A bill to be entitled

An act relating to health insurance; creating ss.
627.6404, 627.6572, and 641.31093, F.S.; requiring all
antiretroviral agents to be included on health plan
formularies; prohibiting access-limiting procedures used
to restrict antiretroviral agents prescribed to treat a
person with HIV; amending s. 627.6515, F.S.; including
reference to such requirements on policies issued by out-

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

of-state groups; providing an effective date.

Section 1. Section 627.6404, Florida Statutes, is created to read:

627.6404 HIV treatment.—Antiretroviral agents prescribed to treat a person with HIV must be included on a health plan formulary and may not be restricted through a requirement for prior authorization, step therapy, or other limitation that limits access to any antiretroviral agent.

Section 2. Section 627.6572, Florida Statutes, is created to read:

627.6572 HIV treatment.—Antiretroviral agents prescribed to treat a person with HIV must be included on a health plan formulary and may not be restricted through a requirement for prior authorization, step therapy, or other limitation that limits access to any antiretroviral agent.

Section 3. Section 641.31093, Florida Statutes, is created to read:

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641.31093 HIV treatment.—Antiretroviral agents prescribed to treat a person with HIV must be included on a health plan formulary and may not be restricted through a requirement for prior authorization, step therapy, or other limitation that limits access to any antiretroviral agent.

Section 4. Subsection (2) of section 627.6515, Florida Statutes, is amended to read:

627.6515 Out-of-state groups.-

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- (2) Except as otherwise provided in this part, this part does not apply to a group health insurance policy issued or delivered outside this state under which a resident of this state is provided coverage if:
- The policy is issued to an employee group the composition of which is substantially as described in s. 627.653; a labor union group or association group the composition of which is substantially as described in s. 627.654; an additional group the composition of which is substantially as described in s. 627.656; a group insured under a blanket health policy when the composition of the group is substantially in compliance with s. 627.659; a group insured under a franchise health policy when the composition of the group is substantially in compliance with s. 627.663; an association group to cover persons associated in any other common group, which common group is formed primarily for purposes other than providing insurance; a group that is established primarily for the purpose of providing group insurance, provided the benefits are reasonable in relation to the premiums charged thereunder and the issuance of the group

policy has resulted, or will result, in economies of administration; or a group of insurance agents of an insurer, which insurer is the policyholder.  $\div$ 

- (b) Certificates evidencing coverage under the policy are issued to residents of this state and contain in contrasting color and not less than 10-point type the following statement:

  "The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida".; and
- (c) The policy provides the benefits specified in ss. 627.419, 627.6572, 627.6574, 627.6575, 627.6579, 627.6612, 627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691, and 627.66911.
- (d) Applications for certificates of coverage offered to residents of this state must contain, in contrasting color and not less than 12-point type, the following statement on the same page as the applicant's signature:

"This policy is primarily governed by the laws of ...insert state where the master policy if filed.... As a result, all of the rating laws applicable to policies filed in this state do not apply to this coverage, which may result in increases in your premium at renewal that would not be permissible under a Florida-approved policy. Any purchase of individual health insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual health policy. For information concerning individual health coverage under a Florida-approved policy, consult your agent or the Florida Department of Financial Services."

This paragraph applies only to group certificates providing health insurance coverage which require individualized underwriting to determine coverage eligibility for an individual or premium rates to be charged to an individual except for the following:

- 1. Policies issued to provide coverage to groups of persons all of whom are in the same or functionally related licensed professions, and providing coverage only to such licensed professionals, their employees, or their dependents;
- 2. Policies providing coverage to small employers as defined by s. 627.6699. Such policies shall be subject to, and governed by, the provisions of s. 627.6699;
- 3. Policies issued to a bona fide association, as defined by s. 627.6571(5), provided that there is a person or board acting as a fiduciary for the benefit of the members, and such association is not owned, controlled by, or otherwise associated with the insurance company; or
- 4. Any accidental death, accidental death and dismemberment, accident-only, vision-only, dental-only, hospital indemnity-only, hospital accident-only, cancer, specified disease, Medicare supplement, products that supplement Medicare, long-term care, or disability income insurance, or similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which cannot duplicate coverage under an underlying health plan, coinsurance, or deductibles or coverage issued as a supplement to workers' compensation or similar insurance, or automobile medical-payment

insurance.

Section 5. This act shall take effect July 1, 2011.

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