

	LEGISLATIVE ACTION	
Senate	•	House
Comm: UNFAV	•	
04/23/2019	•	
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The Committee on Rules (Rodriguez) recommended the following:

Senate Amendment (with title amendment)

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Delete lines 59 - 139

and insert:

Section 2. Section 627.6045, Florida Statutes, is repealed.

Section 3. Subsection (1) of section 627.6425, Florida Statutes, is amended to read:

627.6425 Renewability of individual coverage.-

(1) Except as otherwise provided in this section, an insurer that provides individual health insurance coverage to an individual shall renew or continue in force such coverage at the



option of the individual. For the purpose of this section, the term "individual health insurance" means health insurance coverage, as described in s. 624.603, offered to an individual in this state, including certificates of coverage offered to individuals in this state as part of a group policy issued to an association outside this state, but the term does not include short-term limited duration insurance or excepted benefits specified in s. 627.6513(1)-(14).

Section 4. Section 627.6426, Florida Statutes, is created to read:

627.6426 Short-term health insurance.

- (1) For purposes of this part, the term "short-term health insurance" means health insurance coverage provided by an issuer with an expiration date specified in the contract which is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration not to exceed 36 months in total.
- (2) All contracts for short-term health insurance entered into by an issuer and an individual seeking coverage:
 - (a) Must include the following disclosure:

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"This coverage is not required to comply with certain federal market requirements for health insurance, including some requirements contained in the Patient Protection and Affordable Care Act. Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage."

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(b) May not exclude, limit, deny, or delay coverage due to a preexisting condition. As used in this paragraph, the term "preexisting condition" means a condition that was present before the effective date of coverage under a contract, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before the effective date of coverage. The term includes a condition identified as a result of a preenrollment questionnaire or physical examination given to the individual, or review of medical records relating to the preenrollment period.

Section 5. Section 627.6525, Florida Statutes, is created to read:

627.6525 Short-term health insurance.

- (1) For purposes of this part, the term "short-term health insurance" means a group, blanket, or franchise policy of health insurance coverage provided by an issuer with an expiration date specified in the contract which is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration not to exceed 36 months in total.
- (2) All contracts for short-term health insurance entered into by an issuer and a party seeking coverage:
 - (a) Must include the following disclosure:

"This coverage is not required to comply with certain federal market requirements for health insurance, including some requirements contained in the Patient Protection and Affordable Care Act. Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or

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you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage."

(b) May not exclude, limit, deny, or delay coverage due to a preexisting condition. As used in this paragraph, the term "preexisting condition" means a condition that was present before the effective date of coverage under a contract, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before the effective date of coverage. The term includes a condition identified as a result of a preenrollment questionnaire or physical examination given to the individual, or review of medical records relating to the preenrollment period.

Section 6. Section 627.6046, Florida Statutes, is created to read:

627.6046 Preexisting conditions coverage.-

- (1) As used in this section, the term "preexisting condition" means a condition that was present before the effective date of coverage under an individual health insurance policy, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before the effective date of coverage. The term includes a condition identified as a result of a preenrollment questionnaire or physical examination given to the individual, or review of medical records relating to the preenrollment period.
- (2) A nongrandfathered individual health insurance policy issued or delivered in this state may not exclude, limit, deny, or delay coverage due to a preexisting condition.
 - Section 7. Section 627.65612, Florida Statutes, is created



99 to read: 100 627.65612 Preexisting conditions coverage. 101 (1) As used in this section, the term "preexisting 102 condition" means a condition that was present before the 103 effective date of coverage under a group health insurance 104 policy, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before the effective date 105 106 of coverage. The term includes a condition identified as a 107 result of a preenrollment questionnaire or physical examination 108 given to the individual, or review of medical records relating 109 to the preenrollment period. 110 (2) A group health insurance policy issued or delivered in 111 this state may not exclude, limit, deny, or delay coverage due 112 to a preexisting condition. 113 Section 8. Subsection (45) is added to section 641.31, 114 Florida Statutes, to read: 641.31 Health maintenance contracts.-115 (45)(a) As used in this subsection, the term "preexisting 116 condition" means a condition that was present before the 117 118 effective date of coverage under a health maintenance contract, 119 whether or not any medical advice, diagnosis, care, or treatment 120 was recommended or received before the effective date of 121 coverage. The term includes a condition identified as a result 122 of a preenrollment questionnaire or physical examination given 123 to the individual, or review of medical records relating to the 124 preenrollment period. 125 (b) A health maintenance contract issued or delivered in 126 this state may not exclude, limit, deny, or delay coverage due 127 to a preexisting condition.



128 129 ======= T I T L E A M E N D M E N T ========= And the title is amended as follows: 130 Delete lines 4 - 14 131 132 and insert: 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150

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employer welfare arrangements; repealing s. 627.6045, F.S., relating to preexisting conditions; amending s. 627.6425, F.S.; revising the definition of the term "individual health insurance" relating to renewability of individual coverage; creating ss. 627.6426 and 627.6525, F.S.; defining the terms "short-term health insurance" and "preexisting condition"; providing disclosure requirements for short-term individual, group, blanket, and franchise health insurance contracts; prohibiting such contracts from excluding, limiting, denying, or delaying coverage due to preexisting conditions; creating ss. 627.6046 and 627.65612, F.S.; defining the term "preexisting condition"; prohibiting nongrandfathered individual health insurance policies and group health insurance policies, respectively, from excluding, limiting, denying, or delaying coverage due to preexisting conditions; amending s. 641.31, F.S.; defining the term "preexisting condition"; prohibiting health maintenance contracts from excluding, limiting, denying, or delaying coverage due to preexisting conditions; amending s. 627.654, F.S.;