

1 A bill to be entitled
 2 An act relating to continuity of care for medically
 3 stable patients; creating ss. 627.6465 and 641.31075,
 4 F.S.; providing definitions; prohibiting certain
 5 insurance policies, health maintenance organization
 6 contracts, and pharmacy benefit managers from limiting
 7 or excluding coverage for, increasing payments for, or
 8 adjusting a tiered formulary with respect to certain
 9 drugs approved for coverage of specified medical
 10 conditions in certain circumstances; authorizing
 11 generic substitutions; amending s. 627.662, F.S.;
 12 applying this prohibition to group health insurance,
 13 blanket health insurance, and franchise health
 14 insurance; providing an effective date.

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

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 18 Section 1. Section 627.6465, Florida Statutes, is created
 19 to read:

20 627.6465 Insurance policies; continuity of care for
 21 medically stable patients.—

22 (1) As used in this section, the term:

23 (a) "Complex or chronic medical condition" means a
 24 physical, behavioral, or developmental condition that:

25 1. May have no known cure; or

26 2. Can be severely debilitating or fatal if left untreated

27 | or undertreated.

28 | (b) "Rare medical condition" means a disease or condition
29 | that affects fewer than 200,000 individuals in the United States
30 | or approximately 1 in 1,500 individuals worldwide.

31 | (2) An individual or group insurance policy delivered,
32 | issued for delivery, renewed, amended, or continued in this
33 | state that provides medical, major medical, or similar
34 | comprehensive coverage or a pharmacy benefit manager may not
35 | limit or exclude coverage for a drug for an insured with a
36 | complex or chronic medical condition or a rare medical condition
37 | if the drug previously had been approved for coverage by the
38 | insurer for a medical condition of the insured, the prescribing
39 | provider continues to prescribe the drug for the medical
40 | condition, and the drug is appropriately prescribed and
41 | considered safe and effective for treating the insured's medical
42 | condition.

43 | (a) An individual or group insurance policy or a pharmacy
44 | benefit manager may not increase the amount that an insured must
45 | pay for a copayment, coinsurance, or a deductible for
46 | prescription drug benefits or impose, by contract, limitations
47 | on maximum coverage of prescription drug benefits when the drug
48 | previously had been approved for coverage by the insurer for a
49 | medical condition of the insured and the prescribing provider
50 | continues to prescribe the drug for the medical condition, in
51 | which case the insured is not subject to increased out-of-pocket
52 | costs, unless the insurance policy or pharmacy benefit contract

53 is being renewed.

54 (b) If an individual or group insurance policy or a
55 pharmacy benefit manager uses a formulary with tiers, the
56 insurer or pharmacy benefit manager may not move a drug for an
57 insured to a disadvantaged tier if the drug previously had been
58 approved for coverage by the insurer for a medical condition of
59 the insured, the prescribing provider continues to prescribe the
60 drug for the medical condition, and the drug is appropriately
61 prescribed by the prescriber and considered safe and effective
62 for treating the insured's medical condition, unless the
63 insurance policy or pharmacy benefit contract is being renewed.

64 (3) This section does not:

65 (a) Prohibit changes to a formulary, but in no case shall
66 a drug that was previously covered by the insurance policy or
67 pharmacy benefit contract for a specific patient be excluded
68 from coverage if the patient continues to be an insured of the
69 insurer.

70 (b) Prohibit an insurer or pharmacy benefit manager, by
71 contract, written policy, or procedure, or any other agreement
72 or course of conduct, from requiring a pharmacist to effect
73 generic substitutions of prescription drugs.

74 Section 2. Subsection (15) is added to section 627.662,
75 Florida Statutes, to read:

76 627.662 Other provisions applicable.—The following
77 provisions apply to group health insurance, blanket health
78 insurance, and franchise health insurance:

79 (15) Section 627.6465, relating to continuity of care for
80 medically stable patients.

81 Section 3. Section 641.31075, Florida Statutes, is created
82 to read:

83 641.31075 Health maintenance organization contracts;
84 continuity of care for medically stable patients.—

85 (1) As used in this section, the term:

86 (a) "Complex or chronic medical condition" means a
87 physical, behavioral, or developmental condition that:

88 1. May have no known cure; or

89 2. Can be severely debilitating or fatal if left untreated
90 or undertreated.

91 (b) "Rare medical condition" means a disease or condition
92 that affects fewer than 200,000 individuals in the United States
93 or approximately 1 in 1,500 individuals worldwide.

94 (2) A health maintenance organization or a pharmacy
95 benefit manager may not limit or exclude coverage for a drug for
96 an enrollee with a complex or chronic medical condition or a
97 rare medical condition if the drug previously had been approved
98 for coverage by the plan for a medical condition of the
99 enrollee, the prescribing provider continues to prescribe the
100 drug for the medical condition, and the drug is appropriately
101 prescribed and considered safe and effective for treating the
102 enrollee's medical condition.

103 (a) A health maintenance organization or a pharmacy
104 benefit manager may not increase the amount that a subscriber or

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105 enrollee must pay for a copayment, coinsurance, or a deductible
106 for prescription drug benefits or impose, by contract,
107 limitations on maximum coverage of prescription drug benefits
108 when the drug previously had been approved for coverage by the
109 plan for a medical condition of the enrollee and the prescribing
110 provider continues to prescribe the drug for the medical
111 condition, in which case the subscriber or enrollee is not
112 subject to increased out-of-pocket costs, unless the health
113 maintenance or pharmacy benefit contract is being renewed.

114 (b) If the health maintenance organization or the pharmacy
115 benefit manager uses a formulary with tiers, the health plan or
116 pharmacy benefit manager may not move a drug for an enrollee to
117 a disadvantaged tier if the drug previously had been approved
118 for coverage by the plan for a medical condition of the
119 enrollee, the prescribing provider continues to prescribe the
120 drug for the medical condition, and the drug is appropriately
121 prescribed by the prescriber and considered safe and effective
122 for treating the enrollee's medical condition, unless the health
123 maintenance or pharmacy benefit contract is being renewed.

124 (3) This section does not:

125 (a) Prohibit changes to a formulary, but in no case shall
126 a drug that was previously covered by the health maintenance or
127 pharmacy benefit contract for a specific patient be excluded
128 from coverage if the patient continues to be an enrollee of the
129 health plan.

130 (b) Prohibit a health plan or pharmacy benefit manager, by

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131 contract, written policy, or procedure, or any other agreement
132 or course of conduct, from requiring a pharmacist to effect
133 generic substitutions of prescription drugs.

134 Section 4. This act shall take effect January 1, 2017.