HOUSE BILL No. 1296

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-1-34; IC 27-4-1-4; IC 36-1-7-7.1.

Synopsis: Multiple employer welfare arrangements. Amends the law concerning multiple employer welfare arrangements (MEWA) to require a MEWA to provide each participating employer access to claims data that is specific to that employer. Provides that when a governmental entity withdraws from a MEWA, the MEWA shall distribute to the withdrawing governmental entity a share of the MEWA's reserve that is proportional to the ratio between the withdrawing governmental entity's contribution to the reserve and the contributions of all participating employers. Requires that this distribution be made within a one year period but provides that the distribution shall not occur until all claims of the employees of the withdrawing governmental entity have been paid. Makes the violation of any requirement of the MEWA law an unfair method of competition or unfair or deceptive act or practice. Provides that if a MEWA is established by governmental entities through an interlocal cooperation agreement, the cancellation or termination of the interlocal cooperation agreement or the MEWA or the termination or nonrenewal of a governmental entity's participation in the MEWA pursuant to a notice given by a governmental entity must be effective not more than three months after the governmental entity gives the notice.

Effective: July 1, 2022.

Carbaugh

January 10, 2022, read first time and referred to Committee on Financial Institutions and Insurance.



Second Regular Session of the 122nd General Assembly (2022)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2021 Regular Session of the General Assembly.

HOUSE BILL No. 1296

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

SECTION	1. IC	27-1-34-2	IS	AMEN.	DED	TO	READ	AS
FOLLOWS [E]	FFECT	TVE JULY	1, 20)22]: Sec	. 2. (a) An	arranger	nent
must annually	obtain	a certificate	of r	egistratio	on fro	m the	departr	nent
under rules ado	opted b	y the comm	issic	oner.				
(1) A						,	c · .	. •

- (b) An arrangement that does not obtain a certificate of registration described in subsection (a) or violates the requirements a requirement of this chapter is subject to IC 27-4.
- SECTION 2. IC 27-1-34-3.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3.5. An arrangement providing benefits under this chapter shall provide each employer access to claims data specific to that employer.
- SECTION 3. IC 27-1-34-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. Except as provided by this chapter, and by IC 27-4, and IC 27-9, Indiana insurance law does not apply to the operation of multiple employer welfare arrangements.



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1	SECTION 4. IC 27-1-34-6.5 IS ADDED TO THE INDIANA CODE
2	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2022]: Sec. 6.5. (a) If a governmental entity participating as an
4	employer in a multiple employer welfare arrangement under this
5	chapter withdraws from the arrangement, the arrangement shall
6	distribute to the withdrawing governmental entity a share of the
7	reserve maintained by the arrangement.
8	(b) The share of an arrangement's reserve that is distributed to
9	a withdrawing governmental entity under this section:
10	(1) must be proportional to the ratio between the withdrawing
11	governmental entity's contribution to the reserve and the
12	contributions to the reserve of all employers participating in
13	the arrangement; and
14	(2) must be calculated according to the rules adopted under
15	section 9(b) of this chapter.
16	(c) A distribution shall not be made to a withdrawing
17	governmental entity under this section until all claims of the
18	employees of the withdrawing governmental entity have been paid.
19	(d) An arrangement shall make the distribution required by this
20	section not more than three hundred sixty-five (365) days after the
21	latter of the following:
22	(1) The date on which the payment of all claims of employees
23	of the withdrawing governmental entity is completed.
24	(2) The date on which the governmental entity's withdrawal
25	from the arrangement is completed.
26	SECTION 5. IC 27-1-34-9 IS AMENDED TO READ AS
27	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 9. (a) The department
28	of insurance shall adopt rules under IC 4-22-2 necessary to implement
29	this chapter, including but not limited to:
30	(1) certificate of registration requirements;
31	(2) reinsurance requirements;
32	(3) reserve levels;
33	(4) deposits;
34	(5) financial reporting;
35	(6) fidelity bonds; and
36	(7) the operations;
37	of multiple employer welfare arrangements.
38	(b) Before January 1, 2023, the department of insurance shall
39	adopt rules under this section concerning the distribution under
40	section 6.5 of this chapter of a share of the reserve of a multiple
41	employer welfare arrangement to a governmental entity that

withdraws from the arrangement. The rules shall provide for the



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	r section 6.5(b) of teserve that is propo	•	
O	ernmental entity's		
the contribution	s to the reserve of	all employers	participating in
the arrangement	••		
SECTION 6.	IC 27-4-1-4, AS	AMENDED B	Y P.L.196-2021,
SECTION 24 IS	MENDEDTODE	DACEOLLO	NC FEEEECTIVE

SECTION 6. IC 27-4-1-4, AS AMENDED BY P.L.196-2021, SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The following are hereby defined as unfair methods of competition and unfair and deceptive acts and practices in the business of insurance:

