CHAMBER ACTION

<u>Senate</u> <u>House</u>

Representative Farkas offered the following:

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Amendment (with title amendment)

Between lines 116 and 117, insert:

Section 6. Section 627.94076, Florida Statutes, is created to read:

627.94076 Time limit on certain defenses.--Notwithstanding the provisions of s. 627.607, each long-term care insurance policy shall provide that the policy shall be incontestable after it has been in force during the lifetime of the insured for a period of 2 years after its date of issue except for nonpayment of premiums.

Section 7. Section 627.9403, Florida Statutes, is amended to read:

627.9403 Scope.--The provisions of this part shall apply to long-term care insurance policies delivered or issued for delivery in this state, and to policies delivered or issued for 538987

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- delivery outside this state to the extent provided in s. 18 627.9406, by an insurer, a fraternal benefit society as defined 19 in s. 632.601, a health maintenance organization as defined in 20 21 s. 641.19, a prepaid health clinic as defined in s. 641.402, or a multiple-employer welfare arrangement as defined in s. 22 624.437. A policy which is advertised, marketed, or offered as a 23 long-term care policy and as a Medicare supplement policy shall 24 25 meet the requirements of this part and the requirements of ss. 627.671-627.675 and, to the extent of a conflict, be subject to 26 the requirement that is more favorable to the policyholder or 27 28 certificateholder. The provisions of this part shall not apply to a continuing care contract issued pursuant to chapter 651 and 29 30 shall not apply to quaranteed renewable policies issued prior to October 1, 1988. Any limited benefit policy that limits coverage 31 to care in a nursing home or to one or more lower levels of care 32 required or authorized to be provided by this part or by 33 commission rule is a type of long-term care insurance policy 34 that must meet all requirements of this part that apply to long-35 term care insurance policies, except ss. 627.9407(3)(c), (9), 36 (10)(f), and (12) and 627.94073(2). If the limited benefit 37 policy does not provide coverage for care in a nursing home, but 38 39 does provide coverage for one or more lower levels of care, the policy shall also be exempt from the requirements of s. 40 627.9407(3)(d). 41
 - Section 8. Subsections (1) and (7) of section 627.9404, Florida Statutes, are amended to read:

627.9404 Definitions.--For the purposes of this part:

(1) "Long-term care insurance policy" means any insurance policy or rider advertised, marketed, offered, or designed to 538987

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provide coverage on an expense-incurred, indemnity, prepaid, or 47 other basis for one or more necessary or medically necessary 48 diagnostic, preventive, therapeutic, curing, treating, 49 mitigating, rehabilitative, maintenance, or personal care 50 services provided in a setting other than an acute care unit of 51 52 a hospital. Long-term care insurance shall not include any insurance policy which is offered primarily to provide basic 53 54 Medicare supplement coverage, basic hospital expense coverage, 55 basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability 56 57 income protection coverage, accident only coverage, specified disease or specified accident coverage, or limited benefit 58 59 health insurance coverage not otherwise defined as long-term care insurance. 60

(7) "Limited benefit policy" means any <u>long-term care</u>
<u>insurance</u> policy that limits coverage to care in a nursing home
or to one or more lower levels of care required or authorized to
be provided by this part or by commission rule.

Section 9. Subsections (3) and (7) of section 627.9407, Florida Statutes, are amended to read:

627.9407 Disclosure, advertising, and performance standards for long-term care insurance.--

- (3) RESTRICTIONS.--A long-term care insurance policy may not:
- (a) Be canceled, nonrenewed, or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificateholder; however, the office may authorize nonrenewal for an insurer on a statewide basis on terms and conditions determined to be 538987

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necessary by the office to protect the interests of the insureds, if the insurer demonstrates that renewal will jeopardize the insurer's solvency or that substantial and unexpected loss experience cannot reasonably be mitigated or remedied.

- (b) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same insurer or any affiliated insurer, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder.
- (c) Restrict its coverage to care only in a nursing home licensed pursuant to part II of chapter 400 or provide significantly more coverage for such care than coverage for lower levels of care. The commission shall adopt rules defining what constitutes significantly more coverage in nursing homes licensed pursuant to part II of chapter 400 than for lower levels of care.
- (d) Provide coverage for less than 24 consecutive months for nursing home care for each covered person.
- (d) (e) Contain an elimination period in excess of 180 days. As used in this paragraph, the term "elimination period" means the number of days at the beginning of a period of confinement for which no benefits are payable.
 - (7) RATE STRUCTURE. --
- (a) A long-term care insurance policy may not be issued if the premiums to be charged are calculated to increase based solely on the age of the insured.

- (b) Any long-term care insurance policy or certificate issued or renewed, at the option of the policyholder or certificateholder, shall make available to the insured the contingent benefit upon lapse as provided in the Long-Term Care Insurance Model Regulation adopted by the National Association of Insurance Commissioners in the second quarter of the year 2000.
- (c) Any premium increase for existing insureds shall not result in a premium charged to the insureds that would exceed the premium charged on a newly issued insurance policy, except to reflect benefit differences. If the insurer is not currently issuing new coverage, the new business rate shall be as published by the office at the rate representing the new business rate of insurers representing 80 percent of the carriers currently issuing policies with similar coverage as determined by the prior calendar year earned premium.
- (d) Compliance with the pooling provisions of s.

 627.410(6)(e)3. shall be determined by pooling the experience of all affiliated insurers.
- Section 10. Subsection (3) of section 641.2018, Florida Statutes, is amended to read:
- 641.2018 Limited coverage for home health care authorized.--
- (3) Any contract that limits coverage to home health care benefits as provided in this section must also meet all of the requirements of ss. 627.9403-627.9408 of the Long-Term Care Insurance Act, except s. $627.9407(3)(c)_{7}$ (d), and (9).
- Section 11. <u>This act shall apply to long-term care</u>
 insurance policies issued or renewed on or after July 1, 2006.
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For any long-term care insurance policy issued prior to July 1,
2006, the provisions of section 6 shall apply to such policy
only upon renewal of such policy on or after July 1, 2008, and
the policy shall so provide by endorsement to the policy.

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providing an effective date.

Remove line 38 and insert:

and Legislature; creating s. 627.94076, F.S.; requiring long-term care insurance policies to provide incontestability after a certain time period; providing an exception; amending s. 627.9403, F.S.; specifying that certain limited benefit policies are a type of long-term care insurance policy; deleting an exemption from a minimum time period coverage requirement for certain limited benefit policies; amending s. 627.9404, F.S.; revising definitions; amending s. 627.9407, F.S.; revising certain restrictions on long-term care insurance policies; providing additional rate structure requirements for long-term care insurance policies; amending s. 641.2018, F.S.; correcting a cross-reference; providing application;