Representative James A. Dunnigan proposes the following substitute bill:

1	DEPARTMENT OF INSURANCE AMENDMENTS
2	2018 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: James A. Dunnigan
5	Senate Sponsor: Curtis S. Bramble
6	
7	LONG TITLE
8	General Description:
9	This bill modifies provisions of the Insurance Code.
10	Highlighted Provisions:
11	This bill:
12	defines terms and modifies defined terms;
13	 addresses the requirements for filing a binder for a health benefit plan or dental
14	policy with the commissioner;
15	 modifies the date on which the commissioner presents an annual evaluation of the
16	state's health insurance market;
17	 classifies certain records related to an examination as protected records;
18	 modifies the process by which the commissioner determines an applicant's ability to
19	provide proposed health care services under Title 31A, Chapter 8, Health
20	Maintenance Organizations and Limited Health Plans;
21	▶ modifies the requirements for $\hat{\mathbf{H}} \rightarrow [an unauthorized] \underline{a nonadmitted} \leftarrow \hat{\mathbf{H}}$ insurer to be
21a	listed on the
22	commissioner's "reliable" list;
23	 provides the circumstances under which the commissioner must hold a hearing on a
24	merger or other acquisition of an insurer;
25	 amends the deadline for holding a hearing on a merger or other acquisition of an



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(iii) adjust losses; and

1545	(b) has agreed either directly or indirectly, by contract or any other arrangement with a
1546	health discount program operator, to provide a discount to enrollees of a health discount
1547	program.
1548	(3) (a) "Health discount program" means a business arrangement or contract in which a
1549	person pays fees, dues, charges, or other consideration in exchange for a program that provides
1550	access to health care providers who agree to provide a discount for health care services.
1551	(b) "Health discount program" does not include a program that does not charge a
1552	membership fee or require other consideration from the member to use the program's discounts
1553	for health services.
1554	(4) "Health discount program marketer" means a person, including a private label
1555	entity, that markets, promotes, sells, or distributes a health discount program but does not
1556	operate a health discount program.
1557	(5) "Health discount program operator" means a person that provides a health discount
1558	program by entering into a contract or agreement, directly or indirectly, with a person or
1559	persons in this state who agree to provide discounts for health care services to enrollees of the
1560	health discount program and determines the charge to members.
1561	(6) "Marketing" means making or causing to be made any communication that contains
1562	information that relates to a product or contract regulated under this chapter.
1563	[(6)] (7) "Value-added benefit" means a discount offering with no additional charge
1564	made by a health insurer or health maintenance organization that is licensed under this title, in
1565	connection with existing contracts with the health insurer or health maintenance organization.
1566	Section 8. Section 31A-15-103 is amended to read:
1567	31A-15-103. Surplus lines insurance Unauthorized insurers.
1568	(1) Notwithstanding Section 31A-15-102, [a foreign] Ĥ→ [an insurer that has not obtained a
1569	certificate of authority to do business in this state under Section 31A-14-202 may negotiate for
1570	and] when this state is the home state as defined in Section 31A-3-305, a nonadmitted insurer
1570a	<u>may</u> $\leftarrow \hat{\mathbf{H}}$ make an insurance contract $\hat{\mathbf{H}} \rightarrow [\mathbf{with}]$ <u>for coverage of</u> $\leftarrow \hat{\mathbf{H}}$ a person in this state and on
1570b	a risk located in this state,
1571	subject to the limitations and requirements of this section.
1572	(2) (a) For a contract made under this section, the insurer may, in this state:
1573	(i) inspect the risks to be insured;
1574	(ii) collect premiums:

