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A bill to be entitled

An act relating to insurer guaranty associations; amending s. 631.713, F.S.; revising applicability of part III of ch. 631, F.S., as to health maintenance organizations, long-term care insurance benefits, certain health care benefits, and certain structured settlement annuity benefits; amending s. 631.716, F.S.; revising the composition of the Florida Life and Health Insurance Guaranty Association's board of directors; specifying requirements for the director of the Health Maintenance Organization Consumer Assistance Plan who is elected to the association's board; specifying rights of the director or his or her designee; deleting an obsolete provision; revising a requirement for the Department of Financial Services in approving the election of members to the board; amending s. 631.717, F.S.; adding the reissuance of covered policies to a list of duties of the association relating to insolvent insurers; providing construction; specifying duties of the association relating to long-term care insurer impairments or insolvencies; specifying a limit on the association's liability for long-term care policy benefits; conforming a provision to changes made by the act; requiring that the department, rather than a receivership court, approve certain alternative policies or contracts; authorizing the board to file directly for actuarially justified rate or premium increases; amending s. 631.718, F.S.; specifying the

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30 calculation and allocation of Class B assessments for  
31 long-term care insurance; specifying a limit on  
32 certain assessments on a member insurer or member  
33 health maintenance organization; conforming provisions  
34 to changes made by the act; amending s. 631.721, F.S.;  
35 revising the requirements of the association's plan of  
36 operation relating to long-term care insurer  
37 impairments and insolvencies; conforming a cross-  
38 reference; amending s. 631.816, F.S.; adding duties of  
39 the board of directors of the Health Maintenance  
40 Organization Consumer Assistance Plan to conform to  
41 changes made by the act; amending s. 631.818, F.S.;  
42 adding to the duties of the plan to conform to changes  
43 made by the act; amending s. 631.819, F.S.; specifying  
44 requirements for long-term care insurer impairment and  
45 insolvency assessments for member health maintenance  
46 organizations; requiring the plan to issue  
47 certificates of contribution to member health  
48 maintenance organizations paying certain assessments;  
49 specifying requirements of, and the use of, such  
50 certificates; amending s. 631.820, F.S.; conforming  
51 provisions to changes made by the act; amending s.  
52 631.821, F.S.; making a technical change; providing an  
53 effective date.

54  
55 Be It Enacted by the Legislature of the State of Florida:

56  
57 Section 1. Subsection (3) of section 631.713, Florida  
58 Statutes, is amended to read:

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- 59 631.713 Application of part.—  
60 (3) This part does not apply to:  
61 (a) That portion or part of a variable life insurance  
62 contract or variable annuity contract not guaranteed by an  
63 insurer.  
64 (b) That portion or part of any policy or contract under  
65 which the risk is borne by the policyholder.  
66 (c) Any policy or contract or part thereof assumed by the  
67 impaired or insolvent insurer under a contract of reinsurance,  
68 other than reinsurance for which assumption certificates have  
69 been issued.  
70 (d) Fraternal benefit societies as defined in s. 632.601.  
71 (e) Health maintenance organizations, except for  
72 assessments levied pursuant to ss. 631.715(2)(a)1.,  
73 631.718(3)(b), and 631.819(2)(c) for long-term care insurer  
74 impairments or insolvencies insurance.  
75 (f) Dental service plan insurance.  
76 (g) Pharmaceutical service plan insurance.  
77 (h) Optometric service plan insurance.  
78 (i) Ambulance service association insurance.  
79 (j) Preneed funeral merchandise or service contract  
80 insurance.  
81 (k) Prepaid health clinic insurance.  
82 (l) Any annuity contract or group annuity contract that is  
83 not issued to and owned by an individual, except to the extent  
84 of any annuity benefits:  
85 1. Guaranteed directly and not through an intermediary to  
86 an individual by an insurer under such contract or certificate;  
87 2. Under an annuity issued by an insurer under 26 U.S.C. s.

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88 408(b); or

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

91

92 This paragraph applies to every insolvency regardless of its  
93 date of inception, and an assessment base may not include  
94 premiums for such excluded products.

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

98 (n) Except as provided in this paragraph, a portion of a  
99 policy or contract, to the extent that the rate of interest on  
100 which the policy or contract is based, or the interest rate,  
101 crediting rate, or similar factor determined by use of an index  
102 or other external reference stated in the policy or contract  
103 employed in calculating returns or changes in value:

104 1. Averaged over the period of 4 years immediately  
105 preceding the date on which the member insurer becomes an  
106 impaired or insolvent insurer under this part, whichever is  
107 earlier, exceeds the rate of interest determined by subtracting  
108 2 percentage points from Moody's Corporate Bond Yield Average  
109 averaged for that same 4-year period or for such lesser period  
110 if the policy or contract was issued less than 4 years before  
111 the member insurer becomes an impaired or insolvent insurer  
112 under this part, whichever is earlier; and

113 2. On and after the date on which the member insurer  
114 becomes an impaired or insolvent insurer under this part,  
115 whichever is earlier, exceeds the rate of interest determined by  
116 subtracting 3 percentage points from the most current version of

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117 Moody's Corporate Bond Yield Average.

