

S 348

Prescription Drug and Health Improvement Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 9, 2017

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Feb 9, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/senate-bill/348>

Sponsor

Name: Sen. Franken, Al [D-MN]

Party: Democratic • **State:** MN • **Chamber:** Senate

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Brown, Sherrod [D-OH]	D · OH		Feb 9, 2017
Sen. Reed, Jack [D-RI]	D · RI		Feb 9, 2017
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Mar 29, 2017

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Feb 9, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 S 1688	Related bill	Aug 1, 2017: Read twice and referred to the Committee on Finance.
115 HR 1776	Related bill	Apr 5, 2017: Referred to the Subcommittee on Health.
115 S 771	Related bill	Mar 29, 2017: Read twice and referred to the Committee on Finance.

Prescription Drug and Health Improvement Act of 2017

This bill requires the Centers for Medicare & Medicaid Services (CMS) to negotiate lower prices on behalf of Medicare and Medicare Advantage (MA) beneficiaries for covered prescription drugs that the CMS deems appropriate for negotiation based on: (1) program and per-beneficiary spending, (2) unit price increases over the preceding years, (3) initial launch price, (4) availability of similarly effective alternative treatments, (5) status of the drug as a follow-on to previously approved drugs, and (6) any other criteria determined by the CMS.

If, after a one year period, negotiations with respect to a covered prescription drug prove unsuccessful, the CMS shall establish a price for the drug that is equal to the lesser of the price paid by the Department of Veterans Affairs or the price paid by the four largest federal pharmaceutical-drug purchasers.

The CMS may (but is not required to) negotiate lower prices on behalf of Medicare and MA beneficiaries for other covered prescription drugs.

The Government Accountability Office must report to Congress on the CMS' negotiations.

The Center for Medicare and Medicaid Innovation must test several specified models for negotiating drug and biological prices.

Actions Timeline

- **Feb 9, 2017:** Introduced in Senate
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