

By Senator Wright

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A bill to be entitled
An act relating to pharmacy; amending s. 465.0125,
F.S.; revising the definition of the term "health care
facility" to include health care clinics owned by a
hospital or physicians who work for a hospital;
amending s. 626.8825, F.S.; defining the term "covered
prescription drug"; revising requirements for provider
contracts between pharmacy benefit managers and
certain licensed pharmacies to allow for the
administration and dispensing of covered prescription
drugs offsite, as well as onsite, as part of
outpatient care; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (e) of subsection (1) of section
465.0125, Florida Statutes, is amended to read:

465.0125 Consultant pharmacist license; application,
renewal, fees; responsibilities; rules.—

(1) The department shall issue or renew a consultant
pharmacist license upon receipt of an initial or renewal
application that conforms to the requirements for consultant
pharmacist initial licensure or renewal as adopted by the board
by rule and a fee set by the board not to exceed \$250. To be
licensed as a consultant pharmacist, a pharmacist must complete
additional training as required by the board.

(e) For purposes of this subsection, the term "health care
facility" means an ambulatory surgical center or hospital
licensed under chapter 395, an alcohol or chemical dependency

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30 treatment center licensed under chapter 397, an inpatient
31 hospice licensed under part IV of chapter 400, a nursing home
32 licensed under part II of chapter 400, an ambulatory care center
33 as defined in s. 408.07, ~~or~~ a nursing home component under
34 chapter 400 within a continuing care facility licensed under
35 chapter 651, or a health care clinic licensed under part X of
36 chapter 400 which is owned by a hospital or by one or more
37 physicians that are employed by a hospital.

38 Section 2. Present paragraphs (e) through (x) of subsection
39 (1) of section 626.8825, Florida Statutes, are redesignated as
40 paragraphs (f) through (y), respectively, a new paragraph (e) is
41 added to that subsection, and paragraph (e) of subsection (2) of
42 that section is amended, to read:

43 626.8825 Pharmacy benefit manager transparency and
44 accountability.—

45 (1) DEFINITIONS.—As used in this section, the term:

46 (e) “Covered prescription drug” means any drug or biologic
47 included in a pharmacy benefit manager’s formulary which is paid
48 for as a pharmacy benefit under the plan at any of the plan’s
49 network pharmacies.

50 (2) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
51 PHARMACY BENEFITS PLAN OR PROGRAM.—In addition to any other
52 requirements in the Florida Insurance Code, all contractual
53 arrangements executed, amended, adjusted, or renewed on or after
54 July 1, 2023, which are applicable to pharmacy benefits covered
55 on or after January 1, 2024, between a pharmacy benefit manager
56 and a pharmacy benefits plan or program must include, in
57 substantial form, terms that ensure compliance with all of the
58 following requirements and that, except to the extent not

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allowed by law, shall supersede any contractual terms to the contrary:

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

1. Do not limit a network to solely include affiliated pharmacies;

2. Require a pharmacy benefit manager to offer a provider contract to licensed pharmacies physically located on the physical site of providers that are:

a. Within the pharmacy benefits plan's or program's geographic service area and that have been specifically designated as essential providers by the Agency for Health Care Administration pursuant to s. 409.975(1)(a);

b. Designated as cancer centers of excellence under s. 381.925, regardless of the pharmacy benefits plan's or program's geographic service area;

c. Organ transplant hospitals, regardless of the pharmacy benefits plan's or program's geographic service area;

d. Hospitals licensed as specialty children's hospitals as defined in s. 395.002; or

e. Regional perinatal intensive care centers as defined in s. 383.16(2), regardless of the pharmacy benefits plan's or program's geographic service area.

Such provider contracts must be solely for the administration and ~~or~~ dispensing of covered prescription drugs, ~~including biological products, which are administered through infusions,~~

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88 ~~intravenously injected, or inhaled during a surgical procedure~~
89 ~~or are covered parenteral drugs,~~ as part of onsite outpatient
90 care;

91 3. Do not require a covered person to receive a
92 prescription drug by United States mail, common carrier, local
93 courier, third-party company or delivery service, or pharmacy
94 direct delivery unless the prescription drug cannot be acquired
95 at any retail pharmacy in the pharmacy benefit manager's network
96 for the covered person's pharmacy benefits plan or program. This
97 subparagraph does not prohibit a pharmacy benefit manager from
98 operating mail order or delivery programs on an opt-in basis at
99 the sole discretion of a covered person, provided that the
100 covered person is not penalized through the imposition of any
101 additional retail cost-sharing obligations or a lower allowed-
102 quantity limit for choosing not to select the mail order or
103 delivery programs;

104 4. For the in-person administration of covered prescription
105 drugs, prohibit requiring a covered person to receive pharmacist
106 services from an affiliated pharmacy or an affiliated health
107 care provider; and

108 5. Prohibit offering or implementing pharmacy networks that
109 require or provide a promotional item or an incentive, defined
110 as anything other than a reduced cost-sharing amount or enhanced
111 quantity limit allowed under the benefit design for a covered
112 drug, to a covered person to use an affiliated pharmacy or an
113 affiliated health care provider for the in-person administration
114 of covered prescription drugs; or advertising, marketing, or
115 promoting an affiliated pharmacy to covered persons. Subject to
116 the foregoing, a pharmacy benefit manager may include an

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117 affiliated pharmacy in communications to covered persons
118 regarding network pharmacies and prices, provided that the
119 pharmacy benefit manager includes information, such as links to
120 all nonaffiliated network pharmacies, in such communications and
121 that the information provided is accurate and of equal
122 prominence. This subparagraph may not be construed to prohibit a
123 pharmacy benefit manager from entering into an agreement with an
124 affiliated pharmacy to provide pharmacist services to covered
125 persons.

126 Section 3. This act shall take effect July 1, 2026.