

1 A bill to be entitled
2 An act relating to insurer guaranty associations;
3 amending s. 631.713, F.S.; revising applicability of
4 part III of ch. 631, F.S., as to health maintenance
5 organizations, long-term care insurance benefits,
6 certain health care benefits, and certain structured
7 settlement annuity benefits; amending s. 631.716,
8 F.S.; revising the number of members and composition
9 of the Florida Life and Health Insurance Guaranty
10 Association's board of directors; specifying
11 requirements relating to the director of the Florida
12 Health Maintenance Organization Consumer Assistance
13 Plan to be confirmed to the association's board;
14 specifying rights of the director or his or her
15 alternate; deleting an obsolete provision; amending s.
16 631.717, F.S.; adding the reissuance of covered
17 policies to a list of duties of the association
18 relating to insolvent insurers; providing
19 construction; specifying duties of the association as
20 to potential long-term care insurer impairments or
21 insolvencies, sharing information, and providing
22 assistance to the Florida Health Maintenance
23 Organization Consumer Assistance Plan's board of
24 directors; revising applicability of a specified limit
25 on the association's liability for the contractual

26 obligations of an insolvent insurer; conforming a
27 provision to changes made by the act; requiring that
28 the Department of Financial Services, rather than a
29 receivership court, approve certain alternative
30 policies or contracts; authorizing the board to file
31 directly for actuarially justified rate or premium
32 increases; amending s. 631.718, F.S.; specifying the
33 calculation and allocation of Class B assessments for
34 long-term care insurance; specifying a limit on
35 certain assessments on a member insurer or member
36 health maintenance organization; conforming provisions
37 to changes made by the act; amending s. 631.721, F.S.;
38 deleting an obsolete provision; revising the
39 requirements of the association's plan of operation
40 relating to long-term care insurer impairments and
41 insolvencies; conforming a cross-reference; creating
42 s. 631.738, F.S.; providing applicability of certain
43 provisions to certain health maintenance
44 organizations; amending s. 631.816, F.S.; adding
45 duties of the board of directors of the Florida Health
46 Maintenance Organization Consumer Assistance Plan to
47 conform to changes made by the act; amending s.
48 631.818, F.S.; adding to the duties of the plan to
49 conform to changes made by the act; amending s.
50 631.819, F.S.; specifying requirements for long-term

51 care insurer impairment and insolvency assessments for
52 member health maintenance organizations; requiring the
53 plan to issue certificates of contribution to member
54 health maintenance organizations paying certain
55 assessments; specifying requirements of, and the use
56 of, such certificates; amending s. 631.820, F.S.;
57 conforming provisions to changes made by the act;
58 amending s. 631.821, F.S.; making a technical change;
59 providing applicability of specified provisions to
60 certain long-term care insurer impairment and
61 insolvency assessments; providing a directive to the
62 Division of Law Revision; providing an effective date.
63

64 Be It Enacted by the Legislature of the State of Florida:
65

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

68 631.713 Application of part.—

69 (3) This part does not apply to:

70 (a) That portion or part of a variable life insurance
71 contract or variable annuity contract not guaranteed by an
72 insurer.

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

75 (c) Any policy or contract or part thereof assumed by the

76 | impaired or insolvent insurer under a contract of reinsurance,
 77 | other than reinsurance for which assumption certificates have
 78 | been issued.

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

80 | (e) Health maintenance organizations, except for
 81 | assessments levied pursuant to ss. 631.715(2)(a)1.,
 82 | 631.718(3)(b), and 631.819(2)(c) for long-term care insurer
 83 | impairments or insolvencies insurance.

84 | (f) Dental service plan insurance.

85 | (g) Pharmaceutical service plan insurance.

86 | (h) Optometric service plan insurance.

87 | (i) Ambulance service association insurance.

88 | (j) Preneed funeral merchandise or service contract
 89 | insurance.

90 | (k) Prepaid health clinic insurance.

91 | (l) Any annuity contract or group annuity contract that is
 92 | not issued to and owned by an individual, except to the extent
 93 | of any annuity benefits:

94 | 1. Guaranteed directly and not through an intermediary to
 95 | an individual by an insurer under such contract or certificate;

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

98 | 3. Under an annuity issued by an insurer and held by a
 99 | custodian or trustee in accordance with 26 U.S.C. s. 408(a).

100 |

101 This paragraph applies to every insolvency regardless of its
102 date of inception, and an assessment base may not include
103 premiums for such excluded products.

