## SENATE BILL NO. 4-SENATOR TOWNSEND

## Prefiled January 11, 2001

## Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes regarding insurance. (BDR 57-734)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to insurance; revising the provisions governing the filing and approval of rates of insurers in a competitive market; authorizing the commissioner to require certain insurers to file additional supporting data; providing for the issuance by the commissioner of orders to discontinue a rate; and providing other matters properly relating thereto.

> THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** NRS 686B.070 is hereby amended to read as follows: 1 686B.070 1. Every authorized insurer and every rate service 3 organization licensed under NRS 686B.130 which has been designated by 4 any insurer for the filing of rates under subsection 2 of NRS 686B.090 5 shall file with the commissioner all: 6 (a) Rates and proposed increases thereto;

(b) Forms of policies to which the rates apply; (3.) (c) Supplementary rate information; and

(d) Changes and amendments thereof,

made by it for use in this state.

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2. Except as otherwise provided in this section and NRS 686B.110:

(a) Unless the commissioner has determined that the market is not competitive; or

(b) If a proposed increase or decrease in the rate of an insurer does not change by more than 7 percent the total average premium required to be paid by persons insured by the insurer for a particular line or kind of insurance during the 12 months immediately preceding the proposed increase or decrease,



the insurer shall file the information required by subsection 1 and the supporting data required to be filed pursuant to NRS 686B.100 on or before the date on which the changes are to become effective.

- 3. In a competitive market, if the commissioner determines that the rates of an insurer require closer supervision by the commissioner because of the financial condition of the insurer or because the insurer has engaged in rating practices which are unfairly discriminatory, the commissioner may require the insurer to file the information required by subsection 1 and the supporting data required to be filed pursuant to NRS 686B.100 at least 60 days before the rates become effective or may subject the rates to review pursuant to NRS 686B.110.
- 4. The commissioner shall review filings made pursuant to this section as soon as practicable to:
- (a) Ensure the sufficiency of the financial condition of the insurer; and
- (b) Determine if the insurer has engaged in rating practices which are unfairly discriminatory.
- 5. Rates for title insurance, surety insurance and liability insurance for medical malpractice must be approved before the insurer may use the rates. If the commissioner does not approve or disapprove a filing involving the rates for such insurance within 60 days after the date of the filing, the rates shall be deemed to be approved.
  - **Sec. 2.** NRS 686B.110 is hereby amended to read as follows: 686B.110 1. The If the commissioner has determined that:
  - (a) The market is not competitive;

- (b) Pursuant to NRS 686B.180, essential insurance coverage is not readily available in a voluntary market;
- (c) Pursuant to NRS 686B.070, the rates of the insurer require closer supervision and that the rates are subject to review pursuant to this section; or
- (d) A proposed increase or decrease in the rate of any kind or line of insurance changes by more than 7 percent the total average premium required to be paid by persons insured by the insurer for a particular line or kind of insurance during the 12 months immediately preceding the proposed increase or decrease,
- the commissioner shall consider each proposed increase or decrease in the rate of any kind or line of insurance or subdivision thereof filed with him pursuant to NRS 686B.070. If the commissioner finds that a proposed increase will result in a rate which is not in compliance with NRS 686B.050, he shall disapprove the proposal. The commissioner shall approve or disapprove each proposal fnol not later than 60 days after it is determined by him to be complete pursuant to subsection 4. If the commissioner fails to approve or disapprove the proposal within that period, the proposal shall be deemed approved.
- 2. Whenever an insurer has no legally effective rates as a result of the commissioner's disapproval of rates or other act, the commissioner shall on request specify interim rates for the insurer that are high enough to protect the interests of all parties and may order that a specified portion of the premiums be placed in an escrow account approved by him. When new



rates become legally effective, the commissioner shall order the escrowed **funds money** or any overcharge in the interim rates to be distributed appropriately, except that refunds to policyholders that are de minimis must not be required.

- 3. If the commissioner disapproves a proposed rate and an insurer requests a hearing to determine the validity of his action, the insurer has the burden of showing compliance with the applicable standards for rates established in NRS 686B.010 to 686B.1799, inclusive. Any such hearing must be held:
- (a) Within 30 days after the request for a hearing has been submitted to the commissioner; or
- (b) Within a period agreed upon by the insurer and the commissioner.

If the hearing is not held within the period specified in paragraph (a) or (b), or if the commissioner fails to issue an order concerning the proposed rate for which the hearing is held within 45 days after the hearing, the proposed rate shall be deemed approved.

- 4. The commissioner shall by regulation specify the documents or any other information which must be included in a proposal to increase or decrease a rate submitted to him pursuant to [subsection 1.] NRS 686B.070. Each such proposal shall be deemed complete upon its filing with the commissioner, unless the commissioner, within 15 business days after the proposal is filed with him, determines that the proposal is incomplete because the proposal does not comply with the regulations adopted by him pursuant to this subsection.
- 5. If the commissioner finds that a rate no longer meets the requirements of this chapter, the commissioner may order the discontinuance of the rate. An order for the discontinuance of a rate may be issued only after a hearing with at least 10 days' notice for all insurers and rate organizations that would be affected by such an order. The order must be in writing and include, without limitation:
  - (a) The grounds pursuant to which the order was issued;
- (b) The date on which the order to discontinue the rate becomes effective; and
- (c) The date, within a reasonable time after the date on which the order becomes effective, on which the order will expire.
- An order for the discontinuance of a rate does not affect any contract or policy made or issued before the date on which the order becomes effective.



