

	LEGISLATIVE ACTION	
Senate		House
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Floor: 1b/AD/RM	•	Floor: HOUSE/AD
03/21/2016 10:43 AM		03/11/2016 05:48 PM
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Senator Garcia moved the following:

Senate Amendment to Amendment (253290) (with title amendment)

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Delete lines 5 - 61

5 and insert:

> Section 1. Paragraph (b) of subsection (3) of section 627.6686, Florida Statutes, is amended to read:

627.6686 Coverage for individuals with autism spectrum disorder required; exception.-

(3) A health insurance plan issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual



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(b) Treatment of autism spectrum disorder and Down syndrome through speech therapy, occupational therapy, physical therapy, and applied behavior analysis. Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.

Section 2. Paragraph (b) of subsection (3) of section 641.31098, Florida Statutes, is amended to read:

641.31098 Coverage for individuals with developmental disabilities.-

- (3) A health maintenance contract issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:
- (b) Treatment of autism spectrum disorder and Down syndrome, through speech therapy, occupational therapy, physical therapy, and applied behavior analysis services. Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.

Section 3. Notwithstanding the enactment of subsection (2) made to s. 627.42392, Florida Statutes, by HB 423, 1st Eng., 2016 Regular Session, subsection (2) of s. 627.42392, Florida Statutes, is enacted to read:

(2) Notwithstanding any other provision of law, effective January 1, 2017 or six (6) months after the effective date of the rule adopting the prior authorization form, whichever is later, a health insurer, or a pharmacy benefits manager on behalf of the health insurer, which does not provide

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an electronic prior authorization process for use by its contracted providers, shall only use the prior authorization form that has been approved by the Financial Services Commission for granting a prior authorization for a medical procedure, course of treatment, or prescription drug benefit. Such form may not exceed two pages in length, excluding any instructions or guiding documentation, and must include all clinical documentation necessary for health insurer to make a decision. At a minimum, the form must include: (1) sufficient patient information to identify the member, date of birth, full name, and Health Plan ID number; (2) Provider name, address and phone number; (3) the medical procedure, course of treatment, or prescription drug benefit being requested, including the medical reason therefor, and all services tried and failed; (4) any laboratory documentation required; and (5) an attestation that all information provided is true and accurate. Section 4. It is the intent of the Legislature that the enactment of s. 627.42392(2), Florida Statutes, made by this act shall control over the enactment of that subsection made by HB 423, 1st Eng., 2016 Regular Session, regardless of the order in which the bills are enacted. ======== T I T L E A M E N D M E N T ========= And the title is amended as follows: Delete lines 335 - 344 and insert: plan to provide specified coverage for treatment of Down syndrome; amending s. 641.31098, F.S.; requiring

a specified health maintenance contract to provide

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specified health maintenance contract to provide specified coverage for treatment of Down syndrome; enacting s. 627.42392, F.S.; requiring a health insurer or a pharmacy benefits manager to only use a certain form; providing requirements for such form; providing legislative intent that the enactment of s. 627.42392(2), F.S., made by this act controls; amending s.