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LEGISLATIVE ACTION

Senate	.	House
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Senator Hukill moved the following:

Senate Amendment (with title amendment)

Between lines 3603 and 3604
insert:

Section 80. 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



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14 written statement that contains, at a minimum:

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

17 b. An explanation of the managed care and cost control
18 features of the policy or contract, along with all appropriate
19 mailing addresses and telephone numbers to be used by insureds
20 in seeking information or authorization; and

21 c. An explanation of the primary and preventive care
22 features of the policy or contract.

23

24 Such disclosure statement must be presented in a clear and
25 understandable form and format and must be separate from the
26 policy or certificate or evidence of coverage provided to the
27 employer group.

28 2. Before a small employer carrier issues a standard health
29 benefit plan, a basic health benefit plan, or a limited benefit
30 policy or contract, the carrier ~~it~~ must obtain from the
31 prospective policyholder a signed written statement in which the
32 prospective policyholder:

33 a. Certifies as to eligibility for coverage under the
34 standard health benefit plan, basic health benefit plan, or
35 limited benefit policy or contract;

36 b. Acknowledges the limited nature of the coverage and an
37 understanding of the managed care and cost control features of
38 the policy or contract;

39 c. Acknowledges that if misrepresentations are made
40 regarding eligibility for coverage under a standard health
41 benefit plan, a basic health benefit plan, or a limited benefit
42 policy or contract, the person making such misrepresentations



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43 forfeits coverage provided by the policy or contract; and
44 d. If a limited plan is requested, acknowledges that the
45 prospective policyholder had been offered, at the time of
46 application for the insurance policy or contract, the
47 opportunity to purchase any health benefit plan offered by the
48 carrier and that the prospective policyholder ~~had~~ rejected that
49 coverage.

50
51 A copy of such written statement must ~~shall~~ be provided to the
52 prospective policyholder by ~~no later than at~~ the time of
53 delivery of the policy or contract, and the original of such
54 written statement must ~~shall~~ be retained in the files of the
55 small employer carrier for the period of time that the policy or
56 contract remains in effect or for 5 years, whichever ~~period~~ is
57 longer.

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

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

66 Section 81. Subsection (2) of section 627.9407, Florida
67 Statutes, is amended to read:

68 627.9407 Disclosure, advertising, and performance standards
69 for long-term care insurance.—

70 (2) ADVERTISING.—The commission shall adopt rules
71 establishing ~~setting forth~~ standards for the advertising,



72 marketing, and sale of long-term care insurance policies in
73 order to protect applicants from unfair or deceptive sales or
74 enrollment practices. An insurer shall file with the office any
75 long-term care insurance advertising material intended for use
76 in this state and may immediately begin using such material upon
77 filing, subject to subsequent disapproval by the office.
78 Following receipt of a notice of disapproval or a withdrawal of
79 approval, the insurer must immediately cease use of the
80 disapproved material at least 30 days before the date of use of
81 the advertisement in this state. Within 30 days after the date
82 of receipt of the advertising material, the office shall review
83 the material and shall disapprove any advertisement if, in the
84 opinion of the office, such advertisement violates any of the
85 provisions of this part or of part IX of chapter 626 or any rule
86 of the commission. The office may also disapprove an
87 advertisement at any time and enter an immediate order requiring
88 that the use of the advertisement be discontinued if it
89 determines that the advertisement violates any of the provisions
90 of this part, or of part IX of chapter 626, or any rule of the
91 commission.

92
93 ===== T I T L E A M E N D M E N T =====

94 And the title is amended as follows:

95 Delete line 351

96 and insert:

97 the state; amending ss. 627.6699 and 627.9407, F.S.;

98 authorizing a health insurer to immediately begin

99 using long-term care insurance advertising material

100 under certain circumstances; amending ss. 627.645,



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627.668, 627.669,