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

107 (n) Except as provided in this paragraph, a portion of a
108 policy or contract, to the extent that the rate of interest on
109 which the policy or contract is based, or the interest rate,
110 crediting rate, or similar factor determined by use of an index
111 or other external reference stated in the policy or contract
112 employed in calculating returns or changes in value:

113 1. Averaged over the period of 4 years immediately
114 preceding the date on which the member insurer becomes an
115 impaired or insolvent insurer under this part, whichever is
116 earlier, exceeds the rate of interest determined by subtracting
117 2 percentage points from Moody's Corporate Bond Yield Average
118 averaged for that same 4-year period or for such lesser period
119 if the policy or contract was issued less than 4 years before
120 the member insurer becomes an impaired or insolvent insurer
121 under this part, whichever is earlier; and

122 2. On and after the date on which the member insurer
123 becomes an impaired or insolvent insurer under this part,
124 whichever is earlier, exceeds the rate of interest determined by
125 subtracting 3 percentage points from the most current version of

126 Moody's Corporate Bond Yield Average.

127

128 This paragraph does not apply to any portion of a policy or
129 contract, including a rider, which provides long-term care or
130 any other health insurance benefit.

131 (o) A portion of a policy or contract to the extent the
132 policy or contract provides for interest or other changes in
133 value to be determined by the use of an index or other external
134 reference stated in the policy or contract, but which has not
135 been credited to the policy or contract, or as to which the
136 policy or contract owner's rights are subject to forfeiture, as
137 of the date the member insurer becomes an impaired or insolvent
138 insurer under this part. However, if the interest or change in
139 value is credited less frequently than annually as determined by
140 using the procedures defined in the policy or contract, interest
141 or change in value shall be credited by using the procedure
142 defined in the policy or contract as if the contractual date of
143 crediting interest or changing values was the date of impairment
144 or insolvency, whichever is earlier, and shall not be subject to
145 forfeiture.

146 (p) A policy or contract providing any hospital, medical,
147 prescription drug, or other health care benefits pursuant to
148 Title XVIII (Medicare), Title XIX (Medicaid), or Title XXI (the
149 Children's Health Insurance Program) of the Social Security Act
150 Medicare part C or part D or any regulations promulgated

151 ~~thereunder issued pursuant to Medicare Part C or Part D.~~

152 (q) Structured settlement annuity benefits to which a
153 payee, or a beneficiary if the payee is deceased, has
154 transferred his or her rights in a structured settlement
155 factoring transaction, as that term is defined in 26 U.S.C. s.
156 5891(c) (3) (A).

157 Section 2. Subsection (1) of section 631.716, Florida
158 Statutes, is amended to read:

159 631.716 Board of directors.—

160 (1) (a) The board of directors of the association shall
161 have at least 9, but no more than 11, members. The members shall
162 be comprised of not fewer than five nor more than nine member
163 insurers, serving terms as established in the plan of operation
164 and 1 Florida Health Maintenance Organization Consumer
165 Assistance Plan director confirmed pursuant to paragraph (b). At
166 all times, at least 1 ~~one~~ member of the board must ~~shall~~ be a
167 domestic insurer as defined in s. 624.06(1). The members of the
168 board who are member insurers shall be elected by member
169 insurers, subject to the approval of the department.

170 (b) The board shall confirm, subject to the approval of
171 the department, the Florida Health Maintenance Organization
172 Consumer Assistance Plan director. The confirmed director must
173 not be a member insurer serving on the board of the association.
174 The director confirmed to the board must be designated by the
175 Florida Health Maintenance Organization Consumer Assistance

176 Plan's board of directors to serve on the board and represent
177 the interests of the Florida Health Maintenance Organization
178 Consumer Assistance Plan and its board of directors. An
179 individual serving as a Florida Health Maintenance Organization
180 Consumer Assistance Plan director on the board must be a member
181 of the Florida Health Maintenance Organization Consumer
182 Assistance Plan's board of directors. The Florida Health
183 Maintenance Organization Consumer Assistance Plan director, or
184 his or her alternate, has the right to be present at all
185 meetings of the board and has full voting rights on all issues.

186 (c) A vacancy on the board shall be filled for the
187 remaining period of the term by a majority vote of the remaining
188 board members, subject to the approval of the department. ~~Prior~~
189 ~~to the selection of the initial board of directors and the~~
190 ~~organization of the association, the department shall give~~
191 ~~notice to all member insurers of the time and place of the~~
192 ~~organizational meeting. At the organizational meeting, each~~
193 ~~member insurer shall be entitled to one vote, in person or by~~
194 ~~proxy. If the board of directors is not elected within 60 days~~
195 ~~after notice of the organizational meeting, the department may~~
196 ~~appoint the initial members.~~

