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A bill to be entitled
An act relating to prohibitions against discriminatory practices relating to 340B entities and 340B drugs; providing a short title; creating s. 499.061, F.S.; providing definitions; prohibiting drug manufacturers from engaging in certain acts against the acquisitions of 340B drugs by and the delivery of such drugs to specified pharmacies; providing an exception; prohibiting drug manufacturers from interfering with pharmacies' rights to contract with 340B entities; providing that each commission of certain acts constitutes a violation of the Florida Deceptive and Unfair Trade Practices Act and subjects the violator to certain actions and penalties; providing construction and applicability; creating s. 626.8829, F.S.; providing definitions; prohibiting health insurance issuers, pharmacy benefit managers, and other third-party payors, and agents thereof, from engaging in certain discriminatory acts relating to reimbursement to 340B entities for 340B drugs; providing applicability; providing that each commission of certain acts constitutes a violation of the Florida Deceptive and Unfair Trade Practices Act and subjects the violator to certain actions and penalties; providing construction; creating ss.

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26 627.64743, 627.65733, and 641.31543, F.S.; providing
27 definitions; prohibiting individual health insurers,
28 group, blanket, and franchise health insurers, and
29 health maintenance organizations, respectively, and
30 pharmacy benefit managers on behalf of these insurers
31 and health maintenance organizations, from engaging in
32 certain discriminatory acts relating to reimbursement
33 to 340B entities for 340B drugs; providing
34 applicability; providing that each commission of
35 certain acts constitutes a violation of the Florida
36 Deceptive and Unfair Trade Practices Act and subjects
37 the violator to certain actions and penalties;
38 providing construction; providing an effective date.
39

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

41

42 **Section 1.** This act may be cited as the "Defending
43 Affordable Prescription Drug Costs Act."

44 **Section 2. Section 499.061, Florida Statutes, is created**
45 **to read:**

46 499.061 Prohibitions against manufacturers' discriminatory
47 practices relating to 340B drugs and 340B entities.—

48 (1) As used in this section, the terms:

49 (a) "340B drug" means a drug that has been subject to any
50 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.

51 s. 256b and is purchased by a covered entity as defined in 42
52 U.S.C. s. 256b(a)(4).

53 (b) "340B entity" means an entity participating or
54 authorized to participate in the 340B Drug Pricing Program, as
55 described in 42 U.S.C. s. 256b, including its pharmacy, or any
56 pharmacy contracted with the participating entity to dispense
57 drugs purchased through the 340B Drug Pricing Program.

58 (2) A manufacturer may not:

59 (a) Deny, restrict, prohibit, or otherwise interfere with,
60 directly or indirectly, the acquisition of a 340B drug by, or
61 delivery of a 340B drug to, a pharmacy that is under contract
62 with a 340B entity and is authorized under such contract to
63 receive and dispense 340B drugs on behalf of the covered entity
64 unless such receipt is prohibited by the United States
65 Department of Health and Human Services; or

66 (b) Interfere with a pharmacy's right to contract with a
67 340B entity.

68 (3) The commission of any act prohibited by this section
69 is a deceptive and unfair trade practice and constitutes a
70 violation of the Florida Deceptive and Unfair Trade Practices
71 Act under part II of chapter 501, and subjects the violator to
72 all actions, including, but not limited to, investigative
73 demands, remedies, and penalties provided for in the Florida
74 Deceptive and Unfair Trade Practices Act. Each commission of a
75 prohibited act constitutes a violation of the Florida Deceptive

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76 and Unfair Trade Practices Act.

77 (4) This section may not be construed to be less
78 restrictive than federal law for a person or entity to which
79 this section applies. This section may not be construed to be in
80 conflict with any of the following:

81 (a) Applicable federal law or regulations.

82 (b) Other laws of this state which are compatible with
83 applicable federal law.

84 (5) Limited distribution of a drug that is subject to a
85 risk evaluation and mitigation strategy under 21 U.S.C. s. 355-1
86 is not a violation of this section.

