

SB 1498

Invalid Restrictive Covenants in Health Care: Specifying that certain restrictive covenants in employment agreements relating to certain licensed physicians do not support a legitimate business interest; specifying such restrictive covenants are void and unenforceable, etc.

HB 1509 (see companion bill SB 1550)

Prescription Drugs: Requires drug manufacturers to notify DBPR of reportable drug price increases; prohibits manufacturers from claiming public records exemption for trade secrets for information provided in forms or reports; requires DFS to designate employee as primary contact on issues relating to PBMs; provides penalty for persons who do not hold certificate of authority to act as administrator; requires PBMs to identify ownership affiliations to office; provides requirements for contracts between PBM & participating pharmacy; provides for biennial examinations of PBMs.

SB 1550 (see companion bill HB 1509)

Prescription Drugs: Citing this act as the “Prescription Drug Reform Act”; specifying additional prohibited acts related to

the Florida Drug and Cosmetic Act; requiring certain drug manufacturers to notify the Department of Business and Professional Regulation of reportable drug price increases on a specified form on the effective date of such increase; requiring the Division of Consumer Services of the Department of Financial Services to designate an employee as the primary contact for consumer complaints involving pharmacy benefit managers; providing a grandfathering provision for certain pharmacy benefit managers operating as administrators; requiring pharmacy benefits plans and programs, beginning on a specified date, to annually submit a certain attestation to the Office of Insurance Regulation, etc.

SB 1218 (see companion bill HB 805)

Requires AHCA to pay for biomarker testing under Medicaid program; requires managed care plans to cover biomarker testing under Medicaid program; requires individual health insurance policies, group health insurance policies, health maintenance contracts & prepaid health clinic contracts & health services, health care & health benefit plans to provide coverage for biomarker testing.

HB 897

Group Health Plans: Revises definition of & providing requirements for bona fide groups for purposes of issuance of

certificates of authority & multiple-employer welfare arrangements.

HB 907 (see companion bill SB 894)

Denial of Health Care Services: Requires covered entity to adopt policy relating to refused services & to submit complete list of refused services to DOH; requires covered entity to submit list, along with its application, if applying for certain state grants or contracts; provides penalty; requires DOH to publish list of covered entities & their refused services on its website; requires DOH to develop & administer public education & awareness program.

SB 894 (see companion bill HB 907)

Creating the “Health Care Transparency and Accessibility Act”; requiring a covered entity to adopt a policy relating to providing notice of its refused services by a specified date; requiring a covered entity to submit a complete list of refused services to the Department of Health by a specified date; requiring a covered entity to submit the list, along with its application, if applying for certain state grants or contracts, etc.

HB 967 (see companion bill SB 988)

Medicaid Coverage of Continuous Glucose Monitors: Requires AHCA, subject to availability of funds & certain limitations & directions, to provide coverage for continuous glucose monitors for certain Medicaid recipients; provides requirements for Medicaid recipients to continue receiving coverage for their continuous glucose monitors; requires agency to seek federal approval for implementation of act, if needed; requires agency to include rate impact of act in certain rates that become effective on specified date.

SB 988 (see companion bill HB 967)

Requiring the Agency for Health Care Administration, subject to the availability of funds and certain limitations and directions, to provide coverage for continuous glucose monitors for certain Medicaid recipients; providing requirements for Medicaid recipients to continue receiving coverage for their continuous glucose monitors; requiring the agency to include the rate impact of the act in certain rates that become effective on a specified date, etc.

HB 997 (see companion bill SB 1232)

Use of Telehealth: Authorizes telehealth provider to prescribe specified controlled substances for treatment of certain health conditions.