

HB 997 (see companion bill SB 1232)

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

SB 1232 (see companion bill HB 997)

Telehealth Prescribing: Revising the circumstances under which a telehealth provider may use telehealth to prescribe certain controlled substances, etc.

HB 183 (see companion bill SB 112)

Medicaid Step-therapy Protocols for Drugs for Serious Mental Illness Treatments: Defines “serious mental illness”; requires AHCA to approve drug products for Medicaid recipients for treatment of serious mental illness without step-therapy prior authorization; directs agency to include rate impact of this act in certain program rates that become effective on specified date.

SB 112 (see companion bill HB 183)

Medicaid Step-therapy Protocols for Drugs for Serious Mental Illness Treatments: Defines “serious mental illness”; requires AHCA to approve drug products for Medicaid recipients for treatment of serious mental illness without step-therapy prior authorization; directs agency to include rate impact of this act in certain program rates that become effective on specified date.

SB 46 (see companion bill HB 1063)

Health Insurance Cost Sharing: Requiring specified individual health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds’ cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds’ total contributions to cost-sharing requirements; requiring specified group health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds’ cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds

toward the insureds' total contributions to cost-sharing requirements, etc.

HB 1063 (see companion bill SB 46)

Health Insurance Cost Sharing: Requiring specified individual health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements; requiring specified group health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements, etc.

HB 1255

West Orange Healthcare District, Orange County: Abolishes district, transfers assets & liabilities of district; requires certain books to be deposited into Winter Garden Heritage

Museum; provides effective date.

HB 1329

Health Insurance Coverage by Out-of-state Insurers: Authorizes foreign insurers that have secured regulatory approval from United States territory regulatory authority to transact health insurance; provides that such insurance transactions & insurers are subject to other provisions of Florida Insurance Code under certain circumstances; exempts insurers from insurance-specific taxes; defines “territory of United States.”

SB 1350

Health Disparities: Specifying that efforts of the Office of Minority Health and Health Equity to improve access to and delivery of health services to racial and ethnic minority populations include efforts to eliminate racial disparities in vaccination rates in this state, etc.

HB 1351

Savings and Out-of-pocket Expenses in Health Insurance: Requires certain licensed facilities & physicians to provide specific pricing & cost-obligation information to patients; requires health insurer to apply payment for service that nonpreferred provider provided to insured toward insured's deductible & out-of-pocket maximum as if service had been provided by preferred provider, if specific conditions are met.