Comparison of PBM Policies on Delinking in Medicare and Reporting as Reported Out by the House and Senate Committees

	PATIENT Act of 2023 (EC Version)	Transparency in Coverage Act of 2023 (EW Version)	Health Care Price Transparency Act of 2023 (WM Version)	PBM Reform Act (HELP Version)	Modernizing and Ensuring PBM Accountability Act (Finance Version) §2	Pharmacy Benefit Manager Transparency Act (Commerce Version)
Delinking Requirement (Bona Fide Service Fees)	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Prohibits contracts between Medicare Advantage prescription drug plans or standalone Part D prescription drug plans and PBMs that would permit PBMs to derive any income in connection with the utilization of covered part D drug for any services except for bona fide service fees. Bona fide service fees mean a flat, FMV fee for a bona fide, itemized service actually performed and not directly or indirectly based on or contingent on a drug price of discount.	No similar provision.
Enforcement	No similar provision.	No similar provision.	No similar provision.	No similar provision.	If the PBM or its affiliate violates the specified conditions or the contract with the sponsor, the PBM must: 1. Return any payment, remuneration, or amount received from the PDP sponsor that was obtained in violation of the agreement or rules. 2. Reimburse the sponsor for any CMP imposed on the sponsor due to the PBM's failure to meet the requirements. 3. Be subject to punitive remedies for breaching contract.	No similar provision.
Oversight	No similar provision.	No similar provision.	No similar provision.	No similar provision.	The HHS Secretary, in coordination with the OIG, must review fees and other types of compensation given to PBMs and their affiliates to assess whether such compensation aligns with fair market value.	No similar provision.
Audit Right	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires PBM to permit an annual audit by the sponsor, upon request, to verify compliance with all terms and conditions specified in the contract and the accuracy of information. Sponsor has the authority to choose an auditor, and PBM cannot place any restrictions on the selection of the auditor.	No similar provision.

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Rule of Construction on Pass-Through to Sponsors	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Rule intended to clarify that PBMs are not prohibited from passing through rebates, discounts, or other price concessions to a PDP sponsor to lower net costs for prescription drugs.	No similar provision.
Contractual Requirement	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires PBMs, via contract, to report to MA-PD and PDP sponsors: 1. Define, interpret, and apply terms and do so in a transparent manner such that PBM performance can be evaluated against pricing guarantees or other measures. 2. Identify drugs, claims, or price concessions excluded from any price guarantee or cost performance calculation/ evaluation. 3. Calculate and provide a WAC-based equivalent to the pricing guarantee (or other cost performance measure).	No similar provision.
General Reporting	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires PBMs to report information for each drug covered under the plan. 1. The name of the drug and NCD for such drug. 2. Number of enrollees dispensed the drug (including the total claims disaggregated by original prescriptions and refills) and the total dosage units dispensed. 3. Number of claims dispensed disaggregated by retail, mail order, specialty, or any type of pharmacy as defined by the PBM. 4. Average WAC by cost per-day's supply, cost per-dosage unit, and cost per typical course of treatment as applicable. 5. Average wholesale price by cost per-day's supply, cost per-dosage unit, and cost per typical course of treatment as applicable. 6. Total OOP enrollee spending after plan benefits are applied.	No similar provision.

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General Reporting *(continued)*					7. Total rebates paid by manufacturers reported in Detailed DIR report that is otherwise reported to CMS by plan sponsors. 8. All other direct and indirect remuneration reported under the DIR Detailed report. 9. Average pharmacy reimbursement for a drug to a pharmacy, disaggregated by retail, mail order, specialty, or any type of pharmacy as defined by the PBM. 10. Average NADAC for retail community pharmacies. 11. Total revenue received from manufacturers (including BFSFs) retained by PBMs or affiliate. 12. Gross spending on drugs covered by the plan net of rebates, fees, discounts, and other direct and indirect remuneration. 13. Total amount retained by the PBM or its affiliate related to revenue attributable to UM. This amount must include revenue that is for BFSFs. 14. Total spending on drugs net of rebates, fees, discounts, and other direct and indirect remuneration. 15. Benefit designs that encourage enrollees to fill prescriptions at affiliates of the PBM. 16. A list of all paid brokers, consultants, advisors, and auditors of the PBM or its affiliates for service offered to plans related to PBM services. 17. A list of all pharmacies, wholesalers, distributors, private labelers, providers, GPOs, health plans, or any other entity of the PBM that are affiliates of the PBM. Other reporting included in common ownership comparison chart.	

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Generic and Biosimilar Reporting	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires PBMs to report information for FDA-approved drugs covered under the plan. 1. A list of generic drugs (which are marketed for brand name drugs covered under the plan) that are not covered under the plan, are associated with a higher cost-sharing tier, or are subject to UM to which the covered brand name drug is not otherwise subject. 2. The estimated average enrollee cost-sharing for a 30-day supply of the drug. 3. The estimated average cost-sharing an enrollee would have paid for the generic drug included on the list described in #1 had it been covered. 4. A justification for providing coverage of a brand name drug instead of a generic drug described in #1. The above information is also required for reference products covered under the plan. These 4 pieces of information reported under this are the same, except that generic drug reporting should be replaced with reference products to biosimilars.	No similar provision.
Summary Document	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires PBMs to populate a summary document for such information using a template developed by the HHS Secretary (determined through rulemaking)	No similar provision.
Cost of Reporting	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires that information reported by PBMs be provided at no cost to the plan sponsor.	No similar provision.

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Certification	No similar provision.	No similar provision.	No similar provision.	No similar provision.	Requires PBM to provide a written explanation to the sponsor within 10 days after finalizing any contract or agreement with a drug manufacturer (or its affiliate, subsidiary, or agent). This contract involves rebates, discounts, payments, or other financial incentives related to specific prescription drugs. The explanation should detail the terms and conditions of the contract, particularly those that are contingent upon coverage, formulary placement, or utilization management conditions on other prescription drugs.	No similar provision.