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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. 2484

To amend title XVIII of the Social Security Act to establish an exception to the physician self-referral prohibition for certain outpatient prescription drugs furnished by a physician practice under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

Mrs. HARSHBARGER introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to establish an exception to the physician self-referral prohibition for certain outpatient prescription drugs furnished by a physician practice under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Seniors’ Access to Crit-
5 ical Medications Act of 2025”.

1 **SEC. 2. ESTABLISHING AN EXCEPTION TO THE PHYSICIAN**
2 **SELF-REFERRAL PROHIBITION FOR CERTAIN**
3 **OUTPATIENT PRESCRIPTION DRUGS FUR-**
4 **NISHED BY A PHYSICIAN PRACTICE UNDER**
5 **THE MEDICARE PROGRAM.**

6 (a) IN GENERAL.—Section 1877(b) of the Social Se-
7 curity Act (42 U.S.C. 1395nn(b)) is amended by adding
8 at the end the following new paragraph:

9 “(6) CERTAIN OUTPATIENT PRESCRIPTION
10 DRUGS.—

11 “(A) IN GENERAL.—In the case of des-
12 ignated health services described in subsection
13 (h)(6)(J) that are covered part D drugs (as de-
14 fined in section 1860D–2(e)) and furnished to
15 an individual during the period beginning on
16 January 1, 2026, and ending on December 31,
17 2030, if—

18 “(i) such drugs are prescribed by the
19 referring physician (or by another physi-
20 cian or practitioner (as described in section
21 1842(b)(18)(C)) within the same group
22 practice as such physician);

23 “(ii) such individual has an ongoing
24 relationship (as defined by the Secretary)
25 with such physician or practitioner who
26 prescribed such drugs (or with another

1 physician or practitioner within the same
2 group practice as such physician or practi-
3 tioner);

4 “(iii) within the 1-year period prior to
5 the dispensing of such drugs, such indi-
6 vidual had at least 1 face-to-face, in-person
7 encounter with such referring physician (or
8 with another physician or practitioner
9 within the same group practice as such
10 physician, as determined by tax identifica-
11 tion number) during which items or serv-
12 ices that are not designated health services
13 and for which payment was made under
14 this title were furnished to such individual;

15 “(iv) such drugs are dispensed by the
16 referring physician, a physician who is a
17 member of the same group practice as the
18 referring physician, or an individual who is
19 directly supervised by such a physician,
20 from a building described in paragraph
21 (2)(A)(ii), including through—

22 “(I) in-person pickup by the indi-
23 vidual or a caregiver or family mem-
24 ber of such individual; or

1 “(II) a mail, delivery, or courier
2 service; and

3 “(v) such drugs are billed for by the
4 physician dispensing or supervising the dis-
5 pensing of such drugs, by a group practice
6 of which such physician is a member under
7 a billing number assigned to such group
8 practice, or by an entity that is wholly
9 owned by such physician or such group
10 practice.

11 “(B) RULE OF CONSTRUCTION.—Nothing
12 in subparagraph (A) shall be construed as
13 modifying any program requirements under
14 part D.”.

15 (b) GAO STUDY AND REPORT.—

16 (1) STUDY.—The Comptroller General of the
17 United States (in this section referred to as the
18 “Comptroller General”) shall conduct a study exam-
19 ining—

20 (A) pharmacies or pharmacy networks par-
21 ticipating under part D of title XVIII of the
22 Social Security Act (42 U.S.C. 1395w–101 et
23 seq.) that, after the date of the enactment of
24 this section, dispense significantly more (as de-
25 termined by the Comptroller General) covered

1 part D drugs (as defined in section 1860D–2 of
2 such Act (42 U.S.C. 1395e–102)) compared to
3 the amount of such drugs dispensed prior to
4 such date;

5 (B) common characteristics of the phar-
6 macies and pharmacy networks identified under
7 subparagraph (A), including, to the extent iden-
8 tifiable, the extent to which such pharmacies
9 and pharmacy networks are owned by a physi-
10 cian or group practice (as defined in section
11 1877(h) of the Social Security Act (42 U.S.C.
12 1395nn(h)) or otherwise integrated into a phy-
13 sician’s practice or group practice; and

14 (C) common characteristics of arrange-
15 ments entered into by physicians or group prac-
16 tices for purposes of dispensing drugs within
17 physicians’ offices or otherwise integrating
18 pharmacies or the dispensing of drugs into a
19 physician’s practice or group practice, includ-
20 ing, to the extent feasible and identifiable, an
21 analysis of—

22 (i) specific physician specialties or
23 subspecialties for which such arrangements
24 are especially common or have shown sub-
25 stantial growth;

1 (ii) the extent to which physicians and
2 group practices participating in such ar-
3 rangements have such arrangements or in-
4 tegration with other physicians or group
5 practices or other drug supply chain par-
6 ticipants (including pharmacy benefit man-
7 agers, insurers, wholesalers, distributors,
8 or management services organizations);

9 (iii) common contracting features of
10 such arrangements relating to the utiliza-
11 tion of covered part D drugs or services
12 provided in connection with such drugs, in-
13 cluding contract terms related to adminis-
14 trative or dispensing fees for such drugs
15 and the types of payments provided in con-
16 nection with such services;

17 (iv) common measures, including no-
18 tices or disclosures, taken by physicians
19 and group practices participating in such
20 arrangements in order to mitigate or oth-
21 erwise address potential conflicts of inter-
22 est posed by such arrangements; and

23 (v) any components or features of
24 such arrangements that may influence pre-
25 scribing decisions or patterns among physi-

1 cians and group practices participating in
2 such arrangements.

3 (2) REPORT.—Not later than 3 years after the
4 date of the enactment of this section, the Comp-
5 troller General shall submit to Congress a report on
6 the findings of the study required under paragraph
7 (1), which shall not include identifying or propri-
8 etary information with respect to the pharmacies or
9 pharmacy networks examined.