Florida

Florida - HB 1221

Sponsor: Representative Michele Rayner (D)

Actions: 01/12/2022 Referred to the House Professions and Public Health Subcommittee, the House Finance and Facilities Subcommittee, the House Appropriations Committee, the House Health and Human Services Committee
01/11/2022 Introduced
01/06/2022 Prefiled

Summary: Summary for 1/6/2022 Version

This measure authorizes pharmacists to order and dispense HIV antiretroviral drugs for patients without a prescription.

This measure states that pharmacists and order and dispense HIV preexposure or postexposure prophylaxis to a patient without a prescription. Pharmacists are required to complete a board-approved training program before starting dispensing. The training must include:

- Training in the use of preexposure and postexposure prophylaxis.
- Information about any financial assistance programs for preexposure and postexposure prophylaxis.
- Any other topic the board deems relevant.

This measure allows authorized pharmacists to order and dispense up to two 30-day supplies of preexposure prophylaxis to an unprescribed patient if:

- The patient is HIV negative, with documented test results within the past 7 days from an FDA-approved test.
- The patient does not report any signs or symptoms of an acute HIV infection on a self-report checklist provided by the pharmacist.
- The patient does not report taking any contraindicated medications.
- The pharmacist has not ordered two-30 day supplies for the same patient within the previous two years.
- The pharmacist conducts mandatory counseling of the patient about the ongoing use of preexposure prophylaxis that is consistent with CDC guidelines including but not limited to HIV education, adhering to the prescribed dosage, any side effects, pregnancy and breastfeeding safety, and the importance of testing and treatment.
- The pharmacist must inform the patient that they must see a primary care provider to receive further prescriptions and that they can only order up to two 30-day supplies per patient per two-year period.
- The pharmacist documents and maintains a record of all orders and distributions of preexposure prophylaxis to patients without prescriptions. The pharmacist or pharmacy must maintain the record for at least 4 years.

- The pharmacist must notify the patient's primary care provider that they ordered and dispensed the medication, or provide the patient a list of primary care providers if they do not have one.

This measure allows authorized pharmacists to order and dispense up to two 30-day supplies of postexposure prophylaxis to an unprescribed patient if:

- The pharmacist screens the patient and determines that they were exposed within the previous 72 hours and meets the clinical criteria consistent with CDC guidelines.
- The pharmacist provides HIV testing that is deemed a waived test under the Clinical Laboratory Improvement Amendments of 1988 or the patient is willing to undergo testing. If the patient refused to undergo testing but is still eligible for postexposure prophylaxis, then the pharmacist is permitted to order and dispense the medication to the patient.
- The pharmacist conducts mandatory counseling of the patient about the ongoing use of postexposure prophylaxis that is consistent with CDC guidelines including but not limited to HIV education, adhering to the prescribed dosage, pregnancy and breastfeeding safety, and the importance of timely testing and treatment for HIV.
- The pharmacist must notify the patient's primary care provider that they ordered and dispensed the medication, or provide the patient a list of primary care providers if they do not have one.

This measure states that starting on July 1, 2022, any health insurer cannot require prior authorization or step-therapy for any antiretroviral necessary to prevent HIV or AIDS, including but not limited to preexposure and postexposure prophylaxis.

This measure clarifies that if the FDA has approved more than one therapeutic equivalent version of a drug, device, or product used to prevent HIV or AIDS, then the health insurer is not required to cover all of the equivalent versions without prior authorization or step therapy if at least one product is covered without prior authorization or step therapy.

This measure bans health insurers and pharmacy benefit managers from refusing to cover preexposure and postexposure prophylaxis solely on the basis that a licensed pharmacist ordered and dispensed the medication.

This measure would take effect on July 1, 2022.

Bill Links 1/6/2022 Version

Florida - HB 459

Sponsor: Representative Matt Willhite (D)

Actions:
03/08/2022 Withdrawn from the Senate Rules Committee; substituted for SB 730; passed Senate
02/25/2022 Passed House; Referred to the Senate Committee on Rules
01/24/2022 Hearing held; passed committee
12/02/2021 Hearing Held; Passed Committee
11/10/2021 Referred to House Finance and Facilities Subcommittee; House Health and Human Services Committee
11/02/2021 Prefiled

Summary: Summary of 11/2/2021 Version

This measure requires HMOs to publish a procedure for the subscriber and their health care provider to request a protocol exemption or an appeal of the health maintenance organization's denial of a protocol exemption request.

This measure is applicable to health maintenance organizations (HMO).

