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3 To require the Department of Health and Human Services to release documents,
4 communications, and other information relating to most favored nation pricing agreements and
5 other private or confidential drug pricing deals struck with manufacturers, and for other
6 purposes.

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8 Mr. Wyden introduced the following bill; which was read twice and referred to the Committee
9 on _____

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11 Be it enacted by the Senate and House of Representatives of the United States of America in
12 Congress assembled,

13 SECTION 1. SHORT TITLE.

14 This Act may be cited as the “Drug Deal Disclosure Act”.

15 SEC. 2. RELEASE OF INFORMATION RELATING TO 16 MOST-FAVORED-NATION PRICING AGREEMENTS.

17 (a) Public Release of Information.—

18 (1) IN GENERAL.—Not later than 30 days after the date of enactment of this Act, the
19 Secretary of Health and Human Services (referred to in this Act as the “Secretary”), subject
20 to subsections (b) and (c), shall make publicly available in a centralized, searchable, and
21 downloadable format all records, documents, communications, meeting notes, memoranda,
22 directives, logs, metadata, contracts, and agreements as provided by the Department of
23 Health and Human Services, or any other Federal department, agency, or office that
24 possesses such information to which the Secretary does not have direct access, that relate to
25 any agreement, including any agreement described in paragraph (2) or (3), between an
26 Executive Office of the President, the Department of Health and Human Services, the
27 Department of Commerce, or another Federal department, agency, or office and any drug
28 manufacturer entered into on or after January 20, 2025, that includes any of the following
29 provisions:

30 (A) That the manufacturer or any of its subsidiaries shall offer reduced prices on any
31 of its drugs to levels that make reference to the prices paid for drugs in nations other
32 than the United States, including under the Medicare program under title XVIII of the
33 Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX
34 of such Act (42 U.S.C. 1396 et seq.).

35 (B) That the manufacturer or any of its subsidiaries shall offer or expand its
36 offerings of direct-to-consumer drug sales or discounts on its drugs through the website
37 of such manufacturer or subsidiary, partnerships with other entities, or any
38 government-sponsored platform, including TrumpRx.

39 (C) That goods imported or produced by the manufacturer or any of its subsidiaries
40 shall be excluded or exempt from any duties or other import restrictions.

41 (D) That the manufacturer or any of its subsidiaries shall further invest money or

1 resources into the United States or repatriate revenue made in nations other than the
2 United States.

3 (E) That the manufacturer or any of its subsidiaries shall receive special treatment,
4 such as an exemption from, or specialized predetermined conditions of participation
5 for, any demonstration project proposed or implemented by the Center for Medicare
6 and Medicaid Innovation, including the Global Benchmark for Efficient Drug Pricing
7 “GLOBE” Model, and the Guarding U.S. Medicare Against Rising Drug Costs
8 “GUARD” Model.

9 (F) That the manufacturer or any of its subsidiaries shall contribute to, or be
10 guaranteed purchasing agreement for, the Strategic National Stockpile established
11 under section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b).

12 (G) That the manufacturer or any of its subsidiaries shall receive a Commissioner’s
13 National Priority Review Voucher through the pilot program of the Food and Drug
14 Administration.

15 (2) AGREEMENTS.—The agreements described in this paragraph, and for which public
16 disclosure is required under paragraph (1), include the agreements publicly announced by
17 an Executive Office of the President or the applicable drug manufacturer, as follows:

18 (A) AbbVie Inc. on January 12, 2026.

19 (B) Amgen Inc. on December 19, 2025.

20 (C) AstraZeneca plc. on October 10, 2025.

21 (D) Boehringer Ingelheim Pharmaceuticals, Inc. on December 19, 2025.

22 (E) Bristol Myers Squibb on December 19, 2025.

23 (F) Eli Lilly & Company on November 6, 2025.

24 (G) EMD Serono Inc. on October 16, 2025.

25 (H) Genentech, Inc. on December 19, 2025.

26 (I) Gilead Sciences, Inc. on December 19, 2025.

27 (J) GSK plc. on December 19, 2025.

28 (K) Johnson & Johnson, Inc. on January 8, 2026.

29 (L) Merck & Co., Inc. on December 19, 2025.

30 (M) Novartis AG on December 19, 2025.

31 (N) Novo Nordisk Inc. on November 6, 2025.

32 (O) Pfizer Inc. on September 30, 2025.

33 (P) Sanofi S.A. on December 19, 2025.

34 (3) SUBSEQUENT AGREEMENTS.—If, after the date of enactment of this Act, an Executive
35 Office of the President or any other Federal department, agency, or office enters into an
36 agreement with a drug manufacturer or any of its subsidiaries that meets the criteria
37 described in paragraph (1), or modifies or amends an agreement listed in paragraph (2), not

1 later than 30 days after the date of ratification of such new agreement, the Secretary shall
2 disclose information about such agreement as described in paragraph (1).

3 (b) Prohibited Grounds for Withholding.—No record shall be withheld, delayed, or redacted
4 on the basis of reputational harm or political sensitivity, including to any government official,
5 public figure, or manufacturer.

6 (c) Permitted Withholdings.—The Secretary may withhold or redact the segregable portions of
7 agreements required to be disclosed under subsection (a)(1) that include proprietary pricing
8 information, pricing information that manufacturers are legally prohibited from disclosing based
9 on the law of a nation other than the United States or as part of a settlement agreement or court
10 directive, or information that is protected from disclosure under other applicable law, provided
11 that the Secretary—

12 (1) discloses whether the Secretary has been provided access to confidential pricing
13 information by each individual manufacturer; and

14 (2) includes with any such redaction or withholding a written justification, and ensures
15 that such written justification is published in the Federal Register and submitted to
16 Congress.

17 SEC. 3. REPORT TO CONGRESS.

18 Not later than 15 days after the completion of the release of agreements listed under section
19 2(a)(2), the Secretary shall submit to the Committee on Finance and the Committee on Health,
20 Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce, the
21 Committee on Education and Workforce, and the Committee on Ways and Means of the House
22 of Representatives a report listing—

23 (1) all documents and information released and withheld; and

24 (2) a summary of redactions and withholdings made, including legal basis for such
25 redactions and withholdings.

26 SEC. 4. CONGRESSIONAL BUDGET OFFICE AND 27 GOVERNMENT ACCOUNTABILITY OFFICE ANALYSIS.

28 Not later than 90 days after the completion of the release of agreements listed under section
29 2(a)(2), the Director of the Congressional Budget Office and the Comptroller General of the
30 United States, jointly, shall publish a report on the economic and budgetary effects of all
31 agreements disclosed under section 2, including—

32 (1) the expected economic and budgetary consequences of each such agreement;

33 (2) an analysis of direct cost savings that individuals in the United States have received
34 and can expect to receive, by insurance status, including uninsured individuals, as a
35 consequence of the agreements;

36 (3) a budget analysis of the impacts of the agreements on the Medicare program under
37 title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), the Medicaid program under
38 title XIX of such Act (42 U.S.C. 1396 et seq.), and qualified health plans offered through
39 the American Health Benefit Exchanges established under section 1311 or 1321 of the

- 1 Patient Protection and Affordable Care Act (42 U.S.C. 18031; 18041); and
- 2 (4) any impact, or expected impact, on—
- 3 (A) drug price competition (such as through shifts from the use of generic drugs to
- 4 brand name drugs);
- 5 (B) section 1128B of the Social Security Act (commonly referred to as the “Federal
- 6 Anti-Kickback Statute” (42 U.S.C. 1320a–7b)); and
- 7 (C) health plan formulary design (such as cost shifting, adverse events for health
- 8 plans, and spending acceleration).