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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2016	.	
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	.	
	.	

The Committee on Banking and Insurance (Richter) recommended the following:

Senate Amendment (with title amendment)

Delete lines 928 - 942
and insert:
in s. 624.603, a managed care plan as defined in s. 409.962(9),
or a health maintenance organization as defined in s.
641.19(12).

(2) Notwithstanding any other provision of law, in order to
establish uniformity in the submission of prior authorization
forms on or after January 1, 2017, a health insurer, or a



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11 pharmacy benefits manager on behalf of the health insurer, which
12 does not use an electronic prior authorization form for its
13 contracted providers shall use only the prior authorization form
14 that has been approved by the Financial Services Commission in
15 consultation with the Agency for Health Care Administration to
16 obtain a prior authorization for a medical procedure, course of
17 treatment, or prescription drug benefit. Such form may not
18 exceed two pages in length, excluding any instructions or
19 guiding documentation.

20 (3) The Financial Services Commission in consultation with
21 the Agency for Health Care Administration shall adopt by rule

22
23 ===== T I T L E A M E N D M E N T =====

24 And the title is amended as follows:

25 Delete lines 65 - 66

26 and insert:

27 approved by the Financial Services Commission in
28 consultation with the Agency for Health Care
29 Administration; requiring the commission in
30 consultation with the agency to adopt by rule
31 guidelines