

## HR 3546

### Prescription Drug Price Relief Act of 2025

**Congress:** 119 (2025–2027, Current)

**Chamber:** House

**Policy Area:** Health

**Introduced:** May 21, 2025

**Current Status:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary,

**Latest Action:** 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. (May 21, 2025)

**Official Text:** <https://www.congress.gov/bill/119th-congress/house-bill/3546>

### Sponsor

**Name:** Rep. Khanna, Ro [D-CA-17]

**Party:** Democratic • **State:** CA • **Chamber:** House

### Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Schakowsky, Janice D. [D-IL-9]	D · IL		May 21, 2025
Rep. Jayapal, Pramila [D-WA-7]	D · WA		May 23, 2025
Rep. Omar, Ilhan [D-MN-5]	D · MN		Jun 3, 2025
Rep. Ansari, Yassamin [D-AZ-3]	D · AZ		Jul 22, 2025

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	May 21, 2025
Judiciary Committee	House	Referred To	May 21, 2025

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

Bill	Relationship	Last Action
119 S 1818	Identical bill	<b>May 20, 2025:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

## **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.





