FIRST REGULAR SESSION

HOUSE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 392

98TH GENERAL ASSEMBLY

1536H.04C D. ADAM CRUMBLISS. Chief Clerk

AN ACT

To repeal section 378.633, RSMo, and to enact in lieu thereof seven new sections relating to the regulation of insurance.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 378.633, RSMo, is repealed and seven new sections enacted in lieu thereof, to be known as sections 324.023, 374.015, 374.018, 375.1605, 376.791, 378.633, and

3 379.1640, to read as follows:

- 324.023. 1. Notwithstanding any law to the contrary, any board or commission established under chapters 330, 331, 332, 334, 335, 336, 337, 338, 340, and 345 may, at its discretion, issue oral or written opinions addressing topics relating to the qualifications, functions, or duties of any profession licensed by the specific board or commission issuing such guidance. Any such opinion is for educational purposes only, is in no way binding on the licensees of the respective board or commission, and cannot be used as the basis for any
- 7 discipline against any licensee under chapters 330, 331, 332, 334, 335, 336, 337, 338, 340, 8 and 345. No board or commission may address topics relating to the qualifications,
- 9 functions, or duties of any profession licensed by a different board or commission.
- 2. The recipient of an opinion given under this section shall be informed that the opinion is for educational purposes only, is in no way binding on the licensees of the board, and cannot be used as the basis for any discipline against any licensee under chapters 330,
- 13 **331**, **332**, **334**, **335**, **336**, **337**, **338**, **340**, and **345**.
- 374.015 1. For purposes of this section, "insurer" shall mean any person, 2 reciprocal exchange, interinsurer, Lloyds insurer, fraternal benefit society, and any other
- 3 legal entity engaged in the business of insurance including producers, adjusters and
- 4 third-party administrators, health services corporations, health maintenance organizations,

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

5 health carriers, prepaid limited health care service plans, dental, optometric, and other 6 similar health service plans. "Insurer" shall also include all companies organized, 7 incorporated, or doing business under the provisions of chapters 325, 354, and 374 to 385.

- 2. For purposes of this section, "bulletin" shall mean an informal written communication to inform or educate the insurance industry and the general public about a regulatory topic or issue. A bulletin is informational in nature and is not an evaluation of specific facts and circumstances.
- 3. Notwithstanding any law to the contrary, the director may at his or her discretion issue bulletins addressing the business of insurance in this state.
- 4. Bulletins do not have the force or effect of law and shall not be considered statements of general applicability that would require promulgation by rule.
- 5. Such bulletins shall not be binding on the department or an insurer. The director may revise or withdraw any previously issued bulletin; however such revision or withdrawal shall be prospective in nature. The effective date for such bulletin which was withdrawn or revised shall be ninety days after the date the revision or withdrawal notice is published and, where applicable, shall apply to new policies issued and policies that renew on or after that date.
- 374.018 1. For purposes of this section, "no-action letter" shall mean a letter that states the intention of the department to not take enforcement actions under section 374.046 with respect to the requesting insurer, based on the specific facts then presented and applicable law, as of the date a no-action letter is issued.
- 2. For purposes of this section, "insurer" shall mean all insurance companies organized, incorporated, or doing business under the provisions of chapter 354, 376, 379, or 380.
- 3. Notwithstanding any law to the contrary, the director may at his or her discretion issue no-action letters addressing the business of insurance in this state.
- 4. No-action letters shall not be considered statements of general applicability that would require promulgation by rule.
- 5. Insurers who seek guidance may submit a written request for a no-action letter to the department.
 - 6. An insurer is under an affirmative obligation to make full, true, and accurate disclosure of all information related to the activities for which the no-action letter is requested. Each request shall be accompanied by all relevant supplementary information including, but not limited to, background information regarding the request, policies, procedures, and applicable marketing materials. Each request shall also include complete copies of documents, and shall identify all provisions of law applicable to the request.

7. The insurer requesting the no-action letter shall provide the department with any additional information or documents the department requests for its review of the matter.

