

Resolution 26-406
Preserving the Physician “Buy and Bill” Care Delivery Model to Protect Patient Access and Affordability

Florida Society of Rheumatology

1 Whereas, Patients across the State of Florida rely on physician-administered and infused
2 medications for the treatment of complex and chronic conditions; and

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4 Whereas, The “buy and bill” model, where physicians purchase, administer, and bill medications
5 under the medical benefit has long served as a safe, efficient, and patient-centered care delivery
6 system; and

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8 Whereas, The “buy and bill” model enables physicians to administer patient-specific medications,
9 reducing treatment delays and improving adherence to prescribed therapies; and

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11 Whereas, The “buy and bill” model allows physicians and patients to evaluate and select the most
12 cost-effective treatment pathway, often resulting in lower out-of-pocket costs compared to
13 alternative distribution models; and

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15 Whereas, During the 2026 Legislative Session, proposed language included in Senate Bill 1760
16 would define “covered prescription drug” in a manner that limits coverage to medications
17 dispensed as a pharmacy benefit through network pharmacies, thereby excluding drugs
18 administered under the medical benefit; and

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20 Whereas, Such a limitation would effectively undermine or eliminate the buy and bill model as a
21 viable care delivery option for many physician practices; and

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23 Whereas, Eliminating or restricting the “buy and bill” model would force increased reliance on
24 “white bagging,” in which medications are dispensed by third-party pharmacies and shipped to
25 physician offices, often creating logistical challenges, treatment delays, and risks associated with
26 shipping and storage conditions; and

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28 Whereas, Evidence and clinical experience indicate that “white bagging” may increase costs to
29 patients and disrupt continuity of care, while reducing physician oversight and flexibility in
30 treatment decisions; and

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32 Whereas, Patients who depend on physician-administered therapies may face reduced access,
33 increased financial burden, and compromised care outcomes if the “buy and bill” model is
34 restricted or eliminated; and

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36 Whereas, Preserving both pharmacy benefit and medical benefit pathways ensures that physicians
37 and patients retain the ability to choose the most appropriate, timely, and cost-effective treatment
38 option; therefore, be it

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40 **RESOLVED**, That the Florida Medical Association affirms that both “buy and bill” and pharmacy-
41 based delivery models should remain available to ensure optimal patient access, affordability, and
42 continuity of care; and be it further

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44 **RESOLVED**, That the Florida Medical Association opposes any legislative or regulatory action that
45 would limit the definition of “covered prescription drug” to pharmacy benefit drugs only, thereby
46 restricting or eliminating the ability of physicians to obtain and administer medications under the
47 medical benefit; and be it further

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49 **RESOLVED**, That copies of this resolution be transmitted, as appropriate, to members of the
50 Florida Legislature, relevant state agencies, and other stakeholders to advocate for policies that
51 prioritize patient-centered care and preserve physician autonomy in treatment delivery.

Fiscal Note:

Description	Amount	Budget Narrative
100 Staff hours	\$20,000	Can be accomplished with current staff
Total	\$20,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics