

The Florida Senate
HOUSE MESSAGE SUMMARY

Prepared By: The Professional Staff of the Committee on Health Policy

[2023s01550.hms.hp]

BILL: CS/CS/SB 1550, 1st Engrossed

INTRODUCER: Fiscal Policy Committee, Health Policy Committee; and Senator Brodeur and others

SUBJECT: Prescription Drugs

DATE: May 2, 2023

I. Amendments Contained in Message:

House Amendment — 207723 (body)

II. Summary of Amendments Contained in Message:

House Amendment 207723 modifies several provisions relating to the requirements for contracts between a pharmacy benefit manager (PBM) and a pharmacy benefits plan or program (plan).

The House amendment contains the following substantive revision:

- Removes reference to funds received by a PBM in relation to providing services for a plan or pharmacy being held “in trust” for the plan or pharmacy. Under the amendment, such funds must be used or distributed only pursuant to the PBM’s contract with the plan or with the pharmacy, or as otherwise required by applicable law.

Two clarifying changes are as follows:

- With respect to patient steering, clarifies the prohibition relating to penalizing a covered person for not selecting a PBM’s mail order or delivery program. Specifically the amendment provides that a PBM may not penalize a covered person through the imposition of a higher cost-sharing obligation or a lower allowed-quantity limit for not selecting the mail order or delivery program.
- Adds to the preamble for the contractual requirements between a PBM and a plan that all such contracts must include, in substantial form, terms that ensure compliance with requirements specified in the bill and that, except to the extent not allowed by law, such terms supersede any contractual terms to the contrary. This language conforms with the preamble presently in the Senate bill relating to contracts between a PBM and network pharmacies.

The technical revisions include:

- Clarifying that the bill’s reference to a “nonresident manufacturer” is actually a “nonresident prescription drug manufacturer” with respect to the source of rebates.

- Providing a more specific reference to Medicare Part D network adequacy standards in the Code of Federal Regulations.
- Clarifying, by restructuring, a patient steering prohibition relating to the in-person administration of covered prescription drugs and separating the remainder of that subparagraph into a stand-alone subparagraph.