



26 | on the association's liability for the contractual  
27 | obligations of an insolvent insurer; conforming a  
28 | provision to changes made by the act; requiring that  
29 | the Department of Financial Services, rather than a  
30 | receivership court, approve certain alternative  
31 | policies or contracts; authorizing the board to file  
32 | directly for actuarially justified rate or premium  
33 | increases; amending s. 631.718, F.S.; specifying the  
34 | calculation and allocation of Class B assessments for  
35 | long-term care insurance; specifying a limit on  
36 | certain assessments on a member insurer or member  
37 | health maintenance organization; conforming provisions  
38 | to changes made by the act; amending s. 631.721, F.S.;  
39 | deleting an obsolete provision; revising the  
40 | requirements of the association's plan of operation  
41 | relating to long-term care insurer impairments and  
42 | insolvencies; conforming a cross-reference; amending  
43 | s. 631.816, F.S.; adding duties of the board of  
44 | directors of the Florida Health Maintenance  
45 | Organization Consumer Assistance Plan to conform to  
46 | changes made by the act; amending s. 631.818, F.S.;  
47 | adding to the duties of the plan to conform to changes  
48 | made by the act; amending s. 631.819, F.S.; specifying  
49 | requirements for long-term care insurer impairment and  
50 | insolvency assessments for member health maintenance

51 organizations; requiring the plan to issue  
 52 certificates of contribution to member health  
 53 maintenance organizations paying certain assessments;  
 54 specifying requirements of, and the use of, such  
 55 certificates; amending s. 631.820, F.S.; conforming  
 56 provisions to changes made by the act; amending s.  
 57 631.821, F.S.; making a technical change; providing  
 58 applicability of specified provisions to certain long-  
 59 term care assessment obligations; providing a  
 60 directive to the Division of Law Revision; providing  
 61 an effective date.

62  
 63 Be It Enacted by the Legislature of the State of Florida:  
 64

65 Section 1. Subsection (3) of section 631.713, Florida  
 66 Statutes, is amended to read:

67 631.713 Application of part.—

68 (3) This part does not apply to:

69 (a) That portion or part of a variable life insurance  
 70 contract or variable annuity contract not guaranteed by an  
 71 insurer.

72 (b) That portion or part of any policy or contract under  
 73 which the risk is borne by the policyholder.

74 (c) Any policy or contract or part thereof assumed by the  
 75 impaired or insolvent insurer under a contract of reinsurance,

76 | other than reinsurance for which assumption certificates have  
 77 | been issued.

78 | (d) Fraternal benefit societies as defined in s. 632.601.

79 | (e) Health maintenance organizations, except for  
 80 | assessments levied pursuant to ss. 631.715(2)(a)1.,  
 81 | 631.718(3)(b), and 631.819(2)(c) for long-term care insurer  
 82 | impairments or insolvencies insurance.

83 | (f) Dental service plan insurance.

84 | (g) Pharmaceutical service plan insurance.

85 | (h) Optometric service plan insurance.

86 | (i) Ambulance service association insurance.

87 | (j) Preneed funeral merchandise or service contract  
 88 | insurance.

89 | (k) Prepaid health clinic insurance.

90 | (l) Any annuity contract or group annuity contract that is  
 91 | not issued to and owned by an individual, except to the extent  
 92 | of any annuity benefits:

93 | 1. Guaranteed directly and not through an intermediary to  
 94 | an individual by an insurer under such contract or certificate;

95 | 2. Under an annuity issued by an insurer under 26 U.S.C.  
 96 | s. 408(b); or

97 | 3. Under an annuity issued by an insurer and held by a  
 98 | custodian or trustee in accordance with 26 U.S.C. s. 408(a).

99 |

100 | This paragraph applies to every insolvency regardless of its

101 date of inception, and an assessment base may not include  
102 premiums for such excluded products.

103 (m) Any federal employees' group policy or contract that,  
104 under 5 U.S.C. s. 8909(f), is prohibited from being subject to  
105 an assessment under s. 631.718.