- (1) Making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, or statement:
 - (A) misrepresenting the terms of any policy issued or to be issued or the benefits or advantages promised thereby or the dividends or share of the surplus to be received thereon;
 - (B) making any false or misleading statement as to the dividends or share of surplus previously paid on similar policies;
 - (C) making any misleading representation or any misrepresentation as to the financial condition of any insurer, or as to the legal reserve system upon which any life insurer operates;
 - (D) using any name or title of any policy or class of policies misrepresenting the true nature thereof; or
 - (E) making any misrepresentation to any policyholder insured in any company for the purpose of inducing or tending to induce such policyholder to lapse, forfeit, or surrender the policyholder's insurance.
- (2) Making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading.
- (3) Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is



1	false, or maliciously critical of or derogatory to the financial
2	condition of an insurer, and which is calculated to injure any
3	person engaged in the business of insurance.
4	(4) Entering into any agreement to commit, or individually or by

- (4) Entering into any agreement to commit, or individually or by a concerted action committing any act of boycott, coercion, or intimidation resulting or tending to result in unreasonable restraint of, or a monopoly in, the business of insurance.
- (5) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive. Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to which such insurer is required by law to report, or which has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report, or statement of such insurer.
- (6) Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and profits as an inducement to insurance.
- (7) Making or permitting any of the following:
 - (A) Unfair discrimination between individuals of the same class and equal expectation of life in the rates or assessments charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract. However, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.
 - (B) Unfair discrimination between individuals of the same class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or



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conditions of such contract, or in any other manner whatever. However, in determining the class, consideration may be given to the nature of the risk, the plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.
(C) Excessive or inadequate charges for premiums, policy
fees, assessments, or rates, or making or permitting any unfair discrimination between persons of the same class involving essentially the same hazards, in the amount of premiums,
policy fees, assessments, or rates charged or made for:
(i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;
(ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership,
maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and
indemnity, or other risks commonly insured under marine,
as distinguished from inland marine, insurance; or (iii) policies or contracts of any other kind or kinds of insurance whatsoever.
However, nothing contained in clause (C) shall be construed to
apply to any of the kinds of insurance referred to in clauses (A)
and (B) nor to reinsurance in relation to such kinds of insurance.
Nothing in clause (A), (B), or (C) shall be construed as making or
permitting any excessive, inadequate, or unfairly discriminatory

be construed to in clauses (A) ls of insurance. ed as making or discriminatory charge or rate or any charge or rate determined by the department or commissioner to meet the requirements of any other insurance rate regulatory law of this state.

(8) Except as otherwise expressly provided by IC 27-1-47 or another law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends, savings, or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract or policy; or giving, or selling, or purchasing or offering to give, sell, or purchase as inducement to such insurance or annuity or in connection therewith, any stocks, bonds, or other



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1	securities of any insurance company or other corporation,
2	association, limited liability company, or partnership, or any
2 3	dividends, savings, or profits accrued thereon, or anything of
4	value whatsoever not specified in the contract. Nothing in this
5	subdivision and subdivision (7) shall be construed as including
6	within the definition of discrimination or rebates any of the
7	following practices:
8	(A) Paying bonuses to policyholders or otherwise abating their
9	premiums in whole or in part out of surplus accumulated from
10	nonparticipating insurance, so long as any such bonuses or
11	abatement of premiums are fair and equitable to policyholders
12	and for the best interests of the company and its policyholders.
13	(B) In the case of life insurance policies issued on the
14	industrial debit plan, making allowance to policyholders who
15	have continuously for a specified period made premium
16	payments directly to an office of the insurer in an amount
17	which fairly represents the saving in collection expense.
18	(C) Readjustment of the rate of premium for a group insurance
19	policy based on the loss or expense experience thereunder, at
20	the end of the first year or of any subsequent year of insurance
21	thereunder, which may be made retroactive only for such
22	policy year.
23	(D) Paying by an insurer or insurance producer thereof duly
24	licensed as such under the laws of this state of money,

- commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.
- (9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.
- (10) Entering into any contract, combination in the form of a trust



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1	or otherwise, or conspiracy in restraint of commerce in the
2	business of insurance.
3	(11) Monopolizing or attempting to monopolize or combining or

- (11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.
- (12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.
- (13) Issuing, offering, or participating in a plan to issue or offer, any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is not made for and on account of such policy or certificate of insurance. However, this subdivision shall not apply to any of the following:
 - (A) Insurance issued to credit unions or members of credit unions in connection with the purchase of shares in such credit unions.
 - (B) Insurance employed as a means of guaranteeing the performance of goods and designed to benefit the purchasers or users of such goods.
 - (C) Title insurance.
 - (D) Insurance written in connection with an indebtedness and intended as a means of repaying such indebtedness in the



