Bill No. CS/HB 351 (2018)

Amendment No.

ADOPTED(Y/N)ADOPTED AS AMENDED(Y/N)ADOPTED W/O OBJECTION(Y/N)
ADOPTED W/O OBJECTION (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

Committee/Subcommittee hearing bill: Health & Human Services Committee Representative Santiago offered the following: Amendment (with title amendment) Remove everything after the enacting clause and insert: Section 1. Section 465.0244, Florida Statutes, is amended to read:

465.0244 Information disclosure.-

10 <u>(1)</u> Every pharmacy shall make available on its website a 11 hyperlink to the health information that is disseminated by the 12 Agency for Health Care Administration pursuant to s. 408.05(3) 13 and shall place in the area where customers receive filled 14 prescriptions notice that such information is available 15 electronically and the address of its Internet website.

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16	(2) In addition to the requirements of s. 465.025, a
17	pharmacist or her or his authorized employee must inform a
18	customer of a less expensive, generically equivalent drug
19	product for her or his prescription and whether the customer's
20	cost-sharing obligation exceeds the retail price of the
21	prescription in the absence of prescription drug coverage.
22	Section 2. <u>Section 465.1862, Florida Statutes, is</u>
23	repealed.
24	Section 3. Section 624.490, Florida Statutes, is created
25	to read:
26	624.490 Registration of pharmacy benefit managers
27	(1) As used in this section, the term "pharmacy benefit
28	manager" means a person or entity doing business in this state
29	which contracts to administer prescription drug benefits on
30	behalf of a health insurer or a health maintenance organization
31	to residents of this state.
32	(2) Effective January 1, 2019, a pharmacy benefit manager
33	must register with the office to conduct business in this state.
34	To initially register or renew a registration, a pharmacy
35	benefit manager shall submit:
36	(a) A nonrefundable fee not to exceed \$500.
37	(b) A copy of the registrant's corporate charter, articles
38	of incorporation, or other charter document.
39	(c) A completed registration form adopted by the
40	commission containing:
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41	1. The name and address of the registrant.
42	2. The name, address, and official position of each
43	officer and director of the registrant.
44	(3) The registrant shall report any change in information
45	required by subsection (2) to the office in writing within 60
46	days after the change occurs.
47	(4) Upon receipt of a completed registration form,
48	required documents, and the registration fee, the office shall
49	issue a registration certificate. The certificate may be in
50	paper or electronic form, and shall indicate the expiration date
51	of the registration. Registration certificates are
52	nontransferable.
53	(5) A registration certificate is valid for 2 years from
54	its date of issue. The commission shall adopt by rule an initial
55	registration fee not to exceed \$500 and a registration renewal
56	fee not to exceed \$500, both of which shall be nonrefundable.
57	(6) The commission shall adopt rules necessary to
58	implement this section.
59	Section 4. Section 627.64741, Florida Statutes, is created
60	to read:
61	627.64741 Pharmacy benefit manager contracts
62	(1) As used in this section, the term:
63	(a) "Maximum allowable cost" means the per-unit amount
64	that a pharmacy benefit manager reimburses a pharmacist for a
65	prescription drug, excluding dispensing fees, prior to the
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66	application of copayments, coinsurance, and other cost-sharing
67	charges, if any.
68	(b) "Pharmacy benefit manager" means a person or entity
69	doing business in this state which contracts to administer or
70	manage prescription drug benefits on behalf of a health insurer
71	to residents of this state.
72	(2) A contract between a health insurer and a pharmacy
73	benefit manager must require that the pharmacy benefit manager:
74	(a) Update maximum allowable cost pricing information at
75	least every 7 calendar days.
76	(b) Maintain a process that will, in a timely manner,
77	eliminate drugs from maximum allowable cost lists or modify drug
78	prices to remain consistent with changes in pricing data used in
79	formulating maximum allowable cost prices and product
80	availability.
81	(3) A contract between a health insurer and a pharmacy
82	benefit manager must prohibit the pharmacy benefit manager from
83	limiting a pharmacist's ability to disclose whether the cost-
84	sharing obligation exceeds the retail price for a covered
85	prescription drug, and the availability of a more affordable
86	alternative drug, pursuant to s. 465.0244.
87	(4) A contract between a health insurer and a pharmacy
88	benefit manager must prohibit the pharmacy benefit manager from
89	requiring an insured to make a payment for a prescription drug
90	at the point of sale in an amount that exceeds the lesser of:
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91	(a) The applicable cost-sharing amount; or
92	(b) The retail price of the drug in the absence of
93	prescription drug coverage.
94	(5) This section applies to contracts entered into or
95	renewed on or after July 1, 2018.
96	Section 5. Section 627.6572, Florida Statutes, is created
97	to read:
98	627.6572 Pharmacy benefit manager contracts
99	(1) As used in this section, the term:
100	(a) "Maximum allowable cost" means the per-unit amount
