## 

**HOUSE BILL No. 2684** 

By Committee on Kansas Futures

1-24

AN ACT concerning the establishment of the citizens' insurance advisory board; amending K.S.A. 40-955 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) There is hereby established within the state insurance department a citizens' insurance advisory board which shall consist of seven members: Five members appointed by the governor and two members appointed by the commissioner of insurance.

- (1) Subject to the provisions of K.S.A. 75-4315c, and amendments thereto, the governor shall appoint one member from each congressional district and the remainder from the state at large. The governor's appointees shall include:
- (A) One person who is knowledgeable about insurance issues concerning physical health;
- (B) one member who is knowledgeable about insurance issues concerning mental health; and
- (C) one member who is knowledgeable about insurance issues concerning property.

No appointee of the governor shall be from the insurance industry.

- (2) The commissioner of insurance shall appoint one member who operates an insurance agency in this state and one member who is a consumer.
  - (3) The members of such board shall serve for a term of four years.
- (4) All vacancies in office of members so appointed shall be filled in the same manner as the original appointment for the unexpired term of the member creating the vacancy.
- (b) The citizens' insurance advisory board shall organize annually by the election from its membership of a chairperson and shall adopt such rules of procedure as the board deems necessary for conducting its business.
- (c) The citizens' insurance advisory board shall hold such meetings as in its judgment may be necessary for the performance of its powers, duties and functions. Members of the board shall receive compensation, subsistence allowances, mileage and other expenses for attending meetings of the board as provided by K.S.A. 75-3223, and amendments

thereto.

- (d) The state insurance department shall provide such technical and clerical staff assistance as may be requested by the board in the administration of the provisions of this act.
- (e) The citizens' insurance advisory board shall administer this act and shall have and may exercise the following powers, duties and functions:
- (1) Employ an attorney as a consumer counsel and such other staff as are necessary;
  - (2) guide the activities of the consumer counsel;
- (3) recommend legislation to the commissioner of insurance, the governor or the legislature which in the citizens' insurance advisory board's judgment would positively affect the interests of consumers, particularly as such legislation affects the coverage of insurance, the availability of insurance to consumers and the affordability of insurance;
- (4) examine any manual of classifications, rules and rates, rating plan or other information which supports any insurance rate which will be used in this state and which is required to be filed with or maintained and made available to the commissioner of insurance;
- (5) receive information from consumers regarding insurance rates and coverage;
- (6) advise the Kansas state employees health care commission regarding insurance issues affecting state employees and retirees;
- (7) make recommendations to the commissioner regarding insurance coverage and any insurance rate filings made pursuant to K.S.A. 40-955 and amendments thereto; and
- (8) intervene, on behalf of Kansas consumers, in any hearing commenced pursuant to K.S.A. 40-955 and amendments thereto.
- (f) The citizens' insurance advisory board shall be subject to the provisions of the Kansas open meetings act.
- (g) The citizens' insurance advisory board shall be subject to the provisions of the Kansas open records act.
  - New Sec. 2. The consumer counsel may do the following:
- (a) Represent consumers in hearings before the commissioner of insurance commenced pursuant to K.S.A. 40-955 and amendments thereto;
- (b) function as an official intervenor in cases filed with the commissioner of insurance commenced pursuant to K.S.A. 40-955 and amendments thereto; and
- (c) perform such other duties as directed by the citizens' insurance rate advisory board.
- New Sec. 3. The citizens' insurance advisory board shall be attached to the insurance department and shall be within the insurance department as a part thereof. All budgeting, purchasing and related management

functions of the citizens' insurance advisory board shall be administered under the direction and supervision of such board and the commissioner of insurance. All vouchers for expenditures from appropriations made for the use of such board shall be approved by the chairperson of such board or by a person or persons designated by the chairperson for such purpose and by the commissioner of insurance. The budget of the board shall be financed in the same manner and as a part of the budget of the state insurance department. The commissioner of insurance shall have no au-thority over the citizens' insurance advisory board, or any employee thereof, with respect to the performance of any power, duty or function of the office or the exercise of any other authority of the citizens' insur-ance advisory board.

- Sec. 4. K.S.A. 40-955 is hereby amended to read as follows: 40-955. (a) Every insurer shall file with the commissioner, except as to inland marine risks where general custom of the industry is not to use manual rates or rating plans, every manual of classifications, rules and rates, every rating plan, policy form and every modification of any of the foregoing which it proposes to use. Every such filing shall indicate the proposed effective date and the character and extent of the coverage contemplated and shall be accompanied by the information upon which the insurer supports the filings. A filing and any supporting information shall be open to public inspection after it is filed with the commissioner. An insurer may satisfy its obligations to make such filings by authorizing the commissioner to accept on its behalf the filings made by a licensed rating organization or another insurer. Nothing contained in this act shall be construed to require any insurer to become a member or subscriber of any rating organization.
- (b) Any rate filing for the basic coverage required by K.S.A. 40-3401 *et seq.* and amendments thereto, loss costs filings for workers compensation, and rates for assigned risk plans established by article 21 of chapter 40 of the Kansas Statutes Annotated or rules and regulations established by the commissioner shall require approval by the commissioner before its use by the insurer in this state. Policy forms shall require approval by the commissioner before use by insurers in this state, consistent with the requirements of K.S.A. 40-216 and amendments thereto. As soon as reasonably possible after such filing has been made, the commissioner shall in writing approve or disapprove the same, except that any filing shall be deemed approved unless disapproved within 30 days of receipt of the filing.
- (c) Any other rate filing, except personal lines filings, shall become effective on filing or any prospective date selected by the insurer, subject to the commissioner disapproving the same if the rates are determined to be inadequate, excessive, unfairly discriminatory or otherwise fails to