- 8. The insurer may withdraw the request for a no-action letter prior to the issuance of the no-action letter.
 - 9. The department shall act on the no-action letter request within ninety days after it receives all information necessary to complete its review.
- 10. At the completion of its review of a request for a no-action letter the department shall do one of the following:
 - (1) Issue a no-action letter;

- (2) Decline to issue a no-action letter; or
- (3) Take such other action as the department considers appropriate.
- 11. A no-action letter shall be effective as of the date it is issued.
- 12. As long as there is no change in any material fact or law or the discovery of a material misrepresentation or omission made by the insurer, the department is estopped from bringing any enforcement action under section 374.046 against the requesting insurer concerning the specific conduct that is the subject of the no-action letter issued by the department. However, this estoppel shall not apply to those enforcement actions related to the financial condition of the insurer. The determination of materiality shall be in the sole discretion of the director.
- 13. A no-action letter request shall not be a public record as defined in chapter 610 until the date of issuance by the department of a response to the no-action letter request. The request for a no-action letter and the department's response shall, after the date of issuance by the department, be considered a public record as defined in chapter 610. Upon request of the insurer, information submitted with a request for a no-action letter as required under this section that contains proprietary or trade secret information as defined in sections 417.450 to 417.467 shall not be considered a public record.
- 375.1605. 1. The provisions of this section shall apply to workers' compensation large deductible policies issued by an insurer subject to delinquency proceedings under this chapter. This section shall not apply to first party claims or to claims funded by a guaranty association net of the deductible unless subsection 3 of this section applies. Large deductible policies shall be administered in accordance with their terms except to the extent such terms conflict with this section.
 - 2. For purposes of this section, the following terms shall mean:
- (1) "Collateral", any cash, letters of credit, surety bond, or any other form of security posted by the insured or by a captive insurer or reinsurer to secure the insured's obligation under the large deductible policy to pay deductible claims or to reimburse the

insurer for deductible claim payments. Collateral may also secure an insured's obligation to reimburse or pay the insurer as may be required for other secured obligations;

- (2) "Commercially reasonable", to act in good faith using prevailing industry practices and making all reasonable efforts considering the facts and circumstances of the matter;
- (3) "Deductible claim", any claim, including a claim for loss and defense and cost containment expense, unless such expenses are excluded, under a large deductible policy that is within the deductible;
- (4) "Large deductible policy", any combination of one or more workers' compensation policies and endorsements issued to an insured and contracts or security agreements entered into between an insured and the insurer in which the insured has agreed with the insurer to:
- (a) Pay directly the initial portion of any claim under the policy up to a specified dollar amount, or the expenses related to any claim; or
- (b) Reimburse the insurer for its payment of any claim or related expenses under the policy up to the specified dollar amount of the deductible.

The term "large deductible policy" also includes policies which contain an aggregate limit on the insured's liability for all deductible claims in addition to a per-claim deductible limit. The primary purpose and distinguishing characteristic of a large deductible policy is the shifting of a portion of the ultimate financial responsibility under the large deductible policy to pay claims from the insurer to the insured, even though the obligation to initially pay claims may remain with the insurer. A large deductible shall include any policy with a deductible of fifty thousand dollars or more. Large deductible policies do not include policies, endorsements, or agreements which provide that the initial portion of any covered claim shall be self-insured and further that the insured shall have no payment obligation within the self-insured retention. Large deductible policies also do not include policies that provide for retrospectively rated premium payments by the insured or reinsurance arrangements or agreements, except to the extent such arrangements or agreements assume, secure, or pay the policyholder's large deductible obligations;

(5) "Other secured obligations", obligations of an insured to an insurer other than those under a large deductible policy, such as those under a reinsurance agreement or other agreement involving retrospective premium obligations, the performance of which is secured by collateral that also secures an insured's obligations under a large deductible policy.