106 (n) Except as provided in this paragraph, a portion of a  
107 policy or contract, to the extent that the rate of interest on  
108 which the policy or contract is based, or the interest rate,  
109 crediting rate, or similar factor determined by use of an index  
110 or other external reference stated in the policy or contract  
111 employed in calculating returns or changes in value:

112 1. Averaged over the period of 4 years immediately  
113 preceding the date on which the member insurer becomes an  
114 impaired or insolvent insurer under this part, whichever is  
115 earlier, exceeds the rate of interest determined by subtracting  
116 2 percentage points from Moody's Corporate Bond Yield Average  
117 averaged for that same 4-year period or for such lesser period  
118 if the policy or contract was issued less than 4 years before  
119 the member insurer becomes an impaired or insolvent insurer  
120 under this part, whichever is earlier; and

121 2. On and after the date on which the member insurer  
122 becomes an impaired or insolvent insurer under this part,  
123 whichever is earlier, exceeds the rate of interest determined by  
124 subtracting 3 percentage points from the most current version of  
125 Moody's Corporate Bond Yield Average.

126  
 127 This paragraph does not apply to any portion of a policy or  
 128 contract, including a rider, which provides long-term care or  
 129 any other health insurance benefit.

130 (o) A portion of a policy or contract to the extent the  
 131 policy or contract provides for interest or other changes in  
 132 value to be determined by the use of an index or other external  
 133 reference stated in the policy or contract, but which has not  
 134 been credited to the policy or contract, or as to which the  
 135 policy or contract owner's rights are subject to forfeiture, as  
 136 of the date the member insurer becomes an impaired or insolvent  
 137 insurer under this part. However, if the interest or change in  
 138 value is credited less frequently than annually as determined by  
 139 using the procedures defined in the policy or contract, interest  
 140 or change in value shall be credited by using the procedure  
 141 defined in the policy or contract as if the contractual date of  
 142 crediting interest or changing values was the date of impairment  
 143 or insolvency, whichever is earlier, and shall not be subject to  
 144 forfeiture.

145 (p) A policy or contract providing any hospital, medical,  
 146 prescription drug, or other health care benefits pursuant to  
 147 Title XVIII (Medicare), Title XIX (Medicaid), or Title XXI (the  
 148 Children's Health Insurance Program) of the Social Security Act  
 149 ~~Medicare part C or part D~~ or any regulations promulgated  
 150 thereunder ~~issued pursuant to Medicare Part C or Part D.~~

151       (g) Structured settlement annuity benefits to which a  
152 payee, or a beneficiary if the payee is deceased, has  
153 transferred his or her rights in a structured settlement  
154 factoring transaction, as that term is defined in 26 U.S.C. s.  
155 5891(c)(3)(A).

156       Section 2. Present subsections (7) through (10) of section  
157 631.714, Florida Statutes, are redesignated as subsections (8)  
158 through (11), respectively, and a new subsection (7) is added to  
159 that section, to read:

160       631.714 Definitions.—As used in this part, the term:

161       (7) "Long-term care assessment obligations" means the  
162 long-term care impairment and long-term care insolvency  
163 assessment obligations of the association which are subject to  
164 assessment pursuant to ss. 631.715(2)(a)1. and 631.718(3)(b) in  
165 coordination with the Florida Health Maintenance Organization  
166 Consumer Assistance Plan, through a methodology provided in the  
167 association's plan of operation. All obligations other than  
168 long-term care assessment obligations are subject to assessment  
169 exclusively by the association in accordance with s.  
170 631.718(2)(b) and (3)(c), without contribution or involvement of  
171 the Florida Health Maintenance Organization Consumer Assistance  
172 Plan.

173       Section 3. Subsection (1) of section 631.716, Florida  
174 Statutes, is amended to read:

175       631.716 Board of directors.—

176           (1) (a) The board of directors of the association shall  
 177 have at least 9, but no more than 11, members. The members shall  
 178 be comprised of ~~not fewer than five nor more than nine~~ member  
 179 insurers, serving terms as established in the plan of operation  
 180 and 1 Florida Health Maintenance Organization Consumer  
 181 Assistance Plan director confirmed pursuant to paragraph (b). At  
 182 all times, at least 1 ~~one~~ member of the board must ~~shall~~ be a  
 183 domestic insurer as defined in s. 624.06(1). The members of the  
 184 board who are member insurers shall be elected by member  
 185 insurers, subject to the approval of the department.

186           (b) The board shall confirm, subject to the approval of  
 187 the department, the Florida Health Maintenance Organization  
 188 Consumer Assistance Plan director. The confirmed director must  
 189 not be a member insurer serving on the board of the association.  
 190 The director confirmed to the board must be designated by the  
 191 Florida Health Maintenance Organization Consumer Assistance  
 192 Plan's board of directors to serve on the board and represent  
 193 the interests of the Florida Health Maintenance Organization  
 194 Consumer Assistance Plan and its board of directors. An  
 195 individual serving as a Florida Health Maintenance Organization  
 196 Consumer Assistance Plan director on the board must be a member  
 197 of the Florida Health Maintenance Organization Consumer  
 198 Assistance Plan's board of directors. The Florida Health  
 199 Maintenance Organization Consumer Assistance Plan director, or  
 200 his or her alternate, has the right to be present at all



201 meetings of the board and has full voting rights on all issues.

