

CHAPTER 2015-124

Committee Substitute for Committee Substitute for House Bill No. 893

An act relating to blanket health insurance eligibility; amending s. 627.659, F.S.; revising the list of special groups of individuals covered by a policy or contract for blanket health insurance; providing an effective date.

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

Section 1. Section 627.659, Florida Statutes, is amended to read:

627.659 Blanket health insurance; eligible groups.—Blanket health insurance is that form of health insurance which covers special groups of individuals as enumerated in one of the following subsections:

(1) Under a policy or contract issued to any common carrier or to any operator, owner, or lessee of a means of transportation, which ~~is shall~~ be deemed the policyholder, covering a group defined as all persons who may become passengers on such common carrier or such means of transportation.

(2) Under a policy or contract issued to an employer, who ~~is shall~~ be deemed the policyholder, covering any group of employees or the employees' dependents or guests defined by reference to activities or operations of the policyholder ~~exceptional hazards incident to such employment~~, or under a policy or contract issued to an employer when all employees are covered under any such policy or contract.

(3) Under a policy issued to a school, district school system, college, university, or other institution of learning, or to the official or officials of such institution insuring all or any class of its the students, ~~and teachers, and employees~~. Any such policy issued may insure the spouse or dependent children of the insured student, teacher, or employee.

(4) Under a policy or contract issued in the name of a ~~any~~ volunteer fire department, ~~or first aid group,~~ local emergency management agency as defined in s. 252.34(5), or other group of first responders as defined in s. 112.1815 ~~such volunteer group~~, which ~~is shall~~ be deemed the policyholder, covering all or any grouping of the members or employees of the policyholder or covering all or any participants in an activity or operation sponsored or supervised by the policyholder ~~such department or group~~.

(5) Under a policy or contract issued to an organization, or branch thereof, such as the Boy Scouts of America, the Future Farmers of America, any religious, instructive, or educational, charitable, recreational, or civic body bodies, or similar organization organizations, or to an individual, firm, or corporation, holding or operating meetings such as summer camps or other meetings for religious, instructive, educational, charitable, or recreational, or

civic purposes, which is deemed the policyholder, covering any or all participants in the activities or operations sponsored or supervised by the policyholder, including those attending such camps or meetings, including counselors, instructors, and persons in other administrative positions.

(6) Under a policy or contract issued in the name of a newspaper or other publisher, which is shall be deemed the policyholder, covering independent contractor newspaper or publication delivery persons for health insurance that may contain the following benefits:

(a) Coverage only for accident or disability income insurance or any combination thereof;

(b) Limited-scope dental or vision benefits;

(c) Coverage only for a specified disease or illness; or

(d) Hospital indemnity or other fixed indemnity insurance.

(7) Under a policy or contract issued in the name of a health care provider, which is shall be deemed the policyholder, covering patients, or issued to an arranger of fertility medicine relationships, such as a surrogacy agency, which is deemed the policyholder, covering donors, recipients, or surrogates. This coverage may be offered to patients of a health care provider or to donors, recipients, or surrogates of such arranged health services but may not be made a condition of receiving care. The benefits provided under such policy or contract shall not be assignable to any health care provider.

(8) Under a policy or contract issued to any health maintenance organization licensed pursuant to ~~the provisions of~~ part I of chapter 641, which is shall be deemed the policyholder, covering the subscribers of the health maintenance organization. Payment may be made directly to the health maintenance organization by the blanket health insurer for health care services rendered by providers pursuant to the health care delivery plan.

(9) Under a policy or contract issued to a sports team, camp, or sponsor thereof, which is deemed the policyholder, covering members, campers, participants, employees, officials, or supervisors.

(10) Under a policy or contract issued to a travel agency or other organization that provides travel-related services, which is deemed the policyholder, to cover any or all persons for whom travel and travel-related services are provided.

(11) Under a policy or contract issued to an association, which is deemed the policyholder, if the association has a constitution and bylaws, has at least 25 individual members, and has been organized and maintained in good faith for at least 1 year for purposes other than obtaining insurance, covering all or any class of members of such association.

(12) Under a policy or contract issued to a financial institution or parent holding company, or issued to the trustees or agents designated by one or more banks or financial institutions as defined in s. 655.005, which is deemed the policyholder, covering accountholders, cardholders, debtors, or guarantors for health insurance that may contain the following benefits:

- (a) Coverage only for accident or disability income insurance or any combination thereof;
- (b) Limited-scope dental or vision benefits;
- (c) Coverage only for a specified disease or illness; or
- (d) Hospital indemnity or other fixed indemnity insurance.

Section 2. This act shall take effect July 1, 2015.

Approved by the Governor June 10, 2015.

Filed in Office Secretary of State June 10, 2015.