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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2019	.	
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Appropriations Subcommittee on Agriculture, Environment, and
General Government (Brandes) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (3) of section 631.713, Florida
Statutes, is amended to read:

631.713 Application of part.—

(3) This part does not apply to:

(a) That portion or part of a variable life insurance
contract or variable annuity contract not guaranteed by an



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11 insurer.

12 (b) That portion or part of any policy or contract under
13 which the risk is borne by the policyholder.

14 (c) Any policy or contract or part thereof assumed by the
15 impaired or insolvent insurer under a contract of reinsurance,
16 other than reinsurance for which assumption certificates have
17 been issued.

18 (d) Fraternal benefit societies as defined in s. 632.601.

19 (e) Health maintenance organizations, except for
20 assessments levied pursuant to ss. 631.715(2)(a)1.,
21 631.718(3)(b), and 631.819(2)(c) for long-term care insurer
22 impairments or insolvencies insurance.

23 (f) Dental service plan insurance.

24 (g) Pharmaceutical service plan insurance.

25 (h) Optometric service plan insurance.

26 (i) Ambulance service association insurance.

27 (j) Preneed funeral merchandise or service contract
28 insurance.

29 (k) Prepaid health clinic insurance.

30 (l) Any annuity contract or group annuity contract that is
31 not issued to and owned by an individual, except to the extent
32 of any annuity benefits:

33 1. Guaranteed directly and not through an intermediary to
34 an individual by an insurer under such contract or certificate;

35 2. Under an annuity issued by an insurer under 26 U.S.C. s.
36 408(b); or

37 3. Under an annuity issued by an insurer and held by a
38 custodian or trustee in accordance with 26 U.S.C. s. 408(a).
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40 This paragraph applies to every insolvency regardless of its
41 date of inception, and an assessment base may not include
42 premiums for such excluded products.

43 (m) Any federal employees' group policy or contract that,
44 under 5 U.S.C. s. 8909(f), is prohibited from being subject to
45 an assessment under s. 631.718.

46 (n) Except as provided in this paragraph, a portion of a
47 policy or contract, to the extent that the rate of interest on
48 which the policy or contract is based, or the interest rate,
49 crediting rate, or similar factor determined by use of an index
50 or other external reference stated in the policy or contract
51 employed in calculating returns or changes in value:

52 1. Averaged over the period of 4 years immediately
53 preceding the date on which the member insurer becomes an
54 impaired or insolvent insurer under this part, whichever is
55 earlier, exceeds the rate of interest determined by subtracting
56 2 percentage points from Moody's Corporate Bond Yield Average
57 averaged for that same 4-year period or for such lesser period
58 if the policy or contract was issued less than 4 years before
59 the member insurer becomes an impaired or insolvent insurer
60 under this part, whichever is earlier; and

61 2. On and after the date on which the member insurer
62 becomes an impaired or insolvent insurer under this part,
63 whichever is earlier, exceeds the rate of interest determined by
64 subtracting 3 percentage points from the most current version of
65 Moody's Corporate Bond Yield Average.

66

67 This paragraph does not apply to any portion of a policy or
68 contract, including a rider, which provides long-term care or



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69 any other health insurance benefit.

70 (o) A portion of a policy or contract to the extent the
71 policy or contract provides for interest or other changes in
72 value to be determined by the use of an index or other external
73 reference stated in the policy or contract, but which has not
74 been credited to the policy or contract, or as to which the
75 policy or contract owner's rights are subject to forfeiture, as
76 of the date the member insurer becomes an impaired or insolvent
77 insurer under this part. However, if the interest or change in
78 value is credited less frequently than annually as determined by
79 using the procedures defined in the policy or contract, interest
80 or change in value shall be credited by using the procedure
81 defined in the policy or contract as if the contractual date of
82 crediting interest or changing values was the date of impairment
83 or insolvency, whichever is earlier, and shall not be subject to
84 forfeiture.

85 (p) A policy or contract providing any hospital, medical,
86 prescription drug, or other health care benefits pursuant to
87 Title XVIII (Medicare), Title XIX (Medicaid), or Title XXI (the
88 Children's Health Insurance Program) of the Social Security Act
89 Medicare part C or part D or any regulations promulgated
90 thereunder issued pursuant to Medicare Part C or Part D.

91 (q) Structured settlement annuity benefits to which a
92 payee, or a beneficiary if the payee is deceased, has
93 transferred his or her rights in a structured settlement
94 factoring transaction, as that term is defined in 26 U.S.C. s.
95 5891(c)(3)(A).

