

Sanders #1

B. Sanders

AMENDMENT NO. _____ Calendar No. _____

Purpose: To provide funding for community health centers, the National Health Service Corps, and new teaching health centers that operate graduate medical education programs, to provide for a wage differential program to support new nursing school faculty members, and to promote the affordability of insulin.

IN THE SENATE OF THE UNITED STATES—119th Cong., 2d Sess.

S. 3014

To amend the Federal Food, Drug, and Cosmetic Act with respect to citizen petitions.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by _____

Viz:

- 1 At the appropriate place, insert the following:

1 **TITLE II—PUBLIC HEALTH**
2 **PROGRAMS**
3 **Subtitle A—Funding for Commu-**
4 **nity Health Centers, National**
5 **Health Service Corps, and**
6 **Teaching Health Centers That**
7 **Operate GME Programs**

8 **SEC. 201. EXTENSIONS FOR COMMUNITY HEALTH CENTERS**
9 **AND THE NATIONAL HEALTH SERVICE**
10 **CORPS.**

11 Section 6401 of division J of the Consolidated Appro-
12 priations Act, 2026 (Public Law 119–75) is amended add-
13 ing at the end the following:

14 “(f) **ADDITIONAL EXTENSIONS.—**

15 “(1) **COMMUNITY HEALTH CENTERS.—**Sub-
16 paragraph (K) of section 10503(b)(1) of the Patient
17 Protection and Affordable Care Act (42 U.S.C.
18 254b–2(b)(1)), as amended by subsection (a), is fur-
19 ther is amended by inserting ‘, \$4,338,082,192 for
20 the period beginning on January 1, 2027, and end-
21 ing on September 30, 2027, and \$1,461,917,808 for
22 the period beginning on October 1, 2027, and ending
23 on December 31, 2027’ before the semicolon.

24 “(2) **NATIONAL HEALTH SERVICE CORPS.—**
25 Subparagraph (L) of section 10503(b)(2) of the Pa-

1 “(4) TEACHING HEALTH CENTERS DEVELOP-
2 MENT GRANTS.—There is authorized to be appro-
3 priated, and there is appropriated, out of amounts
4 in the Treasury not otherwise appropriated,
5 \$5,000,000 for fiscal year 2027, for purposes of
6 awarding teaching health centers development grants
7 under section 749A. The Secretary shall award such
8 grants not later than 90 days after the date of en-
9 actment of this paragraph, and shall expend such
10 amount by the end of fiscal year 2027.

11 “(5) APPROVAL OF AND PAYMENTS TO NEW
12 CENTERS.—The Secretary shall—

13 “(A) not later than 1 year after the date
14 of enactment of this paragraph, approve as
15 qualified teaching health centers health centers
16 not previously receiving payments under this
17 section, in as many States as the Secretary de-
18 termines practicable, in States in which no such
19 centers are operating, based on the quality of
20 applications and the readiness of conditionally
21 approved teaching health centers to begin train-
22 ing residents; and

23 “(B) for each of fiscal years 2028 and
24 2029, make payments described in subsection
25 (a) to the centers described in subparagraph

1 (A), out of amounts made available under para-
2 graph (3).’.’.

3 **Subtitle B—Nursing Faculty**
4 **Demonstration Program**

5 **SEC. 211. NURSE FACULTY DEMONSTRATION PROGRAM.**

6 Section 846A of the Public Health Service Act (42
7 U.S.C. 297n-1) is amended—

8 (1) by amending subsection (a) to read as fol-
9 lows:

10 “(a) IN GENERAL.—To increase the number of quali-
11 fied nursing faculty, the Secretary may—

12 “(1) enter into an agreement with any accred-
13 ited school of nursing for the establishment and op-
14 eration of a student loan fund in accordance with
15 subsection (b); and

16 “(2) award nurse faculty grants in accordance
17 with subsection (c).”;

18 (2) in subsection (b)—

19 (A) by redesignating subparagraphs (A)
20 through (D) of paragraph (2) as clauses (i)
21 through (iv), respectively, and adjusting the
22 margins accordingly;

23 (B) by redesignating paragraphs (1)
24 through (5) as subparagraphs (A) through (E),

1 respectively, and adjusting the margins accord-
2 ingly;

3 (C) in subparagraph (C), as so redesign-
4 ated, by striking “subsection (c)” and insert-
5 ing “paragraph (2)”; and

6 (D) by striking “(b) AGREEMENTS—Each
7 agreement entered into under subsection (a)
8 shall—” and inserting the following:

9 “(b) SCHOOL OF NURSING STUDENT LOAN FUND.—

10 “(1) IN GENERAL.—Each agreement entered
11 into under subsection (a)(1) shall—”;

12 (3) in subsection (c)—

13 (A) by striking “subsection (a)” each place
14 it appears and inserting “subsection (a)(1)”;

15 (B) in paragraph (3), by redesignating
16 subparagraphs (A) and (B) as clauses (i) and
17 (ii), respectively, and adjusting the margins ac-
18 cordingly;

19 (C) in paragraph (6), by redesignating
20 subparagraphs (A) and (B) as clauses (i) and
21 (ii), respectively, and adjusting the margins ac-
22 cordingly;

23 (D) by redesignating paragraphs (1)
24 through (6) as subparagraphs (A) through (F),

1 respectively, and adjusting the margins accord-
2 ingly; and

3 (E) in subparagraph (F)(ii), as so redesign-
4 nated, by striking “subsection (e)” and insert-
5 ing “paragraph (4)”;

6 (4) in subsection (e), by striking “subsection
7 (e)(6)(B)” and inserting “paragraph (2)(F)(ii)”;

8 (5) by redesignating subsections (c) through (e)
9 as paragraphs (2) through (4), respectively, and ad-
10 justing the margins accordingly; and

11 (6) by adding at the end the following:

12 “(c) NURSE FACULTY DEMONSTRATION PRO-
13 GRAM.—

14 “(1) IN GENERAL.—The Secretary shall estab-
15 lish and carry out a demonstration program de-
16 scribed in subsection (a)(2) under which eligible
17 schools of nursing receive a grant for purposes of
18 supplementing the salaries of eligible nursing faculty
19 members to enhance recruitment and retention of
20 nursing faculty members.

