By Senator Smith

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A bill to be entitled

An act relating to diabetes management; creating s. 385.2035, F.S.; requiring the Department of Health to create and maintain a website; 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 provide a specified website address to certain patients; 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 Website for persons referred to a federally qualified health center.—

(1) The Department of Health shall create and maintain a website to collect information from, and provide information to, persons who may benefit from referrals to a federally qualified health center, including persons who were provided the website address under s. 465.0275(3)(d). 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.

(2) 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 that person within 30 days after receiving the information.

(3) 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, a glucometer, a continuous glucometer, a lancet, a lancing device, or an insulin syringe, used to cure, diagnose, mitigate, prevent, or treat diabetes or low blood sugar.

2. "Diabetic ketoacidosis device" means a device 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) If a patient requests drugs or devices under this subsection and 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, the pharmacist must provide such patient the Department of Health's website address as specified in s. 385.2035.

(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 devices 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, a glucometer, a continuous glucometer, a lancet, a lancing device, or an 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, a glucometer, a continuous glucometer, a lancet, a lancing device, or an 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, a glucometer, a continuous glucometer, a lancet, a lancing device, or an 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 contract 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.