

1 A bill to be entitled
 2 An act relating to insurance coverage for prescription
 3 drugs; amending ss. 627.6045, 627.6561, and 641.31071,
 4 F.S.; prohibiting health insurance policies or contracts
 5 for a health care service plan from limiting, reducing, or
 6 denying coverage for a prescription drug under certain
 7 circumstances; providing that the insurer is not
 8 prohibited from making uniform changes in its benefit
 9 design or increasing cost-sharing obligations for a
 10 prescription drug due to an increase in price; providing
 11 that a change to any health insurance policy or contract
 12 for a health care service plan is effective upon the
 13 renewal of the policy or contract; requiring the insurer
 14 to communicate the change and its effective date to the
 15 insured; providing for nonapplicability to a managed care
 16 plan under the Medicaid program; providing an effective
 17 date.

18
 19 Be It Enacted by the Legislature of the State of Florida:

20
 21 Section 1. Subsections (5) and (6) are added to section
 22 627.6045, Florida Statutes, to read:
 23 627.6045 Preexisting condition.--A health insurance policy
 24 must comply with the following:
 25 (5) A health insurance policy or a contract for a health
 26 care service plan that covers prescription drugs may not limit,
 27 reduce, or deny coverage for a prescription drug to a particular
 28 insured individual for the remainder of the current plan year

29 if, prior to the limitation, reduction, or denial of coverage:

30 (a) The insured was using the drug;

31 (b) The insured was covered under the policy or contract;

32 and

33 (c) The drug was covered under the policy or contract.

34 (6) A limitation, reduction, or denial of coverage
 35 includes removing a drug from the formulary or other drug list,
 36 imposing new management tools regarding prior authorization or
 37 the use of the drug, placing the drug on a formulary tier that
 38 increases the patient's cost-sharing obligations, or otherwise
 39 increasing the patient's cost-sharing obligations for obtaining
 40 the drug. This subsection does not prohibit an insurer from
 41 making uniform changes in its benefit design which apply to all
 42 covered drugs or from increasing cost-sharing obligations for a
 43 drug due to a percentage coinsurance payment that increases in
 44 proportion to an increase in the price of the drug. Any change
 45 to a health insurance policy or a contract for a health care
 46 service plan that covers prescription drugs is effective upon
 47 the renewal of the policy or contract. The insurer shall
 48 communicate this change and its effective date to the insured
 49 during the open enrollment period. This section does not apply
 50 to a managed care plan under the Medicaid program.

51 Section 2. Subsections (16) and (17) are added to section
 52 627.6561, Florida Statutes, to read:

53 627.6561 Preexisting conditions.--

54 (16) A health insurance policy or a contract for a health
 55 care service plan that covers prescription drugs may not limit,
 56 reduce, or deny coverage for a prescription drug to a particular

57 insured individual for the remainder of the current plan year
 58 if, prior to the limitation, reduction, or denial of coverage:
 59 (a) The insured was using the drug;
 60 (b) The insured was covered under the policy or contract;
 61 and
 62 (c) The drug was covered under the policy or contract.
 63 (17) A limitation, reduction, or denial of coverage
 64 includes removing a drug from the formulary or other drug list,
 65 imposing new management tools regarding prior authorization or
 66 the use of the drug, placing the drug on a formulary tier that
 67 increases the patient's cost-sharing obligations, or otherwise
 68 increasing the patient's cost-sharing obligations for obtaining
 69 the drug. This subsection does not prohibit an insurer from
 70 making uniform changes in its benefit design which apply to all
 71 covered drugs or from increasing cost-sharing obligations for a
 72 drug due to a percentage coinsurance payment that increases in
 73 proportion to an increase in the price of the drug. Any change
 74 to a health insurance policy or a contract for a health care
 75 service plan that covers prescription drugs is effective upon
 76 the renewal of the policy or contract. The insurer shall
 77 communicate this change and its effective date to the insured
 78 during the open enrollment period. This section does not apply
 79 to a managed care plan under the Medicaid program.

80 Section 3. Subsections (14) and (15) are added to section
 81 641.31071, Florida Statutes, to read:

82 641.31071 Preexisting conditions.--

83 (14) A health insurance policy or a contract for a health
 84 care service plan that covers prescription drugs may not limit,

85 reduce, or deny coverage for a prescription drug to a particular
 86 insured individual for the remainder of the current plan year
 87 if, prior to the limitation, reduction, or denial of coverage:

- 88 (a) The insured was using the drug;
- 89 (b) The insured was covered under the policy or contract;

90 and

- 91 (c) The drug was covered under the policy or contract.

92 (15) A limitation, reduction, or denial of coverage
 93 includes removing a drug from the formulary or other drug list,
 94 imposing new management tools regarding prior authorization or
 95 the use of the drug, placing the drug on a formulary tier that
 96 increases the patient's cost-sharing obligations, or otherwise
 97 increasing the patient's cost-sharing obligations for obtaining
 98 the drug. This subsection does not prohibit an insurer from
 99 making uniform changes in its benefit design which apply to all
 100 covered drugs or from increasing cost-sharing obligations for a
 101 drug due to a percentage coinsurance payment that increases in
 102 proportion to an increase in the price of the drug. Any change
 103 to a health insurance policy or a contract for a health care
 104 service plan that covers prescription drugs is effective upon
 105 the renewal of the policy or contract. The insurer shall
 106 communicate this change and its effective date to the insured
 107 during the open enrollment period. This section does not apply
 108 to a managed care plan under the Medicaid program.

109 Section 4. This act shall take effect July 1, 2010.