21 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
22 ceive a grant under this subsection, an entity shall—

23 “(A) be a school of nursing; and

24 “(B) submit an application to the Sec-
25 retary, at such time, in such manner, and con-

1 taining such information as the Secretary may
2 require, including—

3 “(i)(I) to the extent such information
4 is available to the school of nursing, the
5 salary history of nursing faculty at such
6 school who previously were nurses in clin-
7 ical practice, for the most recent 3-year pe-
8 riod ending on the date of application, ad-
9 justed for inflation as appropriate and bro-
10 ken down by credentials, experience, and
11 levels of education of such nurses; or

12 “(II) if the information described in
13 subclause (I) is not available, information
14 on the average local salary of nurses in
15 clinical practice, adjusted for inflation as
16 appropriate and broken down by creden-
17 tials, experience, and levels of education of
18 the individual nurses, in accordance with
19 such requirements as the Secretary may
20 specify;

21 “(ii) an attestation of the average
22 nursing faculty salary at the school of
23 nursing during the most recent 3-year pe-
24 riod prior to the date of application, ad-
25 justed for inflation, as appropriate, broken

1 down by credentials, experience, and levels
2 of education of such faculty members;

3 “(iii) the number of nursing faculty
4 member vacancies at the entity at the time
5 of application, and the entity’s projection
6 of such vacancies over the ensuing 5-year
7 period; and

8 “(iv) a description of the entity’s
9 plans to identify funding sources to
10 sustainably continue, after the 3-year
11 grant period, the salary available to the eli-
12 gible nursing faculty member pursuant to
13 the program under this subsection during
14 such grant program and to retain eligible
15 nursing faculty members after the end of
16 the grant period.

17 “(3) AWARDS.—A grant awarded under this
18 subsection, with respect to supporting eligible nurs-
19 ing faculty members, shall—

20 “(A) be awarded to the school of nursing
21 to supplement the salaries of eligible faculty
22 members at the school of nursing, annually, for
23 up to a 3-year period, in an amount equal to,
24 for each eligible nursing faculty member at the

1 eligible entity during the grant period, the dif-
2 ference between—

3 “(i) the average salary of nurses in
4 clinical practice, as submitted under sub-
5 clause (I) or (II) of paragraph (2)(B)(i);
6 and

7 “(ii) the greater of—

8 “(I) the salary for the eligible
9 nursing faculty member at the school
10 of nursing; or

11 “(II) the average nursing faculty
12 salary, as submitted under paragraph
13 (2)(B)(ii) for faculty members with
14 the same or similar credentials and
15 level of education;

16 “(B) notwithstanding section 803(a), be
17 used in its entirety to supplement the eligible
18 faculty member’s salary; and

19 “(C) be conditioned upon the school of
20 nursing maintaining, for each year in which the
21 award is made as described in subparagraph
22 (A), a salary for such faculty member at a level
23 that is not less than the greater of the amount
24 under subclause (I) or (II) of subparagraph
25 (A)(ii).

1 “(4) PRIORITY.—In awarding grants under this
2 subsection, the Secretary shall—

3 “(A) ensure the equitable geographic dis-
4 tribution of awards;

5 “(B) give priority to applications from
6 schools of nursing that demonstrate—

7 “(i) the greatest need for such grant,
8 which may be based upon the financial cir-
9 cumstances of the school of nursing, the
10 number of eligible nurse faculty members,
11 the planned number of students to be
12 trained or admitted off a wait list;

13 “(ii) training or partnerships to serve
14 vulnerable patient populations, such as
15 through the location or activity of a school
16 in a health professional shortage area (as
17 defined in section 332); or

18 “(iii) recruitment and retention of fac-
19 ulty from underrepresented populations;
20 and

21 “(C) ensure that not less than 20 percent
22 of the total amount awarded is awarded to eligi-
23 ble entities located in States with populations
24 under 1,500,000.

1 “(5) RULE OF CONSTRUCTION.—Nothing in
2 this subsection precludes a school of nursing or an
3 eligible nursing faculty member receiving an award
4 under this section from obtaining or receiving any
5 other form of Federal support or funding.

6 “(6) REPORT.—Not later than 3 years after the
7 date of enactment of this subsection, the Secretary
8 shall submit to the Committee on Finance and the
9 Committee on Health, Education, Labor, and Pen-
10 sions of the Senate and the Committee on Ways and
11 Means and the Committee on Energy and Commerce
12 of the House of Representatives, a report that evalu-
13 ates the program established under this subsection,
14 including—

15 “(A) the impact of such program on re-
16 cruitment and retention rates of nursing fac-
17 ulty, as available, and specifically for each fac-
18 ulty member participating in the program; and

19 “(B) recommendations and considerations
20 for Congress on continuing the program under
21 this subsection.