118  
119 This paragraph does not apply to any portion of a policy or  
120 contract, including a rider, which provides long-term care or  
121 any other health insurance benefit.

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

137 (p) A policy or contract providing any hospital, medical,  
138 prescription drug, or other health care benefits pursuant to  
139 Medicare Part C or Part D subchapter under Title XVIII, Chapter  
140 7 of title 42 of the United States Code of the Social Security  
141 Act or Medicaid under Title Subchapter XIX, Chapter 7 of title  
142 42 of the United States Code of the Social Security Act, or any  
143 regulations promulgated thereunder ~~issued pursuant to Medicare~~  
144 ~~Part C or Part D.~~

145 (q) Structured settlement annuity benefits to which a

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146 payee, or a beneficiary if the payee is deceased, has  
147 transferred his or her rights in a structured settlement  
148 factoring transaction, as that term is defined in 26 U.S.C. s.  
149 5891(c)(3)(A).

150 Section 2. Subsection (11) of Section 631.714 is created to  
151 read:

152 631.714 Definitions - As used in this part the term:

153 (11) "Long-term care assessment obligations" means the  
154 long-term care impairment and long-term care insolvency  
155 assessment obligations of the association subject to assessment  
156 pursuant to s. 631.715(2)(a)1.a. and 1.b. in coordination with  
157 the Health Maintenance Organization Consumer Assistance Plan  
158 through a methodology provided in the association's plan of  
159 operation. All non-long-term care obligations are subject to  
160 assessment exclusively by the association in accord with s.  
161 631.718(2)(b) and s. 631.718(3)(c), without contribution or  
162 involvement of the Health Maintenance Organization Consumer  
163 Assistance Plan.

164  
165 Section ~~32~~. Subsections (1) and (2) of section 631.716,  
166 Florida Statutes, are amended to read:

167 631.716 Board of directors.-

168 (1)(a) The board of directors of the association shall be  
169 composed ~~comprised~~ of not fewer than ~~97~~ five nor more than 11  
170 ~~nine~~ member insurers, serving terms as established in the plan  
171 of operation, and 1 Health Maintenance Organization Consumer  
172 Assistance Plan director pursuant to paragraph (b). At all  
173 times, at least one member of the board shall be a domestic  
174 insurer as defined in s. 624.06(1). The members of the board who

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175 are member insurers shall be elected by member insurers subject  
176 to the approval of the department.

177 (b) ~~In addition to~~ Inclusive of the ~~97~~ to 11 elected board  
178 members who are member insurers, the board shall ~~confirm~~elect,  
179 subject to the approval of the department, 1 Health Maintenance  
180 Organization Consumer Assistance Plan director. The director  
181 ~~confirmed~~deleted to the association board must be designated by  
182 the Health Maintenance Organization Consumer Assistance Plan  
183 board of directors to serve on the association board and  
184 represent the interests of the Health Maintenance Organization  
185 Consumer Assistance Plan and its board of directors. An  
186 individual serving as a Health Maintenance Organization Consumer  
187 Assistance Plan director on the association board must be a  
188 member of the Health Maintenance Organization Consumer  
189 Assistance Plan. The Health Maintenance Organization Consumer  
190 Assistance Plan director, or his or her designee, has the right  
191 to be present at all meetings of the board of directors and has  
192 full voting rights for all issues. ~~related to or impacting a~~  
193 ~~long-term care insurer impairment or insolvency.~~

194 (c) A vacancy on the board shall be filled for the  
195 remaining period of the term by a majority vote of the remaining  
196 board members, subject to the approval of the department. ~~Prior~~  
197 ~~to the selection of the initial board of directors and the~~  
198 ~~organization of the association, the department shall give~~  
199 ~~notice to all member insurers of the time and place of the~~  
200 ~~organizational meeting. At the organizational meeting, each~~  
201 ~~member insurer shall be entitled to one vote, in person or by~~  
202 ~~proxy. If the board of directors is not elected within 60 days~~  
203 ~~after notice of the organizational meeting, the department may~~

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204 ~~appoint the initial members.~~

205 (2) In approving the election of members to the board, or  
206 in appointing members to the board, the department ~~must ensure~~  
207 ~~that shall consider, among other things, whether all member~~  
208 ~~insurers are fairly represented. between member insurers~~  
209 ~~primarily writing life insurance and annuity contracts and~~  
210 ~~member insurers primarily writing major medical expense health~~  
211 ~~insurance policies.~~

