

Amendment No.

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WITHDRAWN	_____	(Y/N)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		

1 Committee/Subcommittee hearing bill: Health Innovation
 2 Subcommittee

3 Representative Pigman offered the following:

4

5 **Amendment (with title amendment)**

6 Remove lines 185-626 and insert:

7 plan organization. If a provider contracts with a third-party
 8 entity to administer or provide a platform for a discount plan,
 9 the third-party entity must be licensed as a discount plan
 10 organization.

11 Section 5. Section 636.208, Florida Statutes, is amended
 12 to read:

13 636.208 Fees; charges; reimbursement.—

14 (1) A discount ~~medical~~ plan organization may charge a
 15 periodic charge as well as a reasonable one-time processing fee
 16 for a discount ~~medical~~ plan.

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17 (2) (a) If the member cancels his or her membership in the
18 discount ~~medical~~ plan organization within the first 30 days
19 after the effective date of enrollment in the plan, the member
20 shall receive a reimbursement of all periodic charges upon
21 return of the discount card to the discount ~~medical~~ plan
22 organization.

23 (b) If the member cancels his or her membership in the
24 discount plan organization after the first 30 days, the discount
25 plan organization:

26 1. Must cancel the membership on or before 30 days after
27 receipt of the member's cancellation request.

28 2. May not charge the member any fees after the effective
29 date of the cancellation of the membership.

30 3. Must provide a pro rata reimbursement of periodic
31 charges made for months after cancellation date.

32 (c) If the member cancels his or her membership in the
33 discount plan organization consistent with the open enrollment
34 rules established by an employer or association for a plan
35 having an open enrollment period, the member shall receive a pro
36 rata reimbursement of all periodic charges upon return of the
37 discount card to the discount plan organization.

38 (3) If the discount ~~medical~~ plan organization cancels a
39 membership for any reason other than nonpayment of fees by the
40 member, the discount ~~medical~~ plan organization must ~~shall~~ make a
41 pro rata reimbursement of all periodic charges to the member.

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42 (4) In addition to the reimbursement of periodic charges
43 for the reasons stated in subsections (2) and (3), a discount
44 ~~medical~~ plan organization shall also reimburse the member for
45 any portion of a one-time processing fee that exceeds \$30 per
46 year.

47 Section 6. Section 636.212, Florida Statutes, is amended
48 to read:

49 636.212 Disclosures.—A discount plan organization or
50 marketer must provide disclosures to a prospective member and
51 the prospective member must acknowledge the acceptance of such
52 disclosures before enrolling in a discount plan. A discount plan
53 organization or marketer may make additional disclosures to
54 those described in paragraph (1)(a). ~~The following disclosures~~
55 ~~must be made in writing to any prospective member and must be on~~
56 ~~the first page of any advertisements, marketing materials, or~~
57 ~~brochures relating to a discount medical plan. The disclosures~~
58 ~~must be printed in not less than 12-point type:~~

59 (1) (a) A disclosure must include:

60 1. That the plan is not insurance.

61 2.~~(2)~~ That the plan provides discounts at certain health
62 care providers for medical services.

63 3.~~(3)~~ That the plan does not make payments directly to the
64 providers of medical services.

65 4.~~(4)~~ That the plan member is obligated to pay for all
66 health care services but will receive a discount from those

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67 health care providers who have contracted with the discount plan
68 organization.

69 ~~5.(5)~~ The name and address of the licensed discount
70 ~~medical~~ plan organization.

71 (b) The first page of any written advertisements,
72 marketing materials, or brochures relating to a discount plan
73 must include the required disclosures in paragraph (a). The
74 first page is the page that first includes the information that
75 describes benefits of the discount plan. The disclosures must be
76 printed in not less than 12-point type.

77 (c) Disclosures provided by electronic means must include
78 disclosures required in paragraph (a). The disclosures must be
79 in a font size and color that is readable.

