A bill to be entitled

An act relating to diabetes management; creating s. 385.2035, F.S.; establishing the Task Force on Diabetes Management; specifying the purpose of the task force; requiring the task force to develop certain criteria upon making a certain determination; providing for membership and meetings of the task force; requiring the task force to submit a report to the Governor and the Legislature by a specified date; providing that the task force expires upon submission of the report; authorizing the State Surgeon General to reestablish the task force; specifying procedures and duties if the task force is reestablished; requiring the State Surgeon General to establish a program under certain conditions by a specified date; requiring the Department of Health to create and maintain a website under certain circumstances; specifying requirements for such website; requiring federally qualified health centers or covered entities to make a good faith effort to schedule appointments within a specified timeline; authorizing the department to adopt rules; amending s. 465.0275, F.S.; defining terms; authorizing a pharmacist to prescribe and dispense a 30-day supply of insulin drugs, glucagon drugs, diabetes devices, and diabetic

ketoacidosis devices under certain circumstances; prohibiting a pharmacist from requiring patients to pay more than a certain amount for such drugs and devices; requiring pharmacists to refer a patient to a federally qualified health center under certain circumstances; providing construction; requiring the department to provide a certain notice to all pharmacists; creating ss. 627.64081, 627.65746, and 641.31078, F.S.; defining terms; requiring health insurance policies and health maintenance contracts, respectively, to provide coverage for laboratory and diagnostic testing and screening for diabetes under certain circumstances; prohibiting health insurance policy and health maintenance contracts from exposing certain cost-sharing requirements; providing applicability; amending s. 893.055, F.S.; requiring a dispenser to report to the electronic health recordkeeping system certain drugs and devices dispensed; defining terms; providing an effective date.

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

Section 1. Section 385.2035, Florida Statutes, is created to read:

385.2035 Task Force on Diabetes Management.—

(1) The Task Force on Diabetes Management, a task force as defined in s. 20.03(5), is established within the Department of Health. The purpose of the task force is to assess whether the State Surgeon General should implement a program that refers individuals diagnosed with diabetes to federally qualified health centers and other covered entities for treatment, regardless of their health coverage status. If the task force determines that the proposed program should be established, it must develop criteria for the Department of Health to use when recommending federally qualified health centers or other covered entities to individuals with diabetes. Such criteria may include factors such as the individual's need for medically necessary care, the individual's residential address, and any other relevant factors deemed necessary by the task force to fulfill the program's objectives.

(2) The task force shall consist of the following members, to be appointed by November 1, 2025:

(a) Two members appointed by the chief executive officer of Florida Association of Community Health Centers, Inc.

(b) One member who has knowledge of matters relating to insurance and is an advocate for public health, appointed by the President of the Senate.

(c) One member who has knowledge of matters relating to insurance and has experience with health care equity or who is

an advocate for hospitals, appointed by the President of the Senate.

(d) One member who has knowledge of matters relating to insurance and who is an advocate for hospitals, appointed by the Speaker of the House of Representatives.

(e) One member who has knowledge of matters relating to insurance and is an advocate for insulin coverage or public health, appointed by the Speaker of the House of Representatives.

(f) The State Surgeon General, or his or her designee.

(3) The State Surgeon General shall designate a chair from among the members of the task force. Any vacancy shall be filled by the appointing officer.

(4)(a) The first meeting of the task force must be held by January 1, 2026.

(b) A majority of the members of the task force constitutes a quorum.

(c) The affirmative vote of a majority of the members of the task force present is necessary for any official action to be taken by the task force.

(5) By May 1, 2026, the task force shall submit a report detailing the determination and any criteria pursuant to subsection (1) to the Governor, the President of the Senate, and the Speaker of the House of Representatives. Upon submission of the report, the task force shall expire.