202 (c) A vacancy on the board shall be filled for the  
 203 remaining period of the term by a majority vote of the remaining  
 204 board members, subject to the approval of the department. ~~Prior~~  
 205 ~~to the selection of the initial board of directors and the~~  
 206 ~~organization of the association, the department shall give~~  
 207 ~~notice to all member insurers of the time and place of the~~  
 208 ~~organizational meeting. At the organizational meeting, each~~  
 209 ~~member insurer shall be entitled to one vote, in person or by~~  
 210 ~~proxy. If the board of directors is not elected within 60 days~~  
 211 ~~after notice of the organizational meeting, the department may~~  
 212 ~~appoint the initial members.~~

213 Section 4. Present subsections (9) through (12) of section  
 214 631.717, Florida Statutes, are redesignated as subsections (12)  
 215 through (15), respectively, new subsections (9), (10), and (11)  
 216 are added to that section, subsections (2) and (3), paragraph  
 217 (c) of present subsection (9), and paragraph (g) of present  
 218 subsection (12) are amended, and paragraph (h) is added to  
 219 present subsection (12) of that section, to read:

220 631.717 Powers and duties of the association.—

221 (2) If a domestic insurer is an insolvent insurer, the  
 222 association shall, subject to the approval of the department:

223 (a) Guarantee, assume, reissue, or reinsure, or cause to  
 224 be guaranteed, assumed, reissued, or reinsured, the covered  
 225 policies of persons referred to in s. 631.713(2); and

226 (b) Provide moneys, pledges, notes, guarantees, or other  
 227 means that are proper and reasonably necessary to implement  
 228 paragraph (a) in order to assure payment of the contractual  
 229 obligations of the insolvent insurer with regard to persons  
 230 referred to in s. 631.713(2).

231 (3) If a foreign or alien insurer is an insolvent insurer,  
 232 the association shall, subject to the approval of the  
 233 department:

234 (a) Guarantee, assume, reissue, or reinsure, or cause to  
 235 be guaranteed, assumed, reissued, or reinsured, the covered  
 236 policies of residents of this state; and

237 (b) Provide moneys, pledges, notes, guarantees, or other  
 238 means that are proper and reasonably necessary to implement  
 239 paragraph (a) in order to assure payment of the contractual  
 240 obligations of the insolvent insurer with regard to persons  
 241 referred to in s. 631.713(2).

242  
 243 However, this subsection does not apply when the department has  
 244 determined that the foreign or alien insurer's domiciliary  
 245 jurisdiction or state of entry provides, by statute, protection  
 246 substantially similar to that provided by this part for  
 247 residents of this state.

248 (9) For purposes of this part, benefits provided by a  
 249 long-term care rider to a life insurance policy or annuity  
 250 contract are considered the same type of benefits as the base

251 life insurance policy or annuity contract to which the rider  
 252 relates.

253 (10) In the event of a potential long-term care insurer  
 254 impairment or insolvency, the association shall coordinate its  
 255 activities with the Florida Health Maintenance Organization  
 256 Consumer Assistance Plan, including the development of any plan  
 257 for handling the administration of the impairment or insolvency.

258 (11) The association shall share information, including  
 259 data, with and assist, as applicable, the board of directors of  
 260 the Florida Health Maintenance Organization Consumer Assistance  
 261 Plan with the administration and collection of member health  
 262 maintenance organization assessments for long-term care insurer  
 263 impairments or insolvencies pursuant to ss. 631.715(2)(a)1.,  
 264 631.718(3)(b), 631.818(2), and 631.819(2)(c).

