By the Committee on Banking and Insurance and Senator Forman

311-2060A-98

30

1	A bill to be entitled
2	An act relating to health insurance; amending
3	s. 627.6484, F.S.; providing limitations on
4	applications for insurance under certain
5	circumstances; amending s. 627.6486, F.S.;
6	revising eligibility requirements; creating s.
7	627.649, F.S.; authorizing the Department of
8	Insurance to privatize the administration of
9	the claims and the program; authorizing the
LO	department to assess and collect assessments;
L1	providing an effective date.
L2	
L3	Be It Enacted by the Legislature of the State of Florida:
L4	
L5	Section 1. Subsection (1) of section 627.6484, Florida
L6	Statutes, is amended to read:
L7	627.6484 Termination of enrollment; availability of
L8	other coverage
L9	(1) The association may shall accept applications for
20	up to 500 insureds for a 1-year period beginning January 1,
21	1999, exclusive of replacement insurance only until June 30,
22	1991, after which date no further applications may be
23	accepted. Upon receipt of an application for insurance, the
24	association shall issue coverage for an eligible applicant.
25	Applications shall be processed on a first-come, first-served
26	basis. All applications received on the same day at the same
27	time shall be processed as a group; however, if processing the
28	number of applications in such group would exceed the
29	500-insureds limit for the year, such group shall be held for

1

processing until processing such application would not cause

31 the limit to be exceeded. The acceptance of the new insureds

CODING: Words stricken are deletions; words underlined are additions.

provided in this section shall be subject to review by the department at the end of the 1-year enrollment period. The purpose of this review shall be to determine the impact, if any, of the new enrollment on standard market rates and to study the effectiveness of the association or other means of providing access to health insurance to the medically uninsurable in this state. 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.

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

627.6486 Eligibility.--

15 (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. Section 627.649, Florida Statutes, is created to read:

627.649 Privatization of the program.--The Department of Insurance shall develop and issue a request for proposal and enter into a contract with an entity qualified to administer claims to privatize the administration of the existing claims of the Florida Comprehensive Health

Association or in the alternative is authorized to issue a request for proposal and enter into a contract with an 2 3 authorized insurer to assume all risks in the Florida 4 Comprehensive Health Association. Premiums shall be 5 established pursuant to the provisions of s. 627.6498. The 6 Department of Insurance shall assess and collect from insurers 7 any deficits. The department shall reimburse such assessments 8 to the insurer administering the program. This section shall 9 take effect July 1, 1998, and must be implemented by July 1, 1999. 10 11 Section 4. Except as otherwise provided in this act, 12 this act shall take effect October 1, 1998. 13 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR Senate Bill 1116 14 15 16 Re-opens the Florida Comprehensive Health Association (FCHA) for enrollment for health insurance coverage for up to 500 17 persons for a 1-year period. 18 Revises the eligibility criteria to deem a person eligible only if the person has been rejected by two insurers for similar coverage or has received an offer of coverage with a material underwriting restriction. 19 20 21 Requires the Department of Insurance to review the impact of the new enrollment on the standard market rates and to study 22 the effectiveness of the association or other means of providing access to health insurance to the medically 23 uninsurable. 24 Requires the Department of Insurance to develop and issue a request for proposal to privatize the administration of the FCHA's claims or, as an alternative, issue a request for proposal and enter into contract with an authorized insurer to assume all the risks in the FCHA. Requires premiums to be established pursuant to s. 627.6498, F.S., (the current law that specifies how FCHA rates are determined). Requires the department to assess and collect from insurers any deficits and reimburse such assessments to the insurer administering the program 25 26 27 2.8 29 the program. Deletes provisions of the bill providing an exemption from assessments for insurer writing coverage for their proportionate share of FCHA policyholders. 30 31

3