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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/05/2019	.	
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The Committee on Banking and Insurance (Brandes) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (3) of section 631.713, Florida
Statutes, is amended to read:

631.713 Application of part.—

(3) This part does not apply to:

(a) That portion or part of a variable life insurance
contract or variable annuity contract not guaranteed by an



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11 insurer.

12 (b) That portion or part of any policy or contract under
13 which the risk is borne by the policyholder.

14 (c) Any policy or contract or part thereof assumed by the
15 impaired or insolvent insurer under a contract of reinsurance,
16 other than reinsurance for which assumption certificates have
17 been issued.

18 (d) Fraternal benefit societies as defined in s. 632.601.

19 (e) Health maintenance organizations, except for
20 assessments levied pursuant to ss. 631.715(2)(a)1.,
21 631.718(3)(b), and 631.819(2)(c) for long-term care insurer
22 impairments or insolvencies insurance.

23 (f) Dental service plan insurance.

24 (g) Pharmaceutical service plan insurance.

25 (h) Optometric service plan insurance.

26 (i) Ambulance service association insurance.

27 (j) Preneed funeral merchandise or service contract
28 insurance.

29 (k) Prepaid health clinic insurance.

30 (l) Any annuity contract or group annuity contract that is
31 not issued to and owned by an individual, except to the extent
32 of any annuity benefits:

33 1. Guaranteed directly and not through an intermediary to
34 an individual by an insurer under such contract or certificate;

35 2. Under an annuity issued by an insurer under 26 U.S.C. s.
36 408(b); or

37 3. Under an annuity issued by an insurer and held by a
38 custodian or trustee in accordance with 26 U.S.C. s. 408(a).
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40 This paragraph applies to every insolvency regardless of its
41 date of inception, and an assessment base may not include
42 premiums for such excluded products.

43 (m) Any federal employees' group policy or contract that,
44 under 5 U.S.C. s. 8909(f), is prohibited from being subject to
45 an assessment under s. 631.718.

46 (n) Except as provided in this paragraph, a portion of a
47 policy or contract, to the extent that the rate of interest on
48 which the policy or contract is based, or the interest rate,
49 crediting rate, or similar factor determined by use of an index
50 or other external reference stated in the policy or contract
51 employed in calculating returns or changes in value:

52 1. Averaged over the period of 4 years immediately
53 preceding the date on which the member insurer becomes an
54 impaired or insolvent insurer under this part, whichever is
55 earlier, exceeds the rate of interest determined by subtracting
56 2 percentage points from Moody's Corporate Bond Yield Average
57 averaged for that same 4-year period or for such lesser period
58 if the policy or contract was issued less than 4 years before
59 the member insurer becomes an impaired or insolvent insurer
60 under this part, whichever is earlier; and

61 2. On and after the date on which the member insurer
62 becomes an impaired or insolvent insurer under this part,
63 whichever is earlier, exceeds the rate of interest determined by
64 subtracting 3 percentage points from the most current version of
65 Moody's Corporate Bond Yield Average.

66

67 This paragraph does not apply to any portion of a policy or
68 contract, including a rider, which provides long-term care or



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69 any other health insurance benefit.

70 (o) A portion of a policy or contract to the extent the
71 policy or contract provides for interest or other changes in
72 value to be determined by the use of an index or other external
73 reference stated in the policy or contract, but which has not
74 been credited to the policy or contract, or as to which the
75 policy or contract owner's rights are subject to forfeiture, as
76 of the date the member insurer becomes an impaired or insolvent
77 insurer under this part. However, if the interest or change in
78 value is credited less frequently than annually as determined by
79 using the procedures defined in the policy or contract, interest
80 or change in value shall be credited by using the procedure
81 defined in the policy or contract as if the contractual date of
82 crediting interest or changing values was the date of impairment
83 or insolvency, whichever is earlier, and shall not be subject to
84 forfeiture.

85 (p) A policy or contract providing any hospital, medical,
86 prescription drug, or other health care benefits pursuant to
87 Title XVIII (Medicare), Title XIX (Medicaid), or Title XXI (the
88 Children's Health Insurance Program) of the Social Security Act
89 Medicare part C or part D or any regulations promulgated
90 thereunder issued pursuant to Medicare Part C or Part D.

91 (q) Structured settlement annuity benefits to which a
92 payee, or a beneficiary if the payee is deceased, has
93 transferred his or her rights in a structured settlement
94 factoring transaction, as that term is defined in 26 U.S.C. s.
95 5891(c)(3)(A).

