By Senator Gruters

23-01636-19 20191422

A bill to be entitled

An act relating to health plans; amending s. 624.438, F.S.; revising eligibility requirements for multipleemployer welfare arrangements; amending s. 627.6045, F.S.; revising applicability of requirements relating to preexisting conditions; revising the font size for a certain disclosure; amending s. 627.6425, F.S.; revising the definition of the term "individual health insurance" relating to renewability of individual coverage; creating ss. 627.6426 and 627.6525, F.S.; defining the term "short-term health insurance"; providing disclosure requirements for short-term individual, group, blanket, and franchise health insurance policies; amending s. 627.654, F.S.; revising requirements for, and applicability relating to, association and small employer policies; providing an effective date.

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

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Section 1. Paragraph (b) of subsection (1) of section 624.438, Florida Statutes, is amended to read:

23 624.438 General eligibility.-

- (1) To meet the requirements for issuance of a certificate of authority and to maintain a multiple-employer welfare arrangement, an arrangement:
- (b) 1. Must be established by a bona fide group trade association, industry association, or professional association of employers as defined in 29 C.F.R. s. 2510.3-5 or

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professionals which has a constitution or bylaws specifically stating its purpose and which has been organized and maintained in good faith for a continuous period of 1 year for purposes in addition to other than that of obtaining or providing insurance.

2. Must not combine member employers from disparate trades, industries, or professions as defined by the appropriate licensing agencies, and must not combine member employers from more than one of the employer categories defined in subsubparagraphs a.-c.

a. A trade association consists of member employers who are in the same trade as recognized by the appropriate licensing agency.

b. An industry association consists of member employers who are in the same major group code, as defined by the Standard Industrial Classification Manual issued by the federal Office of Management and Budget, unless restricted by sub-subparagraph a. or sub-subparagraph c.

c. A professional association consists of member employers who are of the same profession as recognized by the appropriate licensing agency.

The requirements of this <u>paragraph</u> subparagraph do not apply to an arrangement licensed <u>before</u> prior to April 1, 1995, regardless of the nature of its business. However, an arrangement exempt from the requirements of this <u>paragraph</u> subparagraph may not expand the nature of its business beyond

that set forth in the articles of incorporation of its sponsoring association as of April 1, 1995, except as authorized in this paragraph subparagraph.

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Section 2. Subsection (3) of section 627.6045, Florida Statutes, is amended to read:

627.6045 Preexisting condition.—A health insurance policy must comply with the following:

(3) This section does not apply to short-term, nonrenewable health insurance policies of no more than a 6-month policy term, provided that it is clearly disclosed to the applicant in the advertising and application, in 14-point 10-point contrasting type, that "This policy does not meet the definition of qualifying previous coverage or qualifying existing coverage as defined in s. 627.6699. As a result, if purchased in lieu of a conversion policy or other group coverage, you may have to meet a preexisting condition requirement when renewing or purchasing other coverage."

Section 3. Subsection (1) of section 627.6425, Florida Statutes, is amended to read:

627.6425 Renewability of individual coverage.-

(1) Except as otherwise provided in this section, an insurer that provides individual health insurance coverage to an individual shall renew or continue in force such coverage at the option of the individual. For the purpose of this section, the term "individual health insurance" means health insurance coverage, as described in s. 624.603, offered to an individual in this state, including certificates of coverage offered to individuals in this state as part of a group policy issued to an association outside this state, but the term does not include short-term limited duration insurance or excepted benefits specified in s. 627.6513(1)-(14).

Section 4. Section 627.6426, Florida Statutes, is created

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to read:

627.6426 Short-term health insurance.

(1) For purposes of this part, the term "short-term health insurance" means health insurance coverage provided by an issuer with an expiration date specified in the contract which is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration not to exceed 36 months in total.

(2) All contracts for short-term health insurance entered into by an issuer and an individual seeking coverage shall include the following disclosure:

"This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Patient Protection and Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage."

Section 5. Section 627.6525, Florida Statutes, is created to read:

- 627.6525 Short-term health insurance.
- (1) For purposes of this part, the term "short-term health

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117 insurance" means a group, blanket, or franchise policy of health 118 insurance coverage provided by an issuer with an expiration date 119 specified in the contract which is less than 12 months after the 120 original effective date of the contract and, taking into account 121 renewals or extensions, has a duration not to exceed 36 months 122 in total. 123 (2) All contracts for short-term health insurance entered 124 into by an issuer and a party seeking coverage shall include the 125 following disclosure: 126 127 "This coverage is not required to comply with certain federal 128 market requirements for health insurance, principally those 129 contained in the Patient Protection and Affordable Care Act. Be 130 sure to check your policy carefully to make sure you are aware 131 of any exclusions or limitations regarding coverage of 132 preexisting conditions or health benefits (such as 133 hospitalization, emergency services, maternity care, preventive 134 care, prescription drugs, and mental health and substance use 135 disorder services). Your policy might also have lifetime and/or 136 annual dollar limits on health benefits. If this coverage 137 expires or you lose eligibility for this coverage, you might 138 have to wait until an open enrollment period to get other health 139 insurance coverage." 140 Section 6. Subsection (1) of section 627.654, Florida 141 Statutes, is amended to read: 142 627.654 Labor union, association, and small employer health 143 alliance groups.-144 (1)(a) A bona fide group or association of employers, as defined in 29 C.F.R. s. 2510.3-5, or a group of individuals may 145

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be insured under a policy issued to an association, including a labor union, which association has a constitution and bylaws and not less than 25 individual members and which has been organized and has been maintained in good faith for a period of 1 year for purposes in addition to other than that of obtaining insurance, or to the trustees of a fund established by such an association, which association or trustees shall be deemed the policyholder, insuring at least 15 individual members of the association for the benefit of persons other than the officers of the association, the association, or trustees.

- (b) A small employer, as defined in s. 627.6699 and including the employer's eligible employees and the spouses and dependents of such employees, may be insured under a policy issued to a small employer health alliance by a carrier as defined in s. 627.6699. A small employer health alliance must be organized as a not-for-profit corporation under chapter 617. Notwithstanding any other law, if a small employer member of an alliance loses eligibility to purchase health care through the alliance solely because the business of the small employer member expands to more than 50 and fewer than 75 eligible employees, the small employer member may, at its next renewal date, purchase coverage through the alliance for not more than 1 additional year. A small employer health alliance shall establish conditions of participation in the alliance by a small employer, including, but not limited to:
- 1. Assurance that the small employer is not formed for the purpose of securing health benefit coverage.
- 2. Assurance that the employees of a small employer have not been added for the purpose of securing health benefit

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L76		Section	7.	This	act	shall	take	effect	July	1,	2019	9.		