(6) The State Surgeon General may reestablish the task force if he or she finds it necessary to develop additional criteria described in subsection (1). If the task force is reestablished, the State Surgeon General must notify each appointing officer and provide the date of reestablishment. Within 60 days after the task force is reestablished, the appointing officers shall appoint all members of the reestablished task force. No later than 90 days after the date of reestablishment, the State Surgeon General shall schedule the first meeting of the reestablished task force. No later than 240 days after reestablishment, the reestablished task force shall submit a report specifying additional criteria to the Governor, the President of the Senate, and the Speaker of the House of Representatives. Upon submission of the report or 240 days after the State Surgeon General reestablishes the task force, whichever occurs later, the task force shall expire.

(7) By January 1, 2027, the State Surgeon General shall establish the program recommended by the task force, unless one of the following conditions applies:

(a) The task force does not recommend that the State Surgeon General establish the program.

(b) By October 1, 2026, the State Surgeon General submits a determination to the Governor, the President of the Senate, and the Speaker of the House of Representatives that the goals of the program would be more successfully accomplished by

applying for a Medicaid research and demonstration waiver under s. 1115 of the Social Security Act, as amended. Upon making such determination, the State Surgeon General shall apply for such a waiver to establish the program and, if the Centers for Medicare and Medicaid Services approves the State Surgeon General's waiver application, establish the program in accordance with the terms of the waiver and all federal and state laws governing the program.

(c) By October 1, 2026, the Department of Health submits a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives outlining the barriers imposed by federal law which would prevent the establishment and successful implementation of the program.

(8) If the State Surgeon General establishes the program pursuant to subsection (7), the Department of Health shall create and maintain a website to collect information from, and provide information to, each person referred under the program. The website must, at a minimum, do all of the following:

(a) Allow persons to submit their name, address, age, contact details, income, race, diabetes diagnosis status, and prescribed outpatient diabetes medications.

(b) Enable the department to do all of the following:

1. Determine whether the listed medications are covered outpatient drugs available at a reduced cost through a federally qualified health center or another covered entity.

2. Provide persons with the name, address, and phone number of relevant federally qualified health centers or other covered entities and general information about health care services available at these centers, including how to access primary care.

3. Share a person's name, contact details, and referral status with the recommended federally qualified health center or covered entity.

(9) Each federally qualified health center or covered entity that receives a person's name, contact information, and referral from the Department of Health must make a good faith effort to schedule an appointment for the person within 30 days after receiving the information.

(10) The Department of Health may adopt rules to implement this section.

Section 2. Subsection (3) is added to section 465.0275, Florida Statutes, to read:

465.0275 Emergency prescription refill.—

(3)(a) As used in this subsection, the term:

1. "Diabetes device" means a device, including, but not limited to, a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device, or insulin syringe, used to cure, diagnose, mitigate, prevent, or treat diabetes or low blood sugar.

2. "Diabetic ketoacidosis device" means a device that is

used to screen for or prevent diabetic ketoacidosis.

3. "Glucagon drug" means a drug that contains glucagon which is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat low blood sugar.

4. "Insulin drug" means a drug, including, but not limited to, an insulin pen, which contains insulin and is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat diabetes.

(b) Notwithstanding subsections (1) and (2), if a patient informs a pharmacist that he or she has less than a 7-day supply of any insulin drug, glucagon drug, diabetes device, or diabetic ketoacidosis device, the pharmacist may immediately prescribe and dispense up to a 30-day supply of such drugs or devices if all of the following conditions are met:

1. In the pharmacist's professional judgment, the patient is likely to suffer significant physical harm within 7 days if the drugs or devices are not obtained.

2.a. The pharmacist has reviewed the prescription drug monitoring program pursuant to s. 893.055 and determined that no pharmacist has prescribed the drugs or devices to the patient within the past 12 months;

b. The pharmacist has contacted the pharmacy that filled the patient's most recent prescription for the drugs or devices and has confirmed that that no pharmacist has prescribed the

drugs or devices to the patient within the past 12 months; or

c. The electronic prescription drug monitoring program is unavailable.

3. No later than 72 hours after the pharmacist dispenses the drugs or devices, the pharmacist or the pharmacist's representative provides notice to the practitioner who, other than the pharmacist, most recently prescribed the drugs or devices to the patient.

