

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 6283
OFFERED BY MS. CROCKETT OF TEXAS**

Page 21, line 17, strike “January 1, 2026” and insert “January 1, 2028”.

Add after section 2(d)(2) the following:

1 (3) EFFECTIVE DATE.—When negotiating con-
2 tracts with carriers under chapter 89 of title 5,
3 United States Code, for plan year 2028, the Direc-
4 tor of the Office of Personnel Management shall de-
5 termine whether section 8915 of such chapter (as
6 added by paragraph (1)) will result in lower pre-
7 miums for Federal employees and the Federal Gov-
8 ernment. If the Director determines, and provides a
9 certification to Congress, that such section will not
10 result in lower premiums, such section 8915 shall
11 have no force or effect, and is hereby repealed on
12 the date of such certification.

Add after section 2(d) and the following:

13 (e) GAO REPORT ON FEHBP PHARMACY BENEFIT
14 MANAGEMENT.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of the enactment of this Act, the Comp-
3 troller General of the United States shall submit a
4 report to Congress on—

5 (A) pharmacy networks of health benefits
6 plan, carriers, and entities providing pharmacy
7 benefit management services under such plans,
8 including networks that have pharmacies that
9 are under common ownership (in whole or part)
10 with health benefits plans, carriers, or entities
11 providing pharmacy benefit management serv-
12 ices or pharmacy benefit administrative services
13 under any such plan;

14 (B) with respect to pharmacy networks
15 that include pharmacies under common owner-
16 ship described in subparagraph (A)—

17 (i) the degree to which such networks
18 are designed to encourage enrollees in a
19 health benefits plan or coverage to use
20 such pharmacies over other network phar-
21 macies for specific services or drugs, and if
22 so the reasons given for encouraging use of
23 such pharmacies; and

24 (ii) the degree to which pharmacies
25 are used by such enrollees disproportion-

1 ately more in the aggregate or for specific
2 services or drugs compared to other net-
3 work pharmacies for purposes other than
4 network designs used to lower costs or im-
5 prove adherence and clinical outcomes;

6 (C) whether any health benefits plan or
7 carrier have options to elect different network
8 pricing arrangements in the marketplace with
9 entities that provide pharmacy benefit manage-
10 ment services and the prevalence of electing
11 such different network pricing arrangements;

12 (D) pharmacy network design parameters
13 that encourage enrollees in a health benefits
14 plan to fill prescriptions at mail order, spe-
15 cialty, or retail pharmacies that are wholly or
16 partially-owned by that carrier or entity;

17 (E) the degree to which mail order, spe-
18 cialty, or retail pharmacies that dispense pre-
19 scription drugs to an enrollee in a health bene-
20 fits plan that are under common ownership (in
21 whole or part) with health benefits plans, car-
22 riers, or entities providing pharmacy benefit
23 management services or pharmacy benefit ad-
24 ministrative services under the plan receive re-
25 imbursement that is greater than the median

1 price charged to the health benefits plan or car-
2 rier when the same drug is dispensed to enroll-
3 ees in the plan or coverage by other pharmacies
4 included in the pharmacy network of that plan,
5 carrier, or entity that are not wholly or partially
6 owned by the carrier or entity providing phar-
7 macy benefit management services;

8 (F) the state of competition among phar-
9 macy benefit managers in the market, including
10 potential barriers to entry;

11 (G) the amount, use, and role of rebates,
12 fees, or other direct or indirect remuneration
13 charged by the pharmacy benefit manager
14 based on aggregate data with respect to pre-
15 scription drugs prescribed to covered individual,
16 in the health benefits plan, or coverage in-
17 volved; and

18 (H) recommendations for legislative action
19 to—

20 (i) lower the cost of prescription drugs
21 for carriers and enrollees in a health bene-
22 fits plan;

23 (ii) improve the efficiency of the phar-
24 maceutical supply chain, such as by low-
25 ering intermediary costs or improving com-

1 petition in pharmacy benefit management;
2 and

3 (iii) implement transparency require-
4 ments on pharmacy benefit management
5 entities that do not compromise commer-
6 cially-confidential information.

7 (2) REQUIREMENT.—The Comptroller General
8 of the United States shall ensure that any public re-
9 port under paragraph (1) does not disclose any in-
10 formation that would identify any specific health
11 benefits plans, carrier, or entity providing pharmacy
12 benefit management services or commercially-con-
13 fidential information.

14 (3) DEFINITIONS.—In this subsection, the
15 terms “carrier” and “health benefits plan” have the
16 meanings given those terms in section 8901 of title
17 5, United States Code.

