1 A bill to be entitled 2 An act relating to health insurance marketing 3 materials; amending ss. 627.6699 and 627.9407, F.S.; 4 deleting requirements that a health insurer submit 5 proposed marketing communications or advertising 6 material to the Office of Insurance Regulation for 7 review and approval; establishing procedures for 8 disapproval of long-term care insurance advertising 9 materials; providing an effective date. 10 11 Be It Enacted by the Legislature of the State of Florida: 12 13 Paragraph (d) of subsection (12) of section Section 1. 14 627.6699, Florida Statutes, is amended to read: 627.6699 Employee Health Care Access Act.-15 16 STANDARD, BASIC, HIGH DEDUCTIBLE, AND LIMITED HEALTH (12)17 BENEFIT PLANS.-18 (d)1. Upon offering coverage under a standard health 19 benefit plan, a basic health benefit plan, or a limited benefit 20 policy or contract for a any small employer group, the small employer carrier shall provide such employer group with a 21 22 written statement that contains, at a minimum: 23 An explanation of those mandated benefits and providers a. 24 that are not covered by the policy or contract; 25 An explanation of the managed care and cost control b. 26 features of the policy or contract, along with all appropriate mailing addresses and telephone numbers to be used by insureds 27 28 in seeking information or authorization; and

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c. An explanation of the primary and preventive carefeatures of the policy or contract.

32 Such disclosure statement must be presented in a clear and 33 understandable form and format and must be separate from the 34 policy or certificate or evidence of coverage provided to the 35 employer group.

36 2. Before a small employer carrier issues a standard 37 health benefit plan, a basic health benefit plan, or a limited 38 benefit policy or contract, <u>the carrier</u> <del>it</del> must obtain from the 39 prospective policyholder a signed written statement in which the 40 prospective policyholder:

a. Certifies as to eligibility for coverage under the
standard health benefit plan, basic health benefit plan, or
limited benefit policy or contract;

44 b. Acknowledges the limited nature of the coverage and an 45 understanding of the managed care and cost control features of 46 the policy or contract;

47 c. Acknowledges that if misrepresentations are made 48 regarding eligibility for coverage under a standard health 49 benefit plan, a basic health benefit plan, or a limited benefit 50 policy or contract, the person making such misrepresentations 51 forfeits coverage provided by the policy or contract; and

d. If a limited plan is requested, acknowledges that the prospective policyholder had been offered, at the time of application for the insurance policy or contract, the opportunity to purchase any health benefit plan offered by the carrier and that the prospective policyholder had rejected that

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57 coverage.

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A copy of such written statement <u>must</u> shall be provided to the prospective policyholder <u>by</u> no later than at the time of delivery of the policy or contract, and the original of such written statement <u>must</u> shall be retained in the files of the small employer carrier for the period of time that the policy or contract remains in effect or for 5 years, whichever <del>period</del> is longer.

3. Any material statement made by an applicant for
coverage under a health benefit plan which falsely certifies as
to the applicant's eligibility for coverage serves as the basis
for terminating coverage under the policy or contract.

4. Each marketing communication that is intended to be
used in the marketing of a health benefit plan in this state
must be submitted for review by the office prior to use and must
contain the disclosures stated in this subsection.

74 Section 2. Subsection (2) of section 627.9407, Florida 75 Statutes, is amended to read:

627.9407 Disclosure, advertising, and performance
standards for long-term care insurance.-

ADVERTISING.-The commission shall adopt rules
<u>establishing setting forth</u> standards for <u>the</u> advertising,
marketing, and sale of long-term care <u>insurance</u> policies in
order to protect applicants from unfair or deceptive sales or
enrollment practices. An insurer shall file with the office any
long-term care insurance advertising material intended for use
in this state. The materials may be effective immediately,

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85	subject to disapproval by the office. Following receipt of
86	notice of such disapproval, a long-term care insurer may not
87	issue or use any advertisement disapproved by the office or for
88	which the office has withdrawn approval at least 30 days before
89	the date of use of the advertisement in this state. Within 30
90	days after the date of receipt of the advertising material, the
91	office shall review the material and shall disapprove any
92	advertisement if, in the opinion of the office, such
93	advertisement violates any of the provisions of this part or of
94	part IX of chapter 626 or any rule of the commission. The office
95	may disapprove an advertisement at any time and enter an
96	immediate order requiring that the use of the advertisement be
97	discontinued if it determines that the advertisement violates
98	<del>any of the provisions of</del> this part <u>,</u> <del>or of</del> part IX of chapter
99	626 <u>,</u> or any rule of the commission.

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Section 3. This act shall take effect July 1, 2013.