

1 A bill to be entitled
2 An act relating to international drug reference
3 pricing; creating s. 499.044, F.S.; providing
4 legislative policy; requiring permitholders for
5 prescription drug manufacturer permitholders to
6 annually report certain international price data to
7 the Agency for Health Care Administration; providing
8 for administrative enforcement via a specified fine
9 and permit suspension; requiring the agency to
10 contract with an entity to designate reference price
11 source countries and establish the reference prices
12 for prescription drugs based on certain criteria;
13 requiring the agency contractor to reevaluate the
14 designated reference prices source countries annually
15 and revised, as needed; requiring the agency
16 contractor to weigh the reference price benchmark
17 value of such countries in two or more tiers, using
18 specified criteria; providing applicability; defining
19 the term "real gross domestic product per capita";
20 requiring the agency contractor to analyze specified
21 data to compare prices among source countries using a
22 specified exchange rate source; requiring the agency
23 contractor to establish the reference price for
24 prescribed drugs or products; requiring such price be
25 the lowest price after making certain adjustments;

26 requiring the agency contractor to update the
27 reference prices annually and permitting reevaluation
28 and updates at any time in certain circumstances;
29 requiring the agency contractor to provide the
30 reference prices by a specified date each year;
31 requiring the agency to publish the prices online
32 within a specified time; amending s. 465.0244, F.S.;
33 requiring pharmacies to charge no more than the
34 reference price for cash-paying patients; providing
35 applicability; amending s. 627.6044, F.S.; requiring
36 certain health insurers to provide reimbursement for
37 certain prescription drugs no higher than the
38 reference price; defining the term "health insurer";
39 providing applicability; requiring health insurers to
40 use certain savings to offset certain payer costs;
41 requiring each health insurer to document anticipated
42 savings and premium reductions in rate filings
43 following the availability of reference prices;
44 requiring each health insurer to assess the actuarial
45 effect of the reference pricing program for each
46 insurer product for each plan year; requiring each
47 health insurer to submit an annual report on the
48 assessed effect of such program to the Office of
49 Insurance Regulation or the Agency for Health Care
50 Administration; providing applicability; requiring the

51 Office of Insurance Regulation and the Agency for
 52 Health Care Administration to submit a joint report to
 53 the Governor and the Legislature; amending s. 641.30,
 54 F.S.; requiring every health maintenance organization
 55 to comply with the provisions of a specified section;
 56 providing an effective date.

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58 Be It Enacted by the Legislature of the State of Florida:

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60 Section 1. Section 499.044, Florida Statutes, is created
 61 to read:

62 499.044 International Drug Reference Pricing.—

63 (1) It is the policy of the state that patients and third
 64 party payers in the state should not pay more for prescription
 65 drugs than those in international markets.

66 (2) Beginning October 1, 2025, each prescription drug
 67 manufacturer permitholder and nonresident prescription drug
 68 manufacturer permitholder shall annually report international
 69 prescription drug price data to the Agency for Health Care
 70 Administration.

71 (a) Permitholders shall report the actual outpatient
 72 payment or reimbursement amounts for each prescribed drug in
 73 each reference price source country identified under this
 74 subsection, including amounts paid by both third party payers
 75 such as insurers and government benefit programs and by

76 individual consumers not using third party payers, net of
77 rebates and other forms of discounts. Permitholders may report
78 the average payment amounts for each drug for a reference price
79 source country, if weighted by utilization volume and fully
80 documented to the agency.

81 (b) Permitholders may provide supplemental pricing data at
82 any time during the year, based on a pricing in a reference
83 price source country.

84 (c) Permitholders shall report the data in a format
85 established by the agency in consultation with the contractor
86 established under this subsection.

87 (d) Failure to timely report required data shall result in
88 a fine of \$10,000 a day for the first 30 days, and permit
89 suspension thereafter until compliance is achieved.

90 (3) The agency shall contract with an entity to designate
91 reference price source countries and analyze the data submitted
92 under subsection (2) to establish the reference price for each
93 prescribed drug or product. The agency contractor shall
94 reevaluate the designated reference price source countries
95 annually and revise, as needed. The agency contractor shall
96 weigh the reference price benchmark value of the selected
97 reference price source countries in two or more tiers, using an
98 established index measuring the level of health care system
99 market orientation in each country.

