A bill to be entitled

An act relating to drug prices and coverage; amending s. 626.8825, F.S.; revising the definition of the term "pharmacy benefits plan or program" to exclude a plan or program that exclusively serves a PACE organization; requiring contracts between pharmacy benefit managers and participating pharmacies to allow a specified option in the administrative appeal procedure; amending s. 626.8827, F.S.; providing pharmacy benefit manager prohibited practices relating to pharmacies and pharmacists; providing an appropriation for implementation of the Ryan White Part B AIDS Drug Assistance Program (ADAP) through a specified date; defining the term "low income" for purposes of ADAP eligibility through a specified date; providing requirements for the implementation of ADAP through a specified date; requiring the Department of Health to submit monthly reports providing a detailed accounting of ADAP to the Governor's Office of Policy and Budget and the chairs of the legislative appropriations committees; specifying requirements for the reports; requiring the department to adopt emergency rules to implement ADAP; providing that such emergency rules are exempt from specified rulemaking requirements and remain in effect through a specified

date; providing effective dates.

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

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

626.8825 Pharmacy benefit manager transparency and accountability.—

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

(u) "Pharmacy benefits plan or program" means a plan or program that pays for, reimburses, covers the cost of, or provides access to discounts on pharmacist services provided by one or more pharmacies to covered persons who reside in, are employed by, or receive pharmacist services from this state.

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

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

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

(h) The pharmacy benefit manager shall provide a reasonable administrative appeal procedure to allow a pharmacy or pharmacist to challenge the maximum allowable cost pricing information and the reimbursement made under the maximum allowable cost as defined in s. 627.64741 for a specific drug as being below the acquisition cost available to the challenging pharmacy or pharmacist.

1. The administrative appeal procedure must include a telephone number and e-mail address, or a website, for the purpose of submitting the administrative appeal. The appeal may be submitted by the pharmacy or an agent of the pharmacy directly to the pharmacy benefit manager or through a pharmacy service administration organization. The administrative appeal procedure must allow a pharmacy or pharmacist the option to

submit a consolidated administrative appeal representing multiple adjudicated claims that share the same drug and day supply and have a date of service occurring within the same calendar month. The pharmacy or pharmacist must be given at least 30 business days after a maximum allowable cost update or after an adjudication for an electronic claim or reimbursement for a nonelectronic claim to file the administrative appeal.

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

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

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

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

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

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

4. If the appeal is denied, the pharmacy benefit manager must provide to the pharmacy or pharmacist the national drug code and the name of the national or regional pharmaceutical wholesalers operating in this state which have the drug

currently in stock at a price below the maximum allowable cost pricing information.

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

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

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

(8) Prohibit or restrict a pharmacy or pharmacist from declining to dispense a drug if the reimbursement rate is less than the actual acquisition cost incurred or would be incurred by the pharmacy or pharmacist.

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

Section 3. For the 2025-2026 fiscal year, the nonrecurring sum of $30,901,933 from the Grants and Donations Trust Fund is appropriated to the Department of Health for implementation of the Ryan White Part B AIDS Drug Assistance Program (ADAP) through June 30, 2026.

(1) For purposes of ADAP eligibility through June 30,

2026, the term "low income" means an adjusted gross household income at or below 400 percent of the federal poverty level.

(2) Through June 30, 2026, ADAP services may not be provided through or by the purchase of health insurance that includes coverage for HIV/AIDS medications but must be provided through the distribution of medications directly to eligible individuals. The HIV/AIDS medications directly dispensed under ADAP must include all medications listed on the Florida AIDS Drug Assistance Program (ADAP) Formulary as that formulary existed on March 1, 2026. The Department of Health shall distribute such medications to low income individuals who have met the department's eligibility requirements. The department shall ensure the availability of a clinically appropriate medication for individuals with a creatinine clearance of less than 60 milliliters per minute and may, as necessary to implement this section within appropriated funds, provide such medications only to those individuals.

(3) The Florida AIDS Drug Assistance Program (ADAP) Self-Insured Formulary as that formulary existed on March 1, 2026, shall remain in effect through at least June 30, 2026.

(4) Beginning April 1, 2026, the Department of Health shall submit monthly reports providing a detailed accounting of ADAP to the Governor's Office of Policy and Budget, the chair of the Senate Committee on Appropriations, and the chair of the House of Representatives Budget Committee.

(a) The reports must include, at a minimum, all of the following:

1. All state and federal revenues and expenditures;

2. All manufacturer rebates and other pharmaceutical offsets received or accrued;

3. The total number of individuals participating in the program;

4. Participant counts by county of residence or administering organization, as applicable;

5. Participants' insurance statuses;

6. The number and type of prescriptions filled, including utilization by drug class; and

7. Any other information necessary to provide transparency with regard to program operations, utilization trends, cost drivers, and fiscal sustainability.

(b) The department shall also include in its reports month-over-month and year-to-date trend analyses and identify any projected funding shortfalls, enrollment pressures, or operational risks anticipated within the current fiscal year.

(c) Reports must be submitted in a consistent format to allow comparison across reporting periods.

(5) The Department of Health shall adopt emergency rules to implement ADAP in accordance with this section. Emergency rules adopted under this section are exempt from s. 120.54(4)(c), Florida Statutes, and shall remain in effect

through June 30, 2026.

This section shall take effect upon this act becoming a law.

Section 4. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2026.