By Senator Gruters

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A bill to be entitled

An act relating to patient-specific drug coverage transparency; creating s. 456.45, F.S.; providing legislative intent; defining terms; authorizing patients to request, and requiring ordering or prescribing health care providers to provide, real-time, patient-specific information regarding prescription drug benefits, coverage, and costs for a specified purpose; authorizing health care providers to provide such information to patients regardless of whether a request is made; authorizing patients to refuse such information; requiring insurers to provide specified information to health care providers; specifying requirements for the provision of such information; authorizing insurers to enter into agreements with third parties designated by health care providers to facilitate the exchange of such information; providing limitations on such agreements; providing an effective date.

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

Section 1. Section 456.45, Florida Statutes, is created to read:

456.45 Informed prescribing decisions; patient-specific prescription drug coverage transparency.—

(1) It is the intent of the Legislature to enable health care providers to make fully informed prescribing decisions, increase patient adherence to medication, and promote

transparency of health care and prescription drug costs to the patient by facilitating real-time conversations between patients and health care providers about patient-specific information regarding prescription drug benefits, coverage, and costs.

(2) As used in this section, the term:

(a) "Health care provider" means a health care practitioner authorized by law to prescribe or order prescription drugs.

(b) "Insurer" means a health insurer licensed under chapter 627 or a health maintenance organization licensed under chapter 641 or any entity acting on behalf of a health insurer or health maintenance organization.

(c) "Patient-specific information regarding prescription drug benefits, coverage, and costs" means, but is not limited to, applicable drug formulary and benefit data, coverage for the prescribed or ordered prescription drug and clinically appropriate alternatives, and other applicable eligibility, benefit, and cost-sharing information specific to the patient.

(d) "Point of care" means the time at which a health care provider, or his or her agent, prescribes or orders any prescription drug.

(e) "Prescribing decision" means a health care provider's, or his or her agent's, decision to prescribe or order any prescription drug.

(3) At the point of care, a patient may request, and the prescribing or ordering health care provider must provide upon such request, the patient's real-time, patient-specific information regarding prescription drug benefits, coverage, and costs in order to facilitate a discussion of benefit, coverage, and cost options and to enable the health care provider to make

a fully informed prescribing decision. A health care provider may offer this information regardless of whether the patient requests it, but the patient has the right to refuse the information.

(4) To facilitate the exchange of information between patients and health care providers under this section, insurers shall provide to health care providers, at a minimum, all of the following information:

(a) Patient-specific prescription drug benefits, including, but not limited to, any applicable drug formulary and benefit data, coverage for the prescribed drug, and clinically appropriate alternatives.

(b) Patient-specific cost-sharing information. The information must include any variances in patient cost-sharing obligations based on which pharmacy dispenses the prescribed drug or its alternatives and the patient's benefits and limitations, such as out-of-pocket maximums, deductibles, and other similar measures.

(c) Any applicable utilization management requirements, such as prior authorization requirements.

(5) Insurers shall make the information required under this section available to the requesting health care provider, or a third party designated by the health care provider, through a standard electronic data exchange or an application programming interface that uses standards accredited by the American National Standards Institute. The interface must be used solely for the purpose of integrating information required by this section into a health care provider's workflow or electronic health recordkeeping system. An insurer may enter into an

agreement with a third party designated by a health care provider to define the scope of, and access to, such information. However, the agreement may not prohibit the third party from displaying patient-specific information regarding prescription drug benefits, coverage, and costs which reflects other options, such as the out-of-pocket price, any patient assistance and support programs, and the cost available at the patient's pharmacy of choice.

Section 2. This act shall take effect January 1, 2023.