1 State of Arