



Health Innovation Subcommittee

Wednesday, December 6, 2017
1:30 PM – 3:30 PM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Innovation Subcommittee

Wednesday December 06, 2017 01:30 pm

HB 119	Favorable	Yeas: 12	Nays: 0
HB 283	Favorable	Yeas: 11	Nays: 0
HB 597	Favorable	Yeas: 12	Nays: 0

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
John Cortes	X		
Manny Diaz, Jr.			X
Nicholas Duran	X		
Jason Fischer	X		
Roy Hardemon	X		
Shawn Harrison	X		
Patrick Henry	X		
Bobby Payne	X		
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull	X		
Frank White	X		
Clay Yarborough	X		
Totals:	13	0	1

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

HB 119 : Adult Cardiovascular Services

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
John Cortes	X				
Manny Diaz, Jr.			X		
Nicholas Duran	X				
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)				X	
Total Yeas: 12		Total Nays: 0			

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 12/6/19
 Place: 304 HOB
 Time: 1:30 pm

Bill Number: HB 119
 Date Received: _____
 Date Reported: _____
 Subject: Adult Cardiovascular Services

Committee/Subcommittee Action:

- | | |
|--|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cortes								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diaz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duran								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fischer								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrison								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Henry								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payne								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rommel								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toledo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

Rep. Magar - yes after roll call

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

HB 283 : Cardiac Programs

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.			X		
Nicholas Duran	X				
Jason Fischer	X				
Roy Hardeemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull			X		
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)				X	
Total Yeas: 11		Total Nays: 0			

Appearances:

Cardiac Programs

Anderson, Ellen (Lobbyist) - Waive In Support

Community Health Services

Director of Government Relations

106 E. College Ave., Suite 650

Tallahassee FL 32301

Phone: (850) 228-7959

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health Innovation
 Meeting Date: 12/6/17
 Place: 306 HOB
 Time: 1:30 PM

Bill Number: HB 283
 Date Received: _____
 Date Reported: _____
 Subject: Cancer Programs

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____
- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Diaz								
✓		Duran								
✓		Fischer								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Payne								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Yarborough								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									

Rep. Magar. Yea after roll call

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

HB 597 : Health Care Facility Regulation

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.			X		
Nicholas Duran	X				
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)				X	
Total Yeas: 12		Total Nays: 0			

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health Innovation
 Meeting Date: 12/6/17
 Place: 306 HOB
 Time: 1:30 pm

Bill Number: HB 5917
 Date Received: _____
 Date Reported: _____
 Subject: Health Care
Facility Regulation

Committee/Subcommittee Action:

- | | |
|--|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Diaz								
✓		Duran								
✓		Fischer								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Payne								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Yarborough								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

Rep Magar - Yes after roll call

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances:

Medical Marijuana

Borders, Bruce Allen (General Public) - Information Only
Standing United as Americans, Borders Farms & Landscaping
Owner
21535 South 441
High Springs FL 32643
Phone: (386) 209-2739

Panel Discussion of Pharmacy Benefits Management

Correia, Brian J. (At Request Of Chair) - Information Only
CVS Health
Vice President for Network Business Services
3815 S. Atlantic Ave.
Daytona Beach Shores FL 32118
Phone: (480) 661-3153

Panel Discussion of Pharmacy Benefits Management

Nye, Mary Alice (State Employee) (At Request Of Chair) - Information Only
OPPAGA
Staff Director
111 W Madison St Suite 312
Tallahassee FL 32399
Phone: (850) 717-0567

Panel Discussion of Pharmacy Benefits Management

McClelland, Scott (At Request Of Chair) - Information Only
Florida Blue
Vice President for Pharmacy Programs
4800 Deerwood Pakrway
Jacksonville FL 32246
Phone: (904) 905-1133

Panel Discussion of Pharmacy Benefits Management

Tolle, Theresa (At Request Of Chair) - Information Only
Independent Pharmacy Owners in Florida and Florida Pharmacy Association
Pharmacist/Owner
Bay Street Pharmacy 7746 Bay Street
Sebastian FL 32958
Phone: (772) 589-2043

