By Senator Richter

37-00456A-12 20121306

A bill to be entitled

An act relating to long-term care insurance; amending s. 627.9404, F.S.; defining the term "guaranteed renewable" for purposes of the Long-Term Care Insurance Act; amending s. 627.9407, F.S.; providing that continuation or renewal of a guaranteed renewable long-term care insurance policy does not result in the making of a new policy or contract or incorporate certain statutory or regulatory changes into the policy or contract; amending ss. 627.9403 and 641.2018, F.S.; conforming cross-references; providing editorial changes; providing an effective date.

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

Section 1. Subsections (6) through (12) of section 627.9404, Florida Statutes, are renumbered as subsections (7) through (13), respectively, and a new subsection (6) is added to that section to read:

627.9404 Definitions.—For the purposes of this part:

(6) "Guaranteed renewable" means that the insured has the right to continue the policy or contract in force by the timely payment of premiums and the insurer has no unilateral right to make any change in any provision of the policy or contract while the insurance or contract is in force and cannot decline to renew, except that rates may be revised by the insurer on a class basis.

Section 2. Subsection (3) of section 627.9407, Florida Statutes, is amended to read:

37-00456A-12 20121306

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

- (3) RESTRICTIONS.-
- (a) A long-term care insurance policy may not:

1.(a) Be canceled, nonrenewed, or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificateholder; however, the office may authorize nonrenewal for an insurer on a statewide basis on terms and conditions determined to be necessary by the office to protect the interests of the insureds, if the insurer demonstrates that renewal will jeopardize the insurer's solvency or that substantial and unexpected loss experience cannot reasonably be mitigated or remedied.

2.(b) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same insurer or any affiliated insurer, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder.

3.(c) Restrict its coverage to care only in a nursing home licensed pursuant to part II of chapter 400 or provide significantly more coverage for such care than coverage for lower levels of care. The commission shall adopt rules defining what constitutes significantly more coverage in nursing homes licensed pursuant to part II of chapter 400 than for lower levels of care.

 $\underline{4.(d)}$ Contain an elimination period in excess of 180 days. As used in this paragraph, the term "elimination period" means

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37-00456A-12 20121306

the number of days at the beginning of a period of confinement for which no benefits are payable.

(b) The continuation or renewal of a guaranteed renewable long-term care insurance policy by the timely payment of required premiums does not constitute the making or issuance of a new policy of insurance or contract for any purpose and does not have the effect of incorporating into the policy or contract statutory or regulatory changes that were enacted or adopted after the original issuance date of the guaranteed renewable policy.

Section 3. Section 627.9403, Florida Statutes, is amended to read:

627.9403 Scope. The provisions of This part applies shall apply to long-term care insurance policies delivered or issued for delivery in this state, and to policies delivered or issued for delivery outside this state to the extent provided in s. 627.9406, by an insurer, a fraternal benefit society as defined in s. 632.601, a health maintenance organization as defined in s. 641.19, a prepaid health clinic as defined in s. 641.402, or a multiple-employer welfare arrangement as defined in s. 624.437. A policy that which is advertised, marketed, or offered as a long-term care policy and as a Medicare supplement policy must shall meet the requirements of this part and the requirements of ss. 627.671-627.675 and, to the extent of a conflict, is be subject to the requirement that is more favorable to the policyholder or certificateholder. The provisions of This part does shall not apply to a continuing care contract issued pursuant to chapter 651 or and shall not apply to quaranteed renewable policies issued prior to October

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37-00456A-12 20121306

1, 1988. Any limited benefit policy that limits coverage to care in a nursing home or to one or more lower levels of care required or authorized to be provided by this part or by commission rule is a type of long-term care insurance policy that must meet all requirements of this part that apply to long-term care insurance policies, except ss. 627.9407(3)(a)3.

627.9407(3)(c), (9), (10)(f), and (12) and 627.94073(2).

Section 4. Subsection (3) of section 641.2018, Florida Statutes, is amended to read:

641.2018 Limited coverage for home health care authorized.-

(3) Any contract that limits coverage to home health care benefits as provided in this section must also meet all of the requirements of ss. 627.9403-627.9408 of the Long-Term Care Insurance Act, except s. $\underline{627.9407(3)(a)3}$. $\underline{627.9407(3)(c)}$ and (9).

Section 5. This act shall take effect July 1, 2012.