

Prescription Drug Report Is Due by June 1, 2024

Group health plans must annually submit detailed information on prescription drug and health care spending to the federal government. This reporting is referred to as the “prescription drug data collection,” or the “RxDC report.”

The next RxDC report is due by Saturday, June 1, 2024, covering data for 2023. Employers should confirm they are taking steps to comply with this reporting deadline, such as providing information to third-party vendors on a timely basis.

The RxDC report is comprised of several files, including those that require specific plan-level information, such as plan year beginning and end dates and enrollment and premium data. It also includes files that require detailed information about medical and pharmacy benefits.

RxDC reports must be submitted through an online portal maintained by the Centers for

Medicare and Medicaid Services (CMS). CMS’ RxDC [website](#) includes updated reporting instructions and other reporting resources.

Employers commonly use third parties, such as issuers, third-party administrators (TPAs) and pharmacy benefit managers (PBMs), to submit RxDC reports on behalf of their health plans. Employers using third parties to submit RxDC reports must ensure that this reporting responsibility is reflected in a written agreement with the third party.

Employers may work with multiple third parties to complete the RxDC report for their health plans. For example, a self-insured employer may use both its TPA and PBM to submit different portions of the RxDC report. A health plan’s submission is considered complete if CMS receives all required files, regardless of who submits them.

Court Ruling Expected Soon on Free Preventive Care

The 5th U.S. Circuit Court of Appeals is expected to issue a decision within the next few months regarding the constitutionality of the Affordable Care Act’s (ACA) preventive care mandate. The ACA requires non-grandfathered health plans and health insurance issuers to cover a set of recommended preventive services without imposing cost-sharing requirements, such as deductibles.

In March 2023, the U.S. District Court for the Northern District of Texas [struck down](#) a key component of the ACA’s preventive care mandate. More specifically, the court ruled that the preventive care coverage requirements based on an A or B rating by the U.S. Preventive Services Task Force on or after March 23, 2010, violate the U.S. Constitution.

The Biden administration appealed the District Court’s decision to the 5th Circuit. A ruling by the 5th Circuit is expected soon, likely followed by an appeal to the U.S. Supreme Court.

It is uncertain whether the 5th Circuit will reverse or uphold the District Court’s ruling. However, for now, non-grandfathered health plans and issuers must continue to cover, without cost sharing, the full range of preventive care services required by the ACA. If the 5th Circuit rules that a key component of the ACA’s preventive care mandate is unconstitutional, employers will want to consult with their issuers or TPAs to assess the impact on their health coverage.