22 “(7) DEFINITIONS.—In this subsection:

23 “(A) ELIGIBLE NURSING FACULTY MEM-
24 BER.—The term ‘eligible nursing faculty mem-
25 ber’ means a nursing faculty member who—

1 “(i) was hired by a school of nursing
2 within the 2-year period preceding the sub-
3 mission of an application under paragraph
4 (2), or a prospective nursing faculty mem-
5 ber;

6 “(ii) is currently employed at the
7 school of nursing and who demonstrates
8 the need for such support;

9 “(iii) previously worked as a nurse in
10 clinical practice or as a nurse faculty mem-
11 ber at another school of nursing; or

12 “(iv) may work on a part-time basis
13 as a nursing faculty member, for whom
14 such award amounts described in para-
15 graph (3) shall be prorated relative to the
16 amount of time participating in part-time
17 teaching.

18 “(B) INFLATION.—The term ‘inflation’
19 means the Consumer Price Index for all urban
20 consumers (all items; U.S. city average).

21 “(8) APPROPRIATIONS.—To carry out this sub-
22 section, there is authorized to be appropriated, and
23 there is appropriated, out of amounts in the Treas-
24 ury not otherwise appropriated, \$300,000,000 for
25 the period of fiscal years 2027 through 2031.”.

1 **Subtitle C—Commercial Market**
2 **Patient Protections**

3 **SEC. 221. REQUIREMENTS WITH RESPECT TO COST-SHAR-**
4 **ING FOR CERTAIN INSULIN PRODUCTS.**

5 (a) IN GENERAL.—Part D of title XXVII of the Pub-
6 lic Health Service Act (42 U.S.C. 300gg–111 et seq.) is
7 amended by adding at the end the following:

8 **“SEC. 2799A-12. REQUIREMENTS WITH RESPECT TO COST-**
9 **SHARING FOR CERTAIN INSULIN PRODUCTS.**

10 “(a) IN GENERAL.—For plan years beginning on or
11 after January 1, 2027, a group health plan or health in-
12 surance issuer offering group or individual health insur-
13 ance coverage shall provide coverage of selected insulin
14 products, and with respect to such products, shall not—

15 “(1) apply any deductible; or

16 “(2) impose any cost-sharing requirements in
17 excess of, per 30-day supply—

18 “(A) for any applicable plan year begin-
19 ning before January 1, 2028, \$35; or

20 “(B) for any plan year beginning on or
21 after January 1, 2028, the lesser of—

22 “(i) \$35; or

23 “(ii) the amount equal to 25 percent
24 of the negotiated price of the selected insu-
25 lin product net of all price concessions re-

1 ceived by or on behalf of the plan or issuer,
2 including price concessions received by or
3 on behalf of third-party entities providing
4 services to the plan or issuer, such as
5 pharmacy benefit management services or
6 third party administrators.

7 “(b) DEFINITIONS.—In this section:

8 “(1) SELECTED INSULIN PRODUCTS.—The term
9 ‘selected insulin products’ means, for any plan year
10 beginning on or after January 1, 2027, at least one
11 of each dosage form (such as vial, pen, or inhaler
12 dosage forms) of each different type (such as rapid-
13 acting, short-acting, intermediate-acting, long-acting,
14 and pre-mixed) of insulin, when such form is li-
15 censed and marketed, as selected by the group
16 health plan or health insurance issuer.

17 “(2) INSULIN.—The term ‘insulin’ means insu-
18 lin that is licensed under subsection (a) or (k) of
19 section 351 and continues to be marketed pursuant
20 to such licensure.

21 “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in
22 this section requires a plan or issuer that has a network
23 of providers to provide benefits for selected insulin prod-
24 ucts described in this section that are delivered by an out-
25 of-network provider, or precludes a plan or issuer that has

1 a network of providers from imposing higher cost-sharing
2 than the levels specified in subsection (a) for selected insu-
3 lin products described in this section that are delivered
4 by an out-of-network provider.

5 “(d) RULE OF CONSTRUCTION.—Subsection (a) shall
6 not be construed to require coverage of, or prevent a group
7 health plan or health insurance issuer from imposing cost-
8 sharing other than the levels specified in subsection (a)
9 on, insulin products that are not selected insulin products,
10 to the extent that such coverage is not otherwise required
11 and such cost-sharing is otherwise permitted under Fed-
12 eral and applicable State law.

13 “(e) APPLICATION OF COST-SHARING TOWARDS
14 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any
15 cost-sharing payments made pursuant to subsection (a)(2)
16 shall be counted toward any deductible or out-of-pocket
17 maximum that applies under the plan or coverage.

18 “(f) OTHER REQUIREMENTS.—A group health plan
19 or health insurance issuer offering group or individual
20 health insurance coverage shall not impose, directly or
21 through an entity providing pharmacy benefit manage-
22 ment services, any prior authorization or other medical
23 management requirement, or other similar conditions, on
24 selected insulin products, except as clinically justified for

1 safety reasons, to ensure reasonable quantity limits and
2 as specified by the Secretary.”.

3 (b) NO EFFECT ON OTHER COST-SHARING.—Section
4 1302(d)(2) of the Patient Protection and Affordable Care
5 Act (42 U.S.C. 18022(d)(2)) is amended by adding at the
6 end the following new subparagraph:

7 “(D) SPECIAL RULE RELATING TO INSU-
8 LIN COVERAGE.—For plans years beginning on
9 or after January 1, 2028, the exemption of cov-
10 erage of selected insulin products (as defined in
11 section 2799A–12(b) of the Public Health Serv-
12 ice Act) from the application of any deductible
13 pursuant to section 2799A–12(a)(1) of such
14 Act, section 727(a)(1) of the Employee Retire-
15 ment Income Security Act of 1974, or section
16 9827(a)(1) of the Internal Revenue Code of
17 1986 shall not be considered when determining
18 the actuarial value of a qualified health plan
19 under this subsection.”.