Panel Discussion of Pharmacy Benefits Management

Levin, MD, Robert W. (At Request Of Chair) - Information Only
Self
Physician
1831 N. Belcher Rd., Suite D2
Clearwater FL 33765
Phone: (727) 734-6631

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Panel Discussion of Pharmacy Benefits Management
Pandya, Saumil (At Request Of Chair) - Information Only
PhRMA
Senior Director in Policy and Research
950 F. Street, Suite 300
Washington DC 20004
Phone: (202) 835-3586

Pharmacy Benefit Management
McDonald, Preston (General Public) - Information Only
myself and other practicing community pharmacist
Licensed Pharmacist
5740 Westmont Road
Milton FL 32583
Phone: (850) 982-9087

Pharmacy Benefits Management
Bell, Douglas (Lobbyist) - Information Only
The AIDS Institute, Inc.
119 S. Monroe St.
Tallahassee FL 32301
Phone: (850) 205-9000

Pharmacy Benefits Management
Fosie, Dr. Kwame (General Public) - Information Only
Sunshine Pharmacy
Pharmacist
120 Carter Blvd., #6
Polk City FL 33868
Phone: (863) 874-4835

Pharmacy Benefits Management
Woods, Scott (Lobbyist) - Information Only
Pharmaceutical Care Management Association
Senior Director, State Affairs
325 7th Street NW 9th Floor
Washington DC 20004
Phone: (423) 316-5376

Pharmacy Benefits Management
Butterfield, Dawn (General Public) - Information Only
Self
Pharmacy Owner/Manager, West Cocoa Pharmacy
2711 Clearlake Rd., #C-10
Cocoa FL 32926
Phone: (321) 305-6909

Committee meeting was reported out: Wednesday, December 06, 2017 6:26PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

12/6/2017 1:30PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Pharmacy Benefits Management

Wright, James (General Public) - Information Only

Self

Pharmacy Owner

1108 Lake Drive

Cocoa FL 32922

Phone: (321) 806-3951

Pharmacy Benefits Management

Lakhani, Aneesh (General Public) - Information Only

Self

Pharmacy Owner

760 Tulip Circle

Weston FL 33327

Phone: (954) 776-1521



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 283

Amendment Number: _____

Name: Ellen Anderson

Representing: Community Health Systems

Title: Director of Gov Relations

Address: 106 E College Ave, Suite 650

City: Tallahassee State/Zip: FL

Phone Number: 850-228-7959 Meeting Date: 12/6/17

Committee/Subcommittee: Healthy Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

Wave In Support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: Mary Alice Nye

Representing: OPPGA

Title: Staff Director

Address: 111 W. Madison St.

City: Tallahassee State/Zip: FL

Phone Number: 7-0567 Meeting Date: 12/6/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: BRIAN J. CORREIA

Representing: CVS HEALTH

Title: VICE PRESIDENT

Address: 3815 S. ATLANTIC AVE

City: DAYTONA BEACH SHORES State/Zip: FL 32118

Phone Number: 480-661-3153 Meeting Date: 12/6/2017

Committee/Subcommittee: HEALTH INNOVATIONS

Presentation/Workshop Topic: PBMS

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Scott McClelland

Representing: Florida Blue

Title: VP Pharmacy Programs

Address: 4800 Deerwood Parkway

City: Jacksonville State/Zip: FL 32246

Phone Number: 904-905-1133 Meeting Date: 12-6-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: PBM

Registered Lobbyist: YES NO
State Employee: YES NO

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only
Amendment: Proponent Opponent Info only



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A Amendment: N/A
--

Name: **Tolle, Theresa**

Representing: **Independent Pharmacy Owners in Florida and Florida Pharmacy Association**

