A bill to be entitled

An act relating to prescription drug benefit plans; creating a specialty-tier prescription drug moratorium and study; requiring a report to the Governor and Legislature; providing an effective date.

WHEREAS, traditional prescription drug benefit plans include a multitiered drug formulary that is structured so that generic drugs are relegated to tier one, preferred brand name drugs are relegated to tier two, nonpreferred brand name drugs are relegated to tier three, and specialty tiers are typically relegated to the fourth or a higher tier, and

WHEREAS, a specialty-tier drug is commonly a prescription drug that treats conditions such as hemophilia, human immunodeficiency virus (HIV), hepatitis, multiple sclerosis, lupus, some cancers, rheumatoid arthritis, and other diseases, and

WHEREAS, a specialty-tier drug changes the patient's cost from a fixed copayment to a coinsurance payment as a percentage of the cost of the drug, and

WHEREAS, a patient may pay a copayment that is increased with each tier but is a fixed amount for medications on the lower tiers of an insurance formulary, and

WHEREAS, when a specialty-tier drug is prescribed, the patient must pay a copayment or percentage of the cost, NOW, THEREFORE,

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

Section 1. Prescription drug benefit plans.—

(1) A health care plan or health insurance policy that provides coverage for prescription drugs and for which cost-sharing, deductibles, or copayment obligations are determined by the category to which the prescription drug is relegated, including, but not limited to, generic drugs, preferred brand name drugs, and nonpreferred brand name drugs, shall impose cost-sharing, deductibles, or copayments for a prescription drug that exceeds the dollar amount of the cost sharing, deductible, or copayment obligation for any other prescription drug provided under such coverage in the category of nonpreferred brand name drugs or their equivalents for a period of 1 year ending July 1, 2014.

(2) The Agency for Health Care Administration shall conduct a study regarding specialty-tier prescription drugs to determine the impact on access and patient care. The agency shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives summarizing this impact by October 1, 2014.

Section 2. This act shall take effect July 1, 2013.