212 Section ~~43~~. Subsections (2) and (3), paragraph (c) of  
213 present subsection (9), and paragraph (g) of present subsection  
214 (12) are amended, present subsections (9) through (12) of  
215 section 631.717, Florida Statutes, are redesignated as  
216 subsections (12) through (15), respectively, new subsections  
217 (9), (10), and (11) are added to that section, and paragraph (h)  
218 is added to present subsection (12) of that section, to read:

219 631.717 Powers and duties of the association.—

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

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

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

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

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

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

241  
242 However, this subsection does not apply when the department has  
243 determined that the foreign or alien insurer's domiciliary  
244 jurisdiction or state of entry provides, by statute, protection  
245 substantially similar to that provided by this part for  
246 residents of this state.

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

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

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

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262 631.718(3)(b), 631.818(2), and 631.819(2)(c).

263 ~~(12)(9)~~ The association's liability for the contractual  
264 obligations of the insolvent insurer must be as great as, but no  
265 greater than, the contractual obligations of the insurer in the  
266 absence of such insolvency, unless such obligations are reduced  
267 as permitted by subsection (4), but the aggregate liability of  
268 the association with respect to one life shall not exceed the  
269 following:

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

273  
274 In no event is the association liable for any penalties or  
275 interest.

276 ~~(15)(12)~~

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

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291 interest or changes in value. In such case:

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

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

298 (h) In accordance with the terms and conditions of the  
299 policy or contract, the board may directly file for actuarially  
300 justified rate or premium increases for any policy or contract  
301 for which it provides coverage under this part.

302 Section 54. Paragraph (b) of subsection (3), paragraph (a)  
303 of subsection (5), and subsection (8) of section 631.718,  
304 Florida Statutes, are amended to read:

305 631.718 Assessments.—

306 (3)

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

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

319 3. For the purposes of the methodology outlined in

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320 subparagraph 2. and included in the plan of operation, the  
321 accident and health member insurers' share of the assessment  
322 must be calculated by including the assessable premiums of  
323 member health maintenance organizations of the Health  
324 Maintenance Organization Consumer Assistance Plan.

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

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

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

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

359 Section ~~65.~~ Paragraph (b) of subsection (1), Paragraph (f)  
360 of subsection (3) and subsection (4) of section 631.721, Florida  
361 Statutes, are amended to read:

362 631.721 Plan of operation.—

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

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

374 (f) Establish any additional procedures for assessments  
375 under s. 631.718, including procedures to share assessment  
376 information, including data, with and assist, as applicable, the  
377 board of directors of the Health Maintenance Organization

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378 Consumer Assistance Plan with the administration, collection,  
379 and deposit of member health maintenance organization  
380 assessments for long-term care insurer impairments and  
381 insolvencies into the health account established under s.  
382 631.715.

383 (4) The plan of operation may provide that any or all  
384 powers and duties of the association, except those under ss.  
385 631.717(13)(c) and 631.718 ~~ss. 631.717(10)(c) and 631.718~~, are  
386 delegated to a corporation, association, or other organization  
387 which performs or will perform functions similar to those of  
388 this association, or its equivalent, in two or more states. Such  
389 a corporation, association, or organization shall be reimbursed  
390 for any payments made on behalf of the association and shall be  
391 paid for its performance of any function of the association. A  
392 delegation under this subsection shall take effect only with the  
393 approval of both the board of directors and the department and  
394 may be made only to a corporation, association, or organization  
395 which extends protection not substantially less favorable and  
396 effective than that provided by this part.

397 Section 7. Section 631.738 is created to read:  
398 631.738 Provisions not applicable to certain member  
399 insurers-

400 The provisions of this part with respect to long-term care  
401 assessment obligations shall not apply to any member insurer  
402 which has been adjudged insolvent by a court of competent  
403 jurisdiction or determined to be impaired by the department on  
404 or before the effective date of the part.

405  
406 Section 86. Subsection (7) is added to section 631.816,

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407 Florida Statutes, to read:

408 631.816 Board of directors.—

409 (7) Subject to the approval of the department, the board  
410 shall designate one board member to serve as a representative on  
411 the board of directors of the Florida Life and Health Insurance  
412 Guaranty Association pursuant to s. 631.716(1). The  
413 representative, or his or her designee, has the right to be  
414 present during all meetings of the association board of  
415 directors and shall have full voting rights. ~~for all issues~~  
416 ~~related to or impacting a long-term care insurer impairment or~~  
417 ~~insolvency.~~

418 Section ~~97~~. Present subsections (2) through (6) of section  
419 631.818, Florida Statutes, are redesignated as subsections (3)  
420 through (7), respectively, a new subsection (2) is added to that  
421 section, present subsection (4) is amended, present paragraph  
422 (f) of present subsection (6) is redesignated as paragraph (g),  
423 and a new paragraph (f) is added to that subsection of that  
424 section, to read:

425 631.818 Powers and duties of the plan.—

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

428 (a) Collect and transmit all information requested by the  
429 Florida Life and Health Insurance Guaranty Association for the  
430 association to determine the appropriate assessment base of the  
431 health insurance account pursuant to ss. 631.715(2)(a)1. and  
432 631.718(3)(b).