96 Section 2. Subsection (1) of section 631.716, Florida
97 Statutes, is amended to read:



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98 631.716 Board of directors.-

99 (1) (a) The board of directors of the association shall have
100 at least 9, but no more than 11, members. The members shall be
101 comprised of ~~not fewer than five nor more than nine~~ member
102 insurers, serving terms as established in the plan of operation
103 and 1 Florida Health Maintenance Organization Consumer
104 Assistance Plan director confirmed pursuant to paragraph (b). At
105 all times, at least 1 ~~one~~ member of the board must ~~shall~~ be a
106 domestic insurer as defined in s. 624.06(1). The members of the
107 board who are member insurers shall be elected by member
108 insurers, subject to the approval of the department.

109 (b) The board shall confirm, subject to the approval of the
110 department, the Florida Health Maintenance Organization Consumer
111 Assistance Plan director. The confirmed director must not be a
112 member insurer serving on the board of the association. The
113 director confirmed to the board must be designated by the
114 Florida Health Maintenance Organization Consumer Assistance
115 Plan's board of directors to serve on the board and represent
116 the interests of the Florida Health Maintenance Organization
117 Consumer Assistance Plan and its board of directors. An
118 individual serving as a Florida Health Maintenance Organization
119 Consumer Assistance Plan director on the board must be a member
120 of the Florida Health Maintenance Organization Consumer
121 Assistance Plan's board of directors. The Florida Health
122 Maintenance Organization Consumer Assistance Plan director, or
123 his or her alternate, has the right to be present at all
124 meetings of the board and has full voting rights on all issues.

125 (c) A vacancy on the board shall be filled for the
126 remaining period of the term by a majority vote of the remaining



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127 board members, subject to the approval of the department. ~~Prior~~
128 ~~to the selection of the initial board of directors and the~~
129 ~~organization of the association, the department shall give~~
130 ~~notice to all member insurers of the time and place of the~~
131 ~~organizational meeting. At the organizational meeting, each~~
132 ~~member insurer shall be entitled to one vote, in person or by~~
133 ~~proxy. If the board of directors is not elected within 60 days~~
134 ~~after notice of the organizational meeting, the department may~~
135 ~~appoint the initial members.~~

136 Section 3. Present subsections (9) through (12) of section
137 631.717, Florida Statutes, are redesignated as subsections (12)
138 through (15), respectively, new subsections (9), (10), and (11)
139 are added to that section, subsections (2) and (3), paragraph
140 (c) of present subsection (9), and paragraph (g) of present
141 subsection (12) are amended, and paragraph (h) is added to
142 present subsection (12) of that section, to read:

143 631.717 Powers and duties of the association.—

144 (2) If a domestic insurer is an insolvent insurer, the
145 association shall, subject to the approval of the department:

146 (a) Guarantee, assume, reissue, or reinsure, or cause to be
147 guaranteed, assumed, reissued, or reinsured, the covered
148 policies of persons referred to in s. 631.713(2); and

149 (b) Provide moneys, pledges, notes, guarantees, or other
150 means that are proper and reasonably necessary to implement
151 paragraph (a) in order to assure payment of the contractual
152 obligations of the insolvent insurer with regard to persons
153 referred to in s. 631.713(2).

154 (3) If a foreign or alien insurer is an insolvent insurer,
155 the association shall, subject to the approval of the



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156 department:

157 (a) Guarantee, assume, reissue, or reinsure, or cause to be
158 guaranteed, assumed, reissued, or reinsured, the covered
159 policies of residents of this state; and

160 (b) Provide moneys, pledges, notes, guarantees, or other
161 means that are proper and reasonably necessary to implement
162 paragraph (a) in order to assure payment of the contractual
163 obligations of the insolvent insurer with regard to persons
164 referred to in s. 631.713(2).

165

166 However, this subsection does not apply when the department has
167 determined that the foreign or alien insurer's domiciliary
168 jurisdiction or state of entry provides, by statute, protection
169 substantially similar to that provided by this part for
170 residents of this state.

171 (9) For purposes of this part, benefits provided by a long-
172 term care rider to a life insurance policy or annuity contract
173 are considered the same type of benefits as the base life
174 insurance policy or annuity contract to which the rider relates.