This measure provides that HMOs must publish on their website and provide to a subscriber in writing, a procedure for the subscriber and his or her health care provider to request a protocol exemption or an appeal of the health maintenance organization's denial of a protocol exemption request. The procedure must also include:

1. The manner in which the subscriber or health care provider may request a protocol exemption

2. The timeframe in which the HMO must authorize or deny a protocol exemption and provide a reasonable timeframe

3. The timeframe for the health care provider to appeal the HMO's denial of a protocol exemption request
Additionally, An authorization of a protocol exemption request must specify the approved prescription drug, medical procedure, or course of treatment. A denial of a protocol exemption request must include a written explanation of the reason for the denial, the clinical rationale that supports the denial, and the procedure for appealing the denial.

"Protocol exemption" means a determination by a health maintenance organization to authorize the use of another prescription drug, medical procedure, or course of treatment prescribed or recommended by the treating health care provider for the subscriber's condition rather than the one specified by the health maintenance organization's step-therapy protocol.

This measure will take effect on July 1, 2022.

Bill Links 11/2/2021 Version

Florida - HB 679

Sponsor: Representative Andrew Learned (D)

Actions: 12/13/2021 Referred to House Professions and Public Health Subcommittee, the Environment, Agriculture, and Flooding Subcommittee, the House Appropriations Committee, and the House Health and Human Services Committee
11/22/2021 Prefiled

Summary: Summary of 11/22/2021 Version

This measure sets requirements for qualified physicians with respect to medical marijuana, allows for the testing of marijuana delivery devices, creates the Medical Marijuana Testing Advisory Council, regulates hemp extract products, and requires the registration of hemp manufacturers and distributors.

This measure prohibits a qualified physician from advertising for his medical marijuana practice unless it is through a sign on the window of the premises or through an internet ad that is approved by the department, does not have any content that specifically targets individuals under the age of

18, including cartoon characters or similar images, is not an unsolicited pop-up, and includes an easy and permanent opt-out feature.

The measure requires all medical directors to attend a 6-hour course before licensing. It requires the initial exam for medical marijuana certification to be conducted in person and allows renewal exams to be done through telehealth only if they are done by the same physician as the initial exam.

This measure allows the department to sample marijuana delivery devices to ensure they are safe for use. It prohibits a marijuana laboratory from having a financial interest in a medical marijuana treatment center.

This measure creates the Medical Marijuana Testing Advisory Council, which will provide advice and expertise regarding the adoption and evaluation of policies and standards applicable to marijuana testing.

This measure regulates hemp extract products in the same way as hemp extract. This measure requires each manufacturer and distributor of hemp extract and hemp extract products to register with the department.

This measure is effective immediately.

Bill Links 11/22/2021 Version

Florida - SB 1100

Sponsor: Senator Ana Maria Rodriguez (R)

Actions:
01/11/2022 Introduced
12/13/2021 Referred to Senate Health Policy Committee; Senate Regulated Industries
11/30/2021 Pre-filed

Summary: Summary of 11/30/2021 Version

This measure will require individual and group health insurers to provide notice of prescription drug formulary changes at least 60 days before the effective date of the changes.

This measure is applicable to prescription drug formularies, health insurers, and health maintenance organizations.

This measure will require health insurers to notify individuals of any changes made to a prescription drug formulary at least 60 days before the effective date of any change to the formulary on the insurer's website. The notification must notify any individual of any formulary change that modifies coverage. The notification must be sent electronically and through first-class mail. The notice must contain specific information of drugs and a statement that the notice of medical necessity by a treating physician at least 30 days before the effective date of the formulary change.

If the treating physician certifies to the insurer that the drug is medically necessary, the insurer must authorize coverage for the prescribed drug until the end of the policy year, based solely on the treating physician’s certification. The insurer may not modify coverage related to the drug by

increasing out-of-pocket cost, moving the drug to a more restrictive tier, or denying an individual coverage by the insurer for a drug that they were previously approved for. The insurer may not limit or reduce the coverage of the drug in any other way, including subjecting it to a new prior authorization or step-therapy requirement.

These provisions will not apply to a grandfathered health plan, alter or amend s. 465.025, which provides conditions where a pharmacist may substitute a generically equivalent drug product for a brand-name drug product, alter or amend s. 465.0252, which provides conditions under which a pharmacist may dispense a substitute biological product for the prescribed biological product. It will also not apply to a Medicaid-managed care plan.

Additionally, a health insurer must maintain a record of any changes to the formulary annually. They must submit a report to the office:

1. All of the drugs removed from the formulary detailing the reasons why it was removed.

2. The number of insureds notified by the insurer of a change in the formulary.

3. The increased cost, by dollar amount, incurred by insureds because of such change in the formulary.

A health maintenance organization must also notify any subscriber of changes made to the drug formulary at least 60 days before the effective date of any changes.

This measure will take effect on January 1, 2023.