87 **Section 3. Section 626.8829, Florida Statutes, is created
88 to read:**

89 626.8829 Reimbursement to 304B entities for 340B drugs.—

90 (1) As used in this section, the term:

91 (a) "340B drug" means a drug that has been subject to any
92 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.
93 s. 256b and is purchased by a covered entity as defined in 42
94 U.S.C. s. 256b(a)(4).

95 (b) "340B entity" means an entity participating or
96 authorized to participate in the 340B Drug Pricing Program, as
97 described in 42 U.S.C. s. 256b, including its pharmacy, or any
98 pharmacy contracted with the participating entity to dispense
99 drugs purchased through the 340B Drug Pricing Program.

100 (c) "Health insurance issuer" means an entity subject to

101 the insurance laws and regulations of this state, or subject to
102 the jurisdiction of the Commissioner of Insurance Regulation,
103 which contracts, offers to contract, or enters into an agreement
104 to provide, deliver, arrange for, pay for, or reimburse any of
105 the costs of health care services. The term includes an accident
106 and sickness insurance company, a health maintenance
107 organization, a preferred provider organization or any similar
108 entity, or any other entity providing a plan of health insurance
109 or health benefits.

110 (d) "Pharmacy" has the same meaning as in s. 465.003.

111 (2) With respect to reimbursement to a 340B entity for a
112 340B drug, a health insurance issuer, pharmacy benefit manager,
113 or other third-party payor, or their agents, may not do any of
114 the following:

115 (a) Reimburse the 340B entity for the 340B drug at a rate
116 lower than that paid for the same drug to non-340B entities or
117 to entities owned or operated by the pharmacy benefit manager on
118 the basis that the claim is for a 340B drug.

119 (b) Impose any terms or conditions on the 340B entity
120 which differ from such terms or conditions applied to non-340B
121 entities on the basis that the entity participates in the 340B
122 Drug Pricing Program set forth in 42 U.S.C. s. 256b or that the
123 drug is a 340B drug, including, but not limited to, any of the
124 following terms or conditions relating to:

125 1. Fees, charges, clawbacks, or other adjustments or

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126 assessments. As used in this subparagraph, the term "other
127 adjustments" includes, but is not limited to, placing any
128 additional requirements, restrictions, or unnecessary burdens on
129 the 340B entity which result in administrative costs or fees to
130 the 340B entity which are not placed on non-340B entities,
131 including affiliate pharmacies of the health insurance issuer,
132 pharmacy benefit manager, or other third-party payor.

133 2. Dispensing fees that are less than dispensing fees for
134 non-340B entities.

135 3. Restrictions or requirements regarding participation in
136 standard or preferred pharmacy networks.

137 4. Requirements relating to the frequency or scope of
138 audits of inventory management systems.

139 5. Requirements that a claim for a drug include any
140 identification, billing modifier, attestation, or other
141 indication that a drug is a 340B drug in order to be processed
142 or resubmitted unless it is required by the Centers for Medicare
143 and Medicaid Services or the Agency for Health Care
144 Administration for the administration of the Medicaid program.

145 6. Any other restrictions, conditions, practices, or
146 policies that are not imposed on non-340B entities.

147 (c) Require the 340B entity to reverse, resubmit, or
148 clarify a claim after the initial adjudication unless such
149 actions are in the normal course of pharmacy business and not
150 related to 340B drug pricing.

151 (d) Base an action or contract requirement solely on the
152 basis that the entity is a participant in the 340B Drug Pricing
153 Program in such a manner that prevents or interferes with any
154 patient's choice to receive such drugs from the 340B entity or
155 its contracted pharmacy, including the creation of a restriction
156 or additional charge on a patient who chooses to receive drugs
157 from a 340B entity or its contracted pharmacy through direct
158 dispensing, delivery, mail order, or administration of such
159 drugs, regardless of the type of insurance coverage or
160 medication. For purposes of this paragraph, it is considered a
161 prohibited practice that prevents or interferes with a patient's
162 choice to receive drugs from a 340B entity or its contracted
163 pharmacy if a health insurance issuer, pharmacy benefit manager,
164 or other third-party payor places any additional requirements,
165 restrictions, or unnecessary burdens on the 340B entity or its
166 contracted pharmacy beyond that of any other pharmacy dispensing
167 medications within the scope of general law, including, but not
168 limited to, requiring a claim for a drug to include any
169 identification, billing modifier, attestation, or other
170 indication that a drug is a 340B drug in order to be processed
171 or resubmitted, unless it is required by the Centers for
172 Medicare and Medicaid Services or the Agency for Health Care
173 Administration in administration of the Medicaid program.