80 (d) Disclosures made by telephone must include the
81 disclosures in paragraph (a) and the prospective or new member
82 must be provided with written disclosures in accordance with
83 paragraph (b) in the initial written materials provided. ~~If the~~
84 ~~initial contract is made by telephone, the disclosures required~~
85 ~~by this section shall be made orally and provided in the initial~~
86 ~~written materials that describe the benefits under the discount~~
87 ~~medical plan provided to the prospective or new member.~~

88 Section 7. Section 636.214, Florida Statutes, is amended
89 to read:

90 636.214 Provider agreements.—

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91 (1) All providers offering medical services to members
92 under a discount ~~medical~~ plan must provide such services
93 pursuant to a written agreement. The agreement may be entered
94 into directly by the provider or by a provider network to which
95 the provider belongs.

96 (2) A provider agreement between a discount ~~medical~~ plan
97 organization and a provider must provide the following:

98 (a) A list of the services and products to be provided at
99 a discount.

100 (b) The amount or amounts of the discounts or,
101 alternatively, a fee schedule which reflects the provider's
102 discounted rates.

103 (c) A statement that the provider will not charge members
104 more than the discounted rates.

105 (3) A provider agreement between a discount ~~medical~~ plan
106 organization and a provider network must ~~shall~~ require that the
107 provider network have written agreements with its providers
108 which:

109 (a) Contain the terms described in subsection (2).

110 (b) Authorize the provider network to contract with the
111 discount ~~medical~~ plan organization on behalf of the provider.

112 (c) Require the network to maintain an up-to-date list of
113 its contracted providers and to provide that list on a monthly
114 basis to the discount ~~medical~~ plan organization.

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115 (4) The discount ~~medical~~ plan organization shall maintain
116 a copy of each active provider agreement into which it has
117 entered.

118 Section 8. Section 636.216, Florida Statutes, is amended
119 to read:

120 636.216 Written agreement ~~Charge or Form Filings.~~

121 ~~(1) All charges to members must be filed with the office
122 and any charge to members greater than \$30 per month or \$360 per
123 year must be approved by the office before the charges can be
124 used. The discount medical plan organization has the burden of
125 proof that the charges bear a reasonable relation to the
126 benefits received by the member.~~

127 ~~(2) There must be a written agreement between the discount
128 medical plan organization and the member specifying the benefits
129 under the discount medical plan and complying with the
130 disclosure requirements of this part.~~

131 ~~(3) All forms used, including the written agreement
132 pursuant to subsection (2), must first be filed with and
133 approved by the office. Every form filed shall be identified by
134 a unique form number placed in the lower left corner of each
135 form.~~

136 ~~(4) A charge or form is considered approved on the 60th
137 day after its date of filing unless it has been previously
138 disapproved by the office. The office shall disapprove any form
139 that does not meet the requirements of this part or that is~~

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140 ~~unreasonable, discriminatory, misleading, or unfair. If such~~
141 ~~filings are disapproved, the office shall notify the discount~~
142 ~~medical plan organization and shall specify in the notice the~~
143 ~~reasons for disapproval.~~

144 Section 9. Section 636.228, Florida Statutes, is amended
145 to read:

146 636.228 Marketing of discount ~~medical~~ plans.—

147 (1) All advertisements, marketing materials, brochures,
148 and discount cards used by marketers must be approved in writing
149 ~~for such use~~ by the discount ~~medical~~ plan organization.

150 (2) The discount ~~medical~~ plan organization must ~~shall~~ have
151 an executed written agreement with a marketer before ~~prior to~~
152 the marketer's marketing, promoting, selling, or distributing
153 the discount ~~medical~~ plan. Such agreement must ~~shall~~ prohibit
154 the marketer from using marketing materials, brochures, and
155 discount cards without the approval in writing by the discount
156 ~~medical~~ plan organization. The discount ~~medical~~ plan
157 organization may delegate functions to its marketers but shall
158 be bound by any acts of its marketers, within the scope of the
159 delegation, which ~~marketers' agency, that~~ do not comply with ~~the~~
160 ~~provisions of~~ this part.

161 Section 10. Section 636.230, Florida Statutes, is amended
162 to read:

163 636.230 Bundling discount ~~medical~~ plans with other
164 products.—A marketer or discount plan organization selling a

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165 discount plan with medical services and other services may
166 commingle those products on a single page of forms,
167 advertisements, marketing materials, or brochures ~~When a~~
168 ~~marketer or discount medical plan organization sells a discount~~
169 ~~medical plan together with any other product, the fees for the~~
170 ~~discount medical plan must be provided in writing to the member~~
171 ~~if the fees exceed \$30.~~

172 Section 11. Paragraph (b) of subsection (5) of section
173 408.9091, Florida Statutes, is amended to read:

174 408.9091 Cover Florida Health Care Access Program.—

175 (5) PLAN PROPOSALS.—The agency and the office shall
176 announce, no later than July 1, 2008, an invitation to negotiate
177 for Cover Florida plan entities to design a Cover Florida plan
178 proposal in which benefits and premiums are specified.

