

Amendment No. 9

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	_____	(Y/N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	_____	(Y/N)
FAILED TO ADOPT	_____	(Y/N)
WITHDRAWN	_____	(Y/N)
OTHER		

1 Committee/Subcommittee hearing bill: Regulatory Affairs
2 Committee

3 Representative Nelson offered the following:

Amendment (with title amendment)

6 Between lines 1336 and 1337, insert:

7 Section 31. Section 627.6484, Florida Statutes, is amended
8 to read:

9 627.6484 Dissolution of association; termination of
10 enrollment; availability of other coverage.-

11 (1) The association shall accept applications for
12 insurance only until June 30, 1991, after which date no further
13 applications may be accepted.

14 (2) Coverage for each policyholder of the association
15 shall terminate at midnight, June 30, 2014, or on the date that
16 health insurance coverage is effective with another insurer,
17 whichever occurs first, and such coverage may not be renewed.

18 (3) The association must provide assistance to each
19 policyholder concerning how to obtain health insurance coverage.

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20 Such assistance shall include the identification of insurers and
21 health maintenance organizations offering coverage in the
22 individual market, including inside and outside of the Health
23 Insurance Exchange, a basic explanation of the levels of
24 coverage available, and specific information relating to local
25 and online sources where each policyholder may obtain detailed
26 policy and premium comparisons and directly obtain coverage.

27 (4) The association shall provide written notice to all
28 policyholders by September 1, 2013, that informs each
29 policyholder with respect to:

30 (a) The date that coverage with the association is
31 terminated and that such coverage may not be renewed.

32 (b) The opportunity for the policyholder to obtain
33 individual health insurance coverage on a guaranteed-issue
34 basis, regardless of policyholder's health status, from any
35 health insurer or health maintenance organization that offers
36 coverage in the individual market, including the dates of open
37 enrollment periods for obtaining such coverage.

38 (c) How to access coverage through the Health Insurance
39 Exchange established for this state pursuant to the Patient
40 Protection and Affordable Care Act and the potential for
41 obtaining reduced premiums and cost-sharing provisions depending
42 on the policyholder's family income level.

43 (d) Contact information for a representative of the
44 association who is able to provide additional information about
45 obtaining individual health insurance coverage both inside and
46 outside of the Health Insurance Exchange.

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47 (5) After termination of coverage, the association must
48 continue to receive and process timely submitted claims in
49 accordance with the laws of this state.

50 (6) By March 15, 2015, the association must determine the
51 final assessment to be collected from insurers for funding
52 claims and administrative expenses of the association or, if
53 surplus funds remain, determine the refund amount to be provided
54 to each insurer based on the same pro rata formula used for
55 determining each insurer's assessment.

56 (7) By September 1, 2015, the board must:

57 (a) Complete performance of all program responsibilities.

58 (b) Sell or otherwise dispose of all physical assets of
59 the association.

60 (c) Make a final accounting of the finances of the
61 association.

62 (d) Transfer all records to the Department of Financial
63 Services, which shall serve as custodian of such records.

64 (e) Execute a legal dissolution of the association and
65 report such action to the Chief Financial Officer, the Insurance
66 Commissioner, the President of the Senate, and the Speaker of
67 the House of Representatives. Upon receipt of an application for
68 insurance, the association shall issue coverage for an eligible
69 applicant. When appropriate, the administrator shall forward a
70 copy of the application to a market assistance plan created by
71 the office, which shall conduct a diligent search of the private
72 marketplace for a carrier willing to accept the application.

73 ~~(2) The office shall, after consultation with the health~~
74 ~~insurers licensed in this state, adopt a market assistance plan~~

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75 ~~to assist in the placement of risks of Florida Comprehensive~~
76 ~~Health Association applicants. All health insurers and health~~
77 ~~maintenance organizations licensed in this state shall~~
78 ~~participate in the plan.~~

79 ~~(3) Guidelines for the use of such program shall be a part~~
80 ~~of the association's plan of operation. The guidelines shall~~
81 ~~describe which types of applications are to be exempt from~~
82 ~~submission to the market assistance plan. An exemption shall be~~
83 ~~based upon a determination that due to a specific health~~
84 ~~condition an applicant is ineligible for coverage in the~~
85 ~~standard market. The guidelines shall also describe how the~~
86 ~~market assistance plan is to be conducted, and how the periodic~~
87 ~~reviews to depopulate the association are to be conducted.~~

88 ~~(4) If a carrier is found through the market assistance~~
89 ~~plan, the individual shall apply to that company. If the~~
90 ~~individual's application is accepted, association coverage shall~~
91 ~~terminate upon the effective date of the coverage with the~~
92 ~~private carrier. For the purpose of applying a preexisting~~
93 ~~condition limitation or exclusion, any carrier accepting a risk~~
94 ~~pursuant to this section shall provide coverage as if it began~~
95 ~~on the date coverage was effectuated on behalf of the~~
96 ~~association, and shall be indemnified by the association for~~
97 ~~claims costs incurred as a result of utilizing such effective~~
98 ~~date.~~

99 ~~(5) The association shall establish a policyholder~~
100 ~~assistance program by July 1, 1991, to assist in placing~~
101 ~~eligible policyholders in other coverage programs, including~~
102 ~~Medicare and Medicaid.~~

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103 Section 32. Section 627.64872, Florida Statutes, is
104 repealed.

105 Section 33. Effective October 1, 2015, sections 627.648,
106 627.6482, 627.6484, 627.6486, 627.6488, 627.6489, 627.649,
107 627.6492, 627.6494, 627.6496, 627.6498, and 627.6499, Florida
108 Statutes, are repealed.

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111 **T I T L E A M E N D M E N T**

112 Remove line 129 and insert:

113 notice to insured's insurance agent; amending s.
114 627.6484, F.S.; providing that coverage for each
115 policyholder of the Florida Comprehensive Health
116 Association terminates on a specified date; requiring
117 the association to provide assistance to
118 policyholders; requiring the association to notify
119 policyholders of termination of coverage and provide
120 information concerning how to obtain other coverage;
121 requiring the association to impose a final assessment
122 or provide a refund to member insurers, sell or
123 dispose of physical assets, perform a final
124 accounting, legally dissolve the association, submit a
125 required report, and transfer all records to the
126 Office of Insurance Regulation; repealing s.
127 627.64872, F.S., relating to the Florida Health
128 Insurance Plan; providing for the future repeal of ss.
129 627.648, 627.6482, 627.6484, 627.6486, 627.6488,
130 627.6489, 627.649, 627.6492, 627.6494, 627.6496,

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 635 (2013)

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131 627.6498, and 627.6499, F.S., relating to the Florida
132 Comprehensive Health Association Act, definitions,
133 termination of enrollment and availability of other
134 coverage, eligibility, the Florida Comprehensive
135 Health Association, the Disease Management Program,
136 the administrator of the health insurance plan,
137 participation of insurers, insurer assessments,
138 deferment, and assessment limitations, issuing of
139 policies, minimum benefits coverage and exclusions,
140 premiums, and deductibles, and reporting by insurers
141 and third-party administrators, respectively; amending
142 s.

143

144 Remove line 170 and insert:

145 associations; providing effective dates.