20 (c) COVERAGE OF CERTAIN INSULIN PRODUCTS
21 UNDER CATASTROPHIC PLANS.—Section 1302(e) of the
22 Patient Protection and Affordable Care Act (42 U.S.C.
23 18022(e)) is amended by adding at the end the following:

24 “(4) COVERAGE OF CERTAIN INSULIN PROD-
25 UCTS.—

1 “(A) IN GENERAL.—Notwithstanding para-
2 graph (1)(B)(i), for plan years beginning on or
3 after January 1, 2027, a health plan described
4 in paragraph (1) shall provide coverage of se-
5 lected insulin products, in accordance with sec-
6 tion 2799A–12 of the Public Health Service
7 Act, before an enrolled individual has incurred,
8 during the plan year, cost-sharing expenses in
9 an amount equal to the annual limitation in ef-
10 fect under subsection (c)(1) for the plan year.

11 “(B) TERMINOLOGY.—For purposes of
12 subparagraph (A)—

13 “(i) the term ‘selected insulin prod-
14 ucts’ has the meaning given such term in
15 section 2799A–12(b) of the Public Health
16 Service Act; and

17 “(ii) the requirements of section
18 2799A–12 of such Act shall be applied by
19 deeming each reference in such section to
20 ‘individual health insurance coverage’ to be
21 a reference to a plan described in para-
22 graph (1).”.

23 (d) ERISA.—

24 (1) IN GENERAL.—Subpart B of part 7 of sub-
25 title B of title I of the Employee Retirement Income

1 Security Act of 1974 (29 U.S.C. 1185 et seq.) is
2 amended by adding at the end the following:

3 **“SEC. 727. REQUIREMENTS WITH RESPECT TO COST-SHAR-**
4 **ING FOR CERTAIN INSULIN PRODUCTS.**

5 “(a) IN GENERAL.—For plan years beginning on or
6 after January 1, 2027, a group health plan or health in-
7 surance issuer offering group health insurance coverage
8 shall provide coverage of selected insulin products, and
9 with respect to such products, shall not—

10 “(1) apply any deductible; or

11 “(2) impose any cost-sharing requirements in
12 excess of, per 30-day supply—

13 “(A) for any applicable plan year begin-
14 ning before January 1, 2028, \$35; or

15 “(B) for any plan year beginning on or
16 after January 1, 2028, the lesser of—

17 “(i) \$35; or

18 “(ii) the amount equal to 25 percent
19 of the negotiated price of the selected insu-
20 lin product net of all price concessions re-
21 ceived by or on behalf of the plan or issuer,
22 including price concessions received by or
23 on behalf of third-party entities providing
24 services to the plan or issuer, such as

1 pharmacy benefit management services or
2 third party administrators.

3 “(b) DEFINITIONS.—In this section:

4 “(1) SELECTED INSULIN PRODUCTS.—The term
5 ‘selected insulin products’ means, for any plan year
6 beginning on or after January 1, 2027, at least one
7 of each dosage form (such as vial, pen, or inhaler
8 dosage forms) of each different type (such as rapid-
9 acting, short-acting, intermediate-acting, long-acting,
10 and pre-mixed) of insulin, when such form is li-
11 censed and marketed, as selected by the group
12 health plan or health insurance issuer.

13 “(2) INSULIN.—The term ‘insulin’ means insu-
14 lin that is licensed under subsection (a) or (k) of
15 section 351 of the Public Health Service Act (42
16 U.S.C. 262) and continues to be marketed pursuant
17 to such licensure.

18 “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in
19 this section requires a plan or issuer that has a network
20 of providers to provide benefits for selected insulin prod-
21 ucts described in this section that are delivered by an out-
22 of-network provider, or precludes a plan or issuer that has
23 a network of providers from imposing higher cost-sharing
24 than the levels specified in subsection (a) for selected insu-

1 lin products described in this section that are delivered
2 by an out-of-network provider.

3 “(d) RULE OF CONSTRUCTION.—Subsection (a) shall
4 not be construed to require coverage of, or prevent a group
5 health plan or health insurance issuer from imposing cost-
6 sharing other than the levels specified in subsection (a)
7 on, insulin products that are not selected insulin products,
8 to the extent that such coverage is not otherwise required
9 and such cost-sharing is otherwise permitted under Fed-
10 eral and applicable State law.

11 “(e) APPLICATION OF COST-SHARING TOWARDS
12 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any
13 cost-sharing payments made pursuant to subsection (a)(2)
14 shall be counted toward any deductible or out-of-pocket
15 maximum that applies under the plan or coverage.

16 “(f) OTHER REQUIREMENTS.—A group health plan
17 or health insurance issuer offering group health insurance
18 coverage shall not impose, directly or through an entity
19 providing pharmacy benefit management services, any
20 prior authorization or other medical management require-
21 ment, or other similar conditions, on selected insulin prod-
22 ucts, except as clinically justified for safety reasons, to en-
23 sure reasonable quantity limits and as specified by the
24 Secretary.”

