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LEGISLATIVE ACTION

Senate

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House

The Committee on Banking and Insurance (Lee) recommended the following:

Senate Amendment (with title amendment)

Before line 44

insert:

Section 1. Present paragraphs (a) through (e) of subsection (1) of section 409.975, Florida Statutes, are redesignated as paragraphs (b) through (f), respectively, a new paragraph (a) is added to that subsection, and paragraph (c) of that subsection is amended, to read:

409.975 Managed care plan accountability.—In addition to



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11 the requirements of s. 409.967, plans and providers
12 participating in the managed medical assistance program shall
13 comply with the requirements of this section.

14 (1) PROVIDER NETWORKS.—Managed care plans must develop and
15 maintain provider networks that meet the medical needs of their
16 enrollees in accordance with standards established pursuant to
17 s. 409.967(2)(c). Except as provided in this section, managed
18 care plans may limit the providers in their networks based on
19 credentials, quality indicators, and price.

20 (a) A managed care plan may not exclude from its network an
21 independent pharmacy that meets credentialing requirements,
22 complies with agency standards, and accepts the terms of the
23 plan. The managed care plan must offer the same rate of
24 reimbursement to all pharmacies in the plan's network. As used
25 in this paragraph, the term "independent pharmacy" means a
26 community pharmacy, as defined in s. 465.003(11)(a)1., which has
27 only one location in this state.

28 (c) After 12 months of active participation in a plan's
29 network, the plan may exclude any essential provider from the
30 network for failure to meet quality or performance criteria. If
31 the plan excludes an essential provider from the plan, the plan
32 must provide written notice to all recipients who have chosen
33 that provider for care. The notice shall be provided at least 30
34 days before the effective date of the exclusion. For purposes of
35 this paragraph, the term "essential provider" includes providers
36 determined by the agency to be essential Medicaid providers
37 under paragraph (b) ~~(a)~~ and the statewide essential providers
38 specified in paragraph (c) ~~(b)~~.

39 Section 2. Section 624.493, Florida Statutes, is created to



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40 read:

41 624.493 Pharmacy benefit managers; network providers.—A
42 pharmacy benefit manager may not exclude from its network an
43 independent pharmacy that meets credentialing requirements,
44 complies with the pharmacy benefit manager's standards, and
45 accepts the terms of the pharmacy benefit manager contract. The
46 pharmacy benefit manager must offer the same rate of
47 reimbursement to all pharmacies in the pharmacy benefit
48 manager's network. As used in this section, the term
49 "independent pharmacy" means a community pharmacy, as defined in
50 s. 465.003(11)(a)1., which has only one location in this state.

51
52 ===== T I T L E A M E N D M E N T =====

53 And the title is amended as follows:

54 Between lines 2 and 3

55 insert:

56 amending s. 409.975, F.S.; prohibiting a Medicaid
57 managed care plan from excluding certain independent
58 pharmacies from its network; requiring a managed care
59 plan to offer the same rate of reimbursement to all
60 pharmacies in its network; defining the term
61 "independent pharmacy"; creating s. 624.493, F.S.;
62 prohibiting a pharmacy benefit manager from excluding
63 certain independent pharmacies from its network;
64 requiring a pharmacy benefit manager to offer the same
65 rate of reimbursement to all pharmacies in its
66 network; defining the term "independent pharmacy";