Title: **Pharmacist/President**

Address: **Bay Street Pharmacy, 7746 Bay Street**

City: **Sebastian** State/Zip: **FL 32958**

Phone Number: **7725892043** Meeting Date: **December 06, 2017 1:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Other Business : Panel discussion of pharmacy benefits management**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Info Only
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Robert W Levinson

Representing: Myself

Title: Physician

Address: 1831 N. Belcher Rd, Ste D2

City: Clearwater State/Zip: 33765

Phone Number: 727-734-6631 Meeting Date: 12/8/17

Committee/Subcommittee: House Health INNOVATION SUB

Presentation/Workshop Topic: PBM's

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

INFORMATION ONLY



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Saumil Pandya

Representing: PHARMA

Title: Senior Director - Policy & Research

Address: 950 F Street, Suite 300 Washington DC 20004

City: Washington DC State/Zip: DC / 20004

Phone Number: (202) 835-3586 Meeting Date: 12/6/2017

Committee/Subcommittee:

Presentation/Workshop Topic: PBM's

Registered Lobbyist: YES NO [checked]
State Employee: YES NO

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair [checked]
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only
Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Doug Bell

Representing: Aids Institute

Title:

Address: 119 S. Monroe St

City: TLH State/Zip:

Phone Number: 205-9000 Meeting Date:

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: PBM

Registered Lobbyist: YES [checked] NO

State Employee: YES NO

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: DR. KWAME FOSLE

Representing: SUNSHINE PHARMACY

Title: PHARMACIST

Address: 120 CARTER BLVD, # 6

City: POLK CITY State/Zip: FL 33868

Phone Number: 863-874-4835 Meeting Date: 12-6-2017

Committee/Subcommittee: HEALTH

Presentation/Workshop Topic:

Registered Lobbyist: YES NO [checked]

State Employee: YES NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [checked] Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Scott Woods

Representing: Pharmaceutical Care Management Association (PCMA)

Title: Senior Director, State Affairs

Address: 325 7th Street NW, 9th Floor

City: Washington State/Zip: DC 20004

Phone Number: 423-316-5376 Meeting Date: 12/6/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Pharmacy Benefits Management

Registered Lobbyist: YES [checked] NO

State Employee: YES NO

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only [checked]

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: _____

Amendment Number: _____

Name: Dawn Butterfield RPh

Representing: self (Business owner)

Title: Pharmacy owner/Mgr West Cocoa Pharmacy

Address: 2711 Clearlake Rd #C-10

City: Cocoa State/Zip: FL 32926

Phone Number: (321) 305-6909 Meeting Date: 12/6/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: PBM Panel

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: James Wright

Representing: Self

Title: Pharmacy owner

Address: 1103 Lake Drive

City: Cocoa State/Zip: FL 32922

Phone Number: 321-506-3951 Meeting Date: 12/6/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: PBM Panel

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: Aneesh Lakhani

Representing: SELF

Title: Pharmacy Owner

Address: 760 Tulip Circle

City: Weston State/Zip: FL 33327

Phone Number: (954)776-1521 Meeting Date: 12/6/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: PBIM Panel Discussion

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



25704244



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A Amendment: N/A
--

Name: **McDonald, Preston**

Representing: **myself and other practicing community pharmacist**

Title: **licensed pharmacist**

Address: **5740 Westmont Road**

City: **Milton** State/Zip: **FL 32583**

Phone Number: **850-982-9087** Meeting Date: **December 06, 2017 1:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Other Business : Pharmacy Benefit Managers**

- Registered Lobbyist
- State Employee
- I Wish To Speak *— TIME PERMITTING*
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Info Only
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: Bruce Allen Borders

Representing: Standing United As Americans
Borders Farms & Landscaping

Title: owner

Address: 21535 South 441

City: High Springs State/Zip: Fla 32643

Phone Number: 386-209-2739 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: Medical marijuana (POT)

Registered Lobbyist: YES

NO

State Employee: YES

NO

I wish to speak

Appearing in response to an inquiry for information made by member, committee, or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

