

By the Committee on Banking and Insurance; and Senator Simpson

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1 A bill to be entitled
2 An act relating to preexisting conditions; creating s.
3 627.6046, F.S.; defining the terms "operative date"
4 and "preexisting medical condition" with respect to
5 individual health insurance policies; requiring
6 insurers, contingent upon the occurrence of either of
7 two specified events, to make at least one
8 comprehensive major medical health insurance policy
9 available to all residents of this state within a
10 specified timeframe; prohibiting such insurers from
11 excluding, limiting, denying, or delaying coverage
12 under such policies due to preexisting medical
13 conditions; requiring such policies to have been
14 actively marketed on a specified date and during a
15 certain timeframe before that date; providing
16 applicability; creating s. 627.65612, F.S.; defining
17 the terms "operative date" and "preexisting medical
18 condition" with respect to group health insurance
19 policies; requiring insurers, contingent upon the
20 occurrence of either of two specified events, to make
21 at least one comprehensive major medical health
22 insurance policy available to all residents of this
23 state within a specified timeframe; prohibiting such
24 insurers from excluding, limiting, denying, or
25 delaying coverage under such policies due to
26 preexisting medical conditions; providing
27 applicability; amending s. 641.31, F.S.; defining the
28 terms "operative date" and "preexisting medical
29 condition" with respect to health maintenance

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30 contracts; requiring health maintenance organizations,
31 contingent upon the occurrence of either of two
32 specified events, to make at least one comprehensive
33 major medical health maintenance contract available to
34 all residents of this state within a specified
35 timeframe; prohibiting such health maintenance
36 organizations from excluding, limiting, denying, or
37 delaying coverage under such contracts due to
38 preexisting medical conditions; requiring such
39 contracts to have been actively marketed on a
40 specified date and during a certain timeframe before
41 that date; providing an effective date.

42
43 Be It Enacted by the Legislature of the State of Florida:

44
45 Section 1. Section 627.6046, Florida Statutes, is created
46 to read:

47 627.6046 Limit on preexisting conditions.-

48 (1) As used in this section, the term:

49 (a) "Operative date" means the date on which either of the
50 following occurs with respect to the Patient Protection and
51 Affordable Care Act, Pub. L. No. 111-148, as amended by the
52 Health Care and Education Reconciliation Act of 2010, Pub. L.
53 No. 111-152 (PPACA):

54 1. A federal law is enacted which expressly repeals PPACA;

55 or

56 2. PPACA is invalidated by the United States Supreme Court.

57 (b) "Preexisting medical condition" means a condition that
58 was present before the effective date of coverage under a

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59 policy, whether or not any medical advice, diagnosis, care, or
60 treatment was recommended or received before the effective date
61 of coverage. The term includes a condition identified as a
62 result of a preenrollment questionnaire or physical examination
63 given to the individual, or review of medical records relating
64 to the preenrollment period.

65 (2) (a) Not later than 30 days after the operative date, and
66 notwithstanding s. 627.6045 or any other law to the contrary,
67 every insurer issuing, delivering, or issuing for delivery
68 individual health insurance policies in this state shall make at
69 least one comprehensive major medical health insurance policy
70 available to all residents of this state, and such insurer may
71 not exclude, limit, deny, or delay coverage under such policy
72 due to one or more preexisting medical conditions.

73 (b) An insurer may not limit or exclude benefits under such
74 policy, including a denial of coverage applicable to an
75 individual as a result of information relating to an
76 individual's health status before the individual's effective
77 date of coverage, or if coverage is denied, the date of the
78 denial.

79 (3) The comprehensive major medical health insurance policy
80 that the insurer is required to offer under this section must be
81 a policy that had been actively marketed in this state by the
82 insurer as of the operative date and that was also actively
83 marketed in this state during the year immediately preceding the
84 operative date.

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

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88 state.

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

91 627.65612 Limit on preexisting conditions.-

92 (1) As used in this section, the terms "operative date" and
93 "preexisting medical condition" have the same meanings as
94 provided in s. 627.6046.

95 (2) (a) Not later than 30 days after the operative date, and
96 notwithstanding s. 627.6561 or any other law to the contrary,
97 every insurer issuing, delivering, or issuing for delivery group
98 health insurance policies in this state shall make at least one
99 comprehensive major medical health insurance policy available to
100 all residents of this state, and such insurer may not exclude,
101 limit, deny, or delay coverage under such policy due to one or
102 more preexisting medical conditions.

103 (b) An insurer may not limit or exclude benefits under such
104 policy, including a denial of coverage applicable to an
105 individual as a result of information relating to an
106 individual's health status before the individual's effective
107 date of coverage, or if coverage is denied, the date of the
108 denial.

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

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

114 641.31 Health maintenance contracts.-

115 (45) (a) As used in this subsection, the terms "operative
116 date" and "preexisting medical condition" have the same meanings

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117 as provided in s. 627.6046.

118 (b) Not later than 30 days after the operative date, and
119 notwithstanding s. 641.31071 or any other law to the contrary,
120 every health maintenance organization issuing, delivering, or
121 issuing for delivery individual or group contracts in this state
122 shall make at least one comprehensive major medical health
123 maintenance contract available to all residents of this state,
124 and such health maintenance organization may not exclude, limit,
125 deny, or delay coverage under such contract due to one or more
126 preexisting medical conditions. A health maintenance
127 organization may not limit or exclude benefits under such
128 contract, including a denial of coverage applicable to an
129 individual as a result of information relating to an
130 individual's health status before the individual's effective
131 date of coverage, or if coverage is denied, the date of the
132 denial.

133 (c) The comprehensive major medical health maintenance
134 contract the health maintenance organization is required to
135 offer under this section must be a contract that had been
136 actively marketed in this state by the health maintenance
137 organization as of the operative date and that was also actively
138 marketed in this state during the year immediately preceding the
139 operative date.

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