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1007	(i) the insurer willfully violates:
1608	(A) this section;
1609	(B) Section 31A-4-102, 31A-23a-402, 31A-23a-402.5, or 31A-26-303; or
1610	(C) a rule adopted under a section listed in Subsection (6)(c)(i)(A) or (B);
1611	(ii) the insurer fails to pay the fees and taxes specified under Section 31A-3-301; or
1612	(iii) the commissioner has reason to believe that the insurer is:
1613	(A) in an unsound condition;
1614	(B) operated in a fraudulent, dishonest, or incompetent manner; or
1615	(C) in violation of the law of its domicile.
1616	(d) (i) The commissioner may issue one or more lists of Ĥ→ [unauthorized]
1616a	<u>nonadmitted</u> ←Ĥ foreign insurers
1617	whose:
1618	(A) solidity the commissioner doubts; or
1619	(B) practices the commissioner considers objectionable.
1620	(ii) The commissioner shall issue one or more lists of $\hat{\mathbf{H}} \rightarrow [\mathbf{unauthorized}]$ nonadmitted $\leftarrow \hat{\mathbf{H}}$
1620a	foreign insurers the
1621	commissioner considers to be reliable and solid.
1622	(iii) In addition to the lists described in Subsections (6)(d)(i) and (ii), the commissioner
1623	may issue other relevant evaluations of $\hat{\mathbf{H}} \rightarrow [\mathbf{unauthorized}]$ nonadmitted $\leftarrow \hat{\mathbf{H}}$ insurers.
1624	(iv) An action may not lie against the commissioner or an employee of the department
1625	for a written or oral communication made in, or in connection with the issuance of, a list or
1626	evaluation described in this Subsection (6)(d).
1627	(e) $[A \text{ foreign}] \hat{\mathbf{H}} \rightarrow [\underline{\mathbf{An}} \text{ unauthorized}] \underline{\mathbf{A}} \text{ nonadmitted} \leftarrow \hat{\mathbf{H}}$ insurer shall be listed on the
1627a	commissioner's "reliable"
1628	list only if the $\hat{\mathbf{H}} \rightarrow [\frac{\mathbf{unauthorized}}{\mathbf{monadmitted}}]$ insurer:
1629	(i) delivers a request to the commissioner to be on the list;
1630	(ii) establishes satisfactory evidence of good reputation and financial integrity;
1631	(iii) (A) delivers to the commissioner a copy of the $\hat{\mathbf{H}} \rightarrow [\mathbf{unauthorized}]$ nonadmitted $\leftarrow \hat{\mathbf{H}}$
1631a	insurer's current
1632	annual statement certified by the insurer[; and] and, each subsequent year, delivers to the
1633	commissioner a copy of the $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{unauthorized}}]$ nonadmitted $\leftarrow \hat{\mathbf{H}}$ insurer's annual statement
1633a	within 60 days after the
1634	day on which the $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{unauthorized}}]$ nonadmitted $\leftarrow \hat{\mathbf{H}}$ insurer files the annual statement with the
1634a	insurance regulatory
1635	authority where the $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{nonadmitted}} \leftarrow \hat{\mathbf{H}}$ insurer is domiciled; or
1636	[(B) continues each subsequent year to file its annual statements with the
1637	commissioner within 60 days of the day on which it is filed with the insurance regulatory

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(i) a financially unsound insurer;

1638	authority where the insurer is domiciled;]
1639	(B) files the $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{unauthorized}}]$ nonadmitted $\leftarrow \hat{\mathbf{H}}$ insurer's annual statements with the
1639a	National Association of
1640	<u>Insurance Commissioners and the</u> Ĥ→ [<u>unauthorized</u>] <u>nonadmitted</u> ←Ĥ <u>insurer's annual</u>
1640a	statements are available
1641	electronically from the National Association of Insurance Commissioners;
1642	(iv) (A) [(1)] is in substantial compliance with the solvency standards in Chapter 17,
1643	Part 6, Risk-Based Capital, or maintains capital and surplus of at least \$15,000,000, whichever
1644	is greater; [and] or
1645	[(II) maintains in the United States an irrevocable trust fund in either a national bank or
1646	a member of the Federal Reserve System, or maintains a deposit meeting the statutory deposit
1647	requirements for insurers in the state where it is made, which trust fund or deposit:]
1648	[(Aa) shall be in an amount not less than \$2,500,000 for the protection of all of the
1649	insurer's policyholders in the United States;]
1650	[(Bb) may consist of cash, securities, or investments of substantially the same character
1651	and quality as those which are "qualified assets" under Section 31A-17-201; and]
1652	[(Cc) may include as part of the trust arrangement a letter of credit that qualifies as
1653	acceptable security under Section 31A-17-404.1; or]
1654	(B) in the case of any "Lloyd's" or other similar incorporated or unincorporated group
1655	of alien individual insurers, maintains a trust fund that:
1656	(I) shall be in an amount not less than \$50,000,000 as security to its full amount for all
1657	policyholders and creditors in the United States of each member of the group;
1658	(II) may consist of cash, securities, or investments of substantially the same character
1659	and quality as those which are "qualified assets" under Section 31A-17-201; and
1660	(III) may include as part of this trust arrangement a letter of credit that qualifies as
1661	acceptable security under Section 31A-17-404.1; and
1662	(v) for an alien insurer not domiciled in the United States or a territory of the United
1663	States, is listed on the Quarterly Listing of Alien Insurers maintained by the National
1664	Association of Insurance Commissioners International Insurers Department.
1665	(7) (a) Subject to Subsection (7)(b), a surplus lines producer may not, either knowingly
1666	or without reasonable investigation of the financial condition and general reputation of the
1667	insurer, place insurance under this section with:

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