Pharmacy Benefit Managers Overview

A Presentation to the House Health Innovation
Subcommittee

Mary Alice Nye, Ph.D.
Health and Human Services Staff Director, OPPAGA

December 6, 2017



Pharmacy Benefit Managers—Overview

- **Health plan sponsors, insurers, and others contract with PBMs to help manage prescription drug benefits**
 - **1970s:** PBMs initially developed to handle prescription claims processing
 - **1980s:** PBMs expanded their services
- **Today, PBMs oversee and administer the prescription drug benefits for more than 260 million Americans**
- **Three PBMs manage 66% of the market**

PBM Overview, continued

- **Plan sponsors have PBM options**
 - To include pharmacy as part of comprehensive health plan, plans may own or contract with PBMs
 - To contract directly with PBM for services
 - To retain some services directly while contracting for others
- **Three general types of activities**
 - Manage pharmacy networks
 - Operate mail order, specialty, and retail pharmacies
 - Provide administrative services

PBM Services

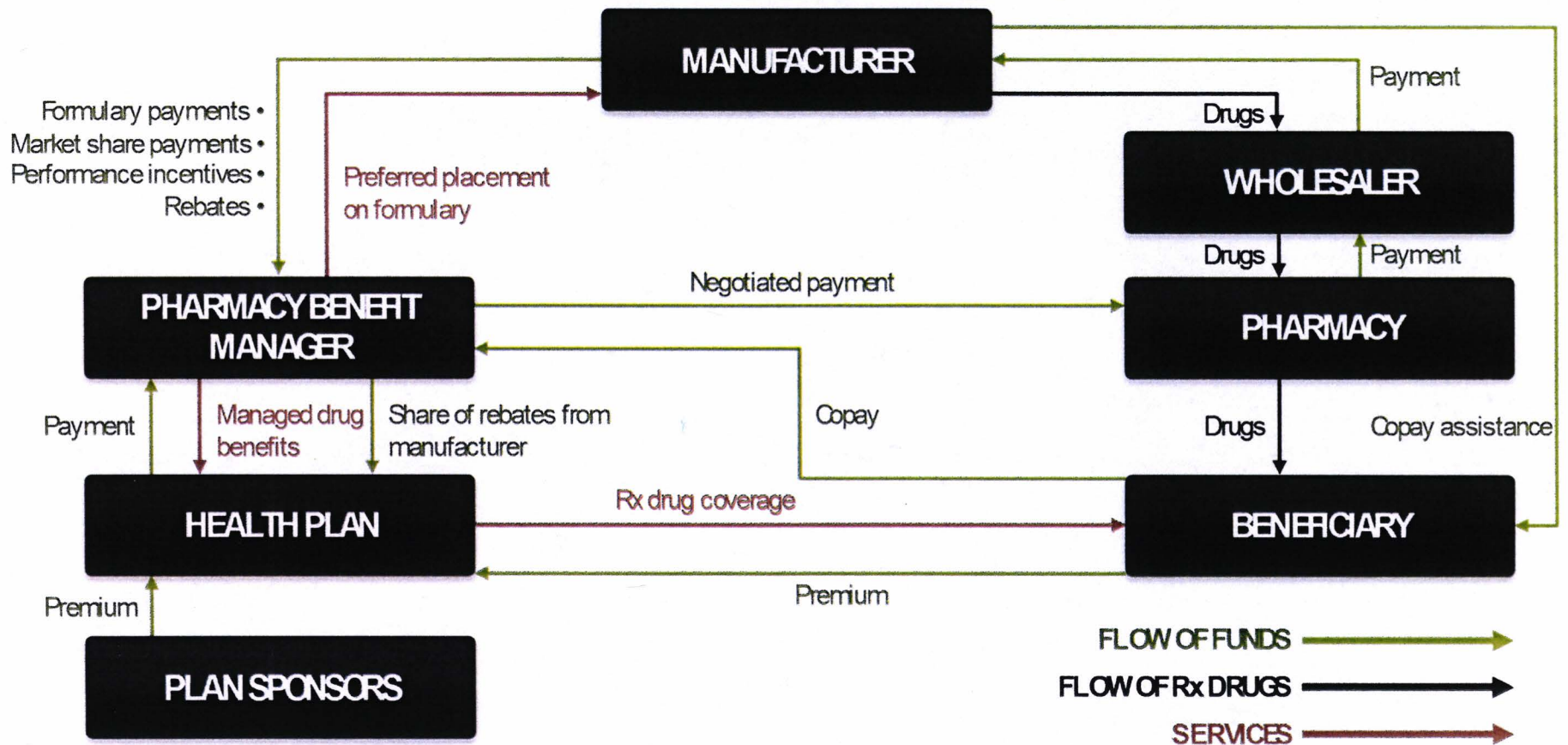
PBMs Can Provide a Variety of Services

Type of Service	Description
Pharmacy Claims Processing	Verifies beneficiary eligibility and plan benefits and pays pharmacies for filling prescriptions.
Drug Formulary Development	Identifies which preferred and non-preferred drugs to include in health plan benefits, develops rules for generic substitutions, and establishes co-payments and/or deductibles.
Pharmacy Network Development and Management	Establishes a network of pharmacies from which beneficiaries can purchase their prescriptions.
Mail-Order and Specialty Pharmacy Services	Provides beneficiaries with the option to obtain prescriptions by mail and at specialty pharmacies for prescriptions to treat complex and chronic diseases that are not dispensed at retail pharmacies.
Rebate Negotiations	Lowers the cost of drugs by negotiating discounts with manufacturers for formulary placement and volume.
