By: Eltife S.B. No. 784 (Frullo)

## A BILL TO BE ENTITLED

AN ACT

and by the Texas Department of Insurance and certain approval

- 2 relating to collection and use of certain information reported to
- 4 authority and hearings held in connection with reported
- 5 information.

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- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 7 ARTICLE 1. AMENDMENTS AFFECTING REPORTING AND RELATED HEARINGS
- 8 SECTION 1.01. Sections 2053.056(a) and (b), Insurance Code,
- 9 are amended to read as follows:
- 10 (a) The commissioner may [shall] conduct a public hearing
- 11 each biennium[, beginning not later than December 1, 2008,] to
- 12 review rates to be charged for workers' compensation insurance
- 13 written in this state. A public hearing under this section is not a
- 14 contested case as defined by Section 2001.003, Government Code.
- 15 (b) Not later than the 30th day before the date of a [the]
- 16 public hearing conducted [required] under Subsection (a), each
- 17 insurance company subject to this subtitle [and Article 5.66] shall
- 18 file the insurance company's rates, supporting information, and
- 19 supplementary rating information with the commissioner.
- SECTION 1.02. Section 2251.008, Insurance Code, is amended
- 21 to read as follows:
- 22 Sec. 2251.008. ANNUAL [QUARTERLY] REPORT OF INSURER;
- 23 LEGISLATIVE REPORT. (a) The commissioner shall require each
- 24 insurer subject to this subchapter to annually [quarterly] file

- 1 with the commissioner information relating to changes in losses,
- 2 premiums, and market share since January 1, 1993. The commissioner
- 3 may require an insurer subject to this subchapter to report to the
- 4 commissioner, in the form and in the time required by the
- 5 commissioner, any other information the commissioner determines is
- 6 necessary to comply with this section.
- 7 (b) Annually [Quarterly], the commissioner shall report to
- 8 the governor, the lieutenant governor, the speaker of the house of
- 9 representatives, the legislature, and the public regarding:
- 10 (1) the information provided to the commissioner,
- 11 other than information made confidential by law, in the insurers'
- 12 reports under Subsection (a); and
- 13 (2) market conduct, especially rates and consumer
- 14 complaints.
- 15 (c) The report required by this section must cover a
- 16 calendar year [quarter] and:
- 17 (1) for each insurer that writes a line of insurance
- 18 subject to this subchapter, must state the insurer's:
- 19 (A) market share;
- 20 (B) profits and losses;
- (C) average loss ratio; and
- (D) whether the insurer submitted a rate filing
- 23 during the year [quarter] covered in the report; and
- 24 (2) for each rate filing submitted under Subdivision
- 25 (1)(D), must indicate any significant impact on policyholders, the
- 26 overall rate change from the rate previously used by the insurer
- 27 stated as a percentage, and any rate changes for the previous 12,

- 1 24, and 36 months.
- 2 (d) Except as provided by Subsection (e), the <u>annual</u>
- 3 [quarterly] report required by this section must be made available
- 4 to the governor, lieutenant governor, speaker of the house of
- 5 representatives, legislature, and public not later than the 90th
- 6 day after the last day of the calendar <u>year</u> [<del>quarter</del>] covered by the
- 7 report.
- 8 (e) If the commissioner determines that it is not feasible
- 9 to provide the report required by this section within the period
- 10 specified by Subsection (d) for all lines of insurance subject to
- 11 this subchapter, the department:
- 12 (1) shall make the annual [quarterly] report, as
- 13 applicable to lines of residential property insurance and personal
- 14 automobile insurance, available within the period specified by
- 15 Subsection (d); and
- 16 (2) may delay publication of the <u>annual</u> [quarterly]
- 17 report as it relates to other lines of insurance subject to this
- 18 subchapter until a date specified by the commissioner.
- 19 SECTION 1.03. Section 2251.101(b), Insurance Code, is
- 20 amended to read as follows:
- 21 (b) The commissioner by rule shall:
- 22 (1) determine the information required to be included
- 23 in the filing, including:
- 24 (A) categories of supporting information and
- 25 supplementary rating information;
- 26 (B) statistics or other information to support
- 27 the rates to be used by the insurer;