1 (2) CLERICAL AMENDMENT.—The table of con-
2 tents in section 1 of the Employee Retirement In-
3 come Security Act of 1974 (29 U.S.C. 1001 et seq.)
4 is amended by inserting after the item relating to
5 section 726 the following:

“Sec. 727. Requirements with respect to cost-sharing for certain insulin prod-
ucts.”.

6 (e) INTERNAL REVENUE CODE.—

7 (1) IN GENERAL.—Subchapter B of chapter
8 100 of the Internal Revenue Code of 1986 is amend-
9 ed by adding at the end the following:

10 **“SEC. 9827. REQUIREMENTS WITH RESPECT TO COST-SHAR-**
11 **ING FOR CERTAIN INSULIN PRODUCTS.**

12 “(a) IN GENERAL.—For plan years beginning on or
13 after January 1, 2027, a group health plan shall provide
14 coverage of selected insulin products, and with respect to
15 such products, shall not—

16 “(1) apply any deductible; or

17 “(2) impose any cost-sharing requirements in
18 excess of, per 30-day supply—

19 “(A) for any applicable plan year begin-
20 ning before January 1, 2028, \$35; or

21 “(B) for any plan year beginning on or
22 after January 1, 2028, the lesser of—

23 “(i) \$35; or

1 “(ii) the amount equal to 25 percent
2 of the negotiated price of the selected insu-
3 lin product net of all price concessions re-
4 ceived by or on behalf of the plan, includ-
5 ing price concessions received by or on be-
6 half of third-party entities providing serv-
7 ices to the plan, such as pharmacy benefit
8 management services or third party admin-
9 istrators.

10 “(b) DEFINITIONS.—In this section:

11 “(1) SELECTED INSULIN PRODUCTS.—The term
12 ‘selected insulin products’ means, for any plan year
13 beginning on or after January 1, 2027, at least one
14 of each dosage form (such as vial, pen, or inhaler
15 dosage forms) of each different type (such as rapid-
16 acting, short-acting, intermediate-acting, long-acting,
17 and pre-mixed) of insulin, when such form is li-
18 censed and marketed, as selected by the group
19 health plan.

20 “(2) INSULIN.—The term ‘insulin’ means insu-
21 lin that is licensed under subsection (a) or (k) of
22 section 351 of the Public Health Service Act (42
23 U.S.C. 262) and continues to be marketed pursuant
24 to such licensure.

1 “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in
2 this section requires a plan that has a network of providers
3 to provide benefits for selected insulin products described
4 in this section that are delivered by an out-of-network pro-
5 vider, or precludes a plan that has a network of providers
6 from imposing higher cost-sharing than the levels specified
7 in subsection (a) for selected insulin products described
8 in this section that are delivered by an out-of-network pro-
9 vider.

10 “(d) RULE OF CONSTRUCTION.—Subsection (a) shall
11 not be construed to require coverage of, or prevent a group
12 health plan from imposing cost-sharing other than the lev-
13 els specified in subsection (a) on, insulin products that are
14 not selected insulin products, to the extent that such cov-
15 erage is not otherwise required and such cost-sharing is
16 otherwise permitted under Federal and applicable State
17 law.

18 “(e) APPLICATION OF COST-SHARING TOWARDS
19 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any
20 cost-sharing payments made pursuant to subsection (a)(2)
21 shall be counted toward any deductible or out-of-pocket
22 maximum that applies under the plan.

23 “(f) OTHER REQUIREMENTS.—A group health plan
24 shall not impose, directly or through an entity providing
25 pharmacy benefit management services, any prior author-

1 ization or other medical management requirement, or
2 other similar conditions, on selected insulin products, ex-
3 cept as clinically justified for safety reasons, to ensure rea-
4 sonable quantity limits and as specified by the Secretary.”.

5 (2) CLERICAL AMENDMENT.—The table of sec-
6 tions for subchapter B of chapter 100 of such Code
7 is amended by adding at the end the following new
8 item:

“Sec. 9827. Requirements with respect to cost-sharing for certain insulin prod-
ucts.”.

9 **SEC. 222. APPLICATION TO RETIREE AND CERTAIN SMALL**
10 **GROUP PLANS.**

11 (a) ERISA.—Section 732(a) of the Employee Retire-
12 ment Income Security Act of 1974 (29 U.S.C. 1191a(a))
13 is amended by striking “and 726” and inserting “726, and
14 727”.

15 (b) IRC.—The Internal Revenue Code of 1986 is
16 amended—

17 (1) in section 9831(a)(2), by striking “section
18 9826” and inserting “sections 9811, 9826, and
19 9827”; and

20 (2) in section 4980D(d)(1), by striking “section
21 9811” and inserting “section 9811 or 9827”.

22 **SEC. 223. ADMINISTRATION.**

23 (a) IMPLEMENTATION.—Notwithstanding any other
24 provision of law, the Secretary of Health and Human

1 Services, the Secretary of Labor, and the Secretary of the
2 Treasury may implement the provisions of, including the
3 amendments made by, this subtitle for plan years that
4 begin on or after January 1, 2027, and end not later than
5 January 1, 2030, by subregulatory guidance, program in-
6 struction, or otherwise.

7 (b) NON-APPLICATION OF THE PAPERWORK REDUC-
8 TION ACT.—Chapter 35 of title 44, United States Code
9 (commonly referred to as the “Paperwork Reduction Act
10 of 1995”), shall not apply to the provisions of, including
11 the amendments made by, this subtitle.

