

By Senator Gruters

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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 prescription drug  
5       manufacturer permitholders to annually report certain  
6       international price data to the Agency for Health Care  
7       Administration; providing for administrative  
8       enforcement by a specified fine and permit suspension;  
9       requiring the agency to contract with an entity to  
10      designate reference price source countries and  
11      establish the reference prices for prescription drugs  
12      based on certain criteria; requiring the agency  
13      contractor to reevaluate the designated reference  
14      prices source countries annually and revise, as  
15      needed; requiring the agency contractor to weigh the  
16      reference price benchmark value of such countries in  
17      two or more tiers, using specified criteria; providing  
18      applicability; defining the term "real gross domestic  
19      product per capita"; requiring the agency contractor  
20      to analyze specified data to compare prices among  
21      source countries using a specified exchange rate  
22      source; requiring the agency contractor to establish  
23      the reference price for prescribed drugs or products;  
24      requiring that such price be the lowest price after  
25      making certain adjustments; requiring the agency  
26      contractor to update the reference prices annually and  
27      permitting reevaluation and updates at any time in  
28      certain circumstances; requiring the agency contractor  
29      to provide the reference prices by a specified date

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30 each year; requiring the agency to publish the prices  
31 online within a specified time; amending s. 465.0244,  
32 F.S.; requiring pharmacies to charge no more than the  
33 reference price for cash-paying patients; providing  
34 applicability; amending s. 627.6044, F.S.; requiring  
35 certain health insurers to provide reimbursement for  
36 certain prescription drugs no higher than the  
37 reference price; providing applicability; requiring  
38 health insurers to use certain savings to offset  
39 certain payer costs; requiring each health insurer to  
40 document anticipated savings and premium reductions in  
41 rate filings following the availability of reference  
42 prices; requiring each health insurer to assess the  
43 actuarial effect of the reference pricing program for  
44 each insurer product for each plan year; requiring  
45 each health insurer to submit an annual report on the  
46 assessed effect of such program to the Office of  
47 Insurance Regulation or the Agency for Health Care  
48 Administration; providing applicability; requiring the  
49 Office of Insurance Regulation and the Agency for  
50 Health Care Administration to annually submit a joint  
51 report to the Governor and the Legislature by a  
52 specified date; amending s. 641.30, F.S.; requiring  
53 every health maintenance organization to comply with  
54 the provisions of a specified section; providing an  
55 effective date.

56  
57 Be It Enacted by the Legislature of the State of Florida:  
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59 Section 1. Section 499.044, Florida Statutes, is created to  
60 read:

61 499.044 International Drug Reference Pricing.—

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

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

70 (a) Permitholders shall report the actual outpatient  
71 payment or reimbursement amounts for each prescribed drug in  
72 each reference price source country identified under this  
73 subsection, including amounts paid by both third- party payers  
74 such as insurers and government benefit programs and by  
75 individual consumers not using third-party payers, net of  
76 rebates and other forms of discounts. Permitholders may report  
77 the average payment amounts for each drug for a reference price  
78 source country, if weighted by utilization volume and fully  
79 documented to the agency.

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

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

86 (d) Failure to timely report required data shall result in  
87 a fine of \$10,000 a day for the first 30 days, and permit

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88 suspension thereafter until compliance is achieved.

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

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

111 (b) The agency contractor shall analyze the data submitted  
112 under subsection (2) to compare prices among source countries  
113 using a publicly available, reliable, and consistent exchange  
114 rate source. The agency contractor shall establish the reference  
115 price for each prescribed drug or product, which shall be the  
116 lowest price, after adjusting for volume and difference in

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117 national gross domestic product, identified in the source  
118 countries. The agency contractor shall update the reference  
119 prices annually, and may reevaluate and update a specific  
120 reference price at any time based on a significant change  
121 documented by supplemental pricing data submitted by a  
122 manufacturer under paragraph (2) (b).

123 (c) The agency contractor shall provide the reference  
124 prices no later than January 1 each year, and the agency shall  
125 publish the reference prices online within 10 days of receipt.

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

128 465.0244 Information disclosure and reference pricing.—

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

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

136 627.6044 Use of a specific methodology for payment of  
137 claims.—

138 (3) A health insurer, as defined by s. 627.4301, which  
139 provides coverage for outpatient prescribed drugs and products  
140 shall provide reimbursement for a covered prescribed drug for  
141 which there is a reference price under s. 499.044 in an amount  
142 no greater than the reference price. This subsection applies to  
143 product reimbursement, and does not apply to any covered  
144 dispensing or administering fee established under the terms of  
145 the provider contract.

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

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

159 (c) The requirements of this subsection apply to  
160 prescription drug coverage in the Medicaid program established  
161 in chapter 409 to the extent a reference price established under  
162 s. 499.044 generates greater savings for the program than that  
163 provided by the state supplemental rebate program established  
164 under s. 409.912.

165 (d) The requirements of this subsection apply to  
166 prescription drug coverage in the state group insurance  
167 established by part I of chapter 110.

168 (4) Beginning January 1, 2026, and annually thereafter, the  
169 Office of Insurance Regulation and the Agency for Health Care  
170 Administration shall submit a joint report to the Governor, the  
171 President of the Senate, and the Speaker of the House of  
172 Representatives detailing the impact of subsection (3) in the  
173 preceding year, including savings realized compared to  
174 prescription drug pricing in the United States not using this

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175 pricing model, any problems encountered, barriers to access to  
176 prescription drugs, domestic and foreign prescription drug  
177 market response, monitoring and evaluating the impact on  
178 prescription drug program or plan beneficiary access, quality of  
179 care, and program costs.

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

182 641.30 Construction and relationship to other laws.—

183 (6) Every health maintenance organization must comply with  
184 s. 627.6044(3).

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