response to concerns about “pharmacy cash flow during the first quarter of 2023” that “CMS will be particularly attuned to plan compliance with pharmacy access standards under §423.120 to ensure that all Medicare Part D beneficiaries have convenient access to pharmacies and medications.” The final rule also stated “that the prompt payment requirements for Part D, as described in §423.520, will continue to apply and that Part D sponsors must pay clean claims in accordance with the prompt pay regulation.”

Offset: To be determined (only agency reporting to the Committee).

Grassley Amendment #3 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Cosponsor: Brown

Short Title: Drug price transparency for consumers in prescription drug advertisements

Description of the Amendment: The amendment requires price disclosures on direct-to-consumer (DTC) advertisements for prescription drugs, bolstering transparency in order to empower patients and reduce spending on medications.

Each year, the pharmaceutical industry spends \$6 billion in DTC drug advertising to fill the airwaves with ads, resulting in the average American seeing nine DTC ads each day. Studies show that these activities steer patients to more expensive drugs, even when a patient may not need the medication or a lower-cost generic is available. This practice drives up the cost of health care, while undermining the role of providers. Studies show that patients are more likely to ask their doctor, and ultimately receive a prescription, for a specific drug when they have seen ads for it.

Offset: Nothing to offset given CBO confirmed there is no direct spending impact.

Grassley Amendment #4 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Cosponsors: Brown and Casey

Short Title: To encourage pharmacists to serve older Americans in communities that lack easy access to doctors or where pharmacists are able to provide certain basic medical services

Description of the Amendment: The amendment encourages pharmacists to offer health care services such as health and wellness screenings, immunizations and diabetes management by authorizing Medicare payments for those services where pharmacists are already licensed under state law to provide them.

Many states already allow pharmacists to provide these services, but there is currently no way for pharmacists to receive Medicare reimbursement for providing them.

Offset: To be determined.

Grassley Amendment #5 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: PBM Reporting Enhancements under 1150A

Description of the Amendment: This amendment would amend SSA section 1150A to expand the types entities that must report data to the HHS Secretary to include certain PBM affiliates, add data elements that would be required to be reported to include fees received from manufacturers, and add a requirement for CMS to produce an annual report with confidentiality protections.

Offset: N/A. No budgetary impact per CBO.

Grassley Amendment #6 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: P&T Committee Conflicts of Interest

Description of the Amendment: This amendment would amend SSA Section 1860D-4 to require that at least one practicing physician and one practicing pharmacist is independent and free of conflict with respect to any pharmacy benefit manager.

Offset: N/A. No budgetary impact per CBO.

Cornyn-Carper-Tillis-Brown Amendment #1 to the Chairman's Mark

Short Title: Share the Savings with Seniors Act

Description of Amendment: This policy would require Medicare Part D plans to calculate beneficiary cost-sharing based on the net price, inclusive of manufacturer rebates and other price concessions, rather than the list price, for certain chronic condition medications. This policy aligns with the Share the Savings with Seniors Act.

Offset: To be provided.

Cornyn Amendment #2 to the Chairman's Mark

Short Title: Affordable Prescriptions for Patients Act

Description of Amendment: This policy would define and prohibit product-hopping, empowering the Federal Trade Commission (FTC) to use equitable remedy authority to address these actions. Additionally, the policy changes the patent infringement framework that operates between biosimilar manufacturers and brand manufacturers, called reference product sponsors. If both parties fully comply with the "patent dance," a voluntary pathway to resolve these disputes, then the reference product sponsor would be limited in the number of patents they could assert in litigation. Same policy as S. 150, Affordable Prescriptions for Patients Act.

Offset: To be provided.

Cornyn Amendment #3 to the Chairman's Mark

Short Title: To be determined

Description of Amendment: To be determined

Offset: To be provided.

Thune/Brown/Barrasso/Stabenow Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Strengthening Pharmacy Access for Seniors Act

Description of the Amendment: This amendment would mitigate PBMs from steering patients to PBM-owned pharmacies for medicines that do not qualify as “limited access drugs” by codifying a portion of the Part D manual. This amendment would also increase transparency of PBM practices in the prescription drug supply chain related to the dispensing of limited access drugs.

Offset: No budgetary impact per CBO.

Thune/Stabenow/Grassley Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Improving patient and provider access to transparent drug pricing information through the use of real-time benefit tools (RTBTs)

Description of the Amendment: This amendment would create an option for the Centers for Medicare and Medicaid Innovation to establish a pilot program to test incentives for increasing provider uptake of RTBTs. The amendment would also require the inclusion of eligibility criteria for RTBTs and facilitate greater information sharing at the point-of-prescribing.

Offset: N/A

Thune/Warner Amendment #3 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Equitable Community Access to Pharmacist Services Act

Description of the Amendment: This amendment would ensure continued patient access to essential pharmacist services by allowing pharmacists to bill Medicare for testing, treatment and vaccinations for COVID-19, influenza, respiratory syncytial virus (RSV), and strep throat according to state scope of practice laws.

Offset: N/A

Thune/Brown Amendment #4 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: To add clarifying language to reporting requirements for 340B covered entities

Description of the Amendment: This amendment would add language to Section 5 to clarify that covered entities may also report additional context around the use of 340B savings, including how such amount in excess of the acquisition costs of the drugs are used to provide uncompensated or undercompensated services to beneficiaries

Offset: N/A

Thune/Carper Amendment #5 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Chronic Disease Management Act

Description of the Amendment: This amendment would ensure high-deductible health plans (HDHPs) that are used with health savings accounts (HSAs) can opt to cover care related to chronic disease management prior to a beneficiary reaching their plan deductible.