175 (10) In the event of a potential long-term care insurer
176 impairment or insolvency, the association shall coordinate its
177 activities with the Florida Health Maintenance Organization
178 Consumer Assistance Plan, including the development of any plan
179 for handling the administration of the impairment or insolvency.

180 (11) The association shall share information, including
181 data, with and assist, as applicable, the board of directors of
182 the Florida Health Maintenance Organization Consumer Assistance
183 Plan with the administration and collection of member health
184 maintenance organization assessments for long-term care insurer



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185 impairments or insolvencies pursuant to ss. 631.715(2)(a)1.,
186 631.718(3)(b), 631.818(2), and 631.819(2)(c).

187 (12)(9) The association's liability for the contractual
188 obligations of the insolvent insurer must be as great as, but no
189 greater than, the contractual obligations of the insurer in the
190 absence of such insolvency, unless such obligations are reduced
191 as permitted by subsection (4), but the aggregate liability of
192 the association with respect to one life shall not exceed the
193 following:

194 (c) For all other benefits, including in long-term care
195 policies, \$300,000, including cash values, except as provided in
196 paragraph (d).

197
198 In no event is the association liable for any penalties or
199 interest.

200 (15)(12)

201 (g) In carrying out its duties in connection with
202 guaranteeing, assuming, reissuing, or reinsuring policies or
203 contracts under subsections (2) and (3), the association may,
204 subject to approval of the department receivership court, issue
205 an alternative policy or contract to substitute coverage for a
206 policy or contract providing that provides an interest rate,
207 crediting rate, or similar factor that was determined by use of
208 an index or other external reference stated in the policy or
209 contract and employed in calculating returns or changes in value
210 by issuing an alternative policy or contract. In lieu of the
211 index or other external reference provided for in the original
212 policy or contract, the alternative policy or contract must
213 provide for a fixed interest rate, payment of dividends with



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214 minimum guarantees, or a different method for calculating
215 interest or changes in value. In such case:

216 1. There is no requirement for evidence of insurability,
217 waiting period, or other exclusion that would not have applied
218 under the replaced policy or contract.

219 2. The alternative policy or contract shall be
220 substantially similar to the replaced policy or contract in all
221 other material terms.

222 (h) In accordance with the terms and conditions of the
223 policy or contract, the board may directly file for actuarially
224 justified rate or premium increases for any policy or contract
225 for which it provides coverage under this part.

226 Section 4. Paragraph (b) of subsection (3), paragraph (a)
227 of subsection (5), and subsection (8) of section 631.718,
228 Florida Statutes, are amended to read:

229 631.718 Assessments.—

230 (3)

231 (b)1. The amount of any Class B assessment, except for
232 assessments related to long-term care insurance, must ~~shall~~ be
233 allocated for assessment purposes among the accounts pursuant to
234 an allocation formula, which may be based on the premiums or
235 reserves of the impaired or insolvent insurer.

236 2. The amount of the Class B assessment for long-term care
237 insurance written by the impaired or insolvent insurer must be
238 allocated according to a methodology included in the plan of
239 operation and approved by the department. The methodology must
240 provide for 50 percent of the assessment to be allocated to
241 health member insurers and 50 percent to be allocated to life
242 and annuity member insurers.



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243 3. For the purposes of the methodology outlined in
244 subparagraph 2. and included in the plan of operation, the
245 health member insurers' share of the assessment must be
246 calculated by including the assessable premiums of member health
247 maintenance organizations of the Florida Health Maintenance
248 Organization Consumer Assistance Plan.

249 (5) (a) 1. The total of all assessments upon a member insurer
250 for each account may not in any one calendar year exceed 1
251 percent of the sum of the insurer's premiums written in this
252 state regarding business covered by the account received during
253 the 3 calendar years preceding the year in which the assessment
254 is made, divided by three. If premium information for the 3-year
255 period is not reasonably available for each member insurer, the
256 association may use any reasonably available premium
257 information.

258 2. For long-term care insurer impairments and insolvencies
259 only, the total assessments upon a member insurer or member
260 health maintenance organization of the Florida Health
261 Maintenance Organization Consumer Assistance Plan may not, in
262 any one calendar year, exceed 0.5 percent of the sum of the
263 member insurer's or member health maintenance organization's
264 premiums written in this state regarding business covered by the
265 account received during the calendar year preceding the year in
266 which the assessment is made. If premium information is not
267 reasonably available for each member insurer or member health
268 maintenance organization of the Florida Health Maintenance
269 Organization Consumer Assistance Plan, the association or the
270 Florida Health Maintenance Organization Consumer Assistance Plan
271 may use any reasonably available premium information.