433 (b) Levy and collect assessments from HMOs.

434 (c) Coordinate the administration and collection of member  
435 HMO assessments for long-term care insurer impairments and

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436 insolvencies with the Florida Life and Health Insurance Guaranty  
437 Association.

438 ~~(5)(4)~~ The plan may render assistance and advice to the  
439 department, at the department's request, concerning  
440 rehabilitation, payment of claims, continuance of coverage, or  
441 the performance of other contractual obligations of any HMO  
442 subject to a delinquency proceeding ~~or a proceeding under s.~~  
443 ~~624.90.~~

444 ~~(7)(6)~~ The plan may:

445 (f) In the event of a long-term care insurer impairment or  
446 insolvency, coordinate with the Florida Life and Health  
447 Insurance Guaranty Association to carry out the responsibilities  
448 of the association for the limited purpose of the long-term care  
449 insurer impairment or insolvency, including the development of  
450 any plan for handling the administration of the impairment or  
451 insolvency.

452 Section 108. Subsections (1) and (3) of section 631.819,  
453 Florida Statutes, are amended, paragraph (c) is added to  
454 subsection (2), and subsection (6) is added to that section, to  
455 read:

456 631.819 Assessments.—

457 (1) For the purposes of providing the funds necessary to  
458 carry out the powers and duties of the plan, the board of  
459 directors shall assess the member HMOs at such time and for such  
460 amounts as the board finds necessary. Assessments shall be due  
461 not less than 30 days after written notice to the member HMOs  
462 ~~insurers~~.

463 (2) Assessments for funds to meet the requirements of the  
464 plan with respect to an insolvent HMO shall not be made until



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465 necessary to implement the purposes of this part. In order to  
466 carry out its duties and powers under this part, upon the  
467 insolvency of an HMO, the plan shall levy and collect  
468 assessments as follows:

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

481 (3) All assessments against HMOs, including long-term care  
482 insurer impairment and insolvency assessments, must ~~shall~~ be  
483 levied as a percentage of annual earned premium revenue for non-  
484 Medicare and non-Medicaid contracts. In no event may the plan  
485 assess in any calendar year more than 0.5 percent of each HMO's  
486 annual earned premium revenue for non-Medicare and non-Medicaid  
487 contracts.

488 (6) The plan shall issue, in a form prescribed by the  
489 department, a certificate of contribution to each member HMO  
490 paying a long-term care insurer impairment or insolvency  
491 assessment under this part for the amount of the assessment so  
492 paid. All outstanding certificates are of equal dignity and  
493 priority without reference to amounts or dates of issue. A

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494 certificate of contribution may be shown by the member HMO in  
495 its financial statement as an asset in such form and for such  
496 amount and period of time as the department approves. However,  
497 any amount offset pursuant to s. 631.828 may not be shown as an  
498 asset of the member HMO on any of its financial statements.

499 Section 119. Paragraph (f) of subsection (3) and paragraph  
500 (a) of subsection (4) of section 631.820, Florida Statutes, are  
501 amended to read:

502 631.820 Plan of operation.—

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

505 (f) Establish any additional procedures for assessments  
506 under this part, including procedures to coordinate the  
507 administration and collection of member HMO assessments for  
508 long-term care insurer impairments and insolvencies with the  
509 board of directors of the Florida Life and Health Insurance  
510 Guaranty Association.

511 (4)(a) The plan of operation may provide that any or all  
512 powers and duties of the plan, except those under ss.  
513 631.818(7)(b) and (c) and 631.819 ~~ss. 631.818(6)(b) and (c) and~~  
514 ~~631.819~~, are delegated to an administrator that ~~which~~ may be a  
515 corporation, association, or other organization that ~~which~~  
516 performs or will perform functions similar to those of this  
517 plan, or its equivalent.

518 Section 1210. Subsection (2) of section 631.821, Florida  
519 Statutes, is amended to read:

520 631.821 Powers and duties of the department.—

521 (2) Any action of the board of directors of the plan may be  
522 appealed to the office by any member HMO if such appeal is taken

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523 within 21 days of the action being appealed; however, the HMO  
524 must comply with such action pending exhaustion of appeal ~~under~~  
525 ~~s. 631.818(2)~~. Any appeal shall be promptly determined by the  
526 office, and final action or order of the office shall be subject  
527 to judicial review in a court of competent jurisdiction.

528 Section ~~1344~~. This act shall take effect upon becoming a  
529 law.