Putting Florida Patients First

Why the "Most Favored Nation" Policy in HB 697 Risks Access to Care

What You Should Know

Floridians want lower out-of-pocket costs and reliabl e access to the medicines their doctors prescribe. Both matter, but HB 697 puts that balance at risk. HB 697 would tie what insurers, pharmacies, and providers are paid for prescription medicines in Florida to prices set by foreign health systems. While intended to lower costs, this approach could make some medicines harder to access for Florida patients.

How HB 697 Could Impact Floridians

If doctorsor pharmaciesare paid less than what a medicine actually costs some medicines may no longer be available in community settings and patients could face delays or be forced to switch treatments for non-medical reasons. These shifts disrupt continuity of care and increase overall system costs. And, for patients living with conditions like cancer, autoimmune disease, neurological conditions, rare disorders, or chronic illness, even short disruptions in care can be life-altering. At the same time, HB 697 does not require insurers or PBMs to pass any savings to patients or reduce premiums.

What We've Seen in Other Countries: Lower Prices, Less Access

- Nearly 90% of new medicines are available to U.S. patients.
- Access drops to 48% in the United Kingdom, 24% in Australia, and 21% in Canada.
- Patients in these systems often wait years longer for new treatments, or never gain access at all. Today, U.S. cancer patients access 96% of new treatments, but in countries used for MFN pricing, availability drops to 40–60%, with delays of months or years.

There Are Better Ways to Lower Costs, Without Limiting Access

Florida can pursue proven, patient-first solutions that lower costs and protect access:

- Share negotiated discounts and rebates with patients at the pharmacy counter.
- Ensure all copay assistance counts toward deductibles and out-of-pocket limits.
- Improve transparency and accountability for insurers and PBMs.

Floridians deserve affordability and access. We respectfully urge policymakers to oppose HB 697, and instead focus on solutions that lower costs while protecting patient access to lifesaving medicines.