179 (b) The agency and the office may announce an invitation
180 to negotiate for the design of Cover Florida Plus products to
181 companies that offer supplemental insurance, discount ~~medical~~
182 plan organizations licensed under part II of chapter 636, or
183 prepaid health clinics licensed under part II of chapter 641.

184 Section 12. Paragraph (d) of subsection (2) and paragraph
185 (d) of subsection (4) of section 408.910, Florida Statutes, are
186 amended to read:

187 408.910 Florida Health Choices Program.—

188 (2) DEFINITIONS.—As used in this section, the term:

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189 (d) "Insurer" means an entity licensed under chapter 624
190 which offers an individual health insurance policy or a group
191 health insurance policy, a preferred provider organization as
192 defined in s. 627.6471, an exclusive provider organization as
193 defined in s. 627.6472, ~~or~~ a health maintenance organization
194 licensed under part I of chapter 641, or a prepaid limited
195 health service organization or discount ~~medical~~ plan
196 organization licensed under chapter 636.

197 (4) ELIGIBILITY AND PARTICIPATION.—Participation in the
198 program is voluntary and shall be available to employers,
199 individuals, vendors, and health insurance agents as specified
200 in this subsection.

201 (d) All eligible vendors who choose to participate and the
202 products and services that the vendors are permitted to sell are
203 as follows:

204 1. Insurers licensed under chapter 624 may sell health
205 insurance policies, limited benefit policies, other risk-bearing
206 coverage, and other products or services.

207 2. Health maintenance organizations licensed under part I
208 of chapter 641 may sell health maintenance contracts, limited
209 benefit policies, other risk-bearing products, and other
210 products or services.

211 3. Prepaid limited health service organizations may sell
212 products and services as authorized under part I of chapter 636,

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213 and discount ~~medical~~ plan organizations may sell products and
214 services as authorized under part II of chapter 636.

215 4. Prepaid health clinic service providers licensed under
216 part II of chapter 641 may sell prepaid service contracts and
217 other arrangements for a specified amount and type of health
218 services or treatments.

219 5. Health care providers, including hospitals and other
220 licensed health facilities, health care clinics, licensed health
221 professionals, pharmacies, and other licensed health care
222 providers, may sell service contracts and arrangements for a
223 specified amount and type of health services or treatments.

224 6. Provider organizations, including service networks,
225 group practices, professional associations, and other
226 incorporated organizations of providers, may sell service
227 contracts and arrangements for a specified amount and type of
228 health services or treatments.

229 7. Corporate entities providing specific health services
230 in accordance with applicable state law may sell service
231 contracts and arrangements for a specified amount and type of
232 health services or treatments.

233

234 A vendor described in subparagraphs 3.-7. may not sell products
235 that provide risk-bearing coverage unless that vendor is
236 authorized under a certificate of authority issued by the Office
237 of Insurance Regulation and is authorized to provide coverage in

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238 the relevant geographic area. Otherwise eligible vendors may be
239 excluded from participating in the program for deceptive or
240 predatory practices, financial insolvency, or failure to comply
241 with the terms of the participation agreement or other standards
242 set by the corporation.

243 Section 13. Subsection (11) of section 627.64731, Florida
244 Statutes, is amended to read:

245 627.64731 Leasing, renting, or granting access to a
246 participating provider.—

247 (11) This section does not apply to a contract between a
248 contracting entity and a discount ~~medical~~ plan organization
249 licensed or exempt under part II of chapter 636.

250 Section 14. Paragraph (c) of subsection (7) of section
251 636.003, Florida Statutes, is amended to read:

252 636.003 Definitions.—As used in this act, the term:

253 (7) "Prepaid limited health service organization" means
254 any person, corporation, partnership, or any other entity which,
255 in return for a prepayment, undertakes to provide or arrange
256 for, or provide access to, the provision of a limited health
257 service to enrollees through an exclusive panel of providers.
258 Prepaid limited health service organization does not include:

259 (c) Any person who is licensed pursuant to part II as a
260 discount ~~medical~~ plan organization.