Bill Links 11/30/2021 Version

Florida - SB 1268

Sponsor:

Actions: 01/05/2022 Referred to the Senate Health Policy Committee, Senate Appropriations Subcommittee on Health and Human Services, and the Senate Appropriations Committee
12/15/2021 Prefiled

Summary: Summary of 12/15/2021 Version

This measure sets requirements for qualified physicians with respect to medical marijuana, allows for the testing of marijuana delivery devices, creates the Medical Marijuana Testing Advisory Council, regulates hemp extract products, and requires the registration of hemp manufacturers and distributors.

This measure prohibits a qualified physician from advertising for his medical marijuana practice unless it is through a sign on the window of the premises or through an internet ad that is approved by the department, does not have any content that specifically targets individuals under the age of 18, including cartoon characters or similar images, is not an unsolicited pop-up, and includes an easy and permanent opt-out feature.

The measure requires all medical directors to attend a 6-hour course before licensing. It requires the initial exam for medical marijuana certification to be conducted in person and allows renewal exams to be done through telehealth only if they are done by the same physician as the initial exam.

This measure allows the department to sample marijuana delivery devices to ensure they are safe for use. It prohibits a marijuana laboratory from having a financial interest in a medical marijuana treatment center.

This measure creates the Medical Marijuana Testing Advisory Council, which will provide advice and expertise regarding the adoption and evaluation of policies and standards applicable to marijuana testing.

This measure regulates hemp extract products in the same way as hemp extract. This measure requires each manufacturer and distributor of hemp extract and hemp extract products to register with the department.

This measure is effective immediately.

Bill Links 12/15/2021 Version
12/15/2021 Version

Florida - SB 162

Sponsor: Senator Jeffrey Brandes (R)

Actions: 09/21/2021 Referred to the Senate Health Policy, Senate Judiciary, and Senate Rules Committee.
09/14/2021 Pre-filed

Summary: Summary of 9/14/2021 Version

This measure will increase the amount of medical marijuana a qualified physician may issue in a physician's certification. A higher amount may be issued to certain disabled or qualified patients.

This measure provides that a quaified patient such as a disabled veteran may not receive more than a ten 70-day supply of marijuana or more than twenty 35-day supply limits of marijuana in the form of smoking. A physician may make an exemption to the daily dose limit based on the patient's medical condition and how the patient will benefit from an increased amount. A physician must evaluate the patient at least once a year, or once every 104 weeks if the patient is a service-disabled veteran.

This measure will take effect on July 1, 2022.

Bill Links 9/14/2021 Version

Florida - SB 1636

Sponsor: Senator Janet Cruz (D)

Actions: 01/18/2022 Introduced
01/12/2022 Referred to Senate Committee on Health Policy; Senate Committee on Appropriations; Senate Committee on Rules
01/06/2022 Prefiled

Summary: Summary for 1/6/2022 Version

This measure authorizes pharmacists to order and dispense HIV antiretroviral drugs for patients without a prescription.

This measure states that pharmacists and order and dispense HIV preexposure or postexposure prophylaxis to a patient without a prescription. Pharmacists are required to complete a board-approved training program before starting dispensing. The training must include:

- Training in the use of preexposure and postexposure prophylaxis.
- Information about any financial assistance programs for preexposure and postexposure prophylaxis.
- Any other topic the board deems relevant.

This measure allows authorized pharmacists to order and dispense up to two 30-day supplies of preexposure prophylaxis to an unprescribed patient if:

- The patient is HIV negative, with documented test results within the past 7 days from an FDA-approved test.
- The patient does not report any signs or symptoms of an acute HIV infection on a self-report checklist provided by the pharmacist.
- The patient does not report taking any contraindicated medications.
- The pharmacist has not ordered two-30 day supplies for the same patient within the previous two years.
- The pharmacist conducts mandatory counseling of the patient about the ongoing use of preexposure prophylaxis that covers at minimum, HIV education, adhering to the prescribed dosage, any side effects, pregnancy and breastfeeding safety, and the importance of testing and treatment.
- The pharmacist must inform the patient that they must see a primary care provider to receive further prescriptions and that they can only order up to two 30-day supplies per patient per two-year period.
- The pharmacist documents and maintains a record of all orders and distributions of preexposure prophylaxis to patients without prescriptions. The pharmacist or pharmacy must maintain the record for at least 4 years.
- The pharmacist must notify the patient's primary care provider that they ordered and dispensed the medication, or provide the patient a list of primary care providers if they do not have one.

This measure allows authorized pharmacists to order and dispense up to two 30-day supplies of postexposure prophylaxis to an unprescribed patient if:

- The pharmacist screens the patient and determines that they were exposed within the previous 72 hours and meets the clinical criteria consistent with CDC guidelines.
- The pharmacist provides HIV testing that is deemed a waived test under the Clinical Laboratory Improvement Amendments of 1988 or the patient is willing to undergo testing. If the patient refused to undergo testing but is still eligible for postexposure prophylaxis, then the pharmacist is permitted to order and dispense the medication to the patient.