96 Section 2. Present subsections (7) through (10) of section
97 631.714, Florida Statutes, are redesignated as subsections (8)



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98 through (11), respectively, and a new subsection (7) is added to
99 that section, to read:

100 631.714 Definitions.—As used in this part, the term:

101 (7) "Long-term care assessment obligations" means the long-
102 term care impairment and long-term care insolvency assessment
103 obligations of the association which are subject to assessment
104 pursuant to ss. 631.715(2)(a)1. and 631.718(3)(b) in
105 coordination with the Florida Health Maintenance Organization
106 Consumer Assistance Plan, through a methodology provided in the
107 association's plan of operation. All obligations other than
108 long-term care assessment obligations are subject to assessment
109 exclusively by the association in accordance with s.
110 631.718(2)(b) and (3)(c), without contribution or involvement of
111 the Florida Health Maintenance Organization Consumer Assistance
112 Plan.

113 Section 3. Subsection (1) of section 631.716, Florida
114 Statutes, is amended to read:

115 631.716 Board of directors.—

116 (1) (a) The board of directors of the association shall have
117 at least 9, but no more than 11, members. The members shall be
118 comprised of ~~not fewer than five nor more than nine~~ member
119 insurers, serving terms as established in the plan of operation
120 and 1 Florida Health Maintenance Organization Consumer
121 Assistance Plan director confirmed pursuant to paragraph (b),
122 who shall be a nonmember-insurer board representative. At all
123 times, at least 1 ~~one~~ member of the board must ~~shall~~ be a
124 domestic insurer as defined in s. 624.06(1). The members of the
125 board who are member insurers shall be elected by member
126 insurers, subject to the approval of the department.



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127 (b) The board shall confirm, subject to the approval of the
128 department, the Florida Health Maintenance Organization Consumer
129 Assistance Plan director. The director confirmed to the board
130 must be designated by the Florida Health Maintenance
131 Organization Consumer Assistance Plan's board of directors to
132 serve on the board and represent the interests of the Florida
133 Health Maintenance Organization Consumer Assistance Plan and its
134 board of directors. An individual serving as a Florida Health
135 Maintenance Organization Consumer Assistance Plan director on
136 the board must be a member of the Florida Health Maintenance
137 Organization Consumer Assistance Plan board of directors. The
138 Florida Health Maintenance Organization Consumer Assistance Plan
139 director, or his or her alternate, has the right to be present
140 at all meetings of the board and has full voting rights on all
141 issues.

142 (c) A vacancy on the board shall be filled for the
143 remaining period of the term by a majority vote of the remaining
144 board members, subject to the approval of the department. ~~Prior~~
145 ~~to the selection of the initial board of directors and the~~
146 ~~organization of the association, the department shall give~~
147 ~~notice to all member insurers of the time and place of the~~
148 ~~organizational meeting. At the organizational meeting, each~~
149 ~~member insurer shall be entitled to one vote, in person or by~~
150 ~~proxy. If the board of directors is not elected within 60 days~~
151 ~~after notice of the organizational meeting, the department may~~
152 ~~appoint the initial members.~~

153 Section 4. Present subsections (9) through (12) of section
154 631.717, Florida Statutes, are redesignated as subsections (12)
155 through (15), respectively, new subsections (9), (10), and (11)



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156 are added to that section, subsections (2) and (3), paragraph
157 (c) of present subsection (9), and paragraph (g) of present
158 subsection (12) are amended, and paragraph (h) is added to
159 present subsection (12) of that section, to read:

160 631.717 Powers and duties of the association.—

161 (2) If a domestic insurer is an insolvent insurer, the
162 association shall, subject to the approval of the department:

163 (a) Guarantee, assume, reissue, or reinsure, or cause to be
164 guaranteed, assumed, reissued, or reinsured, the covered
165 policies of persons referred to in s. 631.713(2); and

166 (b) Provide moneys, pledges, notes, guarantees, or other
167 means that are proper and reasonably necessary to implement
168 paragraph (a) in order to assure payment of the contractual
169 obligations of the insolvent insurer with regard to persons
170 referred to in s. 631.713(2).