261 Section 15. Paragraphs (c) and (d) of subsection (1) of
262 section 636.205, Florida Statutes, are amended to read:

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263 636.205 Issuance of license; denial.—

264 (1) Following receipt of an application filed pursuant to
265 s. 636.204, the office shall review the application and notify
266 the applicant of any deficiencies contained therein. The office
267 shall issue a license to an applicant who has filed a completed
268 application pursuant to s. 636.204 upon payment of the fees
269 specified in s. 636.204 and upon the office being satisfied that
270 the following conditions are met:

271 (c) The ownership, control, and management of the entity
272 are competent and trustworthy and possess managerial experience
273 that would make the proposed operation beneficial to the
274 subscribers. The office may ~~shall~~ not grant or continue to grant
275 authority to transact the business of a discount ~~medical~~ plan
276 organization in this state at any time during which the office
277 has good reason to believe that the ownership, control, or
278 management of the organization includes any person whose
279 business operations are or have been marked by business
280 practices or conduct that is detrimental to the public,
281 stockholders, investors, or creditors.

282 (d) The discount ~~medical~~ plan organization has a complaint
283 procedure that will facilitate the resolution of subscriber
284 grievances and that includes both formal and informal steps
285 available within the organization.

286 Section 16. Section 636.206, Florida Statutes, is amended
287 to read:

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288 636.206 Examinations and investigations.—

289 (1) The office may examine or investigate the business and
290 affairs of any discount ~~medical~~ plan organization. The office
291 may order any discount ~~medical~~ plan organization or applicant to
292 produce any records, books, files, advertising and solicitation
293 materials, or other information and may take statements under
294 oath to determine whether the discount ~~medical~~ plan organization
295 or applicant is in violation of the law or is acting contrary to
296 the public interest. The expenses incurred in conducting any
297 examination or investigation must be paid by the discount
298 ~~medical~~ plan organization or applicant. Examinations and
299 investigations must be conducted as provided in chapter 624. For
300 the duration of the agreement with a member and for 5 years
301 thereafter, a discount plan organization must maintain an
302 accurate record of each member, including the membership
303 materials provided to the member, the discount plan issued to
304 the member, and the charges billed and paid by the member, in a
305 form accessible to the office during an examination or
306 investigation.

307 (2) Failure by the discount ~~medical~~ plan organization to
308 pay the expenses incurred under subsection (1) is grounds for
309 denial or revocation.

310 Section 17. Section 636.207, Florida Statutes, is amended
311 to read:

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312 636.207 Applicability of part.—Except as otherwise
313 provided in this part, discount ~~medical~~ plan organizations are
314 governed by ~~the provisions of~~ this part and are exempt from the
315 Florida Insurance Code unless specifically referenced.

316 Section 18. Section 636.210, Florida Statutes, is amended
317 to read:

318 636.210 Prohibited activities of a discount ~~medical~~ plan
319 organization.—

320 (1) A discount ~~medical~~ plan organization may not:

321 (a) Use in its advertisements, marketing material,
322 brochures, and discount cards the term "insurance" except as
323 otherwise provided in this part or as a disclaimer of any
324 relationship between discount ~~medical~~ plan organization benefits
325 and insurance;

326 (b) Use in its advertisements, marketing material,
327 brochures, and discount cards the terms "health plan,"
328 "coverage," "copay," "copayments," "preexisting conditions,"
329 "guaranteed issue," "premium," "PPO," "preferred provider
330 organization," or other terms in a manner that could reasonably
331 mislead a person into believing the discount ~~medical~~ plan was
332 health insurance;

333 (c) Have restrictions on free access to plan providers,
334 including, but not limited to, waiting periods and notification
335 periods; or

336 (d) Pay providers any fees for medical services.

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337 (2) A discount ~~medical~~ plan organization may not collect
338 or accept money from a member for payment to a provider for
339 specific medical services furnished or to be furnished to the
340 member unless the organization has an active certificate of
341 authority from the office to act as an administrator.