174 (e) Require or compel the submission of ingredient costs
175 or pricing data pertaining to 340B drugs to any health insurance

176 issuer, pharmacy benefit manager, or other third-party payor.

177 (f) Exclude the 340B entity from the network of the health
178 insurance issuer, pharmacy benefit manager, or other third-party
179 payor on the basis that the 340B entity dispenses drugs subject
180 to an agreement under 42 U.S.C. s. 256b, or refuse to contract
181 with the 340B entity for reasons other than those that apply
182 equally to non-340B entities.

183 (3) Subsection (2) does not apply to the Medicaid program
184 as payor when Medicaid provides reimbursement for covered
185 outpatient drugs as defined in 42 U.S.C. s. 1396r-8(k).

186 (4) The commission of any act prohibited by this section
187 is a deceptive and unfair trade practice, constitutes a
188 violation of the Florida Deceptive and Unfair Trade Practices
189 Act under part II of chapter 501, and subjects the violator to
190 all actions, including, but not limited to, investigative
191 demands, remedies, and penalties provided for in the Florida
192 Deceptive and Unfair Trade Practices Act. Each commission of a
193 prohibited act constitutes a violation of the Florida Deceptive
194 and Unfair Trade Practices Act.

195 (5) This section may not be construed to be less
196 restrictive than federal law for a person or entity to which
197 this section applies. This section may not be construed to be in
198 conflict with any of the following:

199 (a) Applicable federal law or regulations.

200 (b) Other laws of this state that are compatible with

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201 applicable federal law.

202 (6) Limited distribution of a drug that is subject to a
203 risk evaluation and mitigation strategy under 21 U.S.C. s. 355-1
204 is not a violation of this section.

205 **Section 4. Section 627.64743, Florida Statutes, is created**
206 **to read:**

207 627.64743 Reimbursement to 340B entities for 340B drugs.—

208 (1) As used in this section, the term:

209 (a) "340B drug" means a drug that has been subject to any
210 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.
211 s. 256b and is purchased by a covered entity as defined in 42
212 U.S.C. s. 256b(a) (4).

213 (b) "340B entity" means an entity participating or
214 authorized to participate in the 340B Drug Pricing Program, as
215 described in 42 U.S.C. s. 256b, including its pharmacy, or any
216 pharmacy contracted with the participating entity to dispense
217 drugs purchased through the 340B Drug Pricing Program.

218 (c) "Pharmacy" has the same meaning as in s. 465.003.

219 (d) "Pharmacy benefit manager" has the same meaning as in
220 s. 627.64741(1).

221 (2) With respect to reimbursement to a 340B entity for a
222 340B drug, an insurer issuing, delivering, or renewing an
223 individual health insurance policy in this state which provides
224 prescription drug coverage, or a pharmacy benefit manager on
225 behalf of such insurer, may not do any of the following:

226 (a) Reimburse the 340B entity for the 340B drug at a rate
227 lower than that paid for the same drug to non-340B entities on
228 the basis that the claim is for a 340B drug.

229 (b) Impose any terms or conditions on the 340B entity
230 which differ from such terms or conditions applied to non-340B
231 entities on the basis that the entity participates in the 340B
232 Drug Pricing Program set forth in 42 U.S.C. s. 256b or that the
233 drug is a 340B drug, including, but not limited to, any of the
234 following terms or conditions relating to:

235 1. Fees, charges, clawbacks, or other adjustments or
236 assessments. As used in this subparagraph, the term "other
237 adjustments" includes, but is not limited to, placing any
238 additional requirements, restrictions, or unnecessary burdens on
239 the 340B entity which result in administrative costs or fees to
240 the 340B entity which are not placed on non-340B entities,
241 including affiliate pharmacies or in-network pharmacies of the
242 insurer or of the pharmacy benefit manager.

