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A bill to be entitled
 An act relating to health insurance marketing materials; amending ss. 627.6699 and 627.9407, F.S.; deleting requirements that a health insurer submit proposed marketing communications or advertising material to the Office of Insurance Regulation for review and approval; authorizing a health insurer to immediately begin using long-term care insurance advertising material under certain circumstances; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (d) of subsection (12) of section 627.6699, Florida Statutes, is amended to read:

627.6699 Employee Health Care Access Act.—

(12) STANDARD, BASIC, HIGH DEDUCTIBLE, AND LIMITED HEALTH BENEFIT PLANS.—

(d)1. Upon offering coverage under a standard health benefit plan, a basic health benefit plan, or a limited benefit policy or contract for a any small employer group, the small employer carrier shall provide such employer group with a written statement that contains, at a minimum:

a. An explanation of those mandated benefits and providers that are not covered by the policy or contract;

b. An explanation of the managed care and cost control features of the policy or contract, along with all appropriate mailing addresses and telephone numbers to be used by insureds

29 | in seeking information or authorization; and

30 | c. An explanation of the primary and preventive care
31 | features of the policy or contract.

32 |
33 | Such disclosure statement must be presented in a clear and
34 | understandable form and format and must be separate from the
35 | policy or certificate or evidence of coverage provided to the
36 | employer group.

37 | 2. Before a small employer carrier issues a standard
38 | health benefit plan, a basic health benefit plan, or a limited
39 | benefit policy or contract, the carrier ~~it~~ must obtain from the
40 | prospective policyholder a signed written statement in which the
41 | prospective policyholder:

42 | a. Certifies as to eligibility for coverage under the
43 | standard health benefit plan, basic health benefit plan, or
44 | limited benefit policy or contract;

45 | b. Acknowledges the limited nature of the coverage and an
46 | understanding of the managed care and cost control features of
47 | the policy or contract;

48 | c. Acknowledges that if misrepresentations are made
49 | regarding eligibility for coverage under a standard health
50 | benefit plan, a basic health benefit plan, or a limited benefit
51 | policy or contract, the person making such misrepresentations
52 | forfeits coverage provided by the policy or contract; and

53 | d. If a limited plan is requested, acknowledges that the
54 | prospective policyholder had been offered, at the time of
55 | application for the insurance policy or contract, the
56 | opportunity to purchase any health benefit plan offered by the

57 carrier and that the prospective policyholder ~~had~~ rejected that
58 coverage.

59
60 A copy of such written statement must ~~shall~~ be provided to the
61 prospective policyholder by ~~no later than at~~ the time of
62 delivery of the policy or contract, and the original of such
63 written statement must ~~shall~~ be retained in the files of the
64 small employer carrier for the period of time that the policy or
65 contract remains in effect or for 5 years, whichever ~~period~~ is
66 longer.

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

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

75 Section 2. Subsection (2) of section 627.9407, Florida
76 Statutes, is amended to read:

77 627.9407 Disclosure, advertising, and performance
78 standards for long-term care insurance.—

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

85 | in this state and may immediately begin using such material upon
86 | filing, subject to subsequent disapproval by the office.
87 | Following receipt of notice of disapproval or withdrawal of
88 | approval, the insurer must immediately cease use of the
89 | disapproved material at least 30 days before the date of use of
90 | the advertisement in this state. Within 30 days after the date
91 | of receipt of the advertising material, the office shall review
92 | the material and shall disapprove any advertisement if, in the
93 | opinion of the office, such advertisement violates any of the
94 | provisions of this part or of part IX of chapter 626 or any rule
95 | of the commission. The office may also disapprove an
96 | advertisement at any time and enter an immediate order requiring
97 | that the use of the advertisement be discontinued if it
98 | determines that the advertisement violates any of the provisions
99 | of this part, or of part IX of chapter 626, or any rule of the
100 | commission.

101 | Section 3. This act shall take effect July 1, 2013.