- 3. Unless otherwise agreed by the responsible guaranty association, all large deductible claims which are also "covered claims" as defined by the applicable guaranty association law including those that may have been funded by an insured before liquidation shall be turned over to the guaranty association for handling. To the extent the insured funds or pays the deductible claim pursuant to an agreement by the guaranty fund or otherwise, the insured's funding or payment of a deductible claim will extinguish the obligations, if any, of the receiver or any guaranty association to pay such claim. No charge of any kind shall be made against the receiver or a guaranty association on the basis of an insured's funding or payment of a deductible claim.
- 4. To the extent a guaranty association pays any deductible claim for which the insurer would have been entitled to reimbursement from the insured, a guaranty association shall be entitled to the full amount of the reimbursement and available collateral as provided for under this section to the extent necessary to reimburse the guaranty association. Reimbursements paid to the guaranty association under this subsection shall not be treated as distributions under section 375.1218 or as early access payments under section 375.1205. To the extent that a guaranty association pays a deductible claim that is not reimbursed either from collateral or by insured payments, or incurred expenses in connection with large deductible policies that are not reimbursed under this section, the guaranty association shall be entitled to assert a claim for those amounts in the delinquency proceeding. Nothing in this subsection limits any rights of the receiver or a guaranty association that may otherwise exist under applicable law to obtain reimbursement from insureds for claims payments made by the guaranty association under policies of the insurer or for the guaranty association's related expenses such as those affording the guaranty association the right to recover for claims payments made to or on behalf of high net worth insureds or claimants.
- 5. (1) The receiver shall have the obligation to collect reimbursements owed for deductible claims as provided for herein, and shall take all commercially reasonable actions to collect such reimbursements. The receiver shall promptly bill insureds for reimbursement of deductible claims:
 - (a) Paid by the insurer prior to the commencement of delinquency proceedings;
- (b) Paid by a guaranty association upon receipt by the receiver of notice from a guaranty association of reimbursable payments; or
 - (c) Paid or allowed by the receiver.
- (2) If the insured does not make payment within the time specified in the large deductible policy, or within sixty days after the date of billing if no time is specified, the receiver shall take all commercially reasonable actions to collect any reimbursements owed.

(3) Neither the insolvency of the insurer, nor its inability to perform any of its obligations under the large deductible policy, shall be a defense to the insured's reimbursement obligation under the large deductible policy.

- (4) Except for gross negligence, an allegation of improper handling or payment of a deductible claim by the insurer, the receiver, or any guaranty association shall not be a defense to the insured's reimbursement obligations under the large deductible policy.
- 6. (1) Subject to the provisions of this subsection, the receiver shall utilize collateral when available to secure the insured's obligation to fund or reimburse deductible claims or other secured obligations or other payment obligations. A guaranty association shall be entitled to collateral as provided for in this subsection to the extent needed to reimburse a guaranty association for the payments of a deductible claim. Any distributions made to a guaranty association under this subsection shall not be treated as distributions under section 375.1218 or as early access payments under section 375.1205.
- (2) All claims against the collateral shall be paid in the order received and no claim of the receiver including those described in this subsection shall supersede any other claim against the collateral as described in subdivision (4) of this subsection.
- (3) The receiver shall draw down collateral to the extent necessary in the event that the insured fails to:
 - (a) Perform its funding or payment obligations under any large deductible policy;
- (b) Pay deductible claim reimbursements within the time specified in the large deductible policy or within sixty days after the date of the billing if no time is specified;
 - (c) Pay amounts due the estate for preliquidation obligations;
 - (d) Timely fund any other secured obligation; or
 - (e) Timely pay expenses.
- (4) Claims that are validly asserted against the collateral shall be satisfied in the order in which such claims are received by the receiver.
- (5) Excess collateral may be returned to the insured as determined by the receiver after a periodic review of claims paid, outstanding case reserves, and a factor for incurred but not reported claims.
- 376.791. 1. The provisions of subdivisions (4) and (5) of subsection 2 of section 376.777 shall not apply to any individual health insurance coverage. The term "individual health insurance coverage" shall have the meaning assigned to it in section 376.450.
- 2. The director shall promulgate rules and regulations to implement and administer the provisions of this section prior to January 1, 2016. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all

of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rule making authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

