See HB

By Senator Forman

32-1346-98

26

27

28

29

30

A bill to be entitled 1 2 An act relating to health insurance; amending s. 627.6484, F.S.; providing limitations on 3 4 applications for insurance under certain 5 circumstances; deleting requirements and 6 criteria for a market assistance plan; amending 7 s. 627.6486, F.S., to conform; amending s. 627.6492, F.S.; exempting certain insurers from 8 9 certain assessments under certain 10 circumstances; providing an exception; 11 providing requirements; providing an effective 12 date. 13 14 Be It Enacted by the Legislature of the State of Florida: 15 16 Section 1. Section 627.6484, Florida Statutes, is 17 amended to read: 627.6484 Termination of enrollment; availability of 18 19 other coverage. --20 (1) The association may shall accept up to 5,000 21 applications for insurance at a rate of up to 1,000 22 applications annually for a 5-year period, exclusive of 23 replacement applications only until June 30, 1991, after which date no further applications may be accepted. Upon receipt of 24 25 an application for insurance, the association shall issue

applications in such group would exceed the 1,000 application

applications received on the same day at the same time shall

be processed as a group, provided, if processing the number of

coverage for an eligible applicant. Applications shall be

processed on a first-come, first-served basis. All

limit for a given year, such group shall be held for

would not exceed such limit. When appropriate, the administrator shall forward a copy of the application to a market assistance plan created by the department, which shall conduct a diligent search of the private marketplace for a carrier willing to accept the application.

- (2) The department shall, after consultation with the health insurers licensed in this state, adopt a market assistance plan to assist in the placement of risks of Florida Comprehensive Health Association applicants. All health insurers and health maintenance organizations licensed in this state shall participate in the plan.
- (3) Guidelines for the use of such program shall be a part of the association's plan of operation. The guidelines shall describe which types of applications are to be exempt from submission to the market assistance plan. An exemption shall be based upon a determination that due to a specific health condition an applicant is ineligible for coverage in the standard market. The guidelines shall also describe how the market assistance plan is to be conducted, and how the periodic reviews to depopulate the association are to be conducted.
- (4) If a carrier is found through the market assistance plan, the individual shall apply to that company. If the individual's application is accepted, association coverage shall terminate upon the effective date of the coverage with the private carrier. For the purpose of applying a preexisting condition limitation or exclusion, any carrier accepting a risk pursuant to this section shall provide coverage as if it began on the date coverage was effectuated on behalf of the association, and shall be

indemnified by the association for claims costs incurred as a result of utilizing such effective date.

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

Section 2. Paragraph (f) of subsection (2) of section 627.6486, Florida Statutes, is amended to read:

627.6486 Eligibility.--

(2)

(f) No person is eligible for coverage under the plan unless such person has been rejected by two insurers for coverage substantially similar to the plan coverage and no insurer has been found through the market assistance plan pursuant to s. 627.6484 that is willing to accept the application. As used in this paragraph, "rejection" includes an offer of coverage with a material underwriting restriction or an offer of coverage at a rate greater than the association plan rate.

Section 3. Subsection (4) is added to section 627.6492, Florida Statutes, to read:

627.6492 Participation of insurers.--

(4) An insurer is exempt from the assessment imposed under this section for all administrative costs and losses incurred by all policyholders enrolled after January 1, 1999, if such insurer has assumed the risk of insurance for a proportionate number of persons from the Florida Comprehensive Health Association pool of new applicants equal to the percentage such insurer has in relation to the total insurance coverage provided by all insurers. An insurer may not be exempt from the assessment imposed under this section if such

insurer's market percentage in relation to the total insurance coverage provided by all insurers is less than 2 percent. Administrative costs and losses incurred by all policyholders prior to January 1, 1999, shall be distributed as provided in this section. Participation of insurers shall continue until such time as the pool of insureds ceases to exist. Section 4. This act shall take effect October 1 of the year in which enacted. HOUSE SUMMARY Provides limitations on applications for insurance through the Florida Comprehensive Health Association. Deletes requirements for a market assistance plan for placement of risks. Exempts insurers from assessments for administrative costs and losses incurred by policyholders under specific circumstances. See bill for details.