

By the Committee on Banking and Insurance; and Senator Hukill

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A bill to be entitled
An act relating to health insurance marketing materials; amending ss. 627.6699 and 627.9407, F.S.; authorizing a health insurer to immediately begin using long-term care insurance advertising material under certain circumstances; providing an effective date.

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

Section 1. Paragraph (d) of subsection (12) of section 627.6699, Florida Statutes, is amended to read:

627.6699 Employee Health Care Access Act.—

(12) STANDARD, BASIC, HIGH DEDUCTIBLE, AND LIMITED HEALTH BENEFIT PLANS.—

(d)1. Upon offering coverage under a standard health benefit plan, a basic health benefit plan, or a limited benefit policy or contract for a ~~any~~ small employer group, the small employer carrier shall provide such employer group with a written statement that contains, at a minimum:

a. An explanation of those mandated benefits and providers that are not covered by the policy or contract;

b. An explanation of the managed care and cost control features of the policy or contract, along with all appropriate mailing addresses and telephone numbers to be used by insureds in seeking information or authorization; and

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

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

34 2. Before a small employer carrier issues a standard health
35 benefit plan, a basic health benefit plan, or a limited benefit
36 policy or contract, the carrier ~~it~~ must obtain from the
37 prospective policyholder a signed written statement in which the
38 prospective policyholder:

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

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

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

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

56
57 A copy of such written statement must ~~shall~~ be provided to the
58 prospective policyholder by ~~no later than at~~ the time of

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59 delivery of the policy or contract, and the original of such
60 written statement must ~~shall~~ be retained in the files of the
61 small employer carrier for the period of time that the policy or
62 contract remains in effect or for 5 years, whichever ~~period~~ is
63 longer.

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

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

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

74 627.9407 Disclosure, advertising, and performance standards
75 for long-term care insurance.-

76 (2) ADVERTISING.-The commission shall adopt rules
77 establishing ~~setting forth~~ standards for the advertising,
78 marketing, and sale of long-term care insurance policies in
79 order to protect applicants from unfair or deceptive sales or
80 enrollment practices. An insurer shall file with the office any
81 long-term care insurance advertising material intended for use
82 in this state and may immediately begin using such material upon
83 filing, subject to subsequent disapproval by the office.
84 Following receipt of a notice of disapproval or a withdrawal of
85 approval, the insurer must immediately cease use of the
86 disapproved material at least 30 days before the date of use of
87 the advertisement in this state. Within 30 days after the date

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88 ~~of receipt of the advertising material, the office shall review~~
89 ~~the material and shall disapprove any advertisement if, in the~~
90 ~~opinion of the office, such advertisement violates any of the~~
91 ~~provisions of this part or of part IX of chapter 626 or any rule~~
92 ~~of the commission.~~ The office may also disapprove an
93 advertisement at any time and enter an immediate order requiring
94 that the use of the advertisement be discontinued if it
95 determines that the advertisement violates ~~any of the provisions~~
96 ~~of this part, or of~~ part IX of chapter 626, or any rule of the
97 commission.

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