265 (12)~~(9)~~ The association's liability for the contractual  
 266 obligations of the insolvent insurer must be as great as, but no  
 267 greater than, the contractual obligations of the insurer in the  
 268 absence of such insolvency, unless such obligations are reduced  
 269 as permitted by subsection (4), but the aggregate liability of  
 270 the association with respect to one life shall not exceed the  
 271 following:

272 (c) For all other benefits, including in long-term care  
 273 policies, \$300,000, including cash values, except as provided in  
 274 paragraph (d).  
 275

276 In no event is the association liable for any penalties or  
277 interest.

278 ~~(15)-(12)~~

279 (g) In carrying out its duties in connection with  
280 guaranteeing, assuming, reissuing, or reinsuring policies or  
281 contracts under subsections (2) and (3), the association may,  
282 subject to approval of the department ~~receivership court~~, issue  
283 an alternative policy or contract to substitute coverage for a  
284 policy or contract providing that provides an interest rate,  
285 crediting rate, or similar factor that was determined by use of  
286 an index or other external reference stated in the policy or  
287 contract and employed in calculating returns or changes in value  
288 ~~by issuing an alternative policy or contract~~. In lieu of the  
289 index or other external reference provided for in the original  
290 policy or contract, the alternative policy or contract must  
291 provide for a fixed interest rate, payment of dividends with  
292 minimum guarantees, or a different method for calculating  
293 interest or changes in value. In such case:

294 1. There is no requirement for evidence of insurability,  
295 waiting period, or other exclusion that would not have applied  
296 under the replaced policy or contract.

297 2. The alternative policy or contract shall be  
298 substantially similar to the replaced policy or contract in all  
299 other material terms.

300 (h) In accordance with the terms and conditions of the

301 policy or contract, the board may directly file for actuarially  
302 justified rate or premium increases for any policy or contract  
303 for which it provides coverage under this part.

304 Section 5. Paragraph (b) of subsection (3), paragraph (a)  
305 of subsection (5), and subsection (8) of section 631.718,  
306 Florida Statutes, are amended to read:

307 631.718 Assessments.—

308 (3)

309 (b)1. The amount of any Class B assessment, except for  
310 assessments related to long-term care insurance, must ~~shall~~ be  
311 allocated for assessment purposes among the accounts pursuant to  
312 an allocation formula, which may be based on the premiums or  
313 reserves of the impaired or insolvent insurer.

314 2. The amount of the Class B assessment for long-term care  
315 insurance written by the impaired or insolvent insurer must be  
316 allocated according to a methodology included in the plan of  
317 operation and approved by the department. The methodology must  
318 provide for 50 percent of the assessment to be allocated to  
319 health member insurers and 50 percent to be allocated to life  
320 and annuity member insurers.

321 3. For the purposes of the methodology outlined in  
322 subparagraph 2. and included in the plan of operation, the  
323 health member insurers' share of the assessment must be  
324 calculated by including the assessable premiums of member health  
325 maintenance organizations of the Florida Health Maintenance

326 Organization Consumer Assistance Plan.

327 (5) (a) 1. The total of all assessments upon a member  
328 insurer for each account may not in any one calendar year exceed  
329 1 percent of the sum of the insurer's premiums written in this  
330 state regarding business covered by the account received during  
331 the 3 calendar years preceding the year in which the assessment  
332 is made, divided by three. If premium information for the 3-year  
333 period is not reasonably available for each member insurer, the  
334 association may use any reasonably available premium  
335 information.

336 2. For long-term care insurer impairments and insolvencies  
337 only, the total assessments upon a member insurer or member  
338 health maintenance organization of the Florida Health  
339 Maintenance Organization Consumer Assistance Plan may not, in  
340 any one calendar year, exceed 0.5 percent of the sum of the  
341 member insurer's or member health maintenance organization's  
342 premiums written in this state regarding business covered by the  
343 account received during the calendar year preceding the year in  
344 which the assessment is made. If premium information is not  
345 reasonably available for each member insurer or member health  
346 maintenance organization of the Florida Health Maintenance  
347 Organization Consumer Assistance Plan, the association or the  
348 Florida Health Maintenance Organization Consumer Assistance Plan  
349 may use any reasonably available premium information.

350 (8) The association shall issue to each member insurer

351 paying an assessment under this part, other than a Class A  
352 assessment, a certificate of contribution, in a form prescribed  
353 by the department, for the amount of the assessment so paid. All  
354 outstanding certificates are of equal dignity and priority  
355 without reference to amounts or dates of issue. A certificate of  
356 contribution may be shown by the insurer in its financial  
357 statement as an asset in such form and for such amount, if any,  
358 and period of time as the office ~~department~~ approves. However,  
359 any amount offset pursuant to s. 631.72 may not be shown as an  
360 asset of the insurer on any of its financial statements.

