

By Senator Jones

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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 relating to the acquisition 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. 627.64743, 627.65733, and 641.31543, F.S.; providing definitions; prohibiting individual health insurers, group, blanket, and franchise health insurers, and health maintenance organizations, respectively, and

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30 pharmacy benefit managers on behalf of such 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.

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

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 to
45 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 term:

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:

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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 is
69 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.

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

79 (a) Applicable federal law or regulations.

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

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

85 Section 3. Section 626.8829, Florida Statutes, is created
86 to read:

87 626.8829 Reimbursement to 340B entities for 340B drugs.

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88 (1) As used in this section, the term:
89 (a) "340B drug" means a drug that has been subject to any
90 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.
91 s. 256b and is purchased by a covered entity as defined in 42
92 U.S.C. s. 256b(a)(4).

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

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

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

109 (2) With respect to reimbursement to a 340B entity for a
110 340B drug, a health insurance issuer, pharmacy benefit manager,
111 or other third-party payor, or its agents, may not do any of the
112 following:

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

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

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

131 2. Dispensing fees that are less than dispensing fees for
132 non-340B entities.

133 3. Restrictions or requirements regarding participation in
134 standard or preferred pharmacy networks.

135 4. Requirements relating to the frequency or scope of
136 audits of inventory management systems.

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

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

145 (c) Require the 340B entity to reverse, resubmit, or

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146 clarify a claim after the initial adjudication unless such
147 actions are in the normal course of pharmacy business and not
148 related to 340B drug pricing.

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

172 (e) Require or compel the submission of ingredient costs or
173 pricing data pertaining to 340B drugs to any health insurance
174 issuer, pharmacy benefit manager, or other third-party payor.

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

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

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

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

195 (a) Applicable federal law or regulations.

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

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

201 Section 4. Section 627.64743, Florida Statutes, is created
202 to read:

203 627.64743 Reimbursement to 340B entities for 340B drugs.-

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

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

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

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

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

217 (2) With respect to reimbursement to a 340B entity for a
218 340B drug, an insurer issuing, delivering, or renewing an
219 individual health insurance policy in this state which provides
220 prescription drug coverage, or a pharmacy benefit manager on
221 behalf of such insurer, may not do any of the following:

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

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

231 1. Fees, charges, clawbacks, or other adjustments or
232 assessments. As used in this subparagraph, the term "other

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233 adjustments" includes, but is not limited to, placing any
234 additional requirements, restrictions, or unnecessary burdens on
235 the 340B entity which result in administrative costs or fees to
236 the 340B entity and which are not placed on non-340B entities,
237 including affiliate pharmacies or in-network pharmacies of the
238 insurer or of the pharmacy benefit manager.

239 2. Dispensing fees that are less than dispensing fees for
240 non-340B entities.

241 3. Restrictions or requirements regarding participation in
242 standard or preferred pharmacy networks.

243 4. Requirements relating to the frequency or scope of
244 audits of inventory management systems.

245 5. Requirements that a claim for a drug include any
246 identification, billing modifier, attestation, or other
247 indication that a drug is a 340B drug in order to be processed
248 or resubmitted unless it is required by the Centers for Medicare
249 and Medicaid Services or the Agency for Health Care
250 Administration for the administration of the Medicaid program.

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

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

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

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262 or an additional charge on a patient who chooses to receive
263 drugs from a 340B entity or its contracted pharmacy through
264 direct dispensing, delivery, mail order, or administration of
265 such drugs, regardless of the type of insurance coverage or
266 medication. For purposes of this paragraph, it is considered a
267 prohibited practice that prevents or interferes with a patient's
268 choice to receive drugs from a 340B entity or its contracted
269 pharmacy if the insurer, or the pharmacy benefit manager on
270 behalf of the insurer, places any additional requirements,
271 restrictions, or unnecessary burdens on the 340B entity or its
272 contracted pharmacy beyond that of any other pharmacy dispensing
273 medications within the scope of general law, including, but not
274 limited to, requiring a claim for a drug to include any
275 identification, billing modifier, attestation, or other
276 indication that a drug is a 340B drug in order to be processed
277 or resubmitted, unless it is required by the Centers for
278 Medicare and Medicaid Services or the Agency for Health Care
279 Administration in administration of the Medicaid program.

280 (e) Require or compel the submission of ingredient costs or
281 pricing data pertaining to 340B drugs to the insurer or the
282 pharmacy benefit manager.

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

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

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

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

304 (a) Applicable federal law or federal regulations.
305 (b) Other laws of this state that are compatible with
306 applicable federal law.

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

310 Section 5. Section 627.65733, Florida Statutes, is created
311 to read:

312 627.65733 Reimbursement to 340B entities for 340B drugs.—

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

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

318 (b) "340B entity" means an entity participating or
319 authorized to participate in the 340B Drug Pricing Program, as

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320 described in 42 U.S.C. s. 256b, including its pharmacy, or any
321 pharmacy contracted with the participating entity to dispense
322 drugs purchased through the 340B Drug Pricing Program.