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272 (8) The association shall issue to each member insurer
273 paying an assessment under this part, other than a Class A
274 assessment, a certificate of contribution, in a form prescribed
275 by the commission ~~department~~, for the amount of the assessment
276 so paid. All outstanding certificates are of equal dignity and
277 priority without reference to amounts or dates of issue. A
278 certificate of contribution may be shown by the insurer in its
279 financial statement as an asset in such form and for such
280 amount, if any, and period of time as the office ~~department~~
281 approves. However, any amount offset pursuant to s. 631.72 may
282 not be shown as an asset of the insurer on any of its financial
283 statements.

284 Section 5. Paragraph (b) of subsection (1), paragraph (f)
285 of subsection (3), and subsection (4) of section 631.721,
286 Florida Statutes, are amended to read:

287 631.721 Plan of operation.—

288 (1)

289 (b) ~~If the association fails to submit a suitable proposed~~
290 ~~plan of operation within 180 days following October 1, 1979, or~~
291 If at any time ~~thereafter~~ the association fails to submit
292 suitable amendments to the plan, the department shall, after
293 notice and hearing, adopt such reasonable rules as are necessary
294 to effectuate the provisions of this part. Such rules shall
295 continue in force until modified by the department or superseded
296 by a proposed plan submitted by the association and approved by
297 the department.

298 (3) The plan of operation shall, in addition to
299 requirements enumerated elsewhere in this part:

300 (f) Establish any additional procedures for assessments



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301 under s. 631.718, including procedures to share assessment
302 information, including data, with and assist, as applicable, the
303 board of directors of the Florida Health Maintenance
304 Organization Consumer Assistance Plan with the administration,
305 collection, and deposit of member health maintenance
306 organization assessments for long-term care insurer impairments
307 and insolvencies into the health account established under s.
308 631.715.

309 (4) The plan of operation may provide that any or all
310 powers and duties of the association, except those under ss.
311 631.717(13)(c) and 631.718 ~~ss. 631.717(10)(c) and 631.718~~, are
312 delegated to a corporation, association, or other organization
313 which performs or will perform functions similar to those of
314 this association, or its equivalent, in two or more states. Such
315 a corporation, association, or organization shall be reimbursed
316 for any payments made on behalf of the association and shall be
317 paid for its performance of any function of the association. A
318 delegation under this subsection shall take effect only with the
319 approval of both the board of directors and the department and
320 may be made only to a corporation, association, or organization
321 which extends protection not substantially less favorable and
322 effective than that provided by this part.

323 Section 6. Section 631.738, Florida Statutes, is created to
324 read:

325 631.738 Applicability as to certain member insurers and
326 health maintenance organizations.—The provisions of this part
327 which relate to long-term care assessment obligations do not
328 apply to:

329 (1) Any member insurer or health maintenance organization



330 that, on or before the effective date of this act, has been
331 adjudged insolvent by a court of competent jurisdiction or has
332 been determined by the department or by the office to be
333 impaired.

334 (2) Any nonprofit health maintenance organization that
335 operates only in this state and whose statutory capital and
336 surplus is less than \$200 million as of December 31 of the year
337 preceding the year in which the assessment is made.

338 Section 7. Subsection (7) is added to section 631.816,
339 Florida Statutes, to read:

340 631.816 Board of directors.—

341 (7) Subject to the approval of the department, the board
342 shall designate one representative to serve as a member of the
343 board of directors of the Florida Life and Health Insurance
344 Guaranty Association pursuant to s. 631.716(1). The
345 representative, or his or her alternate, has the right to be
346 present during all meetings of the association board of
347 directors and shall have full voting rights.

348 Section 8. Present subsections (2) through (6) of section
349 631.818, Florida Statutes, are renumbered as subsections (3)
350 through (7), respectively, a new subsection (2) is added to that
351 section, present subsection (4) is amended, present paragraph
352 (f) of present subsection (6) is redesignated as paragraph (g),
353 and a new paragraph (f) is added to that subsection, to read:

354 631.818 Powers and duties of the plan.—

355 (2) In the event of a long-term care insurer impairment or
356 insolvency, pursuant to s. 631.819(2)(c), the plan shall:

357 (a) Collect and transmit all information requested by the
358 Florida Life and Health Insurance Guaranty Association for the



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359 association to determine the appropriate assessment base of the
360 health insurance account pursuant to ss. 631.715(2)(a)1. and
361 631.718(3)(b).

