



(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. _____

To amend the Public Health Service Act to provide for the development and publication of independent value assessments for drugs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. SPEIER introduced the following bill; which was referred to the Committee
on _____

A BILL

To amend the Public Health Service Act to provide for the development and publication of independent value assessments for drugs, and for other purposes.

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 “Independent Drug
5 Value Assessment Act”.

1 **SEC. 2. INDEPENDENT VALUE ASSESSMENTS FOR DRUGS.**

2 Part D of title III of the Public Health Service Act
3 (21 U.S.C. 254b et seq.) is amended by adding at the end
4 the following:

5 **“Subpart XIII—Independent Value Assessments for**
6 **Drugs**

7 **“SEC. 340J. INDEPENDENT VALUE ASSESSMENTS.**

8 “(a) IN GENERAL.—The Secretary, acting through
9 the Assistant Secretary for Planning and Evaluation, shall
10 complete, by contract under subsection (e), an inde-
11 pendent value assessment for any drug—

12 “(1) that is approved under section 505(c) of
13 the Federal Food, Drug, and Cosmetic Act, or li-
14 censed under section 351(a) of the Public Health
15 Service Act, on or after the day that is 1 year after
16 the date of enactment of this section; or

17 “(2) for which a new indication or use is ap-
18 proved or licensed under such section 505(c) or
19 351(a) on or after such day.

20 “(b) TIMELINE.—The Secretary shall ensure that an
21 independent value assessment required by subsection (a)
22 is completed not later than 90 days after the effective date
23 of the approval or licensure involved.

24 “(c) PREVIOUSLY APPROVED DRUGS.—The Sec-
25 retary shall—

1 “(1) not later than 5 years after the date of en-
2 actment of this section, complete, by contract under
3 subsection (e), an independent value assessment for
4 no fewer than 25 drugs not described in subsection
5 (a); and

6 “(2) in selecting drugs for assessment under
7 paragraph (1), prioritize—

8 “(A) drugs in the top 35 percent of ex-
9 penditures for particular drugs under part B or
10 D of title XVIII of the Social Security Act; and

11 “(B) drugs approved as a breakthrough
12 therapy pursuant to section 506(a), as a fast
13 track product pursuant to section 506(b), or
14 pursuant to accelerated approval under section
15 506(c).

16 “(d) PUBLICATION.—The Secretary shall publish
17 each independent value assessment prepared under sub-
18 section (a) or (c) on the public website of the Department
19 of Health and Human Services without modification, ex-
20 cept that the Secretary may redact any confidential or
21 proprietary information in accordance with applicable law.

22 “(e) CONTRACTS.—

23 “(1) IN GENERAL.—To the extent and in the
24 amounts made available in advance in appropriations
25 Acts, the Secretary shall enter into a contract with

1 an eligible entity to develop an independent value as-
2 sessment under this section.

3 “(2) ELIGIBLE ENTITIES.—To be eligible to
4 prepare an independent value assessment under this
5 section, an entity—

6 “(A) shall be a nonprofit organization, a
7 university, a federally funded research and de-
8 velopment center, or another type of organiza-
9 tion that is determined by the Secretary to be
10 capable of developing such an independent value
11 assessment;

12 “(B) shall not be an entity that—

13 “(i) is involved in the manufacturing,
14 research, and development of drugs; or

15 “(ii) operates fully insured and self-in-
16 sured health plans, pharmaceutical benefit
17 managers, or other entities that pay for
18 drugs; and

19 “(C) shall be, as determined by the Sec-
20 retary, independent of any other entity de-
21 scribed in subparagraph (B).

22 “(3) INFORMATION.—

23 “(A) INFORMATION IN POSSESSION OF
24 HHS.—The Secretary shall ensure that any or-
25 ganization under contract to develop an inde-

1 pendent value assessment under this section has
2 access to all of the information in the posses-
3 sion of the Department of Health and Human
4 Services that is necessary to complete the as-
5 sessment.

6 “(B) INFORMATION IN POSSESSION OF
7 MANUFACTURER.—The manufacturer of any
8 drug for which an independent value assess-
9 ment is being developed under this section shall,
10 at the request of the Secretary or the entity
11 under contract to develop the independent value
12 assessment, provide to the Secretary or entity,
13 as applicable, information in the possession of
14 the manufacturer that is necessary to complete
15 the assessment.

16 “(C) ADDITIONAL INFORMATION.—An en-
17 tity under contract to develop an independent
18 value assessment under this section for a drug
19 shall offer manufacturers, patient advocates,
20 clinical experts, and members of the public an
21 opportunity to submit additional information
22 and analyses for consideration before the inde-
23 pendent value assessment is complete.

1 “(f) PROHIBITIONS.—The Secretary shall prohibit
2 the use in any independent value assessment under this
3 section of—

4 “(1) any analysis based on the quality-adjusted
5 life year; and

6 “(2) any research findings that do not weigh
7 the value of each year of life gained from treatment
8 equally for all patients no matter their severity of ill-
9 ness, age, or pre-existing disability.

10 “(g) DEFINITIONS.—In this section:

11 “(1) The term ‘independent value assessment’
12 means an economic analysis that—

13 “(A) analyzes the benefits of a particular
14 drug for the average patient and for various
15 subgroups of patients, as determined by the
16 Secretary, and the benefits of the drug on a
17 standalone basis and in comparison with other
18 approved treatments, including—

19 “(i) an economic analysis of direct
20 benefits to the patient, including to the
21 quality and duration of life of the patient;
22 and

23 “(ii) an economic analysis of indirect
24 benefits, including—

1 “(I) benefits to the earnings ca-
2 pacity of the patient;

3 “(II) benefits to family members,
4 employers, and caregivers of the pa-
5 tient; and

6 “(III) benefits to the health care
7 system, including savings to public-
8 and private-sector payers resulting
9 from potential use of health services
10 that is avoided due to the benefits of
11 the particular drug; and

12 “(B) includes an estimate of a price, price
13 range, or a proposed value-based payment ar-
14 rangement for the particular drug that is com-
15 mensurate with the economic benefits of the
16 particular drug, including a list and explanation
17 of the factors that support the estimated price,
18 price range, or proposed value-based payment
19 arrangement.

20 “(2) The term ‘value-based payment arrange-
21 ment’—

22 “(A) means a form of payment for a drug,
23 other than a fixed payment per dose or other
24 standard administration of the drug, that takes

1 into consideration the effectiveness of the drug;
2 and

3 “(B) may include an overall payment for a
4 course of treatment with the drug, an overall
5 payment to cover all indicated uses of the drug
6 for a particular population, or another approach
7 to payment, any of which may include a provi-
8 sion to vary the amount of the payment based
9 on the effectiveness of the drug for an indi-
10 vidual or a population, as the case may be.”.