Amendment No. (for drafter's use only)

CHAMBER ACTION Senate House . . . 4 5 6 7 8 9

Representative Negron offered the following:

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Amendment (with title amendment)

Between lines 327 and 328, insert:

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Section 3. Subsection (2) and paragraph (d) of subsection (3) of section 641.31, Florida Statutes, are amended to read:
641.31 Health maintenance contracts.--

The rates charged by any health maintenance

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organization to its subscribers shall not be excessive, inadequate, or unfairly discriminatory or follow a rating methodology that is inconsistent, indeterminate, or ambiguous or encourages misrepresentation or misunderstanding. A law restricting or limiting deductibles, coinsurance, copayments, or

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annual or lifetime maximum payments shall not apply to any

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health maintenance organization contract offered or delivered to an individual or a group of 51 or more persons that provides

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Amendment No. (for drafter's use only)

coverage as described in s.641.31071(5)(a)2.department, in accordance with generally accepted actuarial practice as applied to health maintenance organizations, may define by rule what constitutes excessive, inadequate, or unfairly discriminatory rates and may require whatever information it deems necessary to determine that a rate or proposed rate meets the requirements of this subsection.

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Any change in rates charged for the contract must be (d) filed with the department not less than 30 days in advance of the effective date. At the expiration of such 30 days, the rate filing shall be deemed approved unless prior to such time the filing has been affirmatively approved or disapproved by order of the department. The approval of the filing by the department constitutes a waiver of any unexpired portion of such waiting period. The department may extend by not more than an additional 15 days the period within which it may so affirmatively approve or disapprove any such filing, by giving notice of such extension before expiration of the initial 30-day period. At the expiration of any such period as so extended, and in the absence of such prior affirmative approval or disapproval, any such filing shall be deemed approved. This paragraph does not apply to group health contracts effectuated and delivered in this state insuring groups of 51 or more persons, except for Medicare supplement insurance, long-term care insurance, and any coverage under which the increase in claims costs over the lifetime of the contract due to advancing age or duration is refunded in the premium.

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HOUSE AMENDMENT

Bill No.HB 999 CS

Amendment No. (for drafter's use only)

exceptions; providing an effective date.

requirements to certain group health insurance policies, with

6263