CS for SB 648, 1st Engrossed

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2	An act relating to health insurance marketing
3	materials; amending ss. 627.6699 and 627.9407, F.S.;
4	authorizing a health insurer to immediately begin
5	using long-term care insurance advertising material
6	under certain circumstances; providing that rules
7	adopted by the Financial Services Commission to
8	establish the format for the notice of the estimated
9	premium impact of the federal Patient Protection and
10	Affordable Care Act pursuant to specified legislation
11	are not subject to s. 120.541(3), F.S., relating to
12	the adverse impact or regulatory costs of a rule;
13	providing an effective date.
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15	Be It Enacted by the Legislature of the State of Florida:
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17	Section 1. Paragraph (d) of subsection (12) of section
18	627.6699, Florida Statutes, is amended to read:
19	627.6699 Employee Health Care Access Act
20	(12) STANDARD, BASIC, HIGH DEDUCTIBLE, AND LIMITED HEALTH
21	BENEFIT PLANS
22	(d)1. Upon offering coverage under a standard health
23	benefit plan, a basic health benefit plan, or a limited benefit
24	policy or contract for <u>a</u> any small employer <u>group</u> , the small
25	employer carrier shall provide such employer group with a
26	written statement that contains, at a minimum:
27	a. An explanation of those mandated benefits and providers
28	that are not covered by the policy or contract;
29	b. An explanation of the managed care and cost control

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2013648er 30 features of the policy or contract, along with all appropriate mailing addresses and telephone numbers to be used by insureds 31 32 in seeking information or authorization; and 33 c. An explanation of the primary and preventive care 34 features of the policy or contract. 35 36 Such disclosure statement must be presented in a clear and 37 understandable form and format and must be separate from the 38 policy or certificate or evidence of coverage provided to the 39 employer group. 2. Before a small employer carrier issues a standard health 40 benefit plan, a basic health benefit plan, or a limited benefit 41 42 policy or contract, the carrier it must obtain from the 43 prospective policyholder a signed written statement in which the 44 prospective policyholder: 45 a. Certifies as to eligibility for coverage under the 46 standard health benefit plan, basic health benefit plan, or limited benefit policy or contract; 47 b. Acknowledges the limited nature of the coverage and an 48 49 understanding of the managed care and cost control features of 50 the policy or contract; 51 c. Acknowledges that if misrepresentations are made 52 regarding eligibility for coverage under a standard health 53 benefit plan, a basic health benefit plan, or a limited benefit 54 policy or contract, the person making such misrepresentations 55 forfeits coverage provided by the policy or contract; and 56 d. If a limited plan is requested, acknowledges that the 57 prospective policyholder had been offered, at the time of 58 application for the insurance policy or contract, the

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59 opportunity to purchase any health benefit plan offered by the 60 carrier and that the prospective policyholder had rejected that 61 coverage.

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A copy of such written statement <u>must</u> shall be provided to the prospective policyholder <u>by</u> no later than at the time of delivery of the policy or contract, and the original of such written statement <u>must</u> shall be retained in the files of the small employer carrier for the period of time that the policy or contract remains in effect or for 5 years, whichever period is longer.

3. Any material statement made by an applicant for coverage under a health benefit plan which falsely certifies as to the applicant's eligibility for coverage serves as the basis for terminating coverage under the policy or contract.

74 4. Each marketing communication that is intended to be used 75 in the marketing of a health benefit plan in this state must be 76 submitted for review by the office prior to use and must contain 77 the disclosures stated in this subsection.

78 Section 2. Subsection (2) of section 627.9407, Florida79 Statutes, is amended to read:

80 627.9407 Disclosure, advertising, and performance standards 81 for long-term care insurance.-

(2) ADVERTISING.—The commission shall adopt rules
<u>establishing setting forth</u> standards for <u>the</u> advertising,
marketing, and sale of long-term care <u>insurance</u> policies in
order to protect applicants from unfair or deceptive sales or
enrollment practices. An insurer shall file with the office any
long-term care insurance advertising material intended for use

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2013648er 88 in this state and may immediately begin using such material upon 89 filing, subject to subsequent disapproval by the office. 90 Following receipt of a notice of disapproval or a withdrawal of 91 approval, the insurer must immediately cease use of the 92 disapproved material at least 30 days before the date of use of the advertisement in this state. Within 30 days after the date 93 of receipt of the advertising material, the office shall review 94 95 the material and shall disapprove any advertisement if, in the 96 opinion of the office, such advertisement violates any of the 97 provisions of this part or of part IX of chapter 626 or any rule 98 of the commission. The office may also disapprove an 99 advertisement at any time and enter an immediate order requiring 100 that the use of the advertisement be discontinued if it 101 determines that the advertisement violates any of the provisions of this part, or of part IX of chapter 626, or any rule of the 102 103 commission. 104 Section 3. The rules adopted by the Financial Services 105 Commission to establish the format for the notice of the 106 estimated premium impact of the federal Patient Protection and 107 Affordable Care Act pursuant to s. 627.410, Florida Statutes, as amended by Senate Bill 1842, House Bill 7155, or similar 108 legislation adopted in the same legislative session or an 109 110 extension thereof, are not subject to s. 120.541(3), Florida 111 Statutes. 112 Section 4. This act shall take effect July 1, 2013.

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