1	event of the death or disability of the insured.
	(E) Insurance provided by or through motorists service clubs
2 3	or associations.
4	(F) Insurance that is provided to the purchaser or holder of ar
5	air transportation ticket and that:
6	(i) insures against death or nonfatal injury that occurs during
7	the flight to which the ticket relates;
8	(ii) insures against personal injury or property damage tha
9	occurs during travel to or from the airport in a common
10	carrier immediately before or after the flight;
11	(iii) insures against baggage loss during the flight to which
12	the ticket relates; or
13	(iv) insures against a flight cancellation to which the ticke
14	relates.
15	(14) Refusing, because of the for-profit status of a hospital or
16	medical facility, to make payments otherwise required to be made
17	under a contract or policy of insurance for charges incurred by ar
18	insured in such a for-profit hospital or other for-profit medica
19	facility licensed by the state department of health.
20	(15) Refusing to insure an individual, refusing to continue to issue
21	insurance to an individual, limiting the amount, extent, or kind o
22	coverage available to an individual, or charging an individual a
23	different rate for the same coverage, solely because of tha
24	individual's blindness or partial blindness, except where the
25	refusal, limitation, or rate differential is based on sound actuaria
26	principles or is related to actual or reasonably anticipated
27	experience.
28	(16) Committing or performing, with such frequency as to
29	indicate a general practice, unfair claim settlement practices (as
30	defined in section 4.5 of this chapter).
31	(17) Between policy renewal dates, unilaterally canceling ar
32	individual's coverage under an individual or group health
33	insurance policy solely because of the individual's medical or
34	physical condition.
35	(18) Using a policy form or rider that would permit a cancellation
36	of coverage as described in subdivision (17).
37	(19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
38	concerning motor vehicle insurance rates.
39	(20) Violating IC 27-8-21-2 concerning advertisements referring
40	to interest rate guarantees.
41	(21) Violating IC 27-8-24.3 concerning insurance and health plan
42	coverage for victims of abuse.



1	(22) Violating IC 27-8-26 concerning genetic screening or testing.
2	(23) Violating IC 27-1-15.6-3(b) concerning licensure of
3	insurance producers.
4	(24) Violating IC 27-1-38 concerning depository institutions.
5	(25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
6	the resolution of an appealed grievance decision.
7	(26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired
8	July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1,
9	2007, and repealed).
10	(27) Violating IC 27-2-21 concerning use of credit information.
11	(28) Violating IC 27-4-9-3 concerning recommendations to
12	consumers.
13	(29) Engaging in dishonest or predatory insurance practices in
14	marketing or sales of insurance to members of the United States
15	Armed Forces as:
16	(A) described in the federal Military Personnel Financial
17	Services Protection Act, P.L.109-290; or
18	(B) defined in rules adopted under subsection (b).
19	(30) Violating IC 27-8-19.8-20.1 concerning stranger originated
20	life insurance.
21	(31) Violating IC 27-2-22 concerning retained asset accounts.
22	(32) Violating IC 27-8-5-29 concerning health plans offered
23	through a health benefit exchange (as defined in IC 27-19-2-8).
24	(33) Violating a requirement of the federal Patient Protection and
25	Affordable Care Act (P.L. 111-148), as amended by the federal
26	Health Care and Education Reconciliation Act of 2010 (P.L.
27	111-152), that is enforceable by the state.
28	(34) After June 30, 2015, violating IC 27-2-23 concerning
29	unclaimed life insurance, annuity, or retained asset account
30	benefits.
31	(35) Willfully violating IC 27-1-12-46 concerning a life insurance
32	policy or certificate described in IC 27-1-12-46(a).
33	(36) Violating IC 27-1-37-7 concerning prohibiting the disclosure
34	of health care service claims data.
35	(37) Violating IC 27-4-10-10 concerning virtual claims payments.
36	(38) Violating IC 27-1-24.5 concerning pharmacy benefit
37	managers.
38	(39) Violating any requirement of IC 27-1-34 concerning a
39	multiple employer welfare arrangement.
40	(b) Except with respect to federal insurance programs under
41	Subchapter III of Chapter 19 of Title 38 of the United States Code, the

commissioner may, consistent with the federal Military Personnel



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1	Financial Services Protection Act (10 U.S.C. 992 note), adopt rules
2	under IC 4-22-2 to:
3	(1) define; and
4	(2) while the members are on a United States military installation
5	or elsewhere in Indiana, protect members of the United States
6	Armed Forces from;
7	dishonest or predatory insurance practices.
8	SECTION 7. IC 36-1-7-7.1 IS ADDED TO THE INDIANA CODE
9	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
10	1, 2022]: Sec. 7.1. If an agreement entered into under section 3 of
1	this chapter concerns the establishment of a multiple employer
12	welfare arrangement under IC 27-1-34, the following apply:
13	(1) If the:
14	(A) cancellation or termination of:
15	(i) the interlocal cooperation agreement; or
16	(ii) the multiple employer welfare arrangement
17	established through the agreement; or
18	(B) termination or nonrenewal of a governmental entity's
19	participation in the multiple employer welfare
20	arrangement;
21	pursuant to a notice of cancellation, termination, or
22	nonrenewal given by a participating governmental entity wil
23 24	not be effective immediately upon the governmental entity
24	giving the notice, the cancellation, termination, or nonrenewa
25	must take effect not more than three (3) months after the
26	governmental entity gives the notice of cancellation
27	termination, or nonrenewal.
28	(2) Every governmental entity participating in the multiple
29	employer welfare arrangement shall be given access to claims
30	data attributable to that particular governmental entity.