171 (3) If a foreign or alien insurer is an insolvent insurer,
172 the association shall, subject to the approval of the
173 department:

174 (a) Guarantee, assume, reissue, or reinsure, or cause to be
175 guaranteed, assumed, reissued, or reinsured, the covered
176 policies of residents of this state; and

177 (b) Provide moneys, pledges, notes, guarantees, or other
178 means that are proper and reasonably necessary to implement
179 paragraph (a) in order to assure payment of the contractual
180 obligations of the insolvent insurer with regard to persons
181 referred to in s. 631.713(2).

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183 However, this subsection does not apply when the department has
184 determined that the foreign or alien insurer's domiciliary



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185 jurisdiction or state of entry provides, by statute, protection
186 substantially similar to that provided by this part for
187 residents of this state.

188 (9) For purposes of this part, benefits provided by a long-
189 term care rider to a life insurance policy or annuity contract
190 are considered the same type of benefits as the base life
191 insurance policy or annuity contract to which the rider relates.

192 (10) In the event of a potential long-term care insurer
193 impairment or insolvency, the association shall coordinate its
194 activities with the Florida Health Maintenance Organization
195 Consumer Assistance Plan, including the development of any plan
196 for handling the administration of the impairment or insolvency.

197 (11) The association shall share information, including
198 data, with and assist, as applicable, the board of directors of
199 the Florida Health Maintenance Organization Consumer Assistance
200 Plan with the administration and collection of member health
201 maintenance organization assessments for long-term care insurer
202 impairments or insolvencies pursuant to ss. 631.715(2)(a)1.,
203 631.718(3)(b), 631.818(2), and 631.819(2)(c).

204 (12)~~(9)~~ The association's liability for the contractual
205 obligations of the insolvent insurer must be as great as, but no
206 greater than, the contractual obligations of the insurer in the
207 absence of such insolvency, unless such obligations are reduced
208 as permitted by subsection (4), but the aggregate liability of
209 the association with respect to one life shall not exceed the
210 following:

211 (c) For all other benefits, including in long-term care
212 policies, \$300,000, including cash values, except as provided in
213 paragraph (d).



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In no event is the association liable for any penalties or interest.

~~(15)-(12)~~

(g) In carrying out its duties in connection with guaranteeing, assuming, reissuing, or reinsuring policies or contracts under subsections (2) and (3), the association may, subject to approval of the department ~~receivership court~~, issue an alternative policy or contract to substitute coverage for a policy or contract providing that provides an interest rate, crediting rate, or similar factor that was determined by use of an index or other external reference stated in the policy or contract and employed in calculating returns or changes in value ~~by issuing an alternative policy or contract~~. In lieu of the index or other external reference provided for in the original policy or contract, the alternative policy or contract must provide for a fixed interest rate, payment of dividends with minimum guarantees, or a different method for calculating interest or changes in value. In such case:

1. There is no requirement for evidence of insurability, waiting period, or other exclusion that would not have applied under the replaced policy or contract.

2. The alternative policy or contract shall be substantially similar to the replaced policy or contract in all other material terms.

(h) In accordance with the terms and conditions of the policy or contract, the board may directly file for actuarially justified rate or premium increases for any policy or contract for which it provides coverage under this part.



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243 Section 5. Paragraph (b) of subsection (3), paragraph (a)
244 of subsection (5), and subsection (8) of section 631.718,
245 Florida Statutes, are amended to read:

246 631.718 Assessments.—

247 (3)

248 (b)1. The amount of any Class B assessment, except for
249 assessments related to long-term care insurance, must ~~shall~~ be
250 allocated for assessment purposes among the accounts pursuant to
251 an allocation formula, which may be based on the premiums or
252 reserves of the impaired or insolvent insurer.

253 2. The amount of the Class B assessment for long-term care
254 insurance written by the impaired or insolvent insurer must be
255 allocated according to a methodology included in the plan of
256 operation and approved by the department. The methodology must
257 provide for 50 percent of the assessment to be allocated to
258 accident and health member insurers and 50 percent to be
259 allocated to life and annuity member insurers.

260 3. For the purposes of the methodology outlined in
261 subparagraph 2. and included in the plan of operation, the
262 accident and health member insurers' share of the assessment
263 must be calculated by including the assessable premiums of
264 member health maintenance organizations of the Florida Health
265 Maintenance Organization Consumer Assistance Plan.

