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LEGISLATIVE ACTION

Senate

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House

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The Committee on Rules (Rodriguez) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 59 - 139

and insert:

Section 2. Section 627.6045, Florida Statutes, is repealed.

Section 3. Subsection (1) of section 627.6425, Florida Statutes, is amended to read:

627.6425 Renewability of individual coverage.—

(1) Except as otherwise provided in this section, an insurer that provides individual health insurance coverage to an individual shall renew or continue in force such coverage at the



12 option of the individual. For the purpose of this section, the  
13 term "individual health insurance" means health insurance  
14 coverage, as described in s. 624.603, offered to an individual  
15 in this state, including certificates of coverage offered to  
16 individuals in this state as part of a group policy issued to an  
17 association outside this state, but the term does not include  
18 ~~short-term limited duration insurance or~~ excepted benefits  
19 specified in s. 627.6513(1)-(14).

20 Section 4. Section 627.6426, Florida Statutes, is created  
21 to read:

22 627.6426 Short-term health insurance.-

23 (1) For purposes of this part, the term "short-term health  
24 insurance" means health insurance coverage provided by an issuer  
25 with an expiration date specified in the contract which is less  
26 than 12 months after the original effective date of the contract  
27 and, taking into account renewals or extensions, has a duration  
28 not to exceed 36 months in total.

29 (2) All contracts for short-term health insurance entered  
30 into by an issuer and an individual seeking coverage:

31 (a) Must include the following disclosure:

32  
33 "This coverage is not required to comply with certain federal  
34 market requirements for health insurance, including some  
35 requirements contained in the Patient Protection and Affordable  
36 Care Act. Your policy might also have lifetime and/or annual  
37 dollar limits on health benefits. If this coverage expires or  
38 you lose eligibility for this coverage, you might have to wait  
39 until an open enrollment period to get other health insurance  
40 coverage."



41 (b) May not exclude, limit, deny, or delay coverage due to  
42 a preexisting condition. As used in this paragraph, the term  
43 "preexisting condition" means a condition that was present  
44 before the effective date of coverage under a contract, whether  
45 or not any medical advice, diagnosis, care, or treatment was  
46 recommended or received before the effective date of coverage.  
47 The term includes a condition identified as a result of a  
48 preenrollment questionnaire or physical examination given to the  
49 individual, or review of medical records relating to the  
50 preenrollment period.

51 Section 5. Section 627.6525, Florida Statutes, is created  
52 to read:

53 627.6525 Short-term health insurance.-

54 (1) For purposes of this part, the term "short-term health  
55 insurance" means a group, blanket, or franchise policy of health  
56 insurance coverage provided by an issuer with an expiration date  
57 specified in the contract which is less than 12 months after the  
58 original effective date of the contract and, taking into account  
59 renewals or extensions, has a duration not to exceed 36 months  
60 in total.

61 (2) All contracts for short-term health insurance entered  
62 into by an issuer and a party seeking coverage:

63 (a) Must include the following disclosure:

64  
65 "This coverage is not required to comply with certain federal  
66 market requirements for health insurance, including some  
67 requirements contained in the Patient Protection and Affordable  
68 Care Act. Your policy might also have lifetime and/or annual  
69 dollar limits on health benefits. If this coverage expires or



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70 you lose eligibility for this coverage, you might have to wait  
71 until an open enrollment period to get other health insurance  
72 coverage."

73 (b) May not exclude, limit, deny, or delay coverage due to  
74 a preexisting condition. As used in this paragraph, the term  
75 "preexisting condition" means a condition that was present  
76 before the effective date of coverage under a contract, whether  
77 or not any medical advice, diagnosis, care, or treatment was  
78 recommended or received before the effective date of coverage.  
79 The term includes a condition identified as a result of a  
80 preenrollment questionnaire or physical examination given to the  
81 individual, or review of medical records relating to the  
82 preenrollment period.

83 Section 6. Section 627.6046, Florida Statutes, is created  
84 to read:

85 627.6046 Preexisting conditions coverage.-

86 (1) As used in this section, the term "preexisting  
87 condition" means a condition that was present before the  
88 effective date of coverage under an individual health insurance  
89 policy, whether or not any medical advice, diagnosis, care, or  
90 treatment was recommended or received before the effective date  
91 of coverage. The term includes a condition identified as a  
92 result of a preenrollment questionnaire or physical examination  
93 given to the individual, or review of medical records relating  
94 to the preenrollment period.

95 (2) A nongrandfathered individual health insurance policy  
96 issued or delivered in this state may not exclude, limit, deny,  
97 or delay coverage due to a preexisting condition.

98 Section 7. Section 627.65612, Florida Statutes, is created



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99 to read:

100 627.65612 Preexisting conditions coverage.-

101 (1) As used in this section, the term "preexisting  
102 condition" means a condition that was present before the  
103 effective date of coverage under a group health insurance  
104 policy, whether or not any medical advice, diagnosis, care, or  
105 treatment was recommended or received before the effective date  
106 of coverage. The term includes a condition identified as a  
107 result of a preenrollment questionnaire or physical examination  
108 given to the individual, or review of medical records relating  
109 to the preenrollment period.

110 (2) A group health insurance policy issued or delivered in  
111 this state may not exclude, limit, deny, or delay coverage due  
112 to a preexisting condition.

113 Section 8. Subsection (45) is added to section 641.31,  
114 Florida Statutes, to read:

115 641.31 Health maintenance contracts.-

116 (45) (a) As used in this subsection, the term "preexisting  
117 condition" means a condition that was present before the  
118 effective date of coverage under a health maintenance contract,  
119 whether or not any medical advice, diagnosis, care, or treatment  
120 was recommended or received before the effective date of  
121 coverage. The term includes a condition identified as a result  
122 of a preenrollment questionnaire or physical examination given  
123 to the individual, or review of medical records relating to the  
124 preenrollment period.

125 (b) A health maintenance contract issued or delivered in  
126 this state may not exclude, limit, deny, or delay coverage due  
127 to a preexisting condition.



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

And the title is amended as follows:

Delete lines 4 - 14

and insert:

employer welfare arrangements; repealing s. 627.6045,  
F.S., relating to preexisting conditions; amending s.  
627.6425, F.S.; revising the definition of the term  
"individual health insurance" relating to renewability  
of individual coverage; creating ss. 627.6426 and  
627.6525, F.S.; defining the terms "short-term health  
insurance" and "preexisting condition"; providing  
disclosure requirements for short-term individual,  
group, blanket, and franchise health insurance  
contracts; prohibiting such contracts from excluding,  
limiting, denying, or delaying coverage due to  
preexisting conditions; creating ss. 627.6046 and  
627.65612, F.S.; defining the term "preexisting  
condition"; prohibiting nongrandfathered individual  
health insurance policies and group health insurance  
policies, respectively, from excluding, limiting,  
denying, or delaying coverage due to preexisting  
conditions; amending s. 641.31, F.S.; defining the  
term "preexisting condition"; prohibiting health  
maintenance contracts from excluding, limiting,  
denying, or delaying coverage due to preexisting  
conditions; amending s. 627.654, F.S.;