

## The 2022 Florida Statutes

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[Title XXXVII](#)  
INSURANCE

[Chapter 627](#)  
INSURANCE RATES AND CONTRACTS

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### **627.4301 Genetic information for insurance purposes.—**

(1) DEFINITIONS.—As used in this section, the term:

(a) “Genetic information” means information derived from genetic testing to determine the presence or absence of variations or mutations, including carrier status, in an individual’s genetic material or genes that are scientifically or medically believed to cause a disease, disorder, or syndrome, or are associated with a statistically increased risk of developing a disease, disorder, or syndrome, which is asymptomatic at the time of testing. Such testing does not include routine physical examinations or chemical, blood, or urine analysis, unless conducted purposefully to obtain genetic information, or questions regarding family history.

(b) “Health insurer” means an authorized insurer offering health insurance as defined in s. [624.603](#), a self-insured plan as defined in s. [624.031](#), a multiple-employer welfare arrangement as defined in s. [624.437](#), a prepaid limited health service organization as defined in s. [636.003](#), a health maintenance organization as defined in s. [641.19](#), a prepaid health clinic as defined in s. [641.402](#), a fraternal benefit society as defined in s. [632.601](#), or any health care arrangement whereby risk is assumed.

(c) “Life insurer” has the same meaning as in s. [624.602](#) and includes an insurer issuing life insurance contracts that grant additional benefits in the event of the insured’s disability.

(d) “Long-term care insurer” means an insurer that issues long-term care insurance policies as described in s. [627.9404](#).

(2) USE OF GENETIC INFORMATION.—

(a) In the absence of a diagnosis of a condition related to genetic information, health insurers, life insurers, and long-term care insurers authorized to transact insurance in this state may not cancel, limit, or deny coverage, or establish differentials in premium rates, based on such information.

(b) Health insurers, life insurers, and long-term care insurers may not require or solicit genetic information, use genetic test results, or consider a person’s decisions or actions relating to genetic testing in any manner for any insurance purpose.

(c) This section does not apply to the underwriting or issuance of an accident-only policy, hospital indemnity or fixed indemnity policy, dental policy, or vision policy or any other actions of an insurer directly related to an accident-only policy, hospital indemnity or fixed indemnity policy, dental policy, or vision policy.

(d) Nothing in this section shall be construed as preventing a life insurer or long-term care insurer from accessing an individual’s medical record as part of an application exam. Nothing in this section prohibits a life insurer or long-term care insurer from considering a medical diagnosis included in an individual’s medical record, even if a diagnosis was made based on the results of a genetic test.

**History.**—s. 1, ch. 97-182; s. 43, ch. 2000-256; s. 10, ch. 2000-296; s. 1, ch. 2020-159.