243 2. Dispensing fees that are less than dispensing fees for
244 non-340B entities.

245 3. Restrictions or requirements regarding participation in
246 standard or preferred pharmacy networks.

247 4. Requirements relating to the frequency or scope of
248 audits of inventory management systems.

249 5. Requirements that a claim for a drug include any
250 identification, billing modifier, attestation, or other

251 indication that a drug is a 340B drug in order to be processed
252 or resubmitted unless it is required by the Centers for Medicare
253 and Medicaid Services or the Agency for Health Care
254 Administration for the administration of the Medicaid program.

255 6. Any other restrictions, conditions, practices, or
256 policies that are not imposed on non-340B entities.

257 (c) Require the 340B entity to reverse, resubmit, or
258 clarify a claim after the initial adjudication unless such
259 actions are in the normal course of pharmacy business and not
260 related to 340B drug pricing.

261 (d) Base an action or a contract requirement solely on the
262 basis that the entity is a participant in the 340B Drug Pricing
263 Program in such a manner that prevents or interferes with a
264 patient's choice to receive such drugs from the 340B entity or
265 its contracted pharmacy, including the creation of a restriction
266 or an additional charge on a patient who chooses to receive
267 drugs from a 340B entity or its contracted pharmacy through
268 direct dispensing, delivery, mail order, or administration of
269 such drugs, regardless of the type of insurance coverage or
270 medication. For purposes of this paragraph, it is considered a
271 prohibited practice that prevents or interferes with a patient's
272 choice to receive drugs from a 340B entity or its contracted
273 pharmacy if the insurer, or the pharmacy benefit manager on
274 behalf of the insurer, places any additional requirements,
275 restrictions, or unnecessary burdens on the 340B entity or its

276 contracted pharmacy beyond that of any other pharmacy dispensing
277 medications within the scope of general law, including, but not
278 limited to, requiring a claim for a drug to include any
279 identification, billing modifier, attestation, or other
280 indication that a drug is a 340B drug in order to be processed
281 or resubmitted, unless it is required by the Centers for
282 Medicare and Medicaid Services or the Agency for Health Care
283 Administration in administration of the Medicaid program.

284 (e) Require or compel the submission of ingredient costs
285 or pricing data pertaining to 340B drugs to the insurer or the
286 pharmacy benefit manager.

287 (f) Exclude the 340B entity from the network of the
288 insurer or pharmacy benefit manager on the basis that the 340B
289 entity dispenses drugs subject to an agreement under 42 U.S.C.
290 s. 256b, or refuse to contract with the 340B entity for reasons
291 other than those that apply equally to non-340B entities.

292 (3) Subsection (2) does not apply to the Medicaid program
293 as payor when Medicaid provides reimbursement for covered
294 outpatient drugs as defined in 42 U.S.C. s. 1396r-8(k).

295 (4) The commission of any act prohibited by this section
296 is a deceptive and unfair trade practice, constitutes a
297 violation of the Florida Deceptive and Unfair Trade Practices
298 Act under part II of chapter 501, and subjects the violator to
299 all actions, including, but not limited to, investigative
300 demands, remedies, and penalties provided for in the Florida

301 Deceptive and Unfair Trade Practices Act. Each commission of a
302 prohibited act constitutes a violation of the Florida Deceptive
303 and Unfair Trade Practices Act.

304 (5) This section may not be construed to be less
305 restrictive than federal law for a person or entity to which
306 this section applies. This section may not be construed to be in
307 conflict with any of the following:

308 (a) Applicable federal law or federal regulations.
309 (b) Other laws of this state that are compatible with
310 applicable federal law.

