

By Senator Fasano

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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
5 contracts for a health care service plan from
6 limiting, reducing, or denying coverage for a
7 prescription drug under certain circumstances;
8 providing that the insurer is not prohibited from
9 making uniform changes in its benefit design or
10 increasing cost-sharing obligations for a prescription
11 drug due to an increase in price; providing that a
12 change to any health insurance policy or contract for
13 a health care service plan is effective upon the
14 renewal of the policy or contract; requiring the
15 insurer to communicate the change and its effective
16 date to the insured; providing for nonapplicability to
17 a managed care plan under the Medicaid program;
18 providing an effective date.

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20 Be It Enacted by the Legislature of the State of Florida:

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22 Section 1. Subsections (5) and (6) are added to section
23 627.6045, Florida Statutes, to read:

24 627.6045 Preexisting condition.—A health insurance policy
25 must comply with the following:

26 (5) A health insurance policy or a contract for a health
27 care service plan that covers prescription drugs may not limit,
28 reduce, or deny coverage for a prescription drug to a particular
29 insured individual for the remainder of the current plan year

11-00311-10

2010516

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

31 (a) The insured was using the drug;

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

33 and

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

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

52 Section 2. Subsections (16) and (17) are added to section
53 627.6561, Florida Statutes, to read:

54 627.6561 Preexisting conditions.—

55 (16) A health insurance policy or a contract for a health
56 care service plan that covers prescription drugs may not limit,
57 reduce, or deny coverage for a prescription drug to a particular
58 insured individual for the remainder of the current plan year

11-00311-10

2010516

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

60 (a) The insured was using the drug;

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

62 and

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

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

81 Section 3. Subsections (14) and (15) are added to section
82 641.31071, Florida Statutes, to read:

83 641.31071 Preexisting conditions.—

84 (14) A health insurance policy or a contract for a health
85 care service plan that covers prescription drugs may not limit,
86 reduce, or deny coverage for a prescription drug to a particular
87 insured individual for the remainder of the current plan year

11-00311-10

2010516

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

89 (a) The insured was using the drug;

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

91 and

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

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

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