

Effective 5/13/2014

31A-17-607 Hearings.

- (1)
 - (a) Following receipt of a notice described in Subsection (2), the insurer or health organization shall have the right to a confidential departmental hearing at which the insurer or health organization may challenge a determination or action by the commissioner.
 - (b) The insurer or health organization shall notify the commissioner of its request for a hearing within five days after the notification by the commissioner under Subsection (2).
 - (c) Upon receipt of the insurer's or health organization's request for a hearing, the commissioner shall set a date for the hearing, which date shall be no less than 10 nor more than 30 days after the date of the insurer's or health organization's request.
- (2) An insurer or health organization has the right to a hearing under Subsection (1) after:
 - (a) notification to an insurer or health organization by the commissioner of an adjusted RBC report;
 - (b) notification to an insurer or health organization by the commissioner that:
 - (i) the insurer's or health organization's RBC plan or revised RBC plan is unsatisfactory; and
 - (ii) the notification constitutes a regulatory action level event with respect to the insurer or health organization;
 - (c) notification to any insurer or health organization by the commissioner that the insurer or health organization has failed to adhere to its RBC plan or revised RBC plan and that the failure has substantial adverse effect on the ability of the insurer or health organization to eliminate the company action level event with respect to the insurer or health organization in accordance with its RBC plan or revised RBC plan; or
 - (d) notification to an insurer or health organization by the commissioner of a corrective order with respect to the insurer or health organization.

Amended by Chapter 290, 2014 General Session

Amended by Chapter 300, 2014 General Session