4. The patient pays for, or has health insurance coverage for, the drugs or devices.

(c) A pharmacist who prescribes and dispenses the drugs and devices as described under this subsection may not require the patient to pay more than the amount the coinsurance, copayment, deductible, or other out-of-pocket expense that the patient's health insurance coverage imposes or, if the patient does not have health insurance, the usual customary charge for the drugs or devices.

(d) A pharmacist shall refer a patient who requests drugs or devices pursuant to this section to a federally qualified health center if the pharmacist determines that the patient does not have health insurance coverage for the drugs or devices or the patient informs the pharmacist that the patient is concerned that the net cost to the patient for such supply of the drugs or devices is unaffordable.

(e) This subsection may not be construed to prohibit a

pharmacist from requiring a patient to submit to the pharmacist, before the pharmacist prescribes or dispenses a supply of the drugs or devices, proof of health insurance coverage for the patient, personal identification for the patient, contact information for a health care provider providing treatment to the patient, information concerning previous prescriptions issued to the patient for the insulin drug, glucagon drug, diabetes device, or diabetic ketoacidosis device, a sworn statement by the patient stating that the patient is unable to timely obtain the insulin drug, glucagon drug, diabetes device, or diabetic ketoacidosis device that the patient is seeking pursuant to this subsection without suffering significant physical harm, and any amount required by the pharmacist under paragraph (b).

(f) No later than October 1, 2025, the department must provide notice to all pharmacists regarding the requirements of this section.

Section 3. Section 627.64081, Florida Statutes, is created to read:

627.64081 Coverage for diabetes drugs and devices.—

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

(a) "Cost-sharing requirement" means an insured's deductible, coinsurance, copayment, or similar out-of-pocket expense.

(b) "Diabetes device" means a device, including, but not

limited to, a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device, or insulin syringe, used to cure, diagnose, mitigate, prevent, or treat diabetes or low blood sugar.

(c) "Diabetic ketoacidosis device" means a device that is used to screen for or prevent diabetic ketoacidosis.

(d) "Glucagon drug" means a drug that contains glucagon which is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat low blood sugar.

(e) "Insulin drug" means a drug, including, but not limited to, an insulin pen, which contains insulin and is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat diabetes.

(f) "Laboratory and diagnostic testing and screening for diabetes" includes hemoglobin A1c testing and retinopathy screening.

(g) "Noninsulin drug" means a drug, including, but not limited to, a glucagon drug, glucose tablet or glucose gel, that does not contain insulin and is approved by the federal Food and Drug Administration to treat diabetes.

(2) A health insurance policy must provide coverage for laboratory and diagnostic testing and screening for diabetes if such testing and screening is covered under the policy, subject

to the same policy provisions that apply to other covered services.

(3) A health insurance policy may not impose a cost-sharing requirement that exceeds $35 for a 30-day supply of an insulin, noninsulin, or glucagon drug or $100 for a 30-day supply of all medically necessary covered diabetes and diabetic ketoacidosis devices.

(4) This section applies to all health insurance policies delivered, issued, renewed, or amended on or after January 1, 2026.

Section 4. Section 627.65746, Florida Statutes, is created to read:

627.65746 Coverage for diabetes drugs and devices.—

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

(a) "Cost-sharing requirement" means an insured's deductible, coinsurance, copayment, or similar out-of-pocket expense.

(b) "Diabetes device" means a device, including, but not limited to, a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device, or insulin syringe, used to cure, diagnose, mitigate, prevent, or treat diabetes or low blood sugar.

(c) "Diabetic ketoacidosis device" means a device that is used to screen for or prevent diabetic ketoacidosis.

(d) "Glucagon drug" means a drug that contains glucagon

which is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat low blood sugar.

(e) "Insulin drug" means a drug, including, but not limited to, an insulin pen, which contains insulin and is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat diabetes.

(f) "Laboratory and diagnostic testing and screening for diabetes" includes hemoglobin A1c testing and retinopathy screening.

