

1 A bill to be entitled
 2 An act relating to step therapy protocols; creating
 3 ss. 627.6476, 627.6671, and 641.317, F.S.; defining
 4 the term "step therapy"; prohibiting health insurers
 5 and health maintenance organizations from requiring
 6 insureds or subscribers to repeat step therapy
 7 protocols; providing that certain health insurers and
 8 health maintenance organizations may impose a
 9 specified requirement for continued coverage;
 10 providing that such entities are not required to take
 11 specified actions; providing applicability; providing
 12 an effective date.

13
 14 Be It Enacted by the Legislature of the State of Florida:

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 16 Section 1. Section 627.6476, Florida Statutes, is created
 17 to read:

18 627.6476 Step therapy protocols.-

19 (1) As used in this section, the term "step therapy
 20 protocol" means a written protocol that specifies the order in
 21 which a prescription drug must be used to treat an insured's
 22 condition.

23 (2) (a) An insured may not be required to repeat a step
 24 therapy protocol with his or her current health insurer or a new
 25 health insurer for a prescription drug, if the drug was

26 appropriately prescribed and is considered safe and effective
27 for the insured's condition.

28 (b) This section does not preclude an insured's new health
29 insurer from imposing a prior authorization requirement for the
30 continued coverage of a drug prescribed pursuant to a step
31 therapy protocol that was imposed by the former health insurer.

32 (c) A health insurer is not required to add a drug to its
33 prescription drug formulary, or to cover a prescription drug's
34 use for a purpose not currently covered by the insurer, to
35 comply with this section.

36 (d) This section applies to contracts entered into or
37 renewed on or after January 1, 2019. This section does not apply
38 to Medicaid managed care plans pursuant to part IV of chapter
39 409.

40 Section 2. Section 627.6671, Florida Statutes, is created
41 to read:

42 627.6671 Step therapy protocols.—

43 (1) As used in this section, the term "step therapy
44 protocol" means a written protocol that specifies the order in
45 which a prescription drug must be used to treat an insured's
46 condition.

47 (2) (a) An insured may not be required to repeat a step
48 therapy protocol with his or her current health insurer or a new
49 health insurer for a prescription drug, if the drug was
50 appropriately prescribed and is considered safe and effective

51 for the insured's condition.

52 (b) This section does not preclude an insured's new health
53 insurer from imposing a prior authorization requirement for the
54 continued coverage of a drug prescribed pursuant to a step
55 therapy protocol that was imposed by the former health insurer.

56 (c) A health insurer is not required to add a drug to its
57 prescription drug formulary, or to cover a prescription drug's
58 use for a purpose not currently covered by the insurer, to
59 comply with this section.

60 (d) This section applies to contracts entered into or
61 renewed on or after January 1, 2019. This section does not apply
62 to Medicaid managed care plans pursuant to part IV of chapter
63 409.

64 Section 3. Section 641.317, Florida Statutes, is created
65 to read:

66 641.317 Step therapy protocols.-

67 (1) As used in this section, the term "step therapy
68 protocol" means a written protocol that specifies the order in
69 which a prescription drug must be used to treat a subscriber's
70 condition.

71 (2) (a) A subscriber may not be required to repeat a step
72 therapy protocol with his or her current health maintenance
73 organization or a new health maintenance organization for a
74 prescription drug, if the drug was appropriately prescribed and
75 is considered safe and effective for the insured's condition.

76 (b) This section does not preclude a subscriber's new
77 health maintenance organization from imposing a prior
78 authorization requirement for the continued coverage of a drug
79 prescribed pursuant to a step therapy protocol that was imposed
80 by the former health maintenance organization.

81 (c) A health maintenance organization is not required to
82 add a drug to its prescription drug formulary, or to cover a
83 prescription drug's use for a purpose not currently covered by
84 the health maintenance organization, to comply with this
85 section.

86 (d) This section applies to contracts entered into or
87 renewed on or after January 1, 2019. This section does not apply
88 to Medicaid managed care plans pursuant to part IV of chapter
89 409.

90 Section 4. This act shall take effect July 1, 2018.