266 (5) (a)1. The total of all assessments upon a member insurer
267 for each account may not in any one calendar year exceed 1
268 percent of the sum of the insurer's premiums written in this
269 state regarding business covered by the account received during
270 the 3 calendar years preceding the year in which the assessment
271 is made, divided by three. If premium information for the 3-year



272 period is not reasonably available for each member insurer, the
273 association may use any reasonably available premium
274 information.

275 2. For long-term care insurer impairments and insolvencies
276 only, the total assessments upon a member insurer or member
277 health maintenance organization of the Florida Health
278 Maintenance Organization Consumer Assistance Plan may not, in
279 any one calendar year, exceed 0.5 percent of the sum of the
280 member insurer or member health maintenance organization's
281 premiums written in this state regarding business covered by the
282 account received during the calendar year preceding the year in
283 which the assessment is made. If premium information is not
284 reasonably available for each member insurer or member health
285 maintenance organization of the Florida Health Maintenance
286 Organization Consumer Assistance Plan, the association or the
287 Florida Health Maintenance Organization Consumer Assistance Plan
288 may use any reasonably available premium information.

289 (8) The association shall issue to each member insurer
290 paying an assessment under this part, other than a Class A
291 assessment, a certificate of contribution, in a form prescribed
292 by the department, for the amount of the assessment so paid. All
293 outstanding certificates are of equal dignity and priority
294 without reference to amounts or dates of issue. A certificate of
295 contribution may be shown by the insurer in its financial
296 statement as an asset in such form and for such amount, if any,
297 and period of time as the department approves. However, any
298 amount offset pursuant to s. 631.72 may not be shown as an asset
299 of the insurer on any of its financial statements.

300 Section 6. Paragraph (b) of subsection (1), paragraph (f)



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301 of subsection (3), and subsection (4) of section 631.721,
302 Florida Statutes, are amended to read:

303 631.721 Plan of operation.—

304 (1)

305 ~~(b) If the association fails to submit a suitable proposed~~
306 ~~plan of operation within 180 days following October 1, 1979, or~~
307 If at any time thereafter the association fails to submit
308 suitable amendments to the plan, the department shall, after
309 notice and hearing, adopt such reasonable rules as are necessary
310 to effectuate the provisions of this part. Such rules shall
311 continue in force until modified by the department or superseded
312 by a proposed plan submitted by the association and approved by
313 the department.

314 (3) The plan of operation shall, in addition to
315 requirements enumerated elsewhere in this part:

316 (f) Establish any additional procedures for assessments
317 under s. 631.718, including procedures to share assessment
318 information, including data, with and assist, as applicable, the
319 board of directors of the Florida Health Maintenance
320 Organization Consumer Assistance Plan with the administration,
321 collection, and deposit of member health maintenance
322 organization assessments for long-term care insurer impairments
323 and insolvencies into the health account established under s.
324 631.715.

325 (4) The plan of operation may provide that any or all
326 powers and duties of the association, except those under ss.
327 631.717(13)(c) and 631.718 ~~ss. 631.717(10)(c) and 631.718~~, are
328 delegated to a corporation, association, or other organization
329 which performs or will perform functions similar to those of



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330 this association, or its equivalent, in two or more states. Such
331 a corporation, association, or organization shall be reimbursed
332 for any payments made on behalf of the association and shall be
333 paid for its performance of any function of the association. A
334 delegation under this subsection shall take effect only with the
335 approval of both the board of directors and the department and
336 may be made only to a corporation, association, or organization
337 which extends protection not substantially less favorable and
338 effective than that provided by this part.

339 Section 7. Section 631.738, Florida Statutes, is created to
340 read:

341 631.738 Applicability as to certain member insurers.—The
342 provisions of this part which relate to long-term care
343 assessment obligations do not apply to any member insurer that,
344 on or before the effective date of this act, has been adjudged
345 insolvent by a court of competent jurisdiction or has been
346 determined by the department to be impaired.

347 Section 8. Subsection (7) is added to section 631.816,
348 Florida Statutes, to read:

349 631.816 Board of directors.—

350 (7) Subject to the approval of the department, the board
351 shall designate one representative to serve as a member of the
352 board of directors of the Florida Life and Health Insurance
353 Guaranty Association pursuant to s. 631.716(1). The
354 representative, or his or her alternate, has the right to be
355 present during all meetings of the association board of
356 directors and shall have full voting rights.

