1 A bill to be entitled 2 An act relating to step therapy protocols; creating 3 ss. 627.6476, 627.6671, and 641.317, F.S.; defining the term "step therapy"; prohibiting health insurers 4 5 and health maintenance organizations from requiring 6 insureds or subscribers to repeat step therapy 7 protocols; providing that certain health insurers and 8 health maintenance organizations may impose a 9 specified requirement for continued coverage; 10 providing that such entities are not required to take specified actions; providing applicability; providing 11 12 an effective date. 13 14 Be It Enacted by the Legislature of the State of Florida: 15 16 Section 1. Section 627.6476, Florida Statutes, is created 17 to read: 627.6476 Step therapy protocols.-18 19 (1) As used in this section, the term "step therapy 20 protocol" means a written protocol that specifies the order in 21 which a prescription drug must be used to treat an insured's 22 condition. 23 (2) (a) An insured may not be required to repeat a step 24 therapy protocol with his or her current health insurer or a new

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health insurer for a prescription drug, if the drug was

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appropriately prescribed and is considered safe and effective for the insured's condition.

- (b) This section does not preclude an insured's new health insurer from imposing a prior authorization requirement for the continued coverage of a drug prescribed pursuant to a step therapy protocol that was imposed by the former health insurer.
- (c) A health insurer is not required to add a drug to its prescription drug formulary, or to cover a prescription drug's use for a purpose not currently covered by the insurer, to comply with this section.
- (d) This section applies to contracts entered into or renewed on or after January 1, 2019. This section does not apply to Medicaid managed care plans pursuant to part IV of chapter 409.
- Section 2. Section 627.6671, Florida Statutes, is created to read:
  - 627.6671 Step therapy protocols.-
- (1) As used in this section, the term "step therapy protocol" means a written protocol that specifies the order in which a prescription drug must be used to treat an insured's condition.
- (2) (a) An insured may not be required to repeat a step
  therapy protocol with his or her current health insurer or a new
  health insurer for a prescription drug, if the drug was
  appropriately prescribed and is considered safe and effective

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for the insured's condition.

- (b) This section does not preclude an insured's new health insurer from imposing a prior authorization requirement for the continued coverage of a drug prescribed pursuant to a step therapy protocol that was imposed by the former health insurer.
- (c) A health insurer is not required to add a drug to its prescription drug formulary, or to cover a prescription drug's use for a purpose not currently covered by the insurer, to comply with this section.
- (d) This section applies to contracts for health insurance offered in the small group market or large group market which are entered into or renewed on or after January 1, 2019. This section does not apply to Medicaid managed care plans pursuant to part IV of chapter 409.
- Section 3. Section 641.317, Florida Statutes, is created to read:
  - 641.317 Step therapy protocols.—
- (1) As used in this section, the term "step therapy protocol" means a written protocol that specifies the order in which a prescription drug must be used to treat a subscriber's condition.
- (2) (a) A subscriber may not be required to repeat a step
  therapy protocol with his or her current health maintenance
  organization or a new health maintenance organization for a
  prescription drug, if the drug was appropriately prescribed and

is considered safe and effective for the insured's condition.

- (b) This section does not preclude a subscriber's new health maintenance organization from imposing a prior authorization requirement for the continued coverage of a drug prescribed pursuant to a step therapy protocol that was imposed by the former health maintenance organization.
- (c) A health maintenance organization is not required to add a drug to its prescription drug formulary, or to cover a prescription drug's use for a purpose not currently covered by the health maintenance organization, to comply with this section.
- (d) This section applies to contracts entered into or renewed on or after January 1, 2019. This section does not apply to Medicaid managed care plans pursuant to part IV of chapter 409.
  - Section 4. This act shall take effect July 1, 2018.