197 Section 3. Present subsections (9) through (12) of section
198 631.717, Florida Statutes, are redesignated as subsections (12)
199 through (15), respectively, new subsections (9), (10), and (11)
200 are added to that section, subsections (2) and (3), paragraph

201 (c) of present subsection (9), and paragraph (g) of present
202 subsection (12) are amended, and paragraph (h) is added to
203 present subsection (12) of that section, to read:

204 631.717 Powers and duties of the association.—

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

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

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

215 (3) If a foreign or alien insurer is an insolvent insurer,
216 the association shall, subject to the approval of the
217 department:

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

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

226
 227 However, this subsection does not apply when the department has
 228 determined that the foreign or alien insurer's domiciliary
 229 jurisdiction or state of entry provides, by statute, protection
 230 substantially similar to that provided by this part for
 231 residents of this state.

232 (9) For purposes of this part, benefits provided by a
 233 long-term care rider to a life insurance policy or annuity
 234 contract are considered the same type of benefits as the base
 235 life insurance policy or annuity contract to which the rider
 236 relates.

237 (10) In the event of a potential long-term care insurer
 238 impairment or insolvency, the association shall coordinate its
 239 activities with the Florida Health Maintenance Organization
 240 Consumer Assistance Plan, including the development of any plan
 241 for handling the administration of the impairment or insolvency.

242 (11) The association shall share information, including
 243 data, with and assist, as applicable, the board of directors of
 244 the Florida Health Maintenance Organization Consumer Assistance
 245 Plan with the administration and collection of member health
 246 maintenance organization assessments for long-term care insurer
 247 impairments or insolvencies pursuant to ss. 631.715(2)(a)1.,
 248 631.718(3)(b), 631.818(2), and 631.819(2)(c).

249 (12)~~(9)~~ The association's liability for the contractual
 250 obligations of the insolvent insurer must be as great as, but no

251 greater than, the contractual obligations of the insurer in the
 252 absence of such insolvency, unless such obligations are reduced
 253 as permitted by subsection (4), but the aggregate liability of
 254 the association with respect to one life shall not exceed the
 255 following:

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

259

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

262 ~~(15)-(12)~~

263 (g) In carrying out its duties in connection with
 264 guaranteeing, assuming, reissuing, or reinsuring policies or
 265 contracts under subsections (2) and (3), the association may,
 266 subject to approval of the department ~~receivership court~~, issue
 267 an alternative policy or contract to substitute coverage for a
 268 policy or contract providing ~~that provides~~ an interest rate,
 269 crediting rate, or similar factor that was determined by use of
 270 an index or other external reference stated in the policy or
 271 contract and employed in calculating returns or changes in value
 272 ~~by issuing an alternative policy or contract~~. In lieu of the
 273 index or other external reference provided for in the original
 274 policy or contract, the alternative policy or contract must
 275 provide for a fixed interest rate, payment of dividends with

276 minimum guarantees, or a different method for calculating
277 interest or changes in value. In such case:

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

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

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

288 Section 4. Paragraph (b) of subsection (3), paragraph (a)
289 of subsection (5), and subsection (8) of section 631.718,
290 Florida Statutes, are amended to read:

291 631.718 Assessments.—

292 (3)

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

298 2. The amount of the Class B assessment for long-term care
299 insurance written by the impaired or insolvent insurer must be
300 allocated according to a methodology included in the plan of

301 operation and approved by the department. The methodology must
302 provide for 50 percent of the assessment to be allocated to
303 health member insurers and 50 percent to be allocated to life
304 and annuity member insurers.

305 3. For the purposes of the methodology outlined in
306 subparagraph 2. and included in the plan of operation, the
307 health member insurers' share of the assessment must be
308 calculated by including the assessable premiums of member health
309 maintenance organizations of the Florida Health Maintenance
310 Organization Consumer Assistance Plan.

311 (5) (a) 1. The total of all assessments upon a member
312 insurer for each account may not in any one calendar year exceed
313 1 percent of the sum of the insurer's premiums written in this
314 state regarding business covered by the account received during
315 the 3 calendar years preceding the year in which the assessment
316 is made, divided by three. If premium information for the 3-year
317 period is not reasonably available for each member insurer, the
318 association may use any reasonably available premium
319 information.

320 2. For long-term care insurer impairments and insolvencies
321 only, the total assessments upon a member insurer or member
322 health maintenance organization of the Florida Health
323 Maintenance Organization Consumer Assistance Plan may not, in
324 any one calendar year, exceed 0.5 percent of the sum of the
325 member insurer's or member health maintenance organization's

326 premiums written in this state regarding business covered by the
327 account received during the calendar year preceding the year in
328 which the assessment is made. If premium information is not
329 reasonably available for each member insurer or member health
330 maintenance organization of the Florida Health Maintenance
331 Organization Consumer Assistance Plan, the association or the
332 Florida Health Maintenance Organization Consumer Assistance Plan
333 may use any reasonably available premium information.

