	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
02/19/2019		

The Committee on Banking and Insurance (Simpson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 627.6046, Florida Statutes, is created to read:

627.6046 Limit on preexisting conditions.-

- (1) As used in this section, the term:
- (a) "Operative date" means the date on which either of the following occurs with respect to the Patient Protection and

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Affordable Care Act, Pub. L. No. 111-148, as amended by the 11 12 Health Care and Education Reconciliation Act of 2010, Pub. L. 13 No. 111-152 (PPACA):

- 1. A federal law is enacted which expressly repeals PPACA; or
 - 2. PPACA is invalidated by the United States Supreme Court.
- (b) "Preexisting medical condition" means a condition that was present before the effective date of coverage under a policy, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before the effective date of coverage. The term includes a condition identified as a result of a preenrollment questionnaire or physical examination given to the individual, or review of medical records relating to the preenrollment period.
- (2) (a) Not later than 30 days after the operative date, and notwithstanding s. 627.6045 or any other law to the contrary, every insurer issuing, delivering, or issuing for delivery individual health insurance policies in this state shall make at least one comprehensive major medical health insurance policy available to all residents of this state, and such insurer may not exclude, limit, deny, or delay coverage under such policy due to one or more preexisting medical conditions.
- (b) An insurer may not limit or exclude benefits under such policy, including a denial of coverage applicable to an individual as a result of information relating to an individual's health status before the individual's effective date of coverage, or if coverage is denied, the date of the denial.
 - (3) The comprehensive major medical health insurance policy

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that the insurer is required to offer <u>under this section must be</u> a policy that had been actively marketed in this state by the insurer as of the operative date and that was also actively marketed in this state during the year immediately preceding the operative date.

(4) This section does not apply to an insurer that issues only limited benefit, disability income, specified disease, Medicare supplement, or hospital indemnity policies in this state.

Section 2. Section 627.65612, Florida Statutes, is created to read:

- 627.65612 Limit on preexisting conditions.-
- (1) As used in this section, the terms "operative date" and "preexisting medical condition" have the same meanings as provided in s. 627.6046.
- (2)(a) Not later than 30 days after the operative date, and notwithstanding s. 627.6561 or any other law to the contrary, every insurer issuing, delivering, or issuing for delivery group health insurance policies in this state shall make at least one comprehensive major medical health insurance policy available to all residents of this state, and such insurer may not exclude, limit, deny, or delay coverage under such policy due to one or more preexisting medical conditions.
- (b) An insurer may not limit or exclude benefits under such policy, including a denial of coverage applicable to an individual as a result of information relating to an individual's health status before the individual's effective date of coverage, or if coverage is denied, the date of the denial.

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(4) This section does not apply to an insurer issuing only limited benefit, disability income, specified disease, Medicare supplement, or hospital indemnity policies in this state.

Section 3. Subsection (45) is added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.-

- (45) (a) As used in this subsection, the terms "operative date" and "preexisting medical condition" have the same meanings as provided in s. 627.6046.
- (b) Not later than 30 days after the operative date, and notwithstanding s. 641.31071 or any other law to the contrary, every health maintenance organization issuing, delivering, or issuing for delivery individual or group contracts in this state shall make at least one comprehensive major medical health maintenance contract available to all residents of this state, and such health maintenance organization may not exclude, limit, deny, or delay coverage under such contract due to one or more preexisting medical conditions. A health maintenance organization may not limit or exclude benefits under such contract, including a denial of coverage applicable to an individual as a result of information relating to an individual's health status before the individual's effective date of coverage, or if coverage is denied, the date of the denial.
- (c) The comprehensive major medical health maintenance contract the health maintenance organization is required to offer under this section must be a contract that had been actively marketed in this state by the health maintenance organization as of the operative date and that was also actively



marketed in this state during the year immediately preceding the operative date.

Section 4. This act shall take effect July 1, 2019.

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103 And the title is amended as follows:

> Delete everything before the enacting clause and insert:

> > A bill to be entitled

An act relating to preexisting conditions; creating ss. 627.6046 and 627.65612, F.S.; defining the terms "operative date" and "preexisting medical condition" with respect to individual and group health insurance policies, respectively; requiring insurers, contingent upon the occurrence of either of two specified events, to make at least one comprehensive major medical health insurance policy available to all residents of this state within a specified timeframe; prohibiting such insurers from excluding, limiting, denying, or delaying coverage under such policies due to preexisting medical conditions; prohibiting certain actions; requiring such policies to have been actively marketed on a specified date and during a certain timeframe before that date; providing applicability; amending s. 641.31, F.S.; defining the terms "operative date" and "preexisting medical condition" with respect to health maintenance contracts; requiring health maintenance organizations, contingent upon the occurrence of either of two specified events,

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to make at least one comprehensive major medical health maintenance contract available to all residents of this state within a specified timeframe; prohibiting such health maintenance organizations from excluding, limiting, denying, or delaying coverage under such contracts due to preexisting medical conditions; prohibiting certain actions; requiring such contracts to have been actively marketed on a specified date and during a certain timeframe before that date; providing an effective date.