361 Section 6. Paragraph (b) of subsection (1), paragraph (f)  
362 of subsection (3), and subsection (4) of section 631.721,  
363 Florida Statutes, are amended to read:

364 631.721 Plan of operation.—

365 (1)

366 (b) ~~If the association fails to submit a suitable proposed~~  
367 ~~plan of operation within 180 days following October 1, 1979, or~~  
368 If at any time ~~thereafter~~ the association fails to submit  
369 suitable amendments to the plan, the department shall, after  
370 notice and hearing, adopt such reasonable rules as are necessary  
371 to effectuate the provisions of this part. Such rules shall  
372 continue in force until modified by the department or superseded  
373 by a proposed plan submitted by the association and approved by  
374 the department.

375 (3) The plan of operation shall, in addition to

376 requirements enumerated elsewhere in this part:

377 (f) Establish any additional procedures for assessments  
 378 under s. 631.718, including procedures to share assessment  
 379 information, including data, with and assist, as applicable, the  
 380 board of directors of the Florida Health Maintenance  
 381 Organization Consumer Assistance Plan with the administration,  
 382 collection, and deposit of member health maintenance  
 383 organization assessments for long-term care insurer impairments  
 384 and insolvencies into the health account established under s.  
 385 631.715.

386 (4) The plan of operation may provide that any or all  
 387 powers and duties of the association, except those under ss.  
 388 631.717(13)(c) and 631.718 ~~ss. 631.717(10)(e) and 631.718~~, are  
 389 delegated to a corporation, association, or other organization  
 390 which performs or will perform functions similar to those of  
 391 this association, or its equivalent, in two or more states. Such  
 392 a corporation, association, or organization shall be reimbursed  
 393 for any payments made on behalf of the association and shall be  
 394 paid for its performance of any function of the association. A  
 395 delegation under this subsection shall take effect only with the  
 396 approval of both the board of directors and the department and  
 397 may be made only to a corporation, association, or organization  
 398 which extends protection not substantially less favorable and  
 399 effective than that provided by this part.

400 Section 7. Subsection (7) is added to section 631.816,



401 Florida Statutes, to read:

402 631.816 Board of directors.—

403 (7) Subject to the approval of the department, the board  
404 shall designate one representative to serve as a member of the  
405 board of directors of the Florida Life and Health Insurance  
406 Guaranty Association pursuant to s. 631.716(1). The  
407 representative, or his or her alternate, has the right to be  
408 present during all meetings of the association board of  
409 directors and shall have full voting rights.

410 Section 8. Present subsections (2) through (6) of section  
411 631.818, Florida Statutes, are renumbered as subsections (3)  
412 through (7), respectively, a new subsection (2) is added to that  
413 section, present subsection (4) is amended, present paragraph  
414 (f) of present subsection (6) is redesignated as paragraph (g),  
415 and a new paragraph (f) is added to that subsection, to read:

416 631.818 Powers and duties of the plan.—

417 (2) In the event of a long-term care insurer impairment or  
418 insolvency, pursuant to s. 631.819(2)(c), the plan shall:

419 (a) Collect and transmit all information requested by the  
420 Florida Life and Health Insurance Guaranty Association for the  
421 association to determine the appropriate assessment base of the  
422 health insurance account pursuant to ss. 631.715(2)(a)1. and  
423 631.718(3)(b).

424 (b) Levy and collect assessments from HMOs.

425 (c) Coordinate the administration and collection of member

426 HMO assessments for long-term care insurer impairments and  
427 insolvencies with the Florida Life and Health Insurance Guaranty  
428 Association.

429 ~~(5)-(4)~~ The plan may render assistance and advice to the  
430 department, at the department's request, concerning  
431 rehabilitation, payment of claims, continuance of coverage, or  
432 the performance of other contractual obligations of any HMO  
433 subject to a delinquency proceeding ~~or a proceeding under s.~~  
434 ~~624.90.~~

435 ~~(7)-(6)~~ The plan may:

436 (f) In the event of a long-term care insurer impairment or  
437 insolvency, coordinate with the Florida Life and Health  
438 Insurance Guaranty Association to carry out the responsibilities  
439 of the association for the limited purpose of the long-term care  
440 insurer impairment or insolvency, including the development of  
441 any plan for handling the administration of the impairment or  
442 insolvency.

443 Section 9. Subsections (1) and (3) of section 631.819,  
444 Florida Statutes, are amended, paragraph (c) is added to  
445 subsection (2), and subsection (6) is added to that section, to  
446 read:

447 631.819 Assessments.—

448 (1) For the purposes of providing the funds necessary to  
449 carry out the powers and duties of the plan, the board of  
450 directors shall assess the member HMOs at such time and for such

451 amounts as the board finds necessary. Assessments shall be due  
452 not less than 30 days after written notice to the member HMOs  
453 ~~insurers~~.

