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LEGISLATIVE ACTION

Senate

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House

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Senator Gaetz moved the following:

Senate Amendment (with title amendment)

Delete line 1912

and insert:

Section 34. Subsection (1) of section 651.105, Florida Statutes, is amended to read:

651.105 Examination and inspections.—

(1) The office may at any time, and shall at least once every 5 ~~3~~ years, examine the business of any applicant for a certificate of authority and any provider engaged in the execution of care contracts or engaged in the performance of obligations under such contracts, in the same manner as is



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13 provided for examination of insurance companies pursuant to s.
14 624.316. Such examinations shall be made by a representative or
15 examiner designated by the office, whose compensation will be
16 fixed by the office pursuant to s. 624.320. Routine examinations
17 may be made by having the necessary documents submitted to the
18 office; and, for this purpose, financial documents and records
19 conforming to commonly accepted accounting principles and
20 practices, as required under s. 651.026, will be deemed
21 adequate. The final written report of each such examination
22 shall be filed with the office and, when so filed, will
23 constitute a public record. Any provider being examined shall,
24 upon request, give reasonable and timely access to all of its
25 records. The representative or examiner designated by the office
26 may at any time examine the records and affairs and inspect the
27 physical property of any provider, whether in connection with a
28 formal examination or not.

29 Section 35. Effective upon this act becoming a law,
30 paragraphs (d) and (g) of subsection (5) of section 627.6692,
31 Florida Statutes, are amended to read:

32 627.6692 Florida Health Insurance Coverage Continuation
33 Act.—

34 (5) CONTINUATION OF COVERAGE UNDER GROUP HEALTH PLANS.—

35 (d)1. A qualified beneficiary must give written notice to
36 the insurance carrier within 63 days after the occurrence of a
37 qualifying event. Unless otherwise specified in the notice, a
38 notice by any qualified beneficiary constitutes notice on behalf
39 of all qualified beneficiaries. The written notice must inform
40 the insurance carrier of the occurrence and type of the
41 qualifying event giving rise to the potential election by a



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42 qualified beneficiary of continuation of coverage under the
43 group health plan issued by that insurance carrier, except that
44 in cases where the covered employee has been involuntarily
45 discharged, the nature of such discharge need not be disclosed.
46 The written notice must, at a minimum, identify the employer,
47 the group health plan number, the name and address of all
48 qualified beneficiaries, and such other information required by
49 the insurance carrier under the terms of the group health plan
50 or the commission by rule, to the extent that such information
51 is known by the qualified beneficiary.

52 2. A special election period shall be provided for
53 qualified beneficiaries whose qualifying event was involuntary
54 termination of employment during the period from September 1,
55 2008, through February 16, 2009, who did not elect continuation
56 coverage when it was first offered, or who did elect
57 continuation coverage but are no longer enrolled. The carrier
58 that issued the small employer's group health plan shall provide
59 notice to individuals eligible for this special continuation
60 coverage election period informing them of this opportunity. The
61 notice must be provided by June 15, 2009.

62 a. Individuals have 30 days after notice is provided to
63 elect continuation coverage by written notice to the insurer.
64 The written notice must, at a minimum, identify the employer,
65 the group health plan number, the name and address of all
66 qualified beneficiaries, and such other information required by
67 the insurance carrier under the terms of the group health plan
68 or the commission by rule, to the extent that such information
69 is known by the qualified beneficiary.

70 b. Coverage shall be effective with the first period of



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71 coverage on or after February 17, 2009.

72 c. For individuals electing continuation coverage during
73 this election period, the period between the loss of coverage
74 and beginning of coverage under this election is to be
75 disregarded for purposes of determining the 63-day periods
76 referred to in s. 627.6561(6).