12 **Subtitle D—Pharmacy Benefit**
13 **Manager Transparency and Re-**
14 **bate Reform**

15 **SEC. 231. FULL REBATE ON INSULIN PASS-THROUGH TO**
16 **PLAN.**

17 (a) PHSA.—Part D of title XXVII of the Public
18 Health Service Act (42 U.S.C. 300gg-111 et seq.), as
19 amended by section 221, is further amended by adding
20 at the end the following:

21 **“SEC. 2799A-13. FULL REBATE ON INSULIN PASS-THROUGH**
22 **TO PLAN.**

23 “(a) IN GENERAL.—A pharmacy benefits manager,
24 a third-party administrator of a group health plan, a
25 health insurance issuer offering group health insurance

1 coverage, or an entity providing pharmacy benefits man-
2 agement services under such health plan or health insur-
3 ance coverage shall remit 100 percent of rebates, fees, al-
4 ternative discounts, and all other remuneration received
5 from a pharmaceutical manufacturer, distributor or any
6 other third party, that are related to utilization of insulin
7 under such health plan or health insurance coverage, to
8 the group health plan.

9 “(b) FORM AND MANNER OF REMITTANCE.—Such
10 rebates, fees, alternative discounts, and other remunera-
11 tion shall be—

12 “(1) remitted to the group health plan in a
13 timely fashion after the period for which such re-
14 bates, fees, or other remuneration is calculated, and
15 in no case later than 90 days after the end of such
16 period;

17 “(2) fully disclosed and enumerated to the
18 group health plan sponsor; and

19 “(3) available for audit by the plan sponsor, or
20 a third-party designated by a plan sponsor no less
21 than once per plan year.”

22 (b) ERISA.—

23 (1) IN GENERAL.—Subpart B of part 7 of sub-
24 title B of title I of the Employee Retirement Income
25 Security Act of 1974 (29 U.S.C. 1185 et seq.), as

1 amended by section 221, is further amended by add-
2 ing at the end the following:

3 **“SEC. 728. FULL REBATE ON INSULIN PASS-THROUGH TO**
4 **PLAN.**

5 “(a) IN GENERAL.—A pharmacy benefits manager,
6 a third-party administrator of a group health plan, a
7 health insurance issuer offering group health insurance
8 coverage, or an entity providing pharmacy benefits man-
9 agement services under such health plan or health insur-
10 ance coverage shall remit 100 percent of rebates, fees, al-
11 ternative discounts, and all other remuneration received
12 from a pharmaceutical manufacturer, distributor or any
13 other third party, that are related to utilization of insulin
14 under such health plan or health insurance coverage, to
15 the group health plan.

16 “(b) FORM AND MANNER OF REMITTANCE.—Such
17 rebates, fees, alternative discounts, and other remunera-
18 tion shall be—

19 “(1) remitted to the group health plan in a
20 timely fashion after the period for which such re-
21 bates, fees, or other remuneration is calculated, and
22 in no case later than 90 days after the end of such
23 period;

24 “(2) fully disclosed and enumerated to the
25 group health plan sponsor; and

1 “(b) FORM AND MANNER OF REMITTANCE.—Such
2 rebates, fees, alternative discounts, and other remunera-
3 tion shall be—

4 “(1) remitted to the group health plan in a
5 timely fashion after the period for which such re-
6 bates, fees, or other remuneration is calculated, and
7 in no case later than 90 days after the end of such
8 period;

9 “(2) fully disclosed and enumerated to the
10 group health plan sponsor; and

11 “(3) available for audit by the plan sponsor, or
12 a third-party designated by a plan sponsor no less
13 than once per plan year.”.

14 (2) CLERICAL AMENDMENT.—The table of sec-
15 tions for subchapter B of chapter 100 of such Code,
16 as amended by section 221, is further amended by
17 adding at the end the following new item:

“Sec. 9828. Full rebate on insulin pass-through to plan.”.

18 **Subtitle E—Programs for Pro-**
19 **viding Affordable Insulin to Un-**
20 **insured Individuals**

21 **SEC. 241. PILOT PROGRAM FOR PROVIDING AFFORDABLE**
22 **INSULIN TO UNINSURED INDIVIDUALS.**

23 Part P of title III of the Public Health Service Act
24 (42 U.S.C. 280g et seq.) is amended by adding at the end
25 the following:

1 **“SEC. 399V-8. PILOT PROGRAM FOR PROVIDING AFFORD-**
2 **ABLE INSULIN TO UNINSURED INDIVIDUALS.**

3 “(a) IN GENERAL.—The Secretary shall conduct a 5-
4 year pilot program under which the Secretary awards
5 grants to 10 States for purposes of providing affordable
6 insulin to uninsured individuals.

7 “(b) AWARDS.—The Secretary shall award grants
8 under this section to 10 States that—

9 “(1) submit an application to the Secretary, at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may require; and

12 “(2) have high rates of uninsured individuals
13 and individuals diagnosed with diabetes, which may
14 include high rates of newly diagnosed diabetes.

15 “(c) USE OF FUNDS.—A State shall use the grant
16 funds received under this section for any of the following
17 purposes:

18 “(1) To assist in the purchase or dispensing of
19 insulin, through Federally qualified health centers
20 and retail community pharmacies, for uninsured in-
21 dividuals.

22 “(2) To enroll individuals in programs under
23 which drug manufacturers provide financial or medi-
24 cation assistance to low-income individuals, in order
25 to assist such individuals in obtaining insulin.

1 “(3) To allow Federally qualified health centers
2 to establish new, or maintain or expand existing, on-
3 site pharmacies owned and operated by the health
4 center that provide low-cost insulin to patients, and
5 to allow retail community pharmacies to provide low-
6 cost insulin to patients.

