

By Senator Smith

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1                   A bill to be entitled  
2           An act relating to diabetes management; creating s.  
3           385.2035, F.S.; requiring the Department of Health to  
4           create and maintain a website; specifying requirements  
5           for such website; requiring federally qualified health  
6           centers or covered entities to make a good faith  
7           effort to schedule appointments within a specified  
8           timeline; authorizing the department to adopt rules;  
9           amending s. 465.0275, F.S.; defining terms;  
10          authorizing a pharmacist to prescribe and dispense a  
11          30-day supply of insulin drugs, glucagon drugs,  
12          diabetes devices, and diabetic ketoacidosis devices  
13          under certain circumstances; prohibiting a pharmacist  
14          from requiring patients to pay more than a certain  
15          amount for such drugs and devices; requiring  
16          pharmacists to provide a specified website address to  
17          certain patients; providing construction; requiring  
18          the department to provide a certain notice to all  
19          pharmacists; creating ss. 627.64081, 627.65746, and  
20          641.31078, F.S.; defining terms; requiring health  
21          insurance policies and health maintenance contracts,  
22          respectively, to provide coverage for laboratory and  
23          diagnostic testing and screening for diabetes under  
24          certain circumstances; prohibiting health insurance  
25          policy and health maintenance contracts from exposing  
26          certain cost-sharing requirements; providing  
27          applicability; amending s. 893.055, F.S.; requiring a  
28          dispenser to report to the electronic health  
29          recordkeeping system certain drugs and devices

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30 dispensed; defining terms; providing an effective  
31 date.

32  
33 Be It Enacted by the Legislature of the State of Florida:

34  
35 Section 1. Section 385.2035, Florida Statutes, is created  
36 to read:

37 385.2035 Website for persons referred to a federally  
38 qualified health center.-

39 (1) The Department of Health shall create and maintain a  
40 website to collect information from, and provide information to,  
41 persons who may benefit from referrals to a federally qualified  
42 health center, including persons who were provided the website  
43 address under s. 465.0275(3)(d). The website must, at a minimum,  
44 do all of the following:

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

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

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

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

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

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59 covered entity.

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

65 (3) The Department of Health may adopt rules to implement  
66 this section.

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

69 465.0275 Emergency prescription refill.-

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

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

76 2. "Diabetic ketoacidosis device" means a device used to  
77 screen for or prevent diabetic ketoacidosis.

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

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

86 (b) Notwithstanding subsections (1) and (2), if a patient  
87 informs a pharmacist that he or she has less than a 7-day supply

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88 of any insulin drug, glucagon drug, diabetes device, or diabetic  
89 ketoacidosis device, the pharmacist may immediately prescribe  
90 and dispense up to a 30-day supply of such drugs or devices if  
91 all of the following conditions are met:

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

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

99 b. The pharmacist has contacted the pharmacy that filled  
100 the patient's most recent prescription for the drugs or devices  
101 and has confirmed that that no pharmacist has prescribed the  
102 drugs or devices to the patient within the past 12 months; or

103 c. The electronic prescription drug monitoring program is  
104 unavailable.

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

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

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

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117 have health insurance, the usual customary charge for the drugs  
118 or devices.

119 (d) If a patient requests drugs or devices under this  
120 subsection and the pharmacist determines that the patient does  
121 not have health insurance coverage for the drugs or devices or  
122 the patient informs the pharmacist that the patient is concerned  
123 that the net cost to the patient for such supply of the drugs or  
124 devices is unaffordable, the pharmacist must provide such  
125 patient the Department of Health's website address as specified  
126 in s. 385.2035.

127 (e) This subsection may not be construed to prohibit a  
128 pharmacist from requiring a patient to submit to the pharmacist,  
129 before the pharmacist prescribes or dispenses a supply of the  
130 drugs or devices, proof of health insurance coverage for the  
131 patient, personal identification for the patient, contact  
132 information for a health care provider providing treatment to  
133 the patient, information concerning previous prescriptions  
134 issued to the patient for the insulin drug, glucagon drug,  
135 diabetes devices or diabetic ketoacidosis device, a sworn  
136 statement by the patient stating that the patient is unable to  
137 timely obtain the insulin drug, glucagon drug, diabetes device,  
138 or diabetic ketoacidosis device that the patient is seeking  
139 pursuant to this subsection without suffering significant  
140 physical harm, and any amount required by the pharmacist under  
141 paragraph (b).

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

145 Section 3. Section 627.64081, Florida Statutes, is created

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146 to read:

147 627.64081 Coverage for diabetes drugs and devices.-

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

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

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

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

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

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

167 (f) "Laboratory and diagnostic testing and screening for  
168 diabetes" includes hemoglobin A1C testing and retinopathy  
169 screening.

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

174 (2) A health insurance policy must provide coverage for

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175 laboratory and diagnostic testing and screening for diabetes if  
176 such testing and screening is covered under the policy, subject  
177 to the same policy provisions that apply to other covered  
178 services.

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

184 (4) This section applies to all health insurance policies  
185 delivered, issued, renewed, or amended on or after January 1,  
186 2026.

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

189 627.65746 Coverage for diabetes drugs and devices.—

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

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

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

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

201 (d) "Glucagon drug" means a drug that contains glucagon  
202 which is prescribed for self-administration on an outpatient  
203 basis and approved by the federal Food and Drug Administration

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204 to treat low blood sugar.

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

209 (f) "Laboratory and diagnostic testing and screening for  
210 diabetes" includes hemoglobin A1C testing and retinopathy  
211 screening.

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

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

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

226 (4) This section applies to all health insurance policies  
227 delivered, issued, renewed, or amended on or after January 1,  
228 2026.

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

231 641.31078 Coverage for diabetes drugs and devices.—

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



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

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

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

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

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

251       (f) "Laboratory and diagnostic testing and screening for  
252 diabetes" includes hemoglobin A1C testing and retinopathy  
253 screening.

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

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

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262 services.

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

268 (4) This section applies to all health maintenance contract  
269 delivered, issued, renewed, or amended on or after January 1,  
270 2026.

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

275 893.055 Prescription drug monitoring program.—

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

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

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

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

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291 health care and safety initiatives purposes.

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

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

301  
302 The program manager and designated program and support staff  
303 must complete a level II background screening.

304 (16) In the manner prescribed for controlled substances  
305 provided under this section, each dispenser shall report to the  
306 system all insulin drugs, glucagon drugs, diabetes devices, and  
307 diabetic ketoacidosis devices dispensed. The terms "insulin  
308 drug," "glucagon drug," "diabetes device," and "diabetic  
309 ketoacidosis device" have the same meaning as in s.  
310 465.0275(3)(a).

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