Bill No. CS for CS for SB 370

Amendment No. ____ Barcode 541416

	CHAMBER ACTION Senate House
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11	Senator Smith moved the following amendment to amendment
12	(104940):
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14	Senate Amendment (with title amendment)
15	On page 56, between lines 5 and 6,
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17	insert:
18	Section 48. Paragraph (i) of subsection (5) of section
19	627.6699, Florida Statutes, is amended to read:
20	627.6699 Employee Health Care Access Act
21	(5) AVAILABILITY OF COVERAGE
22	(i)1. A small employer carrier need not offer coverage
23	or accept applications pursuant to paragraph (a):
24	a. To a small employer if the small employer is not
25	physically located in an established geographic service area
26	of the small employer carrier, provided such geographic
27	service area shall not be less than a county;
28	b. To an employee if the employee does not work or
29	reside within an established geographic service area of the
30	small employer carrier; or
31	c. To a small employer group within an area in which

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29 30 the small employer carrier reasonably anticipates, and demonstrates to the satisfaction of the department, that it cannot, within its network of providers, deliver service adequately to the members of such groups because of obligations to existing group contract holders and enrollees; or.

- d. To a small employer group that has previously been issued coverage by that same small employer carrier and that, within the previous 12 months, was terminated by that same small employer carrier for one or more of the following reasons:
- (I) The small employer group failed to pay premiums or contributions in accordance with the terms of the policy, except that premiums paid not more than 30 days after the due date shall not apply to the provisions of this sub-subparagraph.
- (II) The small employer group performed an act or practice constituting fraud or made an intentional misrepresentation of material fact under the terms of the policy.
- 2. A small employer carrier that cannot offer coverage pursuant to sub-subparagraph 1.c. may not offer coverage in the applicable area to new cases of employer groups having more than 50 eligible employees or small employer groups until the later of 180 days following each such refusal or the date on which the carrier notifies the department that it has regained its ability to deliver services to small employer groups.
- 3.a. A small employer carrier may deny health insurance coverage in the small-group market if the carrier 31 has demonstrated to the department that:

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- (I) It does not have the financial reserves necessary to underwrite additional coverage; and
- (II) It is applying this sub-subparagraph uniformly to all employers in the small-group market in this state consistent with this section and without regard to the claims experience of those employers and their employees and their dependents or any health-status-related factor that relates to such employees and dependents.
- A small employer carrier, upon denying health insurance coverage in connection with health benefit plans in accordance with sub-subparagraph a., may not offer coverage in connection with group health benefit plans in the small-group market in this state for a period of 180 days after the date such coverage is denied or until the insurer has demonstrated to the department that the insurer has sufficient financial reserves to underwrite additional coverage, whichever is later. The department may provide for the application of this sub-subparagraph on a service-area-specific basis.
- Beginning in 1994, the department shall, by rule, require each small employer carrier to report, on or before March 1 of each year, its gross annual premiums for all health benefit plans issued to small employers during the previous calendar year, and also to report its gross annual premiums for new, but not renewal, standard and basic health benefit plans subject to this section issued during the previous calendar year. No later than May 1 of each year, the department shall calculate each carrier's percentage of all small employer group health premiums for the previous calendar year and shall calculate the aggregate gross annual premiums for new, but not renewal, standard and basic health benefit 31 plans for the previous calendar year.

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    (Redesignate subsequent sections.)
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   ======= T I T L E A M E N D M E N T =========
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   And the title is amended as follows:
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          On page 102, line 29, following the semicolon
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    insert:
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          amending s. 627.6699, F.S.; revising certain
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          criteria of the small employer health
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          reinsurance program;
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