311 (6) Limited distribution of a drug that is subject to a
312 risk evaluation and mitigation strategy under 21 U.S.C. s. 355-1
313 is not a violation of this section.

314 **Section 5. Section 627.65733, Florida Statutes, is created**
315 **to read:**

316 627.65733 Reimbursement to 340B entities for 340B drugs.—
317 (1) As used in this section, the term:
318 (a) "340B drug" means a drug that has been subject to any
319 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.
320 s. 256b and is purchased by a covered entity as defined in 42
321 U.S.C. s. 256b(a)(4).

322 (b) "340B entity" means an entity participating or
323 authorized to participate in the 340B Drug Pricing Program, as
324 described in 42 U.S.C. s. 256b, including its pharmacy, or any
325 pharmacy contracted with the participating entity to dispense

326 drugs purchased through the 340B Drug Pricing Program.

327 (c) "Pharmacy" has the same meaning as in s. 465.003.

328 (d) "Pharmacy benefit manager" has the same meaning as in
329 s. 627.6572(1).

330 (2) With respect to reimbursement to a 340B entity for
331 340B drugs, an insurer issuing, delivering, or renewing a group,
332 blanket, or franchise health insurance policy in this state
333 which provides prescription drug coverage, or a pharmacy benefit
334 manager on behalf of such insurer, may not do any of the
335 following:

336 (a) Reimburse the 340B entity for 340B drugs at a rate
337 lower than that paid for the same drug to non-340B entities on
338 the basis that the claim is for a 340B drug.

339 (b) Impose any terms or conditions on the 340B entity
340 which differ from such terms or conditions applied to non-340B
341 entities on the basis that the entity participates in the 340B
342 Drug Pricing Program set forth in 42 U.S.C. s. 256b or that a
343 drug is a 340B drug, including, but not limited to, any of the
344 following terms or conditions relating to:

345 1. Fees, charges, clawbacks, or other adjustments or
346 assessments. As used in this subparagraph, the term "other
347 adjustments" includes, but is not limited to, placing any
348 additional requirements, restrictions, or unnecessary burdens on
349 the 340B entity which result in administrative costs or fees to
350 the 340B entity which are not placed on non-340B entities,

351 including affiliate pharmacies or in-network pharmacies of the
352 insurer or of the pharmacy benefit manager.

353 2. Dispensing fees that are less than dispensing fees for
354 non-340B entities.

355 3. Restrictions or requirements regarding participation in
356 standard or preferred pharmacy networks.

357 4. Requirements relating to the frequency or scope of
358 audits of inventory management systems.

359 5. Requirements that a claim for a drug include any
360 identification, billing modifier, attestation, or other
361 indication that a drug is a 340B drug in order to be processed
362 or resubmitted unless it is required by the Centers for Medicare
363 and Medicaid Services or the Agency for Health Care
364 Administration for the administration of the Medicaid program.

365 6. Any other restrictions, conditions, practices, or
366 policies that are not imposed on non-340B entities.

367 (c) Require the 340B entity to reverse, resubmit, or
368 clarify a claim after the initial adjudication unless such
369 actions are in the normal course of pharmacy business and not
370 related to 340B drug pricing.

371 (d) Base an action or contract requirement solely on the
372 basis that the entity is a participant in the 340B Drug Pricing
373 Program in such a manner that prevents or interferes with any
374 patient's choice to receive such drugs from the 340B entity or
375 its contracted pharmacy, including the creation of a restriction

376 or additional charge on a patient who chooses to receive drugs
377 from a 340B entity or its contracted pharmacy through direct
378 dispensing, delivery, mail order, or administration of such
379 drugs, regardless of the type of insurance coverage or
380 medication. For purposes of this paragraph, it is considered a
381 prohibited practice that prevents or interferes with a patient's
382 choice to receive drugs from a 340B entity or its contracted
383 pharmacy if the insurer, or the pharmacy benefit manager on
384 behalf of the insurer, places any additional requirements,
385 restrictions, or unnecessary burdens on the 340B entity beyond
386 that of any other pharmacy dispensing medications within the
387 scope of general law, including, but not limited to, requiring a
388 claim for a drug to include any identification, billing
389 modifier, attestation, or other indication that a drug is a 340B
390 drug in order to be processed or resubmitted, unless it is
391 required by the Centers for Medicare and Medicaid Services or
392 the Agency for Health Care Administration in administration of
393 the Medicaid program.