454 (2) Assessments for funds to meet the requirements of the  
455 plan with respect to an insolvent HMO shall not be made until  
456 necessary to implement the purposes of this part. In order to  
457 carry out its duties and powers under this part, upon the  
458 insolvency of an HMO, the plan shall levy and collect  
459 assessments as follows:

460 (c) For the purposes of long-term care insurer impairment  
461 and insolvency assessments under s. 631.718(3) (b), member HMOs  
462 must be assessed in the same manner as member insurers of the  
463 Florida Life and Health Insurance Guaranty Association under  
464 part III of this chapter. Long-term care insurer impairment and  
465 insolvency assessments must be levied and collected by the plan  
466 pursuant to this part, deposited into the health insurance  
467 account established under s. 631.715, and used solely for long-  
468 term care insurer impairment or insolvency obligations.  
469 Assessments collected from member HMOs are considered part of  
470 and satisfy the obligations of the health insurance account  
471 under ss. 631.715(2) (a)1. and 631.718(3) (b).

472 (3) All assessments against HMOs, including long-term care  
473 insurer impairment and insolvency assessments, must ~~shall~~ be  
474 levied as a percentage of annual earned premium revenue for non-  
475 Medicare and non-Medicaid contracts. In no event may the plan

476 assess in any calendar year more than 0.5 percent of each HMO's  
477 annual earned premium revenue for non-Medicare and non-Medicaid  
478 contracts.

479 (6) The plan shall issue, in a form prescribed by the  
480 department, a certificate of contribution to each member HMO  
481 paying a long-term care insurer impairment or insolvency  
482 assessment under this part for the amount of the assessment so  
483 paid. All outstanding certificates are of equal dignity and  
484 priority without reference to amounts or dates of issue. A  
485 certificate of contribution may be shown by the member HMO in  
486 its financial statement as an asset in such form and for such  
487 amount and period of time as the office approves. However, any  
488 amount offset pursuant to s. 631.828 may not be shown as an  
489 asset of the member HMO on any of its financial statements.

490 Section 10. Paragraph (f) of subsection (3) and paragraph  
491 (a) of subsection (4) of section 631.820, Florida Statutes, are  
492 amended to read:

493 631.820 Plan of operation.—

494 (3) The plan of operation shall, in addition to  
495 requirements enumerated elsewhere in this part:

496 (f) Establish any additional procedures for assessments  
497 under this part, including procedures to coordinate the  
498 administration and collection of member HMO assessments for  
499 long-term care insurer impairments and insolvencies with the  
500 board of directors of the Florida Life and Health Insurance

501 Guaranty Association.

502 (4) (a) The plan of operation may provide that any or all  
 503 powers and duties of the plan, except those under ss.  
 504 631.818(7)(b) and (c) and 631.819 ss. ~~631.818(6)(b) and (c) and~~  
 505 ~~631.819~~, are delegated to an administrator that ~~which~~ may be a  
 506 corporation, association, or other organization that ~~which~~  
 507 performs or will perform functions similar to those of this  
 508 plan, or its equivalent.

509 Section 11. Subsection (2) of section 631.821, Florida  
 510 Statutes, is amended to read:

511 631.821 Powers and duties of the department.—

512 (2) Any action of the board of directors of the plan may  
 513 be appealed to the office by any member HMO if such appeal is  
 514 taken within 21 days of the action being appealed; however, the  
 515 HMO must comply with such action pending exhaustion of appeal  
 516 ~~under s. 631.818(2)~~. Any appeal shall be promptly determined by  
 517 the office, and final action or order of the office shall be  
 518 subject to judicial review in a court of competent jurisdiction.

519 Section 12. The amendments made to sections 631.713,  
 520 631.714, 631.717, 631,718, 631.721, 631.818, 631.819, and  
 521 631.820, Florida Statutes, by this act apply only to long-term  
 522 care assessment obligations assessed as a result of an insurer  
 523 being adjudged insolvent by a court of competent jurisdiction or  
 524 being determined by the office to be impaired on or after the  
 525 effective date of this act.

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526           Section 13. The Division of Law Revision is directed to  
527 replace the phrase "the effective date of this act" wherever it  
528 occurs in this act with the date this act becomes a law.

529           Section 14. This act shall take effect upon becoming a  
530 law.