Therapeutic Substitution	Ensures that, when clinically appropriate, physicians prescribe drugs that are on health plan sponsors' drug formularies.
Disease Management	Provides health education to beneficiaries to help them better manage specific medical conditions, such as diabetes or asthma.
Utilization Review	Reviews beneficiary drug usage and recommends ways to lower costs, including switching a prescribed brand-name drug to a generic or less expensive brand-name drug.
Support Services for Physicians and Beneficiaries	Provides education to physicians and beneficiaries on appropriate prescribing and prescription use, general health and wellness, and patient compliance.

Source: OPPAGA Report No. 2007-08.

PBMs Role in the Complex Prescription Drug Market

Conceptual model of the flow of products, services, and funds for non-specialty drugs covered under private insurance and purchased in a retail setting



Source: University of Southern California, Leonard D. Schaffer Center for Health Policy and Economics



Questions?

THE FLORIDA LEGISLATURE'S
OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.

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RPh DLL Tech TLK

Rx On-Line Edit

09:13 AM

Patient

Doctor

REFILL !!!

SHE >>

Drug BUTALBITAL-CAFF-APAP-COD CA Onhand 126 Last Qty 150 On 11/28/17

Plan	Submitted	Adjudicated	PlanPay	Copay	Last Copay	Drug U&C
	\$ 236.88	\$ 134.95	\$ 104.95	\$ 30.00		\$ 236.88
					DAW	Drug Cost
						\$ 161.82
	IngrdCost	DispFee	Incentive	SalesTax	Price	Margin
Submitted	\$ 233.92	\$ 2.96	\$.00	\$.00	Difference	\$ 75.06
	\$ 134.95	\$.00	\$.00	\$.00	\$ 101.93	\$ -26.87

ACQUISITION PRICING

Day's Supply 9

Written 11/21/17 \$ 75.06 Margin

RX30 MARGIN ALERT

0.00 Patient Pays

The Price is \$134.95

UEUED 11/28/17

The Cost is \$161.82

x 761607 Renewe>>

The Margin is -\$26.87 (-19%)

elivery Will-Call

Prt 5

Pri 3

ORIG 1 WRITTEN D

107.88/100 FB Cont

RPh CAG Tech JF --Line Edit 09:37 PM

Patient [REDACTED] Pharm [REDACTED]