342 Section 19. Subsection (1), paragraphs (b), (c), and (d)
343 of subsection (2), and subsection (3) of section 636.218,
344 Florida Statutes, are amended to read:

345 636.218 Annual reports.—

346 (1) Each discount ~~medical~~ plan organization shall ~~must~~
347 file with the office, within 3 months after the end of each
348 fiscal year, an annual report.

349 (2) Such reports must be on forms prescribed by the
350 commission and must include:

351 (b) If different from the initial application or the last
352 annual report, a list of the names and residence addresses of
353 all persons responsible for the conduct of the organization's
354 affairs, together with a disclosure of the extent and nature of
355 any contracts or arrangements between such persons and the
356 discount ~~medical~~ plan organization, including any possible
357 conflicts of interest.

358 (c) The number of discount ~~medical~~ plan members in the
359 state.

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360 (d) Such other information relating to the performance of
361 the discount ~~medical~~ plan organization as is reasonably required
362 by the commission or office.

363 (3) Every discount ~~medical~~ plan organization that ~~which~~
364 fails to file an annual report in the form and within the time
365 required by this section shall forfeit up to \$500 for each day
366 for the first 10 days during which the neglect continues and
367 shall forfeit up to \$1,000 for each day after the first 10 days
368 during which the neglect continues; and, upon notice by the
369 office to that effect, the organization's authority to enroll
370 new members or to do business in this state ceases while such
371 default continues. The office shall deposit all sums collected
372 by the office under this section to the credit of the Insurance
373 Regulatory Trust Fund. The office may not collect more than
374 \$50,000 for each report.

375 Section 20. Section 636.220, Florida Statutes, is amended
376 to read:

377 636.220 Minimum capital requirements.-

378 (1) Each discount ~~medical~~ plan organization shall ~~must~~ at
379 all times maintain a net worth of at least \$150,000.

380 (2) The office may not issue a license unless the discount
381 ~~medical~~ plan organization has a net worth of at least \$150,000.

382 Section 21. Section 636.222, Florida Statutes, is amended
383 to read:

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384 636.222 Suspension or revocation of license; suspension of
385 enrollment of new members; terms of suspension.—

386 (1) The office may suspend the authority of a discount
387 ~~medical~~ plan organization to enroll new members, revoke any
388 license issued to a discount ~~medical~~ plan organization, or order
389 compliance if the office finds that any of the following
390 conditions exist:

391 (a) The organization is not operating in compliance with
392 this part.

393 (b) The organization does not have the minimum net worth
394 as required by this part.

395 (c) The organization has advertised, merchandised, or
396 attempted to merchandise its services in such a manner as to
397 misrepresent its services or capacity for service or has engaged
398 in deceptive, misleading, or unfair practices with respect to
399 advertising or merchandising.

400 (d) The organization is not fulfilling its obligations as
401 a ~~medical~~ discount ~~medical~~ plan organization.

402 (e) The continued operation of the organization would be
403 hazardous to its members.

404 (2) If the office has cause to believe that grounds for
405 the suspension or revocation of a license exist, the office must
406 ~~shall~~ notify the discount ~~medical~~ plan organization in writing
407 specifically stating the grounds for suspension or revocation

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408 and shall pursue a hearing on the matter in accordance with ~~the~~
409 ~~provisions of~~ chapter 120.

410 (3) When the license of a discount ~~medical~~ plan
411 organization is surrendered or revoked, such organization must
412 proceed, immediately following the effective date of the order
413 of revocation, to wind up its affairs transacted under the
414 license. The organization may not engage in any further
415 advertising, solicitation, collecting of fees, or renewal of
416 contracts.

417 (4) The office shall, in its order suspending the
418 authority of a discount ~~medical~~ plan organization to enroll new
419 members, specify the period during which the suspension is to be
420 in effect and the conditions, if any, which must be met by the
421 discount ~~medical~~ plan organization before ~~prior to~~ reinstatement
422 of its license to enroll new members. The order of suspension is
423 subject to rescission or modification by further order of the
424 office before ~~prior to~~ the expiration of the suspension period.
425 Reinstatement may not be made unless requested by the discount
426 ~~medical~~ plan organization; however, the office may not grant
427 reinstatement if it finds that the circumstances for which the
428 suspension occurred still exist or are likely to recur.

