

S 1818

Prescription Drug Price Relief Act of 2025

Congress: 119 (2025–2027, Current)

Chamber: Senate

Policy Area: Health

Introduced: May 20, 2025

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (May 20, 2025)

Official Text: <https://www.congress.gov/bill/119th-congress/senate-bill/1818>

Sponsor

Name: Sen. Sanders, Bernard [I-VT]

Party: Independent • **State:** VT • **Chamber:** Senate

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Blumenthal, Richard [D-CT]	D · CT		May 20, 2025
Sen. Booker, Cory A. [D-NJ]	D · NJ		May 20, 2025
Sen. Merkley, Jeff [D-OR]	D · OR		May 20, 2025
Sen. Murphy, Christopher [D-CT]	D · CT		May 20, 2025
Sen. Warren, Elizabeth [D-MA]	D · MA		May 20, 2025
Sen. Welch, Peter [D-VT]	D · VT		May 20, 2025
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Jun 17, 2025

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	May 20, 2025

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
119 HR 3546	Identical bill	May 21, 2025: Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

Prescription Drug Price Relief Act of 2025

This bill requires the Department of Health and Human Services (HHS) to review brand-name drugs annually for excessive pricing and, if a drug is found to be priced excessively, to void any exclusivity granted to its sponsor.

Specifically, HHS must review all brand-name drug prices at least annually and upon petition. If any such drugs are found to be excessively priced, HHS must (1) void any government-granted exclusivity; (2) issue open, nonexclusive licenses for the drugs; and (3) expedite the review of corresponding applications for generic drugs and biosimilar biological products. HHS must also create a public database with its determinations for each drug.

An entity accepting an open, nonexclusive license under these provisions must pay a reasonable royalty to the holder of the relevant patent or approved new drug application, and must price the generic drug or biosimilar below the excessive rate.

Under the bill, a price is considered excessive if the domestic average manufacturing price exceeds the median price for the drug in Canada, the United Kingdom, Germany, France, and Japan. If a price does not meet this criteria, or if pricing information is unavailable in at least three of these countries, the price is still considered excessive if it is higher than reasonable in light of specified factors, including development cost, revenue, and the size of the affected patient population.

The bill also requires drug manufacturers to report specified financial information for brand-name drugs, including research and advertising expenditures.