357 Section 9. Present subsections (2) through (6) of section
358 631.818, Florida Statutes, are redesignated as subsections (3)



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359 through (7), respectively, a new subsection (2) is added to that
360 section, present subsection (4) is amended, present paragraph
361 (f) of present subsection (6) is redesignated as paragraph (g),
362 and a new paragraph (f) is added to that subsection, to read:

363 631.818 Powers and duties of the plan.—

364 (2) In the event of a long-term care insurer impairment or
365 insolvency, pursuant to s. 631.819(2) (c), the plan shall:

366 (a) Collect and transmit all information requested by the
367 Florida Life and Health Insurance Guaranty Association for the
368 association to determine the appropriate assessment base of the
369 health insurance account pursuant to ss. 631.715(2) (a)1. and
370 631.718(3) (b).

371 (b) Levy and collect assessments from HMOs.

372 (c) Coordinate the administration and collection of member
373 HMO assessments for long-term care insurer impairments and
374 insolvencies with the Florida Life and Health Insurance Guaranty
375 Association.

376 (5)~~(4)~~ The plan may render assistance and advice to the
377 department, at the department's request, concerning
378 rehabilitation, payment of claims, continuance of coverage, or
379 the performance of other contractual obligations of any HMO
380 subject to a delinquency proceeding ~~or a proceeding under s.~~
381 ~~624.90.~~

382 (7)~~(6)~~ The plan may:

383 (f) In the event of a long-term care insurer impairment or
384 insolvency, coordinate with the Florida Life and Health
385 Insurance Guaranty Association to carry out the responsibilities
386 of the association for the limited purpose of the long-term care
387 insurer impairment or insolvency, including the development of



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388 any plan for handling the administration of the impairment or
389 insolvency.

390 Section 10. Subsections (1) and (3) of section 631.819,
391 Florida Statutes, are amended, paragraph (c) is added to
392 subsection (2), and subsection (6) is added to that section, to
393 read:

394 631.819 Assessments.—

395 (1) For the purposes of providing the funds necessary to
396 carry out the powers and duties of the plan, the board of
397 directors shall assess the member HMOs at such time and for such
398 amounts as the board finds necessary. Assessments shall be due
399 not less than 30 days after written notice to the member HMOs
400 ~~insurers~~.

401 (2) Assessments for funds to meet the requirements of the
402 plan with respect to an insolvent HMO shall not be made until
403 necessary to implement the purposes of this part. In order to
404 carry out its duties and powers under this part, upon the
405 insolvency of an HMO, the plan shall levy and collect
406 assessments as follows:

407 (c) For the purposes of long-term care insurer impairment
408 and insolvency assessments under s. 631.718(3)(b), member HMOs
409 must be assessed in the same manner as member insurers of the
410 Florida Life and Health Insurance Guaranty Association under
411 part III of this chapter. Long-term care insurer impairment and
412 insolvency assessments must be levied and collected by the plan
413 pursuant to this part, deposited into the health insurance
414 account established under s. 631.715, and used solely for long-
415 term care insurer impairment or insolvency obligations.

416 Assessments collected from member HMOs are considered part of



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417 and satisfy the obligations of the health insurance account
418 under ss. 631.715(2)(a)1. and 631.718(3)(b).

419 (3) All assessments against HMOs, including long-term care
420 insurer impairment and insolvency assessments, must shall be
421 levied as a percentage of annual earned premium revenue for non-
422 Medicare and non-Medicaid contracts. In no event may the plan
423 assess in any calendar year more than 0.5 percent of each HMO's
424 annual earned premium revenue for non-Medicare and non-Medicaid
425 contracts.

426 (6) The plan shall issue, in a form prescribed by the
427 department, a certificate of contribution to each member HMO
428 paying a long-term care insurer impairment or insolvency
429 assessment under this part for the amount of the assessment so
430 paid. All outstanding certificates are of equal dignity and
431 priority without reference to amounts or dates of issue. A
432 certificate of contribution may be shown by the member HMO in
433 its financial statement as an asset in such form and for such
434 amount and period of time as the department approves. However,
435 any amount offset pursuant to s. 631.828 may not be shown as an
436 asset of the member HMO on any of its financial statements.

437 Section 11. Paragraph (f) of subsection (3) and paragraph
438 (a) of subsection (4) of section 631.820, Florida Statutes, are
439 amended to read:

440 631.820 Plan of operation.—

441 (3) The plan of operation shall, in addition to
442 requirements enumerated elsewhere in this part:

443 (f) Establish any additional procedures for assessments
444 under this part, including procedures to coordinate the
445 administration and collection of member HMO assessments for



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446 long-term care insurer impairments and insolvencies with the
447 board of directors of the Florida Life and Health Insurance
448 Guaranty Association.

