## Florida Senate - 2000

By Senator Hargrett

21-1321-00 A bill to be entitled 1 2 An act relating to health care; requiring 3 entities that provide pharmacy benefits, as 4 defined, to provide beneficiaries with a card 5 containing specified information about the 6 provider and the benefits; providing for rulemaking by the Department of Insurance; 7 providing an effective date. 8 9 10 Be It Enacted by the Legislature of the State of Florida: 11 12 Section 1. Pharmacy benefits; card.--(1) An insurance company or health maintenance 13 organization that provides pharmacy benefits in addition to 14 any other health care benefit must issue each beneficiary a 15 card. The card must contain the information that the 16 17 Department of Insurance prescribes by rule, including, at a minimum: 18 19 (a) The name or logo of the entity providing the 20 pharmacy benefits; 21 (b) The group number applicable for the beneficiary; 22 (c) The effective date of the coverage; 23 (d) A telephone number to be used to contact an appropriate person to obtain information relating to the 24 25 pharmacy benefits provided; (e) Copayment information for generic and brand-name 26 27 prescription drugs; and (f) If assigned, the International Identification 28 29 Number that is assigned by the American National Standards 30 Institute for the entity that is providing the pharmacy

31 benefits.

CODING:Words stricken are deletions; words underlined are additions.

<sup>1</sup> 

1	(2) For the purposes of this section, the term
2	"pharmacy benefits" includes, but is not limited to,
3	dispensing of any legend drug, prescription drug, or medicinal
4	drug, as defined in section 499.003, Florida Statutes, or any
5	proprietary drug or OTC drug, as defined in section 499.003,
6	Florida Statutes, when prescribed by a health care
7	practitioner authorized to prescribe drugs in this state.
8	Section 2. This act shall take effect January 1, 2001.
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11	SENATE SUMMARY
12	Requires insurance companies and health maintenance organizations offering pharmacy benefits to provide
13	beneficiaries with cards that contain information about the provider and the benefits. Prescribes minimum
14	information and authorizes the Department of Insurance to adopt rules requiring additional information.
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