Amendment No. (for drafter's use only)

CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 11 Representative Negron offered the following: 12 13 Amendment (with title amendment) 14 Between lines 27 and 28, insert: 15 Section 1. Paragraph (g) of subsection (1) of section 16 17 626.9541, Florida Statutes, is amended to read: 18 626.9541 Unfair methods of competition and unfair or 19 deceptive acts or practices defined .--20 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS. -- The following are defined as unfair methods of 21 22 competition and unfair or deceptive acts or practices: 23 (q) Unfair discrimination. --Knowingly making or permitting any unfair 24 25 discrimination between individuals of the same actuarially 26 supportable class and equal expectation of life, in the rates

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charged for any life insurance or annuity contract, in the

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dividends or other benefits payable thereon, or in any other of
the terms and conditions of such contract.

- Knowingly making or permitting any unfair discrimination between individuals of the same actuarially supportable class, as determined at the original time of issuance of the coverage, and essentially the same hazard, in the amount of premium, policy fees, or rates charged for any policy or contract of accident, disability, or health insurance, in the benefits payable thereunder, in any of the terms or conditions of such contract, or in any other manner whatever. Unfair discrimination includes predatory pricing structures which result or are reasonably expected to result in rate escalations resulting in a death spiral, which is a rate escalation caused by segmenting healthy and unhealthy lives resulting in an ultimate pool of primarily less healthy insureds. The Financial Services Commission may, by rule, define other unfairly discriminatory or predatory health insurance rating practices.
- 3. For a health insurer, life insurer, disability insurer, property and casualty insurer, automobile insurer, or managed care provider to underwrite a policy, or refuse to issue, reissue, or renew a policy, refuse to pay a claim, cancel or otherwise terminate a policy, or increase rates based upon the fact that an insured or applicant who is also the proposed insured has made a claim or sought or should have sought medical or psychological treatment in the past for abuse, protection from abuse, or shelter from abuse, or that a claim was caused in the past by, or might occur as a result of, any future assault, battery, or sexual assault by a family or household member upon

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- another family or household member as defined in s. 741.28. A health insurer, life insurer, disability insurer, or managed care provider may refuse to underwrite, issue, or renew a policy based on the applicant's medical condition, but shall not consider whether such condition was caused by an act of abuse. For purposes of this section, the term "abuse" means the occurrence of one or more of the following acts:
- a. Attempting or committing assault, battery, sexual assault, or sexual battery;
- b. Placing another in fear of imminent serious bodily injury by physical menace;
 - c. False imprisonment;
 - d. Physically or sexually abusing a minor child; or
 - e. An act of domestic violence as defined in s. 741.28.

This subparagraph does not prohibit a property and casualty insurer or an automobile insurer from excluding coverage for intentional acts by the insured if such exclusion does not constitute an act of unfair discrimination as defined in this paragraph.

Remove line(s) 11, and insert:

An act relating to health insurance; amending s. 626.9541, F.S.; revising a definition of unfair discrimination; authorizing the Financial Services Commission to define certain health insurance rating practices as unfairly discriminatory or predatory, by rule; amending s. 627.410,