429 Section 22. Section 636.223, Florida Statutes, is amended
430 to read:

431 636.223 Administrative penalty.—In lieu of suspending or
432 revoking a certificate of authority whenever any discount

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433 ~~medical~~ plan organization has been found to have violated any
434 provision of this part, the office may:

435 (1) Issue and cause to be served upon the organization
436 charged with the violation a copy of such findings and an order
437 requiring such organization to cease and desist from engaging in
438 the act or practice that constitutes the violation.

439 (2) Impose a monetary penalty of not less than \$100 for
440 each violation, but not to exceed an aggregate penalty of
441 \$75,000.

442 Section 23. Section 636.224, Florida Statutes, is amended
443 to read:

444 636.224 Notice of change of name or address of discount
445 ~~medical~~ plan organization.—Each discount ~~medical~~ plan
446 organization must provide the office at least 30 days' advance
447 notice of any change in the discount ~~medical~~ plan organization's
448 name, address, principal business address, or mailing address.

449 Section 24. Section 636.226, Florida Statutes, is amended
450 to read:

451 636.226 Provider name listing.—Each discount ~~medical~~ plan
452 organization must maintain on an Internet website an up-to-date
453 list of the names and addresses of the providers with which it
454 has contracted, ~~on an Internet website page~~, the address of
455 which must ~~shall~~ be prominently displayed on all its
456 advertisements, marketing materials, brochures, and discount
457 cards. This section applies to those providers with whom the

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458 discount ~~medical~~ plan organization has contracted directly, as
459 well as those who are members of a provider network with which
460 the discount ~~medical~~ plan organization has contracted.

461 Section 25. Section 636.232, Florida Statutes, is amended
462 to read:

463 636.232 Rules.—The commission may adopt rules to
464 administer this part, including rules for the licensing of
465 discount ~~medical~~ plan organizations; ~~establishing standards for~~
466 ~~evaluating forms, advertisements, marketing materials,~~
467 ~~brochures, and discount cards;~~ providing for the collection of
468 data; relating to disclosures to plan members; and defining
469 terms used in this part.

470

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472

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

473

Remove lines 6-48 and insert:

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provisions to changes made by the act; providing an exception

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for providers under certain circumstances; amending s. 636.206,

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F.S.; conforming provisions to changes made by the act;

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providing record keeping requirements for discount plan

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organizations; amending s. 636.208, F.S.; conforming provisions

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to changes made by the act; revising a specified condition for a

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member to receive a reimbursement of certain charges after

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cancelling a membership in a discount plan organization;

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amending s. 636.212, F.S.; requiring discount plan organizations

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483 or marketers to provide prospective members with certain
484 disclosures; requiring prospective members to acknowledge the
485 receipt of and the acceptance of such disclosures before
486 enrolling in a discount plan; specifying what a first page is
487 for the purpose of a disclosure requirement on certain materials
488 relating to a discount plan; providing requirements for
489 disclosures made in writing, by electronic means, and by
490 telephone; amending s. 636.214, F.S.; making a technical change;
491 conforming provisions to changes made by the act; amending s.
492 636.216, F.S.; deleting provisions relating to requirements to
493 file with and obtain approval from the Department of Financial
494 Services of certain charges and forms; conforming a provision to
495 changes made by the act; amending s. 636.228, F.S.; conforming
496 provisions to changes made by the act; authorizing a discount
497 plan organization to delegate functions to its marketers;
498 providing that the discount plan organization is bound to acts
499 of its marketers within the scope of delegation; amending s.
500 636.230, F.S.; conforming provisions to changes made by the act;
501 authorizing a marketer or discount plan organization to
502 commingle certain products on a single page of certain
503 documents; deleting a requirement for discount medical plan fees
504 to be provided in writing under certain circumstances; amending
505 s. 636.232, F.S.; revising the authority for the Financial
506 Services Commission to adopt rules; amending ss. 408.9091,
507 408.910, 627.64731, 636.003, 636.205, 636.207, 636.210, 636.218,

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 577 (2017)

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508 | 636.220, 636.222, 636.223, 636.224, 636.226, 636.234, 636.236,
509 | 636.238, 636.240,