77 ~~3.2.~~ Within 14 days after the receipt of written notice
78 under subparagraphs ~~subparagraph~~ 1. and 2., the insurance
79 carrier shall send each qualified beneficiary by certified mail
80 an election and premium notice form, approved by the office,
81 which form must provide for the qualified beneficiary's election
82 or nonelection of continuation of coverage under the group
83 health plan and the applicable premium amount due after the
84 election to continue coverage. This subparagraph does not
85 require separate mailing of notices to qualified beneficiaries
86 residing in the same household, but requires a separate mailing
87 for each separate household.

88 (g) If an insurance carrier fails to comply with the notice
89 requirements of subparagraph (d)~~3.2.~~ and such noncompliance
90 results in the failure of an eligible qualified beneficiary to
91 elect continuation under the group health plan, the qualified
92 beneficiary shall be deemed to have timely elected continuation
93 of coverage within the election period and shall be covered
94 under the group health plan at the expense of the noncomplying
95 insurance carrier. The liability exposure of a noncomplying
96 insurance carrier under this paragraph shall be limited to that
97 period which includes the effective date of coverage pursuant to
98 an affirmative election through the date on which the qualified
99 beneficiary receives actual notice. This paragraph does not



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100 apply to the extent that the failure of the insurance carrier to
101 comply with applicable notice requirements was due to
102 noncompliance by the qualified beneficiary with notice
103 requirements applicable to the qualified beneficiary.

104 Section 36. Paragraph (1) is added to subsection (13) of
105 section 627.6699, Florida Statutes, to read:

106 627.6699 Employee Health Care Access Act.—

107 (13) STANDARDS TO ASSURE FAIR MARKETING.—

108 (1)1. In order to improve the ability of small employers to
109 obtain information including premium rates for small employer
110 health benefit plans and to facilitate the application process,
111 all small employer carriers shall use a uniform employee health
112 status form. The commission shall adopt rules specifying such
113 form. The form shall be designed by the Office of Insurance
114 Regulation, in consultation with small employer carriers, to
115 permit its use as a written document and through electronic or
116 other and alternative delivery formats. The form shall include
117 the following health data elements for all persons to be covered
118 under the policy that occurred in the 2 years before the date of
119 completion of the form:

120 a. Any treatment or diagnosis by any licensed medical
121 practitioner.

122 b. Any procedure or treatment in a hospital, rehabilitation
123 program, or surgical center.

124 c. All current medications prescribed by a licensed
125 practitioner.

126 c. Current diagnosis of pregnancy.

127 e. Current use of any tobacco products.

128 f. Pending test results.



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129 g. Workers' compensation injury or illness.

130 h. Tests or treatments recommended but not completed.

131 2. The form shall require the signature of the employee
132 completing the form. Use of a standardized form does not prevent
133 a small employer carrier from obtaining information from other
134 sources in order to determine the appropriate premium rate for a
135 small employer.

136 Section 37. Except as otherwise expressly provided in this
137 act and except for this section, which shall take effect upon
138 becoming a law, this act shall take effect July 1, 2009.

139
140 ===== T I T L E A M E N D M E N T =====

141 And the title is amended as follows:

142 Delete lines 203 - 204

143 and insert:

144 activities of state agencies; amending s. 651.105, F.S.;

145 revising the time period in which the Office of Insurance

146 Regulation is required to examine the business of an applicant

147 for a certificate of authority and a provider engaged in the

148 execution of continuing care contracts; amending s. 627.6692,

149 F.S.; providing for a special election period for continuation

150 of coverage under group health plans for certain qualified

151 beneficiaries; providing carrier notification requirements;

152 providing for effectiveness of such coverage; providing for

153 disregarding certain periods for which coverage is not provided;

154 amending s. 627.6699, F.S.; requiring small employer carriers to

155 use a uniform employee health status form; requiring the

156 Financial Service Commission to adopt rules; requiring the

157 Office of Insurance Regulation to design the form in



158 consultation with small employer carriers; providing form
159 delivery formats; specifying form requirements; providing
160 effective dates.