

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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WITHDRAWN (Y/N)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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Chaney offered the following:

4

5 **Amendment**

6 Remove lines 768-842 and insert:

7 and a pharmacy benefits plan or program must include, in
8 substantial form, terms that ensure compliance with all of the
9 following requirements and that, except to the extent not
10 allowed by law, shall supersede any contractual terms to the
11 contrary:

12 (a) Use a pass-through pricing model, remaining consistent
13 with the prohibition in paragraph (3) (c).

14 (b) Exclude terms that allow for the direct or indirect
15 engagement in the practice of spread pricing unless the pharmacy
16 benefit manager passes along the entire amount of such

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17 difference to the pharmacy benefits plan or program as allowable
18 under paragraph (a).

19 (c) Ensure that funds received in relation to providing
20 services for a pharmacy benefits plan or program or a pharmacy
21 are used or distributed only pursuant to the pharmacy benefit
22 manager's contract with the pharmacy benefits plan or program or
23 with the pharmacy or as otherwise required by applicable law.

24 (d) Require the pharmacy benefit manager to pass 100
25 percent of all prescription drug manufacturer rebates, including
26 nonresident prescription drug manufacturer rebates, received to
27 the pharmacy benefits plan or program, if the contractual
28 arrangement delegates the negotiation of rebates to the pharmacy
29 benefit manager, for the sole purpose of offsetting defined cost
30 sharing and reducing premiums of covered persons. Any excess
31 rebate revenue after the pharmacy benefit manager and the
32 pharmacy benefits plan or program have taken all actions
33 required under this paragraph must be used for the sole purpose
34 of offsetting copayments and deductibles of covered persons.
35 This paragraph does not apply to contracts involving Medicaid
36 managed care plans.

37 (e) Include network adequacy requirements that meet or
38 exceed Medicare Part D program standards for convenient access
39 to the network pharmacies set forth in 42 C.F.R. s.
40 423.120(a)(1), and that:

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- 41 1. Do not limit a network to solely include affiliated
42 pharmacies;
- 43 2. Require a pharmacy benefit manager to offer a provider
44 contract to licensed pharmacies physically located on the
45 physical site of providers that are:
- 46 a. Within the pharmacy benefits plan's or program's
47 geographic service area and that have been specifically
48 designated as essential providers by the Agency for Health Care
49 Administration pursuant to s. 409.975(1)(a);
- 50 b. Designated as a Cancer Center of Excellence under s.
51 381.925, regardless of the pharmacy benefits plan's or program's
52 geographic service area;
- 53 c. Organ transplant hospitals, regardless of the pharmacy
54 benefits plan's or program's geographic service area;
- 55 d. Hospitals licensed as specialty children's hospitals as
56 defined in s. 395.002; or
- 57 e. Regional perinatal intensive care centers as defined in
58 s. 383.16(2), regardless of the pharmacy benefits plan's or
59 program's geographic service area.
- 60
- 61 Such provider contracts must be solely for the administration or
62 dispensing of covered prescription drugs, including biological
63 products, that are administered through infusions, intravenously
64 injected, inhaled during a surgical procedure, or a covered
65 parenteral drug, as part of onsite outpatient care;

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- 66 3. Do not require a covered person to receive a
67 prescription drug by United States mail, common carrier, local
68 courier, third-party company or delivery service, or pharmacy
69 direct delivery unless the prescription drug cannot be acquired
70 at any retail pharmacy in the pharmacy benefit manager's network
71 for the covered person's pharmacy benefits plan or program.
72 This subparagraph does not prohibit a pharmacy benefit manager
73 from operating mail order or delivery programs on an opt-in
74 basis at the sole discretion of a covered person, provided the
75 covered person is not penalized, through the imposition of any
76 additional retail cost-sharing obligations or a lower allowed-
77 quantity limit, for choosing not to select the mail order or
78 delivery programs; and
- 79 4. For the in-person administration of covered
80 prescription drugs, prohibits requiring a covered person to
81 receive pharmacist services from an affiliated pharmacy or an
82 affiliated health care provider; and
- 83 5. Prohibit offering or implementing pharmacy networks