Florida Senate - 1999

 $\mathbf{B}\mathbf{y}$ the Committee on Banking and Insurance; and Senator Brown-Waite

1A bill to be entitled2An act relating to health maintenance3organizations; amending s. 641.31, F.S.;4revising the procedures and standards for rate5changes made by an organization; deleting6current provisions that allow rate changes to7be implemented immediately upon filing with the8Department of Insurance, subject to9disapproval; requiring rate changes to be filed10with the department a specified time period11prior to use; providing that a filing is deemed12approved after a certain time period absent13affirmative approval or disapproval by the14department; making conforming changes;15providing an effective date.1617Be It Enacted by the Legislature of the State of Florida:1819Section 1. Subsections (2) and (3) of section 641.31,19Florida Statutes, are amended to read:21641.31 Health maintenance contracts22(2) The rates charged by any health maintenance23organization to its subscribers shall not be excessive,24inadequate, or unfairly discriminatory <u>or follow a rating</u> 25methodology that is inconsistent, indeterminate, or ambiguous		311-1726A-99
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25 <u>methodology that is inconsistent, indeterminate, or ambiguous</u>	24	inadequate, or unfairly discriminatory <u>or follow a rating</u>
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26 <u>or encourages misrepresentation or misunderstanding</u> . The	26	or encourages misrepresentation or misunderstanding. The
27 department, in accordance with generally accepted actuarial	27	department, in accordance with generally accepted actuarial
28 practice as applied to health maintenance organizations, may	28	practice as applied to health maintenance organizations, may
29 define by rule what constitutes excessive, inadequate, or	29	define by rule what constitutes excessive, inadequate, or
30 unfairly discriminatory rates and may require whatever	30	unfairly discriminatory rates and may require whatever
31	31	

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

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1 information it deems necessary to determine that a rate or 2 proposed rate meets the requirements of this subsection. 3 (3)(a) If a health maintenance organization desires to 4 amend any contract with its subscribers or any certificate or 5 member handbook, or desires to change any rate charged for the б contract or to change any basic health maintenance contract, 7 certificate, grievance procedure, or member handbook form, or application form where written application is required and is 8 9 to be made a part of the contract, or printed amendment, 10 addendum, rider, or endorsement form or form of renewal 11 certificate, it may do so, upon filing with the department the proposed change or, amendment, or change in rates. 12 Any 13 proposed change shall be effective immediately, subject to 14 disapproval by the department. Following receipt of notice of 15 such disapproval or withdrawal of approval, no health maintenance organization shall issue or use any form or rate 16 17 disapproved by the department or as to which the department has withdrawn approval. 18 19 (b) Any change in the rate is subject to paragraph (d) 20 and requires at least 30 days' advance written notice to the 21 subscriber. In the case of a group member, there may be a contractual agreement with the health maintenance organization 22 to have the employer provide the required notice to the 23 24 individual members of the group. 25 (c)(b) The department shall disapprove any form filed under this subsection, or withdraw any previous approval 26 27 thereof, if the form: 28 Is in any respect in violation of, or does not 1. 29 comply with, any provision of this part or rule adopted thereunder. 30 31 2

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1 2. Contains or incorporates by reference, where such 2 incorporation is otherwise permissible, any inconsistent, 3 ambiguous, or misleading clauses or exceptions and conditions 4 which deceptively affect the risk purported to be assumed in 5 the general coverage of the contract. б 3. Has any title, heading, or other indication of its 7 provisions which is misleading. Is printed or otherwise reproduced in such a manner 8 4. 9 as to render any material provision of the form substantially 10 illegible. 11 5. Contains provisions which are unfair, inequitable, or contrary to the public policy of this state or which 12 13 encourage misrepresentation. 14 6. Charges rates that are determined by the department 15 to be inadequate, excessive, or unfairly discriminatory, or 16 the rating methodology followed by the health maintenance 17 organization is determined by the department to be inconsistent, indeterminate, ambiguous, or encouraging 18 19 misrepresentation or misunderstanding. Use of the rating 20 methodology must be discontinued immediately upon disapproval unless the health maintenance organization seeks 21 22 administrative relief. If a new rating methodology is filed with the department, the premiums determined by such newly 23 24 filed rating methodology may apply prospectively only to new 25 or renewal business written on or after the effective date of the responsive filing made by the health maintenance 26 organization. 27 28 6.7. Excludes coverage for human immunodeficiency 29 virus infection or acquired immune deficiency syndrome or contains limitations in the benefits payable, or in the terms 30 31 or conditions of such contract, for human immunodeficiency 3 **CODING:**Words stricken are deletions; words underlined are additions.

1 virus infection or acquired immune deficiency syndrome which 2 are different than those which apply to any other sickness or 3 medical condition. 4 (d) Any change in rates charged for the contract must 5 be filed with the department not less than 30 days in advance б of the effective date. At the expiration of such 30 days, the 7 rate filing shall be deemed approved unless prior to such time 8 the filing has been affirmatively approved or disapproved by order of the department. The approval of the filing by the 9 10 department constitutes a waiver of any unexpired portion of 11 such waiting period. The department may extend by not more than an additional 15 days the period within which it may so 12 affirmatively approve or disapprove any such filing, by giving 13 notice of such extension before expiration of the initial 14 15 30-day period. At the expiration of any such period as so extended, and in the absence of such prior affirmative 16 17 approval or disapproval, any such filing shall be deemed 18 approved. (e) (c) It is not the intent of this subsection to 19 20 restrict unduly the right to modify rates in the exercise of 21 reasonable business judgment. Section 2. This act shall take effect July 1, 1999, 22 and shall apply to policies and contracts issued or renewed on 23 24 or after that date. 25 26 27 28 29 30 31 4

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1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2	Senate Bill 1238
3	
4	Applies to Health Maintenance Organizations the same rate
5	filing procedures that apply to health insurers, requiring HMOs to file rates at least 30 days in advance of use. The
б	department may approve or disapprove the rate during this 30-day period, or during an extended period of an additional
7	15 days if the department gives notice of the extension. If the department disapproves the rate during this period, the
8	HMO may not use the rate but may pursue its administrative hearing rights if it challenges the department's findings. If, however, the department does not affirmatively approve or
9	disapprove the rate during this 30 to 45-day time period, the
10	rate is deemed approved.
11	Deletes the provisions of the bill that would have continued to allow an HMO to use rates immediately upon filing with the
12	department, subject to department disapproval, but would have further authorized the department to order refunds of amounts
13	charged in excess of the approved rate.
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