334 (8) The association shall issue to each member insurer
335 paying an assessment under this part, other than a Class A
336 assessment, a certificate of contribution, in a form prescribed
337 by the office ~~department~~, for the amount of the assessment so
338 paid. All outstanding certificates are of equal dignity and
339 priority without reference to amounts or dates of issue. A
340 certificate of contribution may be shown by the insurer in its
341 financial statement as an asset in such form and for such
342 amount, if any, and period of time as the office ~~department~~
343 approves. However, any amount offset pursuant to s. 631.72 may
344 not be shown as an asset of the insurer on any of its financial
345 statements.

346 Section 5. Paragraph (b) of subsection (1), paragraph (f)
347 of subsection (3), and subsection (4) of section 631.721,
348 Florida Statutes, are amended to read:

349 631.721 Plan of operation.—

350 (1)

351 (b) ~~If the association fails to submit a suitable proposed~~
352 ~~plan of operation within 180 days following October 1, 1979, or~~
353 If at any time thereafter the association fails to submit
354 suitable amendments to the plan, the department shall, after
355 notice and hearing, adopt such reasonable rules as are necessary
356 to effectuate the provisions of this part. Such rules shall
357 continue in force until modified by the department or superseded
358 by a proposed plan submitted by the association and approved by
359 the department.

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

362 (f) Establish any additional procedures for assessments
363 under s. 631.718, including procedures to share assessment
364 information, including data, with and assist, as applicable, the
365 board of directors of the Florida Health Maintenance
366 Organization Consumer Assistance Plan with the administration,
367 collection, and deposit of member health maintenance
368 organization assessments for long-term care insurer impairments
369 and insolvencies into the health account established under s.
370 631.715.

371 (4) The plan of operation may provide that any or all
372 powers and duties of the association, except those under ss.
373 631.717(13)(c) and 631.718 ~~ss. 631.717(10)(e) and 631.718~~, are
374 delegated to a corporation, association, or other organization
375 which performs or will perform functions similar to those of

376 | this association, or its equivalent, in two or more states. Such
377 | a corporation, association, or organization shall be reimbursed
378 | for any payments made on behalf of the association and shall be
379 | paid for its performance of any function of the association. A
380 | delegation under this subsection shall take effect only with the
381 | approval of both the board of directors and the department and
382 | may be made only to a corporation, association, or organization
383 | which extends protection not substantially less favorable and
384 | effective than that provided by this part.

385 | Section 6. Section 631.738, Florida Statutes, is created
386 | to read:

387 | 631.738 Applicability as to certain health maintenance
388 | organizations.—The provisions of this part which relate to
389 | assessments for long-term care insurer impairments and
390 | insolvencies do not apply to any nonprofit health maintenance
391 | organization that operates only in this state and whose
392 | statutory capital and surplus is less than \$200 million as of
393 | December 31 of the year preceding the year in which the
394 | assessment is made.

395 | Section 7. Subsection (7) is added to section 631.816,
396 | Florida Statutes, to read:

397 | 631.816 Board of directors.—

398 | (7) Subject to the approval of the department, the board
399 | shall designate one representative to serve as a member of the
400 | board of directors of the Florida Life and Health Insurance

401 Guaranty Association pursuant to s. 631.716(1). The
402 representative, or his or her alternate, has the right to be
403 present during all meetings of the association board of
404 directors and shall have full voting rights.

405 Section 8. Present subsections (2) through (6) of section
406 631.818, Florida Statutes, are renumbered as subsections (3)
407 through (7), respectively, a new subsection (2) is added to that
408 section, present subsection (4) is amended, present paragraph
409 (f) of present subsection (6) is redesignated as paragraph (g),
410 and a new paragraph (f) is added to that subsection, to read:

411 631.818 Powers and duties of the plan.—

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

414 (a) Collect and transmit all information requested by the
415 Florida Life and Health Insurance Guaranty Association for the
416 association to determine the appropriate assessment base of the
417 health insurance account pursuant to ss. 631.715(2)(a)1. and
418 631.718(3)(b).

419 (b) Levy and collect assessments from HMOs.

420 (c) Coordinate the administration and collection of member
421 HMO assessments for long-term care insurer impairments and
422 insolvencies with the Florida Life and Health Insurance Guaranty
423 Association.