4

5 6

8 9

10

11

12

13 14

15

16

17

18

19

20

21

22

23 24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41 42 meet the requirements of this act. Personal lines rate filings shall be on file for a waiting period of 30 days before becoming effective, subject to the commissioner disapproving the same if the rates are determined to be inadequate, excessive, unfairly discriminatory or otherwise fail to meet requirements of this act. The term "personal lines" shall mean insurance for noncommercial automobile, homeowners, dwelling fire-and-renters insurance policies, as defined by the commissioner by rules and regulations. A filing complies with this act unless it is disapproved by the commissioner within the waiting period or pursuant to subsection (e).

- (d) In reviewing any rate filing the commissioner may require the insurer or rating organization to provide, at the insurer's or rating organization's expense, all information necessary to evaluate the reasonableness of the filing, to include payment of the cost of an actuary selected by the commissioner to review any rate filing, if the department of insurance does not have a staff actuary in its employ.
- (e) (1) If a filing is not accompanied by the information required by this act, the commissioner shall promptly inform the company or organization making the filing. The filing shall be deemed to be complete when the required information is received by the commissioner or the company or organization certifies to the commissioner the information requested is not maintained by the company or organization and cannot be obtained. If the commissioner finds a filing does not meet the requirements of this act, the commissioner shall send to the insurer or rating organization that made the filing, written notice of disapproval of the filing, specifying in what respects the filing fails to comply and stating the filing shall not become effective. If at any time after a filing becomes effective, the commissioner finds a filing does not comply with this act, the commissioner shall after a hearing held on not less than 10 days' written notice to every insurer and rating organization that made the filing issue an order specifying in what respects the filing failed to comply with the act, and stating when, within a reasonable period thereafter, the filing shall be no longer effective. Copies of the order shall be sent to such insurer or rating organization. The order shall not affect any contract or policy made or issued prior to the expiration of the period set forth in the order.
- (2) In the event an insurer or organization has no legally effective rate because of an order disapproving rates, the commissioner shall specify an interim rate at the time the order is issued. The interim rate may be modified by the commissioner on the commissioner's own motion or upon motion of an insurer or organization. The interim rate or any modification thereof shall take effect prospectively in contracts of insurance written or renewed 15 days after the commissioner's decision setting interim rates. When the rates are finally determined, the commissioner shall order any overcharge in the interim rates to be distributed appropriately, except

8 9

 refunds to policyholders the commissioner determines are de minimis may not be required.

- (3) Subject to the provisions of paragraph (6) of subsection (e) of section 1, and amendments thereto, any person or organization aggrieved with respect to any filing that is in effect may make written application to the commissioner for a hearing thereon, provided the insurer or rating organization that made the filing may not proceed under this subsection. The application shall specify the grounds to be relied on by the applicant. If the commissioner finds the application is made in good faith, that the applicant would be so aggrieved if the applicant's grounds are established, and that such grounds otherwise justify holding such a hearing, the commissioner shall, within 30 days after receipt of the applicant and every insurer and rating organization that made such filing.
- (4) Every rating organization receiving a notice of hearing or copy of an order under this section, shall promptly notify all its members or subscribers affected by the hearing or order. Notice to a rating organization of a hearing or order shall be deemed notice to its members or subscribers.
- (f) No insurer shall make or issue a contract or policy except in accordance with filings which have been filed or approved for such insurer as provided in this act.
- (g) The commissioner may adopt rules and regulations to allow suspension or modification of the requirement of filing and approval of rates as to any kind of insurance, subdivision or combination thereof, or as to classes of risks, the rates for which cannot practicably be filed before they are used.
- (h) Except for workers compensation and employer's liability line, the following categories of commercial lines risks are considered special risks which are exempt from the filing requirements in this section: (1) Risks that are written on an excess or umbrella basis; (2) commercial risks, or portions thereof, that are not rated according to manuals, rating plans, or schedules including "a" rates; (3) large risks; and (4) special risks designated by the commissioner, including but not limited to risks insured under highly protected risks rating plans, commercial aviation, credit insurance, boiler and machinery, inland marine, fidelity, surety and guarantee bond insurance risks.
- (i) For the purposes of this subsection, "large risk" means: (1) An insured that has total insured property values of \$5,000,000 or more; (2) an insured that has total annual gross revenues of \$10,000,000 or more; or (3) an insured that has in the preceding calendar year a total paid premium of \$50,000 or more for property insurance, \$50,000 or more for general liability insurance, or \$100,000 or more for multiple lines policies.

HB 2684

- (j) The exemption for any large risk contained in subsection (h) shall not apply to workers compensation and employer's liability insurance, insurance purchasing groups, and the basic coverage required by K.S.A. 40-3401 *et seq.* and amendments thereto.
- (k) Underwriting files, premium, loss and expense statistics, financial and other records pertaining to special risks written by any insurer shall be maintained by the insurer and shall be subject to examination by the commissioner and the citizens' insurance advisory board.
  - Sec. 5. K.S.A. 40-955 is hereby repealed.
- Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.