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(Original Signature of Member)

114TH CONGRESS  
1ST SESSION

# H. R.

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To amend title XXVII of the Public Health Service Act to limit co-payment, coinsurance, or other cost-sharing requirements applicable to prescription drugs in a specialty drug tier to the dollar amount (or its equivalent) of such requirements applicable to prescription drugs in a non-preferred brand drug tier, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

Mr. MCKINLEY (for himself and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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# A BILL

To amend title XXVII of the Public Health Service Act to limit co-payment, coinsurance, or other cost-sharing requirements applicable to prescription drugs in a specialty drug tier to the dollar amount (or its equivalent) of such requirements applicable to prescription drugs in a non-preferred brand drug tier, and for other purposes.

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.**

2 This Act may be cited as the “Patients’ Access to  
3 Treatments Act of 2015”.

4 **SEC. 2. COST-SHARING REQUIREMENTS APPLICABLE TO**  
5 **PRESCRIPTION DRUGS IN A SPECIALTY DRUG**  
6 **TIER.**

7 (a) IN GENERAL.—Subpart II of part A of title  
8 XXVII of the Public Health Service Act (42 U.S.C. 300gg  
9 et seq.) is amended by adding at the end the following:  
10 **“SEC. 2719B. COST-SHARING REQUIREMENTS APPLICABLE**  
11 **TO PRESCRIPTION DRUGS IN A SPECIALTY**  
12 **DRUG TIER.**

13 “(a) REQUIREMENT.—A group health plan, or a  
14 health insurance issuer offering group or individual health  
15 insurance, that provides coverage for prescription drugs  
16 and uses a formulary or other tiered cost-sharing struc-  
17 ture shall not impose cost-sharing requirements applicable  
18 to prescription drugs in a specialty drug tier that exceed  
19 the dollar amount (or its equivalent) of cost-sharing re-  
20 quirements applicable to prescription drugs in a non-pre-  
21 ferred brand drug tier (or prescription drugs in a brand  
22 drug tier if there is no non-preferred brand drug tier).

23 “(b) SPECIAL RULE.—If a formulary used by a group  
24 health plan or a health insurance issuer offering group or  
25 individual health insurance contains more than one non-  
26 preferred brand drug tier, then the requirements of sub-

1 section (a) shall be applied with respect to the non-pre-  
2 ferred brand drug tier for which beneficiary cost-sharing  
3 is lowest.

4 “(c) DEFINITIONS.—In this section:

5 “(1) The term ‘cost-sharing’ includes co-pay-  
6 ment and coinsurance.

7 “(2) The term ‘drug tier’ means, with respect  
8 to a group health plan or health insurance issuer of-  
9 fering group or individual health insurance coverage  
10 that uses a formulary or other cost-sharing struc-  
11 ture, a category of drugs—

12 “(A) within such formulary or structure  
13 for which the total dollar amount of cost-shar-  
14 ing requirements for any drug does not vary by  
15 more than ten percent from the total dollar  
16 amount of cost-sharing requirements for any  
17 other drug; and

18 “(B) that are prescription drugs.

19 “(3) The term ‘non-preferred brand drug tier’  
20 means, with respect to a group health plan or health  
21 insurance issuer offering group or individual health  
22 insurance coverage that uses a formulary or other  
23 tiered cost-sharing structure, a category of drugs—

24 “(A) within a drug tier in such formulary  
25 or structure for which beneficiary cost-sharing

1 is greater than drug tiers for generic drugs or  
2 preferred brand drugs in the formulary or  
3 structure;

4 “(B) that are prescription drugs; and

5 “(C) that are not included within a spe-  
6 cialty drug tier.

7 “(4) The term ‘prescription drug’ means—

8 “(A) a drug subject to section 503(b)(1) of  
9 the Federal Food, Drug, or Cosmetic Act; and

10 “(B) includes a drug described in subpara-  
11 graph (A) that is a biological product (as de-  
12 fined in section 351(i) of this Act).

13 “(5) The term ‘specialty drug tier’ means, with  
14 respect to a group health plan or health insurance  
15 issuer offering group or individual health insurance  
16 coverage that uses a formulary or other tiered cost-  
17 sharing structure, a category of drugs—

18 “(A) within a drug tier in such formulary  
19 or structure for which beneficiary cost-sharing  
20 is greater than drug tiers for generic drugs,  
21 preferred brand drugs, or non-preferred drugs  
22 in the plan’s formulary; and

23 “(B) that are prescription drugs.”.

24 (b) EFFECTIVE DATE.—Section 2719B of the Public  
25 Health Service Act, as added by subsection (a), applies

1 to plan years beginning on or after the date of the enact-  
2 ment of this Act.