Doctor [REDACTED] One (1) SN [REDACTED]

10/21/17 S/W JULIE VO [REDACTED]

Drug MODAFINIL 200 MG TAB Demand 0 Last Qty 30 On 11/27/17

Plan	Submitted	Adjudicated	Plan Pay	Copay	Last Copay	Drug U&C
ADVAN	\$1,645.76	\$ 12.50	\$.00	\$ 12.50	\$ 12.50	\$1,645.76
					DAW	Drug Cost \$ 43.87
	IngrdCost	DispFee	Incentive	SalesTax	Price	Margin
Submitted	\$1,197.14	\$ 448.62	\$.00	\$.00	Difference	\$1,601.89
ADVAN	\$ 12.15	\$.35	\$.00	\$.00	\$1,633.26	\$ [REDACTED]

ADVAN INGREDIENT COST REDUCED TO MAC PRICING

Day's Supply 3 | Written 10/20/17 \$ 1601.89 Margin

ORIG 1 WRITTEN D RX30 MARGIN ALERT 0.00 Patient Pays

The Price is \$12.50 UEUED 11/30/17

The Cost is \$43.87 828736 Renewed>>

The Margin is -\$31.37 (-250%) Delivery Will-Call

Prt 5 Pri 3

4387

MODAFINIL 200MG TAB
 30 (APOTEX)
 527036 - 11/27/17
 0119714 - 0004357
 PROVIGIL

F8 Cont

50742
 15330

RPh DLL Tech TLK

Print Edit

09:53 AM

Patient

Doctor

Drug FENIBATE MICRONIZED 134

Onhand 231

Last Qty 90

On 11/07/17

SN ARNP9250458

Plan Submitted-Adjudicated-PlanPay-Copay-Last Copay-Drug U&C

MADEMP \$ 186.39 \$ 20.00 \$.00 \$ 20.00

DAW

Drug Cost

\$ 57.38

Submitted \$ 183.36 \$ 3.03 \$.00 \$.00 Difference \$ 129.01

MADEMP \$ 20.00 \$.00 \$.00 \$.00 \$ 166.39 \$ -37.38

MADEMP INGREDIENT COST REDUCED TO MAC PRICING

Written 11/07/17 \$ 129.01 Margin

Day's Supply 9

RX30 MARGIN ALERT

0.00 Patient Pays

The Price is \$20.00

UEUED 11/08/17

The Cost is \$57.38

The Margin is -\$37.38 (-186%)

elivery Will-Call

ORIG 3 ESCRIPT D

Prt 5 Pri 3

F8 Cont

ATD
63.76/100

RPh BL Tech AA On-Line Edit Login: BL /AA

Patient [REDACTED] Doctor [REDACTED] MD, JAIME CELE>>

Drug OXYCODONE HCL 5 MG TABLET Onhand 50 Last Qty 120 On 11/03/17

Plan	Submitted	Adjudicated	PlanPay	Copay	Last Copay	Drug U&C
[REDACTED]	\$ 70.47	\$ 27.21	\$ 27.21	\$.00		\$.70 47
					DAW	Drug Cost
						\$.82 52
	IngrdCost	DispFee	Incentive	SalesTax	Price	Margin
Submitted	\$ 67.52	\$ 2.95	\$.00	\$.00	Difference	\$ -12.05
[REDACTED]	\$ 26.71	\$.50	\$.00	\$.00	\$ 43.26	\$ -55.31
[REDACTED] COST PAID AT MAC PRICE						

Day's Supply 3 | Written 11/01/17 \$ -12.05 Margin
 RX30 MARGIN ALERT 0.00 Patient Pays
 The Price is \$27.21 UEUED 11/03/17
 The Cost is \$82.52 226156 Renewed>>
 The Margin is -\$55.31 (-203%) elivery Will-Call
 ORIG 1 WRITTEN D [REDACTED] Prt 5 Pri 3

F8 Cont

54.11 / 100
 API