449 (4) (a) The plan of operation may provide that any or all
450 powers and duties of the plan, except those under ss.
451 631.818(7)(b) and (c) and 631.819 ~~ss. 631.818(6)(b) and (c) and~~
452 ~~631.819~~, are delegated to an administrator that ~~which~~ may be a
453 corporation, association, or other organization that ~~which~~
454 performs or will perform functions similar to those of this
455 plan, or its equivalent.

456 Section 12. Subsection (2) of section 631.821, Florida
457 Statutes, is amended to read:

458 631.821 Powers and duties of the department.—

459 (2) Any action of the board of directors of the plan may be
460 appealed to the office by any member HMO if such appeal is taken
461 within 21 days of the action being appealed; however, the HMO
462 must comply with such action pending exhaustion of appeal ~~under~~
463 ~~s. 631.818(2)~~. Any appeal shall be promptly determined by the
464 office, and final action or order of the office shall be subject
465 to judicial review in a court of competent jurisdiction.

466 Section 13. The Division of Law Revision is directed to
467 replace the phrase "the effective date of this act" wherever it
468 occurs in this act with the date this act becomes a law.

469 Section 14. This act shall take effect upon becoming a law.

470
471 ===== T I T L E A M E N D M E N T =====

472 And the title is amended as follows:

473 Delete everything before the enacting clause
474 and insert:



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475 A bill to be entitled
476 An act relating to insurer guaranty associations;
477 amending s. 631.713, F.S.; revising applicability of
478 part III of ch. 631, F.S., as to health maintenance
479 organizations, long-term care insurance benefits,
480 certain health care benefits, and certain structured
481 settlement annuity benefits; amending s. 631.714,
482 F.S.; defining the term "long-term care assessment
483 obligations"; amending s. 631.716, F.S.; revising the
484 number of members and composition of the Florida Life
485 and Health Insurance Guaranty Association's board of
486 directors; specifying requirements relating to the
487 director of the Florida Health Maintenance
488 Organization Consumer Assistance Plan to be confirmed
489 to the association's board; specifying rights of the
490 director or his or her alternate; deleting an obsolete
491 provision; amending s. 631.717, F.S.; adding the
492 reissuance of covered policies to a list of duties of
493 the association relating to insolvent insurers;
494 providing construction; specifying duties of the
495 association as to potential long-term care insurer
496 impairments or insolvencies, sharing information, and
497 providing assistance to the Florida Health Maintenance
498 Organization Consumer Assistance Plan's board of
499 directors; revising applicability of a specified limit
500 on the association's liability for the contractual
501 obligations of an insolvent insurer; conforming a
502 provision to changes made by the act; requiring that
503 the Department of Financial Services, rather than a



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504 receivership court, approve certain alternative
505 policies or contracts; authorizing the board to file
506 directly for actuarially justified rate or premium
507 increases; amending s. 631.718, F.S.; specifying the
508 calculation and allocation of Class B assessments for
509 long-term care insurance; specifying a limit on
510 certain assessments on a member insurer or member
511 health maintenance organization; conforming provisions
512 to changes made by the act; amending s. 631.721, F.S.;
513 deleting an obsolete provision; revising the
514 requirements of the association's plan of operation
515 relating to long-term care insurer impairments and
516 insolvencies; conforming a cross-reference; creating
517 s. 631.738, F.S.; providing applicability of certain
518 provisions to certain member insurers; amending s.
519 631.816, F.S.; adding duties of the board of directors
520 of the Florida Health Maintenance Organization
521 Consumer Assistance Plan to conform to changes made by
522 the act; amending s. 631.818, F.S.; adding to the
523 duties of the plan to conform to changes made by the
524 act; amending s. 631.819, F.S.; specifying
525 requirements for long-term care insurer impairment and
526 insolvency assessments for member health maintenance
527 organizations; requiring the plan to issue
528 certificates of contribution to member health
529 maintenance organizations paying certain assessments;
530 specifying requirements of, and the use of, such
531 certificates; amending s. 631.820, F.S.; conforming
532 provisions to changes made by the act; amending s.



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533 | 631.821, F.S.; making a technical change; providing a
534 | directive to the Division of Law Revision; providing
535 | an effective date.