(g) "Noninsulin drug" means a drug, including, but not limited to, a glucagon drug, glucose tablet, or glucose gel, that does not contain insulin and is approved by the federal Food and Drug Administration to treat diabetes.

(2) A health insurance policy must provide coverage for laboratory and diagnostic testing and screening for diabetes if such testing and screening is covered under the policy, subject to the same policy provisions that apply to other covered services.

(3) A health insurance policy may not impose a cost-sharing requirement that exceeds $35 for a 30-day supply of an insulin, noninsulin, or glucagon drug or $100 for a 30-day supply of all medically necessary covered diabetes and diabetic ketoacidosis devices.

(4) This section applies to all health insurance policies delivered, issued, renewed, or amended on or after January 1, 2026.

Section 5. Section 641.31078, Florida Statutes, is created to read:

641.31078 Coverage for diabetes drugs and devices.—

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

(a) "Cost-sharing requirement" means an insured's deductible, coinsurance, copayment, or similar out-of-pocket expense.

(b) "Diabetes device" means a device, including, but not limited to, a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device, or insulin syringe, used to cure, diagnose, mitigate, prevent, or treat diabetes or low blood sugar.

(c) "Diabetic ketoacidosis device" means a device that is used to screen for or prevent diabetic ketoacidosis.

(d) "Glucagon drug" means a drug that contains glucagon which is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat low blood sugar.

(e) "Insulin drug" means a drug, including, but not limited to, an insulin pen, which contains insulin and is prescribed for self-administration on an outpatient basis and approved by the federal Food and Drug Administration to treat

diabetes.

(f) "Laboratory and diagnostic testing and screening for diabetes" includes hemoglobin A1c testing and retinopathy screening.

(g) "Noninsulin drug" means a drug, including, but not limited to, a glucagon drug, glucose tablet, or glucose gel, that does not contain insulin and is approved by the federal Food and Drug Administration to treat diabetes.

(2) A health maintenance contract must provide coverage for laboratory and diagnostic testing and screening for diabetes if such testing and screening is covered under the policy, subject to the same policy provisions that apply to other covered services.

(3) A health maintenance contract may not impose a cost-sharing requirement that exceeds $35 for a 30-day supply of an insulin, noninsulin, or glucagon drug or $100 for a 30-day supply of all medically necessary covered diabetes and diabetic ketoacidosis devices.

(4) This section applies to all health maintenance contracts delivered, issued, renewed, or amended on or after January 1, 2026.

Section 6. Present subsection (16) of section 893.055, Florida Statutes, is redesignated as subsection (17), a new subsection (16) is added to that section, and paragraph (c) of subsection (4) of that section is amended, to read:

893.055 Prescription drug monitoring program.—

(4) The following persons must be provided direct access to information in the system:

(c) The program manager or designated program and support staff to administer the system.

1. In order to calculate performance measures pursuant to subsection (14), the program manager or program and support staff members who have been directed by the program manager to calculate performance measures may have direct access to information that contains no identifying information of any patient, physician, health care practitioner, prescriber, or dispenser.

2. The program manager or designated program and support staff must provide the department, upon request, data that does not contain patient, physician, health care practitioner, prescriber, or dispenser identifying information for public health care and safety initiatives purposes.

3. The program manager, upon determining a pattern consistent with the department's rules established under subsection (17) ~~(16)~~, may provide relevant information to the prescriber and dispenser.

4. The program manager, upon determining a pattern consistent with the rules established under subsection (17) ~~(16)~~ and having cause to believe a violation of s. 893.13(7)(a)8., (8)(a), or (8)(b) has occurred, may provide relevant information

to the applicable law enforcement agency.

The program manager and designated program and support staff must complete a level II background screening.

(16) In the manner prescribed for controlled substances provided under this section, each dispenser shall report to the system all insulin drugs, glucagon drugs, diabetes devices, and diabetic ketoacidosis devices dispensed. The terms "insulin drug," "glucagon drug," "diabetes device," and "diabetic ketoacidosis device" have the same meaning as in s. 465.0275(3)(a).

Section 7. This act shall take effect July 1, 2025.