394 (e) Require or compel the submission of ingredient costs
395 or pricing data pertaining to 340B drugs to the insurer or the
396 pharmacy benefit manager.

397 (f) Exclude the 340B entity from the network of the
398 insurer or pharmacy benefit manager on the basis that the 340B
399 entity dispenses drugs subject to an agreement under 42 U.S.C.
400 s. 256b, or refuse to contract with the 340B entity for reasons

401 other than those that apply equally to non-340B entities.

402 (3) Subsection (2) does not apply to the Medicaid program
403 as payor when Medicaid provides reimbursement for covered
404 outpatient drugs as defined in 42 U.S.C. s. 1396r-8(k).

405 (4) The commission of any act prohibited by this section
406 is a deceptive and unfair trade practice, constitutes a
407 violation of the Florida Deceptive and Unfair Trade Practices
408 Act under part II of chapter 501, and subjects the violator to
409 all actions, including, but not limited to, investigative
410 demands, remedies, and penalties provided for in the Florida
411 Deceptive and Unfair Trade Practices Act. Each commission of a
412 prohibited act constitutes a violation of the Florida Deceptive
413 and Unfair Trade Practices Act.

414 (5) This section may not be construed to be less
415 restrictive than federal law for a person or entity to which
416 this section applies. This section may not be construed to be in
417 conflict with any of the following:

418 (a) Applicable federal law or regulations.

419 (b) Other laws of this state that are compatible with
420 applicable federal law.

421 (6) Limited distribution of a drug that is subject to a
422 risk evaluation and mitigation strategy under 21 U.S.C. s. 355-1
423 is not a violation of this section.

424 **Section 6. Section 641.31543, Florida Statutes, is created**
425 **to read:**

426 641.31543 Reimbursement to 340B entities for 340B drugs.—

427 (1) As used in this section, the term:

428 (a) "340B drug" means a drug that has been subject to any
429 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.
430 s. 256b and is purchased by a covered entity as defined in 42
431 U.S.C. s. 256b(a)(4).

432 (b) "340B entity" means an entity participating or
433 authorized to participate in the 340B Drug Pricing Program, as
434 described in 42 U.S.C. s. 256b, including its pharmacy, or any
435 pharmacy contracted with the participating entity to dispense
436 drugs purchased through the 340B Drug Pricing Program.

437 (c) "Pharmacy" has the same meaning as in s. 465.003.

438 (d) "Pharmacy benefit manager" has the same meaning as in
439 s. 641.314(1).

440 (2) With respect to reimbursement to a 340B entity for a
441 340B drug, a health maintenance organization issuing,
442 delivering, or renewing a health maintenance contract in this
443 state which provides prescription drug coverage, or a pharmacy
444 benefit manager on behalf of such health maintenance
445 organization, may not do any of the following:

446 (a) Reimburse the 340B entity for the 340B drug at a rate
447 lower than that paid for the same drug to non-340B entities on
448 the basis that the claim is for a 340B drug.

449 (b) Impose any terms or conditions on the 340B entity
450 which differ from such terms or conditions applied to non-340B

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451 entities on the basis that the entity participates in the 340B
452 Drug Pricing Program set forth in 42 U.S.C. s. 256b or that a
453 drug is a 340B drug, including, but not limited to, any of the
454 following terms or conditions relating to:

455 1. Fees, charges, clawbacks, or other adjustments or
456 assessments. For purposes of this subparagraph, the term "other
457 adjustments" includes, but is not limited to, placing any
458 additional requirements, restrictions, or unnecessary burdens on
459 the 340B entity which result in administrative costs or fees to
460 the 340B entity which are not placed on non-340B entities,
461 including affiliate pharmacies or in-network pharmacies of the
462 health maintenance organization or of the pharmacy benefit
463 manager.