362 (b) Levy and collect assessments from HMOs.

363 (c) Coordinate the administration and collection of member
364 HMO assessments for long-term care insurer impairments and
365 insolvencies with the Florida Life and Health Insurance Guaranty
366 Association.

367 (5)~~(4)~~ The plan may render assistance and advice to the
368 department, at the department's request, concerning
369 rehabilitation, payment of claims, continuance of coverage, or
370 the performance of other contractual obligations of any HMO
371 subject to a delinquency proceeding ~~or a proceeding under s.~~
372 624.90.

373 (7)~~(6)~~ The plan may:

374 (f) In the event of a long-term care insurer impairment or
375 insolvency, coordinate with the Florida Life and Health
376 Insurance Guaranty Association to carry out the responsibilities
377 of the association for the limited purpose of the long-term care
378 insurer impairment or insolvency, including the development of
379 any plan for handling the administration of the impairment or
380 insolvency.

381 Section 9. Subsections (1) and (3) of section 631.819,
382 Florida Statutes, are amended, paragraph (c) is added to
383 subsection (2), and subsection (6) is added to that section, to
384 read:

385 631.819 Assessments.—

386 (1) For the purposes of providing the funds necessary to
387 carry out the powers and duties of the plan, the board of



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388 directors shall assess the member HMOs at such time and for such
389 amounts as the board finds necessary. Assessments shall be due
390 not less than 30 days after written notice to the member HMOs
391 insurers.

392 (2) Assessments for funds to meet the requirements of the
393 plan with respect to an insolvent HMO shall not be made until
394 necessary to implement the purposes of this part. In order to
395 carry out its duties and powers under this part, upon the
396 insolvency of an HMO, the plan shall levy and collect
397 assessments as follows:

398 (c) For the purposes of long-term care insurer impairment
399 and insolvency assessments under s. 631.718(3)(b), member HMOs
400 must be assessed in the same manner as member insurers of the
401 Florida Life and Health Insurance Guaranty Association under
402 part III of this chapter. Long-term care insurer impairment and
403 insolvency assessments must be levied and collected by the plan
404 pursuant to this part, deposited into the health insurance
405 account established under s. 631.715, and used solely for long-
406 term care insurer impairment or insolvency obligations.
407 Assessments collected from member HMOs are considered part of
408 and satisfy the obligations of the health insurance account
409 under ss. 631.715(2)(a)1. and 631.718(3)(b).

410 (3) All assessments against HMOs, including long-term care
411 insurer impairment and insolvency assessments, must ~~shall~~ be
412 levied as a percentage of annual earned premium revenue for non-
413 Medicare and non-Medicaid contracts. In no event may the plan
414 assess in any calendar year more than 0.5 percent of each HMO's
415 annual earned premium revenue for non-Medicare and non-Medicaid
416 contracts.



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417 (6) The plan shall issue, in a form prescribed by the
418 commission, a certificate of contribution to each member HMO
419 paying a long-term care insurer impairment or insolvency
420 assessment under this part for the amount of the assessment so
421 paid. All outstanding certificates are of equal dignity and
422 priority without reference to amounts or dates of issue. A
423 certificate of contribution may be shown by the member HMO in
424 its financial statement as an asset in such form and for such
425 amount and period of time as the office approves. However, any
426 amount offset pursuant to s. 631.828 may not be shown as an
427 asset of the member HMO on any of its financial statements.

428 Section 10. Paragraph (f) of subsection (3) and paragraph
429 (a) of subsection (4) of section 631.820, Florida Statutes, are
430 amended to read:

431 631.820 Plan of operation.—

432 (3) The plan of operation shall, in addition to
433 requirements enumerated elsewhere in this part:

434 (f) Establish any additional procedures for assessments
435 under this part, including procedures to coordinate the
436 administration and collection of member HMO assessments for
437 long-term care insurer impairments and insolvencies with the
438 board of directors of the Florida Life and Health Insurance
439 Guaranty Association.

440 (4) (a) The plan of operation may provide that any or all
441 powers and duties of the plan, except those under ss.
442 631.818(7) (b) and (c) and 631.819 ss. ~~631.818(6) (b) and (c) and~~
443 ~~631.819~~, are delegated to an administrator that ~~which~~ may be a
444 corporation, association, or other organization that ~~which~~
445 performs or will perform functions similar to those of this



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446 plan, or its equivalent.