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

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

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

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

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

341 1. Fees, charges, clawbacks, or other adjustments or
342 assessments. As used in this subparagraph, the term "other
343 adjustments" includes, but is not limited to, placing any
344 additional requirements, restrictions, or unnecessary burdens on
345 the 340B entity which result in administrative costs or fees to
346 the 340B entity and which are not placed on non-340B entities,
347 including affiliate pharmacies or in-network pharmacies of the
348 insurer or of the pharmacy benefit manager.

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349 2. Dispensing fees that are less than dispensing fees for
350 non-340B entities.

351 3. Restrictions or requirements regarding participation in
352 standard or preferred pharmacy networks.

353 4. Requirements relating to the frequency or scope of
354 audits of inventory management systems.

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

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

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

367 (d) Base an action or contract requirement solely on the
368 basis that the entity is a participant in the 340B Drug Pricing
369 Program in such a manner that prevents or interferes with any
370 patient's choice to receive such drugs from the 340B entity or
371 its contracted pharmacy, including the creation of a restriction
372 or additional charge on a patient who chooses to receive drugs
373 from a 340B entity or its contracted pharmacy through direct
374 dispensing, delivery, mail order, or administration of such
375 drugs, regardless of the type of insurance coverage or
376 medication. For purposes of this paragraph, it is considered a
377 prohibited practice that prevents or interferes with a patient's

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378 choice to receive drugs from a 340B entity or its contracted
379 pharmacy if the insurer, or the pharmacy benefit manager on
380 behalf of the insurer, places any additional requirements,
381 restrictions, or unnecessary burdens on the 340B entity beyond
382 that of any other pharmacy dispensing medications within the
383 scope of general law, including, but not limited to, requiring a
384 claim for a drug to include any identification, billing
385 modifier, attestation, or other indication that a drug is a 340B
386 drug in order to be processed or resubmitted, unless it is
387 required by the Centers for Medicare and Medicaid Services or
388 the Agency for Health Care Administration in administration of
389 the Medicaid program.

390 (e) Require or compel the submission of ingredient costs or
391 pricing data pertaining to 340B drugs to the insurer or the
392 pharmacy benefit manager.

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

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

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

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407 and Unfair Trade Practices Act. Each commission of a prohibited
408 act constitutes a violation of the Florida Deceptive and Unfair
409 Trade Practices Act.

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

414 (a) Applicable federal law or regulations.
415 (b) Other laws of this state that are compatible with
416 applicable federal law.

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

420 Section 6. Section 641.31543, Florida Statutes, is created
421 to read:

422 641.31543 Reimbursement to 340B entities for 340B drugs.—
423 (1) As used in this section, the term:
424 (a) "340B drug" means a drug that has been subject to any
425 offer for reduced prices by a manufacturer pursuant to 42 U.S.C.
426 s. 256b and is purchased by a covered entity as defined in 42
427 U.S.C. s. 256b(a)(4).

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

433 (c) "Pharmacy" has the same meaning as in s. 465.003.
434 (d) "Pharmacy benefit manager" has the same meaning as in
435 s. 641.314(1).

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436 (2) With respect to reimbursement to a 340B entity for a
437 340B drug, a health maintenance organization issuing,
438 delivering, or renewing a health maintenance contract in this
439 state which provides prescription drug coverage, or a pharmacy
440 benefit manager on behalf of such health maintenance
441 organization, may not do any of the following:

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

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

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

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

462 3. Restrictions or requirements regarding participation in
463 standard or preferred pharmacy networks.

464 4. Requirements relating to the frequency or scope of

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465 audits of inventory management systems.

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

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

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

478 (d) Base an action or contract requirement solely on the
479 basis that the entity is a participant in the 340B Drug Pricing
480 Program in such a manner that prevents or interferes with any
481 patient's choice to receive such drugs from the 340B entity or
482 its contracted pharmacy, including the creation of a restriction
483 or additional charge on a patient who chooses to receive drugs
484 from a 340B entity or its contracted pharmacy through direct
485 dispensing, delivery, mail order, or administration of such
486 drugs, regardless of the type of insurance coverage or
487 medication. For purposes of this paragraph, it is considered a
488 prohibited practice that prevents or interferes with a patient's
489 choice to receive drugs from a 340B entity or its contracted
490 pharmacy if the health maintenance organization, or the pharmacy
491 benefit manager on behalf of the health maintenance
492 organization, places any additional requirements, restrictions,
493 or unnecessary burdens on the 340B entity or its contracted

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494 pharmacy beyond that of any other pharmacy dispensing
495 medications within the scope of general law, including, but not
496 limited to, requiring a claim for a drug to include any
497 identification, billing modifier, attestation, or other
498 indication that a drug is a 340B drug in order to be processed
499 or resubmitted, unless it is required by the Centers for
500 Medicare and Medicaid Services or the Agency for Health Care
501 Administration in administration of the Medicaid program.

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

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

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

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

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

527 (a) Applicable federal law or regulations.

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

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

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