464 2. Dispensing of fees that are less than dispensing fees
465 for non-340B entities.

466 3. Restrictions or requirements regarding participation in
467 standard or preferred pharmacy networks.

468 4. Requirements relating to the frequency or scope of
469 audits of inventory management systems.

470 5. Requirements that a claim for a drug include any
471 identification, billing modifier, attestation, or other
472 indication that a drug is a 340B drug in order to be processed
473 or resubmitted unless it is required by the Centers for Medicare
474 and Medicaid Services or the Agency for Health Care
475 Administration for the administration of the Medicaid program.

476 6. Any other restrictions, conditions, practices, or
477 policies that are not imposed on non-340B entities.

478 (c) Require the 340B entity to reverse, resubmit, or
479 clarify a claim after the initial adjudication unless such
480 actions are in the normal course of pharmacy business and not
481 related to 340B drug pricing.

482 (d) Base an action or contract requirement solely on the
483 basis that the entity is a participant in the 340B Drug Pricing
484 Program in such a manner that prevents or interferes with any
485 patient's choice to receive such drugs from the 340B entity or
486 its contracted pharmacy, including the creation of a restriction
487 or additional charge on a patient who chooses to receive drugs
488 from a 340B entity or its contracted pharmacy through direct
489 dispensing, delivery, mail order, or administration of such
490 drugs, regardless of the type of insurance coverage or
491 medication. For purposes of this paragraph, it is considered a
492 prohibited practice that prevents or interferes with a patient's
493 choice to receive drugs from a 340B entity or its contracted
494 pharmacy if the health maintenance organization, or the pharmacy
495 benefit manager on behalf of the health maintenance
496 organization, places any additional requirements, restrictions,
497 or unnecessary burdens on the 340B entity or its contracted
498 pharmacy beyond that of any other pharmacy dispensing
499 medications within the scope of general law, including, but not
500 limited to, requiring a claim for a drug to include any

501 identification, billing modifier, attestation, or other
502 indication that a drug is a 340B drug in order to be processed
503 or resubmitted, unless it is required by the Centers for
504 Medicare and Medicaid Services or the Agency for Health Care
505 Administration in administration of the Medicaid program.

506 (e) Require or compel the submission of ingredient costs
507 or pricing data pertaining to 340B drugs to the health
508 maintenance organization or the pharmacy benefit manager.

509 (f) Exclude the 340B entity from the network of the health
510 maintenance organization or pharmacy benefit manager on the
511 basis that the 340B entity dispenses drugs subject to an
512 agreement under 42 U.S.C. s. 256b, or refuse to contract with
513 the 340B entity for reasons other than those that apply equally
514 to non-340B entities.

515 (3) Subsection (2) does not apply to the Medicaid program
516 as payor when Medicaid provides reimbursement for covered
517 outpatient drugs as defined in 42 U.S.C. s. 1396r-8(k).

518 (4) The commission of any act prohibited by this section
519 is a deceptive and unfair trade practice, constitutes a
520 violation of the Florida Deceptive and Unfair Trade Practices
521 Act under part II of chapter 501, and subjects the violator to
522 all actions, including, but not limited to, investigative
523 demands, remedies, and penalties provided for in the Florida
524 Deceptive and Unfair Trade Practices Act. Each commission of a
525 prohibited act constitutes a violation of the Florida Deceptive

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526 and Unfair Trade Practices Act.

527 (5) This section may not be construed to be less
528 restrictive than federal law for a person or entity to which
529 this section applies. This section may not be construed to be in
530 conflict with any of the following:

531 (a) Applicable federal law or regulations.

532 (b) Other laws of this state that are compatible with
533 applicable federal law.

534 (6) Limited distribution of a drug that is subject to a
535 risk evaluation and mitigation strategy under 21 U.S.C. s. 355-1
536 is not a violation of this section.

537 **Section 7.** This act shall take effect July 1, 2026.