447 Section 11. Subsection (2) of section 631.821, Florida
448 Statutes, is amended to read:

449 631.821 Powers and duties of the department.—

450 (2) Any action of the board of directors of the plan may be
451 appealed to the office by any member HMO if such appeal is taken
452 within 21 days of the action being appealed; however, the HMO
453 must comply with such action pending exhaustion of appeal ~~under~~
454 ~~s. 631.818(2)~~. Any appeal shall be promptly determined by the
455 office, and final action or order of the office shall be subject
456 to judicial review in a court of competent jurisdiction.

457 Section 12. The amendments made by this act to ss. 631.713,
458 631.717, 631.718, 631.721, 631.818, 631.819, and 631.820,
459 Florida Statutes, apply only to assessments that result from a
460 long-term care insurer being adjudged insolvent by a court of
461 competent jurisdiction or being determined by the Office of
462 Insurance Regulation to be impaired on or after the effective
463 date of this act.

464 Section 13. The Division of Law Revision is directed to
465 replace the phrase "the effective date of this act" wherever it
466 occurs in this act with the date this act becomes a law.

467 Section 14. This act shall take effect upon becoming a law.

468
469 ===== T I T L E A M E N D M E N T =====

470 And the title is amended as follows:

471 Delete everything before the enacting clause
472 and insert:

473 A bill to be entitled

474 An act relating to insurer guaranty associations;



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475 amending s. 631.713, F.S.; revising applicability of
476 part III of ch. 631, F.S., as to health maintenance
477 organizations, long-term care insurance benefits,
478 certain health care benefits, and certain structured
479 settlement annuity benefits; amending s. 631.716,
480 F.S.; revising the number of members and composition
481 of the Florida Life and Health Insurance Guaranty
482 Association's board of directors; specifying
483 requirements relating to the director of the Florida
484 Health Maintenance Organization Consumer Assistance
485 Plan to be confirmed to the association's board;
486 specifying rights of the director or his or her
487 alternate; deleting an obsolete provision; amending s.
488 631.717, F.S.; adding the reissuance of covered
489 policies to a list of duties of the association
490 relating to insolvent insurers; providing
491 construction; specifying duties of the association as
492 to potential long-term care insurer impairments or
493 insolvencies, sharing information, and providing
494 assistance to the Florida Health Maintenance
495 Organization Consumer Assistance Plan's board of
496 directors; revising applicability of a specified limit
497 on the association's liability for the contractual
498 obligations of an insolvent insurer; conforming a
499 provision to changes made by the act; requiring that
500 the Department of Financial Services, rather than a
501 receivership court, approve certain alternative
502 policies or contracts; authorizing the board to file
503 directly for actuarially justified rate or premium



504 increases; amending s. 631.718, F.S.; specifying the
505 calculation and allocation of Class B assessments for
506 long-term care insurance; specifying a limit on
507 certain assessments on a member insurer or member
508 health maintenance organization; providing that the
509 Financial Services Commission, rather than the
510 department, prescribes the form of a certain
511 certificate of contribution; providing that the Office
512 of Insurance Regulation, rather than the department,
513 approves certain assets shown on insurer financial
514 statements; conforming provisions to changes made by
515 the act; amending s. 631.721, F.S.; deleting an
516 obsolete provision; revising the requirements of the
517 association's plan of operation relating to long-term
518 care insurer impairments and insolvencies; conforming
519 a cross-reference; creating s. 631.738, F.S.;
520 providing that certain provisions do not apply to
521 certain member insurers and health maintenance
522 organizations; amending s. 631.816, F.S.; adding
523 duties of the board of directors of the Florida Health
524 Maintenance Organization Consumer Assistance Plan to
525 conform to changes made by the act; amending s.
526 631.818, F.S.; adding to the duties of the plan to
527 conform to changes made by the act; amending s.
528 631.819, F.S.; specifying requirements for long-term
529 care insurer impairment and insolvency assessments for
530 member health maintenance organizations; requiring the
531 plan to issue certificates of contribution to member
532 health maintenance organizations paying certain



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533 assessments; specifying requirements of, and the use
534 of, such certificates; amending s. 631.820, F.S.;
535 conforming provisions to changes made by the act;
536 amending s. 631.821, F.S.; making a technical change;
537 providing applicability; providing a directive to the
538 Division of Law Revision; providing an effective date.