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By the Committees on Banking and Insurance; and Health Policy; and Senators Montford, Grimsley, and Powell

597-03453-18 20181494c2

A bill to be entitled An act relating to prescription drug pricing transparency; amending s. 465.0244, F.S.; requiring pharmacists to inform customers of less expensive, generically equivalent drugs for their prescriptions and as to whether customers' cost-sharing obligations exceed the retail price of their prescriptions; repealing s. 465.1862, F.S., relating to pharmacy benefit manager contracts; creating s. 624.490, F.S.; defining the term "pharmacy benefit manager"; requiring a pharmacy benefit manager to register with the Office of Insurance Regulation beginning on a specified date; providing requirements and terms of registration, including the payment of a nonrefundable fee; requiring the office to issue certificates of registration; specifying that certificates are nontransferable; requiring the Financial Services Commission to set an initial registration fee and a renewal fee which are nonrefundable and may not exceed a specified amount; requiring the commission to adopt rules; creating ss. 627.64741, 627.6572, and 641.314, F.S.; defining the terms "maximum allowable cost" and "pharmacy benefit manager"; requiring that certain terms be included in a contract between a health insurer or a health maintenance organization and a pharmacy benefit manager; providing applicability; providing an effective date.

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

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Section 1. Section 465.0244, Florida Statutes, is amended to read:

465.0244 Information disclosure.-

- (1) Every pharmacy shall make available on its website a hyperlink to the health information that is disseminated by the Agency for Health Care Administration pursuant to s. 408.05(3) and shall place in the area where customers receive filled prescriptions notice that such information is available electronically and the address of its Internet website.
- (2) In addition to the requirements of s. 465.025, a pharmacist or her or his authorized employee must inform a customer of a less expensive, generically equivalent drug product for her or his prescription and as to whether the customer's cost-sharing obligation exceeds the retail price of the prescription in the absence of prescription drug coverage.
- Section 2. <u>Section 465.1862</u>, <u>Florida Statutes</u>, <u>is repealed</u>. Section 3. Section 624.490, Florida Statutes, is created to read:
 - 624.490 Registration of pharmacy benefit managers.-
- (1) As used in this section, the term "pharmacy benefit manager" means a person or entity doing business in this state which contracts to administer prescription drug benefits on behalf of a health insurer or a health maintenance organization to residents of this state.
- (2) Beginning January 1, 2019, a pharmacy benefit manager must register with the office to conduct business in this state.

 To initially register or renew a registration, a pharmacy benefit manager must submit:

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- (a) A nonrefundable fee;
- (b) A copy of the registrant's corporate charter, articles of incorporation, or other charter document; and
- (c) A completed registration on a form adopted by the commission which contains:
 - 1. The name and address of the registrant; and
- 2. The name, address, and official position of each officer and director of the registrant.
- (3) The registrant shall report any change in information required by subsection (2) to the office in writing within 60 days after the change occurs.
- (4) Upon receipt of a completed registration form, required documents, and the registration fee, the office shall issue a registration certificate. The certificate may be in paper or electronic form, and must indicate the expiration date of the registration. Registration certificates are nontransferable.
- (5) A registration certificate is valid for 2 years from its date of issue. The commission shall adopt by rule an initial registration fee not to exceed \$500 and a registration renewal fee not to exceed \$500, both of which are nonrefundable.
- (6) The commission shall adopt rules necessary to implement this section.
- Section 4. Section 627.64741, Florida Statutes, is created to read:
 - 627.64741 Pharmacy benefit manager contracts.-
 - (1) As used in this section, the term:
- (a) "Maximum allowable cost" means the per-unit amount that a pharmacy benefit manager reimburses a pharmacist for a prescription drug, excluding dispensing fees, prior to the

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application of copayments, coinsurance, and other cost-sharing charges, if any.

