

NOTICE OF PROPOSED RULE

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE NO.:	RULE TITLE:
69L-7.730	Health Care Provider Medical Billing and Reporting Responsibilities
69L-7.740	Insurer Authorization and Medical Bill Review Responsibilities

PURPOSE AND EFFECT: This rulemaking will remove language regarding medications dispensed by a physician or other medical practitioner. The First District Court of Appeals struck the language in the matter of Publix Super Markets, Inc., et. al. v. Department of Financial Services, et. al., Case Number 1D-2023-0941.

SUMMARY: This rulemaking will implement the First District Court of Appeals' decision in the above-referenced matter.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The agency has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department conducted a regulatory analysis to determine if there is an adverse impact or regulatory costs associated with this rule that exceeds the criteria in section 120.541(2)(a), F.S. Based upon this analysis, the Department has determined that the proposed rule is not expected to require legislative ratification.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 440.13, 440.15, 440.185, 440.525, 440.591, 440.593, F.S.

LAW IMPLEMENTED: 440.09, 440.13, 440.15, 440.185, 440.20, 440.525, 440.593, F.S.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: July 15, 2026, at 11:00 a.m., EST

PLACE: **Microsoft Teams meeting**

Join: <https://teams.microsoft.com/meet/23881890641062?p=qNbw2M91cfRKCAORpD>

Meeting ID: 238 818 906 410 62

Passcode: T7sD7Qa9

[Need help?](#) | [System reference](#)

Dial in by phone

[+1 850-328-4354,,297360008#](#) United States, Tallahassee

[Find a local number](#)

Phone conference ID: 297 360 008#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Charlene Miller, Bureau Chief at (850) 413-1738 or Charlene.Miller@myfloridacfo.com.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Charlene Miller, Chief of the Bureau of Monitoring and Audit, Division of Workers' Compensation at (850) 413-1738 or Charlene.Miller@myfloridacfo.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-7.730 Health Care Provider Medical Billing and Reporting Responsibilities.

(1) No change.

(2) Special Billing Requirements.

(a) through (k) No change.

(l) Pharmaceutical(s), Durable Medical Equipment and Home Medical Equipment or Supplies.

1. When dispensing commercially available medicinal drugs commonly known as legend or prescription drugs:

a. No change.

~~b. Physicians (including oral surgeons), physician assistants, ARNPs, and any other recognized practitioners registered to dispense medications pursuant to section 465.0276, F.S., may dispense medications to the injured worker.~~

~~Medication is treatment and must be authorized prior to dispensing, pursuant to section 440.13(3)(a), F.S., and must~~

~~be medically necessary to treat the compensable injury. Dispensing such medication may not be denied, absent a contrary contractual provision, and reimbursement may not be disallowed or adjusted for the sole reason that the injured worker has chosen to receive such medication from a practitioner registered to dispense medications under Chapter 465, F.S. All requests for authorization of medications to be dispensed must specify drug name, dosage, and strength, must be documented in the injured worker's file, and must be sent in a manner prescribed by the carrier pursuant to section 440.13(3)(c), F.S. A carrier's failure to timely respond to a written request for authorization shall be governed by section 440.13(3)(d), F.S.~~

c. through e. renumbered as b. through d. No change.

2. through 8. No change.

(m) through (p) No change.

(3) No change.

Rulemaking Authority 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS. Law Implemented 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), (5), 440.185(5), (9), 440.20(6), 440.525(2), 440.593 FS. History—New 2-18-16, Amended 7-1-23, _____.

Editorial Note: Formerly 69L-7.710(4), Ratified by Ch. 2023-144, LOF.

69L-7.740 Insurer Authorization and Medical Bill Review Responsibilities

(1) No change.

(2)(a) through (b) No change.

~~(c) Medication is treatment. When physicians (including oral surgeons), physician assistants, ARNPs, and any other recognized practitioners registered to dispense medications pursuant to section 465.0276, F.S., submit a medical bill for reimbursement of dispensed medication, the insurer, claim administrator, or entity acting on behalf of the insurer may disallow payment for dispensed medication if the medication is not authorized prior to dispensing, pursuant to section 440.13(3)(a), F.S., and is not medically necessary to treat the compensable injury. Dispensing such medications may not be denied, absent a contrary contractual provision, and reimbursement may not be disallowed or adjusted for the sole reason that the injured worker chooses to receive such medications from a practitioner registered to dispense medications under chapter 465, F.S. Any response to a request for authorization must be communicated electronically or by telephone to the health care provider and must be documented in the claims administration system.~~

~~Failure to timely respond to the written request for authorization shall be governed by section 440.13(3)(d), F.S.~~

(3) through (15) No change.

Rulemaking Authority 440.13~~(4)~~, 440.15~~(3)(b), (d)~~, 440.185~~(5)~~, 440.525~~(2)~~, 440.591, 440.593~~(5)~~, F.S. Law Implemented 440.09, 440.13~~(2)(a), (3), (4), (6), (11), (12), (14), (16)~~, 440.15~~(3)(b), (d), (5)~~, 440.185~~(5), (9)~~, 440.20~~(6)~~, 440.525~~(2)~~, 440.593, F.S. History–New 2-18-16, Amended 7-1-23, _____.

Editorial Note: Formerly 69L-7.710(5), F.A.C., Ratified 2023-144, LOF.

NAME OF PERSON ORIGINATING PROPOSED RULE: Charlene Miller, Chief of the Bureau of Monitoring and Audit

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Blaise Ingoglia, Chief Financial Officer

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 8, 2026

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: June 5, 2026