

1 A bill to be entitled
 2 An act relating to drug prices and coverage; amending
 3 s. 626.8825, F.S.; revising the definition of the term
 4 "pharmacy benefits plan or program" to exclude a plan
 5 or program that exclusively serves a PACE
 6 organization; requiring contracts between pharmacy
 7 benefit managers and participating pharmacies to allow
 8 a specified option in the administrative appeal
 9 procedure; amending s. 626.8827, F.S.; providing
 10 pharmacy benefit manager prohibited practices relating
 11 to pharmacies and pharmacists; providing an effective
 12 date.

13
 14 Be It Enacted by the Legislature of the State of Florida:

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 16 **Section 1. Paragraph (u) of subsection (1) and paragraph**
 17 **(h) of subsection (3) of section 626.8825, Florida Statutes, are**
 18 **amended to read:**

19 626.8825 Pharmacy benefit manager transparency and
 20 accountability.—

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

22 (u) "Pharmacy benefits plan or program" means a plan or
 23 program that pays for, reimburses, covers the cost of, or
 24 provides access to discounts on pharmacist services provided by
 25 one or more pharmacies to covered persons who reside in, are

26 employed by, or receive pharmacist services from this state.

27 1. The term includes, but is not limited to, health
28 maintenance organizations, health insurers, self-insured
29 employer health plans, discount card programs, and government-
30 funded health plans, including the Statewide Medicaid Managed
31 Care program established pursuant to part IV of chapter 409 and
32 the state group insurance program pursuant to part I of chapter
33 110.

34 2. The term excludes such a plan or program under chapter
35 440 or a plan or program that exclusively serves a PACE
36 organization, as defined in s. 430.84(1).

37 (3) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
38 PARTICIPATING PHARMACY.—In addition to other requirements in the
39 Florida Insurance Code, a participation contract executed,
40 amended, adjusted, or renewed on or after July 1, 2023, that
41 applies to pharmacist services on or after January 1, 2024,
42 between a pharmacy benefit manager and one or more pharmacies or
43 pharmacists, must include, in substantial form, terms that
44 ensure compliance with all of the following requirements, and
45 that, except to the extent not allowed by law, shall supersede
46 any contractual terms in the participation contract to the
47 contrary:

48 (h) The pharmacy benefit manager shall provide a
49 reasonable administrative appeal procedure to allow a pharmacy
50 or pharmacist to challenge the maximum allowable cost pricing

51 information and the reimbursement made under the maximum
52 allowable cost as defined in s. 627.64741 for a specific drug as
53 being below the acquisition cost available to the challenging
54 pharmacy or pharmacist.

55 1. The administrative appeal procedure must include a
56 telephone number and e-mail address, or a website, for the
57 purpose of submitting the administrative appeal. The appeal may
58 be submitted by the pharmacy or an agent of the pharmacy
59 directly to the pharmacy benefit manager or through a pharmacy
60 service administration organization. The administrative appeal
61 procedure must allow a pharmacy or pharmacist the option to
62 submit a consolidated administrative appeal representing
63 multiple adjudicated claims that share the same drug and day
64 supply and have a date of service occurring within the same
65 calendar month. The pharmacy or pharmacist must be given at
66 least 30 business days after a maximum allowable cost update or
67 after an adjudication for an electronic claim or reimbursement
68 for a nonelectronic claim to file the administrative appeal.

69 2. The pharmacy benefit manager must respond to the
70 administrative appeal within 30 business days after receipt of
71 the appeal.

72 3. If the appeal is upheld, the pharmacy benefit manager
73 must:

74 a. Update the maximum allowable cost pricing information
75 to at least the acquisition cost available to the pharmacy;

76 b. Permit the pharmacy or pharmacist to reverse and rebill
77 the claim in question;

78 c. Provide to the pharmacy or pharmacist the national drug
79 code on which the increase or change is based; and

80 d. Make the increase or change effective for each
81 similarly situated pharmacy or pharmacist who is subject to the
82 applicable maximum allowable cost pricing information.

83 4. If the appeal is denied, the pharmacy benefit manager
84 must provide to the pharmacy or pharmacist the national drug
85 code and the name of the national or regional pharmaceutical
86 wholesalers operating in this state which have the drug
87 currently in stock at a price below the maximum allowable cost
88 pricing information.

89 5. Every 90 days, a pharmacy benefit manager shall report
90 to the office the total number of appeals received and denied in
91 the preceding 90-day period, with an explanation or reason for
92 each denial, for each specific drug for which an appeal was
93 submitted pursuant to this paragraph.

94 **Section 2. Subsections (8) and (9) are added to section**
95 **626.8827, Florida Statutes, to read:**

96 626.8827 Pharmacy benefit manager prohibited practices.—In
97 addition to other prohibitions in this part, a pharmacy benefit
98 manager may not do any of the following:

99 (8) Prohibit or restrict a pharmacy or pharmacist from
100 declining to dispense a drug if the reimbursement rate is less

101 | than the actual acquisition cost incurred or would be incurred
102 | by the pharmacy or pharmacist.

103 | (9) Reimburse a pharmacy or pharmacist less than it
104 | reimburses an affiliated pharmacy or pharmacist, as those terms
105 | are defined in s. 626.8825(1).

106 | **Section 3.** This act shall take effect July 1, 2026.