- 1 (C) [, including] information necessary to
- 2 evidence that the computation of the rate does not include
- 3 disallowed expenses for personal lines; and
- 4 (D)  $[\frac{C}{C}]$  information concerning policy fees,
- 5 service fees, and other fees that are charged or collected by the
- 6 insurer under Section 550.001 or 4005.003; and
- 7 (2) prescribe the process through which the department
- 8 requests supplementary rating information and supporting
- 9 information under this section, including:
- 10 (A) the number of times the department may make a
- 11 request for information; and
- 12 (B) the types of information the department may
- 13 request when reviewing a rate filing.
- 14 ARTICLE 2. CONFORMING AMENDMENTS
- 15 SECTION 2.01. Sections 1501.109(a), (b), and (c), Insurance
- 16 Code, are amended to read as follows:
- 17 (a) A small or large employer health benefit plan issuer may
- 18 elect to refuse to renew all small or large employer health benefit
- 19 plans delivered or issued for delivery by the issuer in this state
- 20 or in a geographic service area [approved under Section 1501.101].
- 21 The issuer shall notify:
- 22 (1) the commissioner of the election not later than
- 23 the 180th day before the date coverage under the first plan
- 24 terminates under this subsection; and
- 25 (2) each affected covered small or large employer not
- 26 later than the 180th day before the date coverage terminates for
- 27 that employer.

- (b) A small employer health benefit plan issuer that elects under this section to refuse to renew all small employer health benefit plans in this state or in a [an approved] geographic service area may not write a new small employer health benefit plan in this state or in the geographic service area, as applicable, before the fifth anniversary of the date notice is provided to the commissioner under Subsection (a).
- 8 (c) A large employer health benefit plan issuer that elects
  9 under this section to refuse to renew all large employer health
  10 benefit plans in this state or in <u>a</u> [an approved] geographic service
  11 area may not write a new large employer health benefit plan in this
  12 state or in the geographic service area, as applicable, before the
  13 fifth anniversary of the date notice is provided to the
  14 commissioner under Subsection (a).
- 15 SECTION 2.02. Section 2206.002(b), Insurance Code, is 16 amended to read as follows:
- 17 (b) The pool[ $\div$
- 18 [(1) shall collect the necessary information and file
- 19 with the department the reports required by Subchapter D, Chapter
- 20 38; and
- [(2)] is subject to Chapter 541 and Section 543.001.
- SECTION 2.03. Section 2207.002(b), Insurance Code, is
- 23 amended to read as follows:
- 24 (b) A pool[÷
- 25 [(1) shall collect the necessary information and file
- 26 with the department the reports required by Subchapter D, Chapter
- 27 38; and

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               [\frac{(2)}{(2)}] is subject to Chapter 541 and Section 543.001.
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          SECTION 2.04. Section 2208.002(b), Insurance Code, is
   amended to read as follows:
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          (b) The pool is subject to Chapter 541 [and Subchapter Dr
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   Chapter 38].
          SECTION 2.05. Section 2212.053(a), Insurance Code,
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                                                                    is
    amended to read as follows:
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              A trust shall file with the department:
          (a)
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               (1) all rates and forms, for informational purposes
   only; and
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11
               (2)
                    [all liability claims reports required under
   Subchapter D, Chapter 38; and
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               [\frac{3}{3}] the trust's independently audited annual
13
   financial statement.
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                           ARTICLE 3. REPEALER
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          SECTION 3.01. The following provisions of the Insurance
   Code are repealed:
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               (1) Section 32.0221;
                    Subchapters C, D, and I, Chapter 38;
               (2)
19
               (3) Section 425.107;
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               (4) Section 542.006(c);
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               (5) Section 1501.056(c);
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               (6) Section 1501.101(a); and
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               (7) Section 4201.204(c).
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                  ARTICLE 4. TRANSITION; EFFECTIVE DATE
          SECTION 4.01. (a) Sections 2206.002(b), 2207.002(b),
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   2208.002(b), and 2212.053(a), Insurance Code, as amended by this
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- S.B. No. 784
- 1 Act, and the repeal by this Act of Subchapter D, Chapter 38,
- 2 Insurance Code, apply only to a claim closed on or after January 1,
- 3 2016. A claim closed before January 1, 2016, is governed by the law
- 4 as it existed immediately before the effective date of this Act, and
- 5 that law is continued in effect for that purpose.
- 6 (b) Section 2251.008, Insurance Code, as amended by this
- 7 Act, applies with respect to reporting by insurers to, and
- 8 reporting to the legislature by, the commissioner of insurance on
- 9 or after January 1, 2016. Reporting by insurers and the
- 10 commissioner before that date is governed by the law as it existed
- 11 immediately before the effective date of this Act, and that law is
- 12 continued in effect for that purpose.
- 13 SECTION 4.02. This Act takes effect September 1, 2015.