Offset: N/A

Scott-Warner #1

Scott-Warner Amendment #1 to the Modernizing and Ensuring PBM Accountability Act

Short Title: Initiating Meaningful Patient Review Of Various Existing Part D Regulations Act or IMPROVE Part D Regulations Act.

Description of the Amendment: This amendment directs CMS to conduct beneficiary-focused listening sessions open to the public on potential Medicare Part D improvements.

Offset: N/A

Cassidy #1 to MEPA

Short Title: Cassidy Amendment #1

Description of Amendment: This amendment would create an exception from the Medicare Drug Price Negotiation Program for a manufacturer that makes industry-leading investments in R&D.

Specifically, manufacturers who invest more than a defined percentage of their [net product revenue/total expenditures] in R&D during a baseline period would have all of their drugs exempt from the definition of a “negotiation-eligible drug” with respect to an initial price applicability year. The baseline period would be based on a rolling, three-year average, in order to normalize fluctuations in R&D expenditures from year-to-year.

CMS would establish an annual process for manufacturers to request an exception. Manufacturers would be required to attest that they meet the eligibility criteria.

Lankford/Brown Amendment #1 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Protect Patient Access to Pharmacies Act

Description of the Amendment: This amendment, consistent with S.2052, the Protect Patient Access to Pharmacies Act, would enforce and strengthen the “any willing pharmacy” statute to ensure pharmacies are no longer subject to practices that limit network participation and steer patients away from certain types of pharmacies. It does this by ensuring PBMs and plans use standardized pharmacy quality and performance metrics and by ensuring these metrics are fairly applied as well as ensuring transparency in payments and fees issued by PBMs.

Lankford/Menendez/Cornyn/Hassan/Tillis/Bennett Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Ensuring Access to Lower-Cost Medicines for Seniors Act

Description of the Amendment: This amendment would require a generic drug or biosimilar that has a lower price than its branded reference product to be covered by Medicare Part D and placed on a separate and more favorable generic and biosimilar formulary tier through lower cost-sharing requirements. It would also create a new formulary tier for specialty generics and biosimilars that would also have a lower cost-sharing requirement than a brand specialty tier.

Lankford/Menendez Amendment #3 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Biosimilar and Generic Access under Part D

Description of the Amendment: This amendment would direct OIG to conduct a study and generate a report on biosimilar and generic drug access under Part D, including with respect to Part D plan features that discourage or encourage low-priced biosimilar and generic drug adoption and utilization under the program, along with trends in such adoption and utilization.

Offset: N/A. No budgetary impact per CBO.

Tillis Amendment #1 to the Chairman’s Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title/Purpose: Adds OIG to Entities to which PBM-Reported Information May be Disclosed

Description of the Amendment: This amendment would add the HHS Inspector General to the list of entities to which the Secretary may disclose information reported by PBMs under Section 2 of the Modernizing and Ensuring PBM Accountability Act.

Offset: N/A, CBO confirmed no budgetary effect.

Tillis/Daines/Blackburn/Lankford Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title/Purpose: This amendment may be cited as the "The Safeguarding Patients and Taxpayers Act"

Description of Amendment: This amendment would require CMS to provide detailed spend plans to Congress on funding included in the Inflation Reduction Act for the purposes of implementing the Drug Price Negotiation Program. The amendment also includes limitations on uses of implementation funding, including the prohibition on using the funds to:

1. create a new program;
2. eliminate a program, project, or activity;
3. increase funds or personnel for any program, project, or activity for which funds have been denied or restricted by the Congress;
4. propose to use funds directed for a specific activity by this part for a different purpose;
5. create or reorganize offices, programs, or activities not otherwise authorized under such section 11004; or
6. test a model under section 1115A.

Blackburn Amendment #1 to the Chairman’s Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: This amendment may be cited as the “Neighborhood Options for Patients Buying Medicines.”

Description of the Amendment: This amendment would amend Section 1860D–4(b)(1) of the Social Security Act to update Medicare Part D’s “Any Willing Pharmacy Law” to expressly apply to PDP sponsors offering prescription drug plans or a pharmacy benefit manager acting to develop a pharmacy network for a PDP.

Blackburn Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Cosponsor: Senator Brown

Short Title: To ensure equal access of Medicare beneficiaries to community pharmacies in underserved areas as network pharmacies under Medicare prescription drug coverage.

Description of the Amendment: The amendment, based on [S. 1044 from the 115th Congress](#), would allow community pharmacies that are in medically underserved areas, medically underserved populations, health professional shortage areas, or Federal Office of Rural Health Policy's designated rural areas to participate in Medicare Part D preferred pharmacy networks so long as they are willing to accept the contract terms and conditions.

Blackburn Amendment #3 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: To clarify the application of the in-office ancillary exception to the physician self-referral prohibition for drugs furnished under the Medicare program.

Description of the Amendment: This proposal would amend section 1877 of the Social Security Act to clarify that delivering medicines by mail or allowing a family member or caregiver to pick up medicines on behalf of a patient would not violate the Stark law and would fall within the scope of Stark's IOAS exception. Consequently, it would require CMS to revise its interpretation of the current law that prohibits the delivery of medicines to patients who are not physically present in the physician's office.

Blackburn/Lankford Amendment #4 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: To require a biannual report on enforcement and oversight of pharmacy access requirements.

Description of the Amendment: This amendment would require the Secretary to publish biennial reports on enforcement actions and oversight activities undertaken by the Department with respect to the pharmacy access requirements under section 1860D-4(b)(1) of the Social Security Act.