

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED  (Y/N)  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN  (Y/N)  
OTHER

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1 Committee/Subcommittee hearing bill: Insurance & Banking  
2 Subcommittee

3 Representative Gregory offered the following:

4  
5 **Amendment (with title amendment)**

6 Remove line 187 and insert:

7 Section 7. Section 627.6046, Florida Statutes, is created  
8 to read:

9 627.6046 Limit on preexisting conditions.-

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

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

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

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17 | or

18 | 2. PPACA is invalidated by the United States Supreme  
19 | Court.

20 | (b) "Preexisting medical condition" means a condition that  
21 | was present before the effective date of coverage under a  
22 | policy, whether or not any medical advice, diagnosis, care, or  
23 | treatment was recommended or received before the effective date  
24 | of coverage. The term includes a condition identified as a  
25 | result of a preenrollment questionnaire or physical examination  
26 | given to the individual, or review of medical records relating  
27 | to the preenrollment period.

28 | (2) (a) Not later than 30 days after the operative date,  
29 | and notwithstanding s. 627.6045 or any other law to the  
30 | contrary, every insurer issuing, delivering, or issuing for  
31 | delivery individual health insurance policies in this state  
32 | shall make at least one comprehensive major medical health  
33 | insurance policy available to all residents of this state, and  
34 | such insurer may not exclude, limit, deny, or delay coverage  
35 | under such policy due to one or more preexisting medical  
36 | conditions.

37 | (b) An insurer may not limit or exclude benefits under  
38 | such policy, including a denial of coverage applicable to an  
39 | individual as a result of information relating to an  
40 | individual's health status before the individual's effective  
41 | date of coverage, or if coverage is denied, the date of the

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42 denial.

43 (3) The comprehensive major medical health insurance  
44 policy that the insurer is required to offer under this section  
45 must be a policy that had been actively marketed in this state  
46 by the insurer as of the operative date and that was also  
47 actively marketed in this state during the year immediately  
48 preceding the operative date.

49 (4) This section does not apply to an insurer that issues  
50 only limited benefit, disability income, specified disease,  
51 Medicare supplement, or hospital indemnity policies in this  
52 state.

53 Section 8. Section 627.65612, Florida Statutes, is created  
54 to read:

55 627.65612 Limit on preexisting conditions.-

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

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

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

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

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

82 Section 9. Subsection (45) is added to section 641.31,  
83 Florida Statutes, to read:

84 641.31 Health maintenance contracts.—

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

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

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92 shall make at least one comprehensive major medical health  
93 maintenance contract available to all residents of this state,  
94 and such health maintenance organization may not exclude, limit,  
95 deny, or delay coverage under such contract due to one or more  
96 preexisting medical conditions. A health maintenance  
97 organization may not limit or exclude benefits under such  
98 contract, including a denial of coverage applicable to an  
99 individual as a result of information relating to an  
100 individual's health status before the individual's effective  
101 date of coverage, or if coverage is denied, the date of the  
102 denial.

103 (c) The comprehensive major medical health maintenance  
104 contract the health maintenance organization is required to  
105 offer under this section must be a contract that had been  
106 actively marketed in this state by the health maintenance  
107 organization as of the operative date and that was also actively  
108 marketed in this state during the year immediately preceding the  
109 operative date.

110 Section 10. This act shall take effect July 1, 2019.

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114 **T I T L E A M E N D M E N T**

115 Remove line 17 and insert:

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116 construction; creating ss. 627.6046 and 627.65612, F.S.;

117 defining the terms "operative date" and "preexisting medical

118 condition" with respect to individual and group health insurance

119 policies, respectively; requiring insurers, contingent upon the

120 occurrence of either of two specified events, to make at least

121 one comprehensive major medical health insurance policy

122 available to all residents of this state within a specified

123 timeframe; prohibiting such insurers from excluding, limiting,

124 denying, or delaying coverage under such policies due to

125 preexisting medical conditions; requiring such policies to have

126 been actively marketed on a specified date and during a certain

127 timeframe before that date; providing applicability; amending s.

128 641.31, F.S.; defining the terms "operative date" and

129 "preexisting medical condition" with respect to health

130 maintenance contracts; requiring health maintenance

131 organizations, contingent upon the occurrence of either of two

132 specified events, to make at least one comprehensive major

133 medical health maintenance contract available to all residents

134 of this state within a specified timeframe; prohibiting such

135 health maintenance organizations from excluding, limiting,

136 denying, or delaying coverage under such contracts due to

137 preexisting medical conditions; requiring such contracts to have

138 been actively marketed on a specified date and during a certain

139 timeframe before that date; providing an effective date.