100 (a) Reference price source countries shall include only

101 countries with a real gross domestic product per capita of at
102 least 40 percent of the United States gross domestic product per
103 capita, using international sales, volume, and pricing data for
104 each country. For the purposes of this subsection, "real gross
105 domestic product per capita" means a country's most recent
106 estimate based on purchasing power parity for that country
107 available in the most recent edition of the United States
108 Central Intelligence Agency World Factbook. Countries with
109 single-payer health systems, which include whole-market
110 government price-setting for prescription drugs, shall be
111 excluded.

112 (b) The agency contractor shall analyze the data submitted
113 under subsection (2) to compare prices among source countries
114 using a publicly available, reliable, and consistent exchange
115 rate source. The agency contractor shall establish the reference
116 price for each prescribed drug or product, which shall be the
117 lowest price, after adjusting for volume and difference in
118 national gross domestic product, identified in the source
119 countries. The agency contractor shall update the reference
120 prices annually, and may reevaluate and update a specific
121 reference price at any time based on a significant change
122 documented by supplemental pricing data submitted by a
123 manufacturer under paragraph (2) (b).

124 (c) The agency contractor shall provide the reference
125 prices no later than January 1 each year, and the agency shall

HB 1431

2024

126 publish the reference prices online within 10 days of receipt.

127 Section 2. Subsection (3) is added to section 465.0244,
128 Florida Statutes, to read:

129 465.0244 Information disclosure and reference pricing.—

130 (3) A pharmacy shall charge a cash-paying patient an
131 amount no greater than the reference price for a prescribed drug
132 or product with a reference price established under s. 499.044.
133 This requirement applies to product reimbursement, and does not
134 apply to any dispensing fee.

135 Section 3. Subsections (3) and (4) are added to section
136 627.6044, Florida Statutes, to read:

137 627.6044 Use of a specific methodology for payment of
138 claims.—

139 (3) A health insurer that provides coverage for outpatient
140 prescribed drugs and products shall provide reimbursement for a
141 covered prescribed drug for which there is a reference price
142 under s. 499.044 in an amount no greater than the reference
143 price. As used in this subsection, the term "health insurer"
144 means an authorized insurer offering health insurance as defined
145 in s. 624.603, the Medicaid program as established in chapter
146 409 and as provided in paragraph (c), the State Group Insurance
147 Program as established in part I of chapter 110, or a health
148 maintenance organization as defined in s. 641.19(12). This
149 subsection applies to product reimbursement, and does not apply
150 to any covered dispensing or administering fee established under

151 the terms of the provider contract.

152 (a) Savings generated by this subsection must be used to
153 reduce policyholder cost sharing and premiums. Each health
154 insurer shall document anticipated savings and premium
155 reductions in rate filings beginning with the first rate filing
156 following the availability of reference prices under s. 499.044.

157 (b) Each health insurer shall assess the actuarial effect
158 of the reference pricing program in s. 499.044 for each insurer
159 product for each plan year. Beginning April 1 following the
160 first full plan year in which reference prices under s. 499.044
161 apply to prescription drug reimbursement, each health insurer
162 shall submit an annual report on the assessed effect to the
163 Office of Insurance Regulation or the Agency for Health Care
164 Administration, as applicable.

165 (c) The requirements of this subsection apply to
166 prescription drug coverage in the Medicaid program established
167 in chapter 409 to the extent a reference price established under
168 s. 499.044 generates greater savings for the program than that
169 provided by the state supplemental rebate program established
170 under s. 409.912.

171 (4) Beginning January 1, 2026, and annually thereafter,
172 the Office of Insurance Regulation and the Agency for Health
173 Care Administration shall submit a joint report to the Governor,
174 the President of the Senate, and the Speaker of the House of
175 Representatives detailing the impact of subsection (3) in the

HB 1431

2024

176 preceding year, including savings realized compared to
177 prescription drug pricing in the United States not using this
178 pricing model, any problems encountered, barriers to access to
179 prescription drugs, domestic and foreign prescription drug
180 market response, monitoring and evaluating the impact on
181 prescription drug program or plan beneficiary access, quality of
182 care, and program costs.

183 Section 4. Subsection (6) is added to section 641.30,
184 Florida Statutes, to read:

185 641.30 Construction and relationship to other laws.—

186 (6) Every health maintenance organization must comply with
187 s. 627.6044(3).

188 Section 5. This act shall take effect July 1, 2024.