

1                   A bill to be entitled  
2           An act relating to diabetes management; creating s.  
3           385.2035, F.S.; establishing the Task Force on  
4           Diabetes Management; specifying the purpose of the  
5           task force; requiring the task force to develop  
6           certain criteria upon making a certain determination;  
7           providing for membership and meetings of the task  
8           force; requiring the task force to submit a report to  
9           the Governor and the Legislature by a specified date;  
10          providing that the task force expires upon submission  
11          of the report; authorizing the State Surgeon General  
12          to reestablish the task force; specifying procedures  
13          and duties if the task force is reestablished;  
14          requiring the State Surgeon General to establish a  
15          program under certain conditions by a specified date;  
16          requiring the Department of Health to create and  
17          maintain a website under certain circumstances;  
18          specifying requirements for such website; requiring  
19          federally qualified health centers or covered entities  
20          to make a good faith effort to schedule appointments  
21          within a specified timeline; authorizing the  
22          department to adopt rules; amending s. 465.0275, F.S.;  
23          defining terms; authorizing a pharmacist to prescribe  
24          and dispense a 30-day supply of insulin drugs,  
25          glucagon drugs, diabetes devices, and diabetic

26 | ketoacidosis devices under certain circumstances;  
 27 | prohibiting a pharmacist from requiring patients to  
 28 | pay more than a certain amount for such drugs and  
 29 | devices; requiring pharmacists to refer a patient to a  
 30 | federally qualified health center under certain  
 31 | circumstances; providing construction; requiring the  
 32 | department to provide a certain notice to all  
 33 | pharmacists; creating ss. 627.64081, 627.65746, and  
 34 | 641.31078, F.S.; defining terms; requiring health  
 35 | insurance policies and health maintenance contracts,  
 36 | respectively, to provide coverage for laboratory and  
 37 | diagnostic testing and screening for diabetes under  
 38 | certain circumstances; prohibiting health insurance  
 39 | policy and health maintenance contracts from exposing  
 40 | certain cost-sharing requirements; providing  
 41 | applicability; amending s. 893.055, F.S.; requiring a  
 42 | dispenser to report to the electronic health  
 43 | recordkeeping system certain drugs and devices  
 44 | dispensed; defining terms; providing an effective  
 45 | date.

46 |  
 47 | Be It Enacted by the Legislature of the State of Florida:

48 |  
 49 | **Section 1. Section 385.2035, Florida Statutes, is created**  
 50 | **to read:**

51 385.2035 Task Force on Diabetes Management.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

168 465.0275 Emergency prescription refill.—

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

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

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

176 used to screen for or prevent diabetic ketoacidosis.

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

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

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

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

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

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



201 drugs or devices to the patient within the past 12 months; or  
202 c. The electronic prescription drug monitoring program is  
203 unavailable.

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

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

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

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

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

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

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

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

245 627.64081 Coverage for diabetes drugs and devices.—

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

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

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

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

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

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

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

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

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

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

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

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

283 (4) This section applies to all health insurance policies  
284 delivered, issued, renewed, or amended on or after January 1,  
285 2026.

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

288 627.65746 Coverage for diabetes drugs and devices.-

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

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

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

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

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

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

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

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

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

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

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

326 (4) This section applies to all health insurance policies  
327 delivered, issued, renewed, or amended on or after January 1,  
328 2026.

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

331 641.31078 Coverage for diabetes drugs and devices.—

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

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

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

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

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

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

351 diabetes.

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

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

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

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

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

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

376 893.055 Prescription drug monitoring program.—

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

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

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

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

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

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



401 to the applicable law enforcement agency.

402

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

405 (16) In the manner prescribed for controlled substances  
406 provided under this section, each dispenser shall report to the  
407 system all insulin drugs, glucagon drugs, diabetes devices, and  
408 diabetic ketoacidosis devices dispensed. The terms "insulin  
409 drug," "glucagon drug," "diabetes device," and "diabetic  
410 ketoacidosis device" have the same meaning as in s.  
411 465.0275(3)(a).

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