- 378.633. 1. Agents of societies shall be licensed in accordance with the provisions of chapter 375 regulating the licensing, revocation, suspension or termination of license of resident and nonresident agents; provided, that no person who acted in the capacity as an agent of a licensed society for a period of at least six months immediately preceding October 13, 1969, shall be required to take an examination as provided for in chapter 375 as a condition for licensure as an insurance agent.
- 2. The following individuals shall not be deemed an agent of a fraternal benefit society within the provisions of subsection 1 of this section:
- (1) Any regular salaried officer, employee or secretary of a licensed society or any subordinate lodge thereof, who devotes substantially all of his services to activities other than the solicitation of fraternal insurance contracts from the public, and who receives for the solicitation of such contracts no commission or other compensation directly dependent upon the amount of business obtained; or
- (2) Any member representative of any society [which insures its members against death, dismemberment and disability resulting from accident only and which pays no commission or other consideration for the collection of premiums for such contracts] who devotes, or intends to devote, less than fifty percent of his or her time to the solicitation and procurement of insurance contracts for such society. Any person who in the preceding calendar year has solicited and procured life insurance contracts on behalf of any society in an amount of insurance in excess of fifty thousand dollars, or, in the case of any other kind or kinds of insurance which the society might write, on the persons of more than twenty-five individuals and who has received or will receive a commission or other compensation therefor, shall be presumed to be devoting, or intending to devote, fifty percent or more of his or her time to the solicitation or procurement of insurance contracts for such society.

379.1640. 1. As used in this section, the following terms shall mean:

- (1) "Department", the department of insurance, financial institutions and professional registration;
- 4 (2) "Director", the director of the department of insurance, financial institutions and professional registration;
 - (3) "Limited lines self-service storage insurance producer", an owner, operator, lessor, or sublessor of a self-service storage facility, or an agent or other person authorized

to manage the facility, duly licensed by the department of insurance, financial institutions and professional registration;

- (4) "Offer and disseminate", provide general information, including a description of the coverage and price, as well as process the application, collect premiums, and perform other nonlicensable activities permitted by the state;
- (5) "Self-service storage insurance", insurance coverage for the loss of, or damage to, tangible personal property in a self-service storage facility as defined in section 415.405 or in transit during the rental period.
 - 2. Notwithstanding any other provision of law:
- (1) Individuals may offer and disseminate self-service storage insurance on behalf of and under the control of a limited lines self-service storage insurance producer only if the following conditions are met:
- 20 (a) The limited lines self-service storage insurance producer provides to purchasers 21 of self-service storage insurance:
 - a. A description of the material terms or the actual material terms of the insurance coverage;
 - b. A description of the process for filing a claim;
- 25 c. A description of the review or cancellation process for the self-service storage 26 insurance policy; and
 - d. The identity and contact information of the insurer and limited lines self-service storage insurance producer;
 - (b) At the time of licensure, the limited lines self-service storage insurance producer shall establish and maintain a register on a form prescribed by the director of each individual that offers self-service storage insurance on the limited lines self-service storage insurance producer's behalf. The register shall be maintained and updated annually by the limited lines self-service storage insurance producer and shall include the name, address, and contact information of the limited lines self-service storage insurance producer and an officer or person who directs or controls the limited lines self-service storage insurance producer's operations, and the self-service storage facility's federal tax identification number. The limited lines self-service storage insurance producer shall submit such register within thirty days upon request by the department. The limited lines self-service storage insurance producer shall also certify that each individual listed on the self-service storage register complies with 18 U.S.C. 1033;
 - (c) The limited lines self-service storage insurance producer has designated one of its employees who is a licensed individual producer as a person responsible for the business

entity's compliance with the self-service storage insurance laws, rules, and regulations of this state;