- (b) "Pharmacy benefit manager" means a person or entity doing business in this state which contracts to administer or manage prescription drug benefits on behalf of a health insurer to residents of this state.
- (2) A contract between a health insurer and a pharmacy benefit manager must require that the pharmacy benefit manager:
- (a) Update maximum allowable cost pricing information at least every 7 calendar days.
- (b) Maintain a process that will, in a timely manner, eliminate drugs from maximum allowable cost lists or modify drug prices to remain consistent with changes in pricing data used in formulating maximum allowable cost prices and product availability.
- (3) A contract between a health insurer and a pharmacy benefit manager must prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose whether the costsharing obligation exceeds the retail price for a covered prescription drug, and the availability of a more affordable alternative drug, pursuant to s. 465.0244.
- (4) A contract between a health insurer and a pharmacy benefit manager must prohibit the pharmacy benefit manager from requiring an insured to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of:
 - (a) The applicable cost-sharing amount; or
- (b) The retail price of the drug in the absence of prescription drug coverage.
 - (5) This section applies to contracts entered into or

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renewed on or after July 1, 2018.

Section 5. Section 627.6572, Florida Statutes, is created to read:

- 627.6572 Pharmacy benefit manager contracts.
- (1) As used in this section, the term:
- (a) "Maximum allowable cost" means the per-unit amount that a pharmacy benefit manager reimburses a pharmacist for a prescription drug, excluding dispensing fees, prior to the application of copayments, coinsurance, and any other costsharing charges.
- (b) "Pharmacy benefit manager" means a person or entity doing business in this state which contracts to administer or manage prescription drug benefits on behalf of a health insurer to residents of this state.
- (2) A contract between a health insurer and a pharmacy benefit manager must require that the pharmacy benefit manager:
- (a) Update maximum allowable cost pricing information at least every 7 calendar days.
- (b) Maintain a process that will, in a timely manner, eliminate drugs from maximum allowable cost lists or modify drug prices to remain consistent with changes in pricing data used in formulating maximum allowable cost prices and product availability.
- (3) A contract between a health insurer and a pharmacy benefit manager must prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose whether the costsharing obligation exceeds the retail price for a covered prescription drug, and the availability of a more affordable alternative drug, pursuant to s. 465.0244.

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(4) A contract between a health insurer and a pharmacy benefit manager must prohibit the pharmacy benefit manager from requiring an insured to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of:

- (a) The applicable cost-sharing amount; or
- (b) The retail price of the drug in the absence of prescription drug coverage.
- (5) This section applies to contracts entered into or renewed on or after July 1, 2018.

Section 6. Section 641.314, Florida Statutes, is created to read:

- 641.314 Pharmacy benefit manager contracts.—
- (1) As used in this section, the term:
- (a) "Maximum allowable cost" means the per-unit amount that a pharmacy benefit manager reimburses a pharmacist for a prescription drug, excluding dispensing fees, prior to the application of copayments, coinsurance, and any other costsharing charges.
- (b) "Pharmacy benefit manager" means a person or entity doing business in this state which contracts to administer or manage prescription drug benefits on behalf of a health maintenance organization to residents of this state.
- (2) A contract between a health maintenance organization and a pharmacy benefit manager must require that the pharmacy benefit manager:
- (a) Update maximum allowable cost pricing information at least every 7 calendar days.
- (b) Maintain a process that will, in a timely manner, eliminate drugs from maximum allowable cost lists or modify drug

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prices to remain consistent with changes in pricing data used in
formulating maximum allowable cost prices and product
availability.

- (3) A contract between a health maintenance organization and a pharmacy benefit manager must prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose whether the cost-sharing obligation exceeds the retail price for a covered prescription drug, and the availability of a more affordable alternative drug, pursuant to s. 465.0244.
- (4) A contract between a health maintenance organization and a pharmacy benefit manager must prohibit the pharmacy benefit manager from requiring a subscriber to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of:
 - (a) The applicable cost-sharing amount; or
- (b) The retail price of the drug in the absence of prescription drug coverage.
- (5) This section applies to contracts entered into or renewed on or after July 1, 2018.
 - Section 7. This act shall take effect July 1, 2018.