7 “(4) To engage in other activities to assist un-
8 insured individuals in obtaining insulin, as the Sec-
9 retary determines appropriate.

10 “(d) FORMULA.—The Secretary shall establish a for-
11 mula for purposes of determining the grant amount under
12 this section for each State. Such formula shall—

13 “(1) provide for a minimum amount that will
14 be provided to each State; and

15 “(2) take into account the rates of individuals
16 with type 1 or type 2, insulin-dependent diabetes
17 and of uninsured individuals in each State for pur-
18 poses of determining any additional amounts pro-
19 vided to a State.

20 “(e) ACCOUNTABILITY AND OVERSIGHT.—A State
21 receiving a grant under this section shall, not later than
22 1 year after receiving the grant, submit a report to the
23 Secretary that includes—

24 “(1) a description of the purposes for which the
25 grant funds received by the State were expended in

1 the preceding fiscal year, and the activities of the
2 State under the grant during such year; and

3 “(2) the number of individuals served through
4 the grant.

5 “(f) DEFINITIONS.—In this section:

6 “(1) AFFORDABLE.—The term ‘affordable’,
7 with respect to insulin, means that the out-of-pocket
8 cost to the individual for the insulin is not more
9 than \$35 per 1-month supply.

10 “(2) FEDERALLY-QUALIFIED HEALTH CEN-
11 TER.—The term ‘Federally-qualified health center’
12 has the meaning given such term in section
13 1905(l)(2) of the Social Security Act.

14 “(3) INSULIN.—The term ‘insulin’ means insu-
15 lin that is licensed under subsection (a) or (k) of
16 section 351 and continues to be marketed under
17 such section.

18 “(4) RETAIL COMMUNITY PHARMACY.—The
19 term ‘retail community pharmacy’ has the meaning
20 given such term in section 1927(k)(10) of the Social
21 Security Act.

22 “(5) UNINSURED INDIVIDUAL.—The term ‘un-
23 insured individual’ means an individual who—

24 “(A) is a citizen of the United States or a
25 qualified alien (as defined in section 431(b) of

1 the Personal Responsibility and Work Oppor-
2 tunity Reconciliation Act of 1996);

3 “(B) does not qualify for coverage under a
4 Federal health care program (as defined in sec-
5 tion 1128B(f) of the Social Security Act), the
6 health program established under chapter 89 of
7 title 5, United States Code, or a group health
8 plan or group health insurance coverage (as de-
9 fined in section 2791); and

10 “(C) is not entitled to a premium assist-
11 ance tax credit under section 36B of the Inter-
12 nal Revenue Code of 1986.

13 “(g) **AUTHORIZATION OF APPROPRIATIONS.**—To
14 carry out this section, there is authorized to be appro-
15 priated \$100,000,000 for fiscal year 2027, to remain
16 available until expended.”.

17 **SEC. 242. GAO STUDY ON UNINSURED INDIVIDUALS WHO**
18 **USE INSULIN.**

19 (a) **IN GENERAL.**—The Comptroller General of the
20 United States shall conduct a study, in consultation with
21 patient, clinical, and provider groups and other experts,
22 and not later than 2 years after the date of enactment
23 of this Act, issue a report, on the characteristics of unin-
24 sured individuals who use insulin. Such study and report

1 shall, to the extent data is available, include consideration
2 of—

3 (1) any States or regions in which there is a
4 higher prevalence of such individuals;

5 (2) any identifiable potential reasons for unin-
6 sured status;

7 (3) demographic characteristics of such individ-
8 uals, such as race and ethnicity; and

9 (4) income level of such individuals.

10 (b) DEFINITIONS.—In this section, the terms “insu-
11 lin” and “uninsured individual” have the meanings given
12 such terms in section 399V-8 of the Public Health Service
13 Act, as added by section 241.

14 **SEC. 243. INSULIN RESOURCE CENTER AND HOTLINE FOR**
15 **UNINSURED INDIVIDUALS.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services (referred to in this section as the “Sec-
18 retary”) shall award a grant to an eligible entity for pur-
19 poses of—

20 (1) establishing and maintaining a resource
21 center of assistance programs offered by manufac-
22 tures or other entities that are available to unin-
23 sured individuals seeking affordable insulin; and

24 (2) conducting the public education activities
25 described in subsection (c)(7).

1 (b) ELIGIBLE ENTITIES.—To be eligible to receive
2 the grant under subsection (a), an entity shall—

3 (1) be a trade, industry, or professional associa-
4 tion, community- and consumer-focused nonprofit
5 entity, or other entity, as determined by the Sec-
6 retary that—

7 (A) is capable of carrying out the duties
8 described in subsection (e);

9 (B) meets the standards described in sub-
10 section (e); and

11 (C) provides information consistent with
12 the standards developed under subsection (f);
13 and

14 (2) submit an application to the Secretary, at
15 such time, in such manner, and containing such in-
16 formation as the Secretary may require, including
17 information demonstrating that the entity—

18 (A) has existing relationships, or could
19 readily establish relationships, with consumers
20 (including uninsured individuals), health care
21 providers, manufacturers of insulin, social serv-
22 ice providers, pharmacies, and other experts
23 that the Secretary determines appropriate, to
24 meet the goals of this section; and

1 (B) has, or will establish, partnerships
2 with, and solicit feedback from, other entities in
3 other industries, professional associations, and
4 community- and consumer-focused nonprofit or-
5 ganizations, to meet the goals of this section.