- The pharmacist conducts mandatory counseling of the patient about the ongoing use of postexposure prophylaxis that must cover at a minimum, HIV education, adhering to the prescribed dosage, pregnancy and breastfeeding safety, and the importance of timely testing and treatment for HIV.
- The pharmacist must notify the patient's primary care provider that they ordered and dispensed the medication, or provide the patient a list of primary care providers if they do not have one.

This measure states that starting on July 1, 2022, any health insurer cannot require prior authorization or step-therapy for any antiretroviral necessary to prevent HIV or AIDS, including but not limited to preexposure and postexposure prophylaxis.

This measure clarifies that if the FDA has approved more than one therapeutic equivalent version of a drug, device, or product used to prevent HIV or AIDS, then the health insurer is not required to cover all of the equivalent versions without prior authorization or step therapy if at least one product is covered without prior authorization or step therapy.

This measure bans health insurers and pharmacy benefit managers from refusing to cover preexposure and postexposure prophylaxis solely on the basis that a licensed pharmacist ordered and dispensed the medication.

This measure would take effect on July 1, 2022.

Bill Links 1/6/2022 Version

Florida - SB 730

Sponsor: Senator Gayle Harrell (R)

Actions:
03/08/2022 Substituted by HB 459
02/23/2022 Hearing held; passed committee
02/10/2022 Hearing held; passed committee
02/02/2022 Hearing held; passed committee; re-referred to the Senate Health Policy Committee
11/16/2021 Referred to Senate Banking and Insurance Committee; Senate Health Policy; Senate Rules Committee
11/02/2021 Pre-filed

Summary: Summary of 11/2/2021 Version

This measure requires HMOs to publish a procedure for the subscriber and their health care provider to request a protocol exemption or an appeal of the health maintenance organization’s denial of a protocol exemption request.

This measure is applicable to health maintenance organizations (HMO).

This measure provides that HMOs must publish on their website and provide to a subscriber in writing, a procedure for the subscriber and his or her health care provider to request a protocol exemption or an appeal of the health maintenance organization’s denial of a protocol exemption request. The procedure must also include:

1. The manner in which the subscriber or health care provider may request a protocol exemption

2. The timeframe in which the HMO must authorize or deny a protocol exemption and provide a reasonable timeframe

3. The timeframe for the health care provider to appeal the HMO's denial of a protocol exemption request

Additionally, An authorization of a protocol exemption request must specify the approved prescription drug, medical procedure, or course of treatment. A denial of a protocol exemption request must include a written explanation of the reason for the denial, the clinical rationale that supports the denial, and the procedure for appealing the denial.

“Protocol exemption” means a determination by a health maintenance organization to authorize the use of another prescription drug, medical procedure, or course of treatment prescribed or recommended by the treating health care provider for the subscriber’s condition rather than the one specified by the health maintenance organization’s step-therapy protocol.

This measure will take effect on July 1, 2022.

Bill Links 11/2/2021 Version

Florida - SB 748

Sponsor:

Actions: 11/16/2021 Referred to Senate Banking and Insurance Committee; Senate Appropriations subcommittee on Agriculture, Environment, and General Government; Senate Appropriations Committee
11/02/2021 Pre-filed

Summary: Summary of 11/2/2021 Version

This measure regards insurance practices that are prohibited related to reimbursements, payment, access, dispensing, or coverage of clinician-administered drugs

This measure is applicable to health insurers.

This measure provides that an insurer may not:

1. Reimburse a health care facility or provider for the administration of a clinician-administered drug obtained through patient-to-provider dispensing.

2. Refuse to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs

3. Interfere with the patient’s right to choose to obtain a clinician-administered drug from the patient’s chosen health care provider

4. Require clinician-administered drugs to be dispensed by a pharmacy selected by the insurer.

5. Limit or exclude coverage for a clinician-administered drug if it was not dispensed by a pharmacy selected by the insurer

6. Reimburse at a lesser amount clinician-administered drugs dispensed by a pharmacy that was not selected by the insurer

7. Condition, deny, restrict, refuse to authorize or approve, or reduce the payment to a health care provider or health care facility for providing covered clinician-administered drugs to insured individuals solely on the basis that the health care provider obtains the drugs from a pharmacy that is not in a written agreement with an individuals insurance company to provide the benefits.

8. Impose coverage or benefits limitations, require that an enrollee pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or impose any other form of price increase for clinician-administered drugs if the drugs are not dispensed by a pharmacy selected by the insurance company.

9. Require an unrelated pharmacy dispensing process for clinician-administered drugs.

This measure will take effect on July 1, 2022.

Bill Links 11/2/2021 Version