424 (5)-(4) The plan may render assistance and advice to the
425 department, at the department's request, concerning

426 rehabilitation, payment of claims, continuance of coverage, or
427 the performance of other contractual obligations of any HMO
428 subject to a delinquency proceeding ~~or a proceeding under s.~~
429 ~~624.90.~~

430 (7)~~(6)~~ The plan may:

431 (f) In the event of a long-term care insurer impairment or
432 insolvency, coordinate with the Florida Life and Health
433 Insurance Guaranty Association to carry out the responsibilities
434 of the association for the limited purpose of the long-term care
435 insurer impairment or insolvency, including the development of
436 any plan for handling the administration of the impairment or
437 insolvency.

438 Section 9. Subsections (1) and (3) of section 631.819,
439 Florida Statutes, are amended, paragraph (c) is added to
440 subsection (2), and subsection (6) is added to that section, to
441 read:

442 631.819 Assessments.—

443 (1) For the purposes of providing the funds necessary to
444 carry out the powers and duties of the plan, the board of
445 directors shall assess the member HMOs at such time and for such
446 amounts as the board finds necessary. Assessments shall be due
447 not less than 30 days after written notice to the member HMOs
448 ~~insurers.~~

449 (2) Assessments for funds to meet the requirements of the
450 plan with respect to an insolvent HMO shall not be made until

451 necessary to implement the purposes of this part. In order to
452 carry out its duties and powers under this part, upon the
453 insolvency of an HMO, the plan shall levy and collect
454 assessments as follows:

455 (c) For the purposes of long-term care insurer impairment
456 and insolvency assessments under s. 631.718(3)(b), member HMOs
457 must be assessed in the same manner as member insurers of the
458 Florida Life and Health Insurance Guaranty Association under
459 part III of this chapter. Long-term care insurer impairment and
460 insolvency assessments must be levied and collected by the plan
461 pursuant to this part, deposited into the health insurance
462 account established under s. 631.715, and used solely for long-
463 term care insurer impairment or insolvency obligations.
464 Assessments collected from member HMOs are considered part of
465 and satisfy the obligations of the health insurance account
466 under ss. 631.715(2)(a)1. and 631.718(3)(b).

467 (3) All assessments against HMOs, including long-term care
468 insurer impairment and insolvency assessments, must ~~shall~~ be
469 levied as a percentage of annual earned premium revenue for non-
470 Medicare and non-Medicaid contracts. In no event may the plan
471 assess in any calendar year more than 0.5 percent of each HMO's
472 annual earned premium revenue for non-Medicare and non-Medicaid
473 contracts.

474 (6) The plan shall issue, in a form prescribed by the
475 office, a certificate of contribution to each member HMO paying

476 a long-term care insurer impairment or insolvency assessment
477 under this part for the amount of the assessment so paid. All
478 outstanding certificates are of equal dignity and priority
479 without reference to amounts or dates of issue. A certificate of
480 contribution may be shown by the member HMO in its financial
481 statement as an asset in such form and for such amount and
482 period of time as the office approves. However, any amount
483 offset pursuant to s. 631.828 may not be shown as an asset of
484 the member HMO on any of its financial statements.

485 Section 10. Paragraph (f) of subsection (3) and paragraph
486 (a) of subsection (4) of section 631.820, Florida Statutes, are
487 amended to read:

488 631.820 Plan of operation.—

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

491 (f) Establish any additional procedures for assessments
492 under this part, including procedures to coordinate the
493 administration and collection of member HMO assessments for
494 long-term care insurer impairments and insolvencies with the
495 board of directors of the Florida Life and Health Insurance
496 Guaranty Association.

497 (4) (a) The plan of operation may provide that any or all
498 powers and duties of the plan, except those under ss.
499 631.818(7) (b) and (c) and 631.819 ss. ~~631.818(6) (b) and (c) and~~
500 ~~631.819~~, are delegated to an administrator that ~~which~~ may be a

501 corporation, association, or other organization that ~~which~~
502 performs or will perform functions similar to those of this
503 plan, or its equivalent.

504 Section 11. Subsection (2) of section 631.821, Florida
505 Statutes, is amended to read:

506 631.821 Powers and duties of the department.—

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

514 Section 12. Section 631.738, Florida Statutes, as created
515 by this act, and the amendments made to ss. 631.713, 631.717,
516 631,718, 631.721, 631.818, 631.819, and 631.820, Florida
517 Statutes, by this act apply only to long-term care insurer
518 impairment and insolvency assessments that result from an
519 insurer being adjudged insolvent by a court of competent
520 jurisdiction or being determined by the office to be impaired on
521 or after the effective date of this act.

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

525 Section 14. This act shall take effect upon becoming a

CS/CS/HB 673

2019

526 | law.