- (d) An individual applying for a limited lines self-service storage insurance producer license shall make application to the director on the specified application and declare under penalty of refusal, suspension or revocation of the license that the statements made on the application are true, correct and complete to the best of the knowledge and belief of the applicant. Before approving the application, the director shall find that the individual:
- a. Is at least eighteen years of age;
 - b. Has not committed any act that is a ground for denial, suspension, or revocation set forth in section 375.141;
 - c. Has paid a license fee in the sum of one hundred dollars; and
 - d. Has completed a qualified training program regarding self-service storage insurance policies, which has been filed with and approved by the director;
 - (e) Individuals applying for limited lines self-service storage insurance producer licenses shall be exempt from examination. The director may require any documents reasonably necessary to verify the information contained in an application. Within thirty working days after the change of any information submitted on the application, the self-service storage insurance producer shall notify the director of the change. No fee shall be charged for any such change. If the director has taken no action within twenty-five working days of receipt of an application, the application shall be deemed approved and the applicant may act as a licensed self-service storage insurance producer, unless the applicant has indicated a conviction for a felony or a crime involving moral turpitude;
 - (f) The limited lines self-service storage insurance producer requires each employee and authorized representative of the self-service storage insurance producer whose duties include offering and disseminating self-service storage insurance to receive a program of instruction or training, that has been reviewed and approved by the director. The training material shall, at a minimum, contain instructions on the types of insurance offered, ethical sales practices, and required disclosures to prospective customers;
 - (2) Any individual offering or disseminating self-service storage insurance shall provide to prospective purchasers brochures or other written materials that:
 - (a) Provide the identity and contact information of the insurer and the limited lines self-service storage insurance producer;
 - (b) Explain that the purchase of self-service storage insurance is not required in order to lease self-storage units;

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(c) Explain that an unlicensed self-service storage operator is permitted to provide general information about the insurance offered by the self-service storage operator, including a description of the coverage and price, but is not qualified or authorized to 81 answer technical questions about the terms and conditions of the insurance offered by the self-service storage operator or to evaluate the adequacy of the customer's existing insurance coverage; and

- (d) Disclose that self-service storage insurance may provide duplication of coverage already provided by an occupant's homeowner's, renters, or other source of coverage;
- A limited lines self-service storage producer's employee or authorized representative, who is not licensed as an insurance producer, may not:
- (a) Evaluate or interpret the technical terms, benefits, and conditions of the offered self-service storage insurance coverage;
- (b) Evaluate or provide advice concerning a prospective purchaser's existing insurance coverage; or
- (c) Hold themselves or itself out as a licensed insurer, licensed producer, or insurance expert;
- (4) If self-service storage insurance is offered to the customer, premium or other charges specifically applicable to self-service storage insurance shall be listed as a separate amount and apart from other charges relating to the lease or procurement of a self-service storage unit on all documentation pertinent to the transaction.
- 3. Notwithstanding any other provision of law, a limited lines self-service storage insurance provider whose insurance-related activities, and those of its employees and authorized representatives, are limited to offering and disseminating self-service storage insurance on behalf of and under the direction of a limited lines self-service storage insurance producer meeting the conditions stated in this section is authorized to do so and receive related compensation, upon registration by the limited lines self-service storage insurance producer as described in paragraph (b) of subdivision (1) of subsection 2 of this section.
- 4. Self-service storage insurance may be provided under an individual policy or under a group or master policy.
- 5. Limited lines self-service storage insurance producers, operators, employees and authorized representatives offering and disseminating self-service storage insurance under the limited lines self-service storage insurance producer license shall be subject to the provisions of chapters 374 and 375, except as provided for in this section.
- 6. Limited lines self-service storage insurance producers, operators, employees and authorized representatives may offer and disseminate self-service storage insurance

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policies in an amount not to exceed three thousand dollars of coverage per customer per storage unit.

7. The director may promulgate rules to effectuate this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

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