

By the Committees on Health Policy; and Banking and Insurance;
and Senator Simpson

588-02650-19

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

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30 that date; providing an effective date.

31
32 Be It Enacted by the Legislature of the State of Florida:

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

36 627.6046 Limit on preexisting conditions.-

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

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

43 1. A federal law is enacted which expressly repeals PPACA;
44 or

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

46 (b) "Preexisting medical condition" means a condition that
47 was present before the effective date of coverage under a
48 policy, whether or not any medical advice, diagnosis, care, or
49 treatment was recommended or received before the effective date
50 of coverage. The term includes a condition identified as a
51 result of a preenrollment questionnaire or physical examination
52 given to the individual, or review of medical records relating
53 to the preenrollment period.

54 (2) (a) Not later than 30 days after the operative date, and
55 notwithstanding s. 627.6045 or any other law to the contrary,
56 every insurer issuing, delivering, or issuing for delivery
57 individual health insurance policies in this state shall make at
58 least one comprehensive major medical health insurance policy

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59 available to all residents of this state, and such insurer may
60 not exclude, limit, deny, or delay coverage under such policy
61 due to one or more preexisting medical conditions.

62 (b) An insurer may not limit or exclude benefits under such
63 policy, including a denial of coverage applicable to an
64 individual as a result of information relating to an
65 individual's health status before the individual's effective
66 date of coverage, or if coverage is denied, the date of the
67 denial.

68 (3) The comprehensive major medical health insurance policy
69 that the insurer is required to offer under this section must be
70 a policy that had been actively marketed in this state by the
71 insurer as of the operative date and that was also actively
72 marketed in this state during the year immediately preceding the
73 operative date.

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

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

80 627.65612 Limit on preexisting conditions.—

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

84 (2) (a) Not later than 30 days after the operative date, and
85 notwithstanding s. 627.6561 or any other law to the contrary,
86 every insurer issuing, delivering, or issuing for delivery group
87 health insurance policies in this state shall make at least one

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88 comprehensive major medical health insurance policy available to
89 all residents of this state, and such insurer may not exclude,
90 limit, deny, or delay coverage under such policy due to one or
91 more preexisting medical conditions.

92 (b) An insurer may not limit or exclude benefits under such
93 policy, including a denial of coverage applicable to an
94 individual as a result of information relating to an
95 individual's health status before the individual's effective
96 date of coverage, or if coverage is denied, the date of the
97 denial.

98 (3) The comprehensive major medical health insurance policy
99 that the insurer is required to offer under this section must be
100 a policy that had been actively marketed in this state by the
101 insurer as of the operative date and that was also actively
102 marketed in this state during the year immediately preceding the
103 operative date.

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

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

109 641.31 Health maintenance contracts.—

110 (45) (a) As used in this subsection, the terms "operative
111 date" and "preexisting medical condition" have the same meanings
112 as provided in s. 627.6046.

113 (b) Not later than 30 days after the operative date, and
114 notwithstanding s. 641.31071 or any other law to the contrary,
115 every health maintenance organization issuing, delivering, or
116 issuing for delivery individual or group contracts in this state

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117 shall make at least one comprehensive major medical health
118 maintenance contract available to all residents of this state,
119 and such health maintenance organization may not exclude, limit,
120 deny, or delay coverage under such contract due to one or more
121 preexisting medical conditions. A health maintenance
122 organization may not limit or exclude benefits under such
123 contract, including a denial of coverage applicable to an
124 individual as a result of information relating to an
125 individual's health status before the individual's effective
126 date of coverage, or if coverage is denied, the date of the
127 denial.

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

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