

**Modifications to the Chairman’s Mark for the  
Better Mental Health Care, Lower-Cost Drugs, and Extenders Act**

**Section 115**

**To accept Stabenow-Cornyn #1**

On page 10 of the mark, after the end of Section 114, insert the following:

**“Section 115: Defining Certified Community Behavioral Health Clinics (CCBHCs) within the Medicaid program.**

The provision would add a definition for CCBHCs within the Medicaid program, including the nine essential CCBHC services, based on provisions within the Ensuring Excellence in Mental Health Act (S. 2993).”

**Section 201**

**To accept Blackburn-Brown-Lankford #5**

On page 12 of the Mark, at the end of the second sentence under the subheading, “I. Reasonable and Relevant Codification,” following “and Part D plans/PBMs.” strike the period and insert “, including with respect to information on reimbursement and dispensing fees.”

**To accept Lankford-Brown #3**

On page 12 of the Mark, under the subheading “II. Essential Retail Pharmacies,” at the end of the paragraph beginning with “An independent community pharmacy,” insert the following sentence: “Franchisees and pharmacies associated with pharmacy services administrative organizations that meet the relevant requirements can qualify as independent community pharmacies under this provision.”

**To accept Lankford-Brown #4**

On page 13 of the Mark, under the subheading “III. Allegations of Violations,” at the end of the second sentence of the first paragraph, following “once per contract per plan year,” strike the period and insert “, with the ability to submit an additional allegation within a single plan year in the event of a substantive change in the terms or conditions offered under such contract.”

**To accept Grassley-Brown-Thune-Lankford #1**

On page 13 of the Mark, at the end of Section 201, insert the following:

*“IV. Oversight of Pharmacy Access Requirements*

This provision would direct the Secretary to brief Congress and to compile and publish periodic reports, beginning no later than 90 days after the date of enactment of this legislation, through plan year 2027, on the following topics related to implementation of the Pharmacy DIR rule that takes effect in 2024, as well as related statutory, regulatory, and sub-regulatory requirements and standards:

- Monitoring of changes to contract terms and conditions offered to pharmacies for network or preferred network participation;
- HHS enforcement or oversight activities related to regulatory and sub-regulatory requirements regarding Part D's any willing pharmacy provisions; and
- HHS plans, strategies, or initiatives to address or mitigate concerns related to convenient pharmacy access.”

### **Section 203**

#### **To accept Cornyn-Carper #2**

On page 18 of the Mark, at the end of Section 203, insert the following:

“This provision would also direct the Government Accountability Office to conduct a study and publish a report (along with subsequent reports, as determined appropriate), once relevant data becomes available, on certain effects and behavioral responses related to the implementation of the cost-sharing provisions specified in this section, including:

- Effects on enrollee cost-sharing, utilization and adherence, formulary coverage and placement, and utilization management with respect to affected covered Part D drugs (discount-eligible drugs and covered Part D drugs for which, prior to implementation of these provisions, cost-sharing exceeded net price for some beneficiaries), along with any effects on beneficiary premiums.
- Changes to pharmacy reimbursement methodologies and levels, if any, with respect to discount-eligible drugs.
- Changes in manufacturer rebating levels (relative to gross costs) for discount-eligible drugs.
- Other behavioral responses by PDP sponsors, enrollees, manufacturers, pharmacies, or other entities related to the implementation of these provisions.
- Other issues determined appropriate by the Comptroller General.”