6 (c) DUTIES.—An entity that receives a grant under
7 this section shall—

8 (1) distribute fair and impartial information
9 concerning eligibility for manufacturer, foundational,
10 and other assistance programs available to patients
11 seeking affordable insulin;

12 (2) facilitate enrollment in manufacturer assist-
13 ance programs or other assistance programs for un-
14 insured individuals;

15 (3) make available to the public, through a
16 standardized website, a clearinghouse of support
17 available to patients, including—

18 (A) a link to Federally qualified health
19 centers and other providers, by ZIP Code;

20 (B) a link to retail community pharmacies,
21 by ZIP Code; and

22 (C) information about how to enroll in
23 health insurance;

24 (4) provide information in a manner that is cul-
25 turally and linguistically appropriate;

1 (5) establish a hotline through which individ-
2 uals may reach experts with questions about access
3 to insulin, and that—

4 (A) is a 24/7 real-time hotline;

5 (B) provides voice and text support; and

6 (C) is staffed by navigators or licensed
7 health care professionals;

8 (6) provide guidance to hospitals on how to
9 share the website and hotline with patients; and

10 (7) conduct public education activities, in col-
11 laboration with the Department of Health and
12 Human Services, to raise awareness of the avail-
13 ability of all manufacturer, foundational, and other
14 assistance programs available to patients seeking af-
15 fordable insulin, with a focus on uninsured individ-
16 uals; including by—

17 (A) partnering with community health cen-
18 ters, hospitals, retail community pharmacies,
19 and community-based organizations with a
20 focus on access to affordable medicine; and

21 (B) working with State and local health
22 departments to target the programs carried out
23 using the grant to underserved communities.

24 (d) DUTIES OF THE SECRETARY.—The Secretary
25 shall—

1 (1) ensure adequate maintenance of the re-
2 source center established by the entity receiving a
3 grant under subsection (a);

4 (2) publicize such resource center on the
5 website of the Department of Health and Human
6 Services and across Federal agencies, as the Sec-
7 retary determines appropriate; and

8 (3) ensure that such resource center meets the
9 standards under subsection (e), and withdraw the
10 grant and make an award to a different eligible enti-
11 ty in the case that an eligible entity fails to meet
12 such standards.

13 (e) STANDARDS.—The Secretary shall establish
14 standards for the resource center under this section, in-
15 cluding provisions to ensure that the entity receiving a
16 grant under this section is qualified to engage in the ac-
17 tivities described in this section and to avoid conflicts of
18 interest. Under such standards, such entity—

19 (1) shall not—

20 (A) be a manufacturer of insulin products;

21 or

22 (B) receive any consideration directly or
23 indirectly from any manufacturer of insulin
24 products in connection with the enrollment of
25 any individuals in an assistance program; and

1 (2) shall provide information that is fair, accu-
2 rate, and impartial.

3 (f) DATA COLLECTION AND EVALUATIONS.—The
4 Secretary may collect data and conduct evaluations with
5 respect to the services provided by the resource center de-
6 scribed in this section for purposes of assessing the extent
7 to which the provision of the services—

8 (1) reduces out of pocket insulin costs for unin-
9 sured individuals;

10 (2) increases awareness of assistance programs
11 or foundational support available for uninsured indi-
12 viduals; and

13 (3) improves utilization of the resources de-
14 scribed in paragraph (2) by uninsured individuals.

15 (g) REPORTS TO CONGRESS.—The Secretary shall
16 submit to the Committee on Health, Education, Labor,
17 and Pensions and the Committee on Appropriations of the
18 Senate and the Committee on Energy and Commerce and
19 the Committee on Appropriations of the House of Rep-
20 resentatives, and make publicly available, annual reports
21 on the activities carried out under this section, including
22 any changes in the availability or scope of assistance pro-
23 grams offered by insulin manufacturers and information
24 about the number of individuals who use the resource cen-
25 ter, including the website or hotline.

1 (h) DEFINITIONS.—In this section—

2 (1) the term “assistance program” means a
3 program to assist patients in obtaining a drug at a
4 reduced cost, and includes third-party payments, fi-
5 nancial assistance, discounts, product vouchers, and
6 other reductions in out-of-pocket expenses;

7 (2) the term “Federally-qualified health center”
8 has the meaning given such term in section
9 1905(l)(2) of the Social Security Act (42 U.S.C.
10 1396d(1)(2));

11 (3) the term “insulin” means insulin that is li-
12 censed under subsection (a) or (k) of section 351 of
13 the Public Health Service Act (42 U.S.C. 262) and
14 continues to be marketed pursuant to such licensure;

15 (4) the term “retail community pharmacy” has
16 the meaning given such term in section 1927(k)(10)
17 of the Social Security Act (42 U.S.C. 1396r-
18 8(k)(10)); and

19 (5) the term “uninsured individual” means an
20 individual who—

21 (A) does not qualify for coverage under a
22 Federal health care program (as defined in sec-
23 tion 1128B(f) of the Social Security Act (42
24 U.S.C. 1320a-7b(f))), the health program es-
25 tablished under chapter 89 of title 5, United

1 States Code, or a group health plan or group
2 health insurance coverage (as defined in section
3 2791 of the Public Health Service Act (42
4 U.S.C. 300gg-91)); and

5 (B) is not entitled to a premium assistance
6 tax credit under section 36B of the Internal
7 Revenue Code of 1986.

8 (i) FUNDING.—To carry out this section, there are
9 authorized to be appropriated \$2,000,000 for each of fis-
10 cal years 2027 through 2032.