101	that a pharmacy benefit manager reimburses a pharmacist for a
102	prescription drug, excluding dispensing fees, prior to the
103	application of copayments, coinsurance, and any other cost-
104	sharing charges.
105	(b) "Pharmacy benefit manager" means a person or entity
106	doing business in this state which contracts to administer or
107	manage prescription drug benefits on behalf of a health insurer
108	to residents of this state.
109	(2) A contract between a health insurer and a pharmacy
110	benefit manager must require that the pharmacy benefit manager:
111	(a) Update maximum allowable cost pricing information at
112	least every 7 calendar days.
113	(b) Maintain a process that will, in a timely manner,
114	eliminate drugs from maximum allowable cost lists or modify drug
115	prices to remain consistent with changes in pricing data used in
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116	formulating maximum allowable cost prices and product
117	availability.
118	(3) A contract between a health insurer and a pharmacy
119	benefit manager must prohibit the pharmacy benefit manager from
120	limiting a pharmacist's ability to disclose whether the cost-
121	sharing obligation exceeds the retail price for a covered
122	prescription drug, and the availability of a more affordable
123	alternative drug, pursuant to s. 465.0244.
124	(4) A contract between a health insurer and a pharmacy
125	benefit manager must prohibit the pharmacy benefit manager from
126	requiring an insured to make a payment for a prescription drug
127	at the point of sale in an amount that exceeds the lesser of:
128	(a) The applicable cost-sharing amount; or
129	(b) The retail price of the drug in the absence of
130	prescription drug coverage.
131	(5) This section applies to contracts entered into or
132	renewed on or after July 1, 2018.
133	Section 6. Section 641.314, Florida Statutes, is created
134	to read:
135	641.314 Pharmacy benefit manager contracts
136	(1) As used in this section, the term:
137	(a) "Maximum allowable cost" means the per-unit amount
138	that a pharmacy benefit manager reimburses a pharmacist for a
139	prescription drug, excluding dispensing fees, prior to the
140	application of copayments, coinsurance, and any other cost-
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141	sharing charges.
142	(b) "Pharmacy benefit manager" means a person or entity
143	doing business in this state which contracts to administer or
144	manage prescription drug benefits on behalf of a health
145	maintenance organization to residents of this state.
146	(2) A contract between a health maintenance organization
147	and a pharmacy benefit manager must require that the pharmacy
148	benefit manager:
149	(a) Update maximum allowable cost pricing information at
150	<u>least every 7 calendar days.</u>
151	(b) Maintain a process that will, in a timely manner,
152	eliminate drugs from maximum allowable cost lists or modify drug
153	prices to remain consistent with changes in pricing data used in
154	formulating maximum allowable cost prices and product
155	availability.
156	(3) A contract between a health maintenance organization
157	and a pharmacy benefit manager must prohibit the pharmacy
158	benefit manager from limiting a pharmacist's ability to disclose
159	whether the cost-sharing obligation exceeds the retail price for
160	a covered prescription drug, and the availability of a more
161	affordable alternative drug, pursuant to s. 465.0244.
162	(4) A contract between a health maintenance organization
163	and a pharmacy benefit manager must prohibit the pharmacy
164	benefit manager from requiring a subscriber to make a payment
165	for a prescription drug at the point of sale in an amount that
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166	exceeds the lesser of:
167	(a) The applicable cost-sharing amount; or
168	(b) The retail price of the drug in the absence of
169	prescription drug coverage.
170	(5) This section applies to contracts entered into or
171	renewed on or after July 1, 2018.
172	Section 7. This act shall take effect July 1, 2018.
173	
174	TITLE AMENDMENT
175	Remove everything before the enacting clause and insert:
176	An act relating to prescription drug pricing transparency;
177	amending s. 465.0244, F.S.; requiring pharmacists to inform
178	customers of less expensive, generically equivalent drugs for
179	their prescriptions and as to whether customers' cost-sharing
180	obligations exceed the retail price of their prescriptions;
181	repealing s. 465.1862, F.S., relating to pharmacy benefit
182	manager contracts; creating s. 624.490, F.S.; defining the term
183	"pharmacy benefit manager"; requiring a pharmacy benefit manager
184	to register with the Office of Insurance Regulation; providing
185	requirements and terms of registration, including the payment of
186	a registration fee; requiring the office to issue certificates
187	of registration and to set an initial registration fee and a
188	renewal fee, which may not exceed a specified amount; requiring
189	the commission to adopt rules; creating ss. 627.64741, 627.6572,
190	and 641.314, F.S.; defining the terms "maximum allowable cost"
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- 191 and "pharmacy benefit manager"; requiring that certain terms be
- 192 included in a contract between a health insurer or a health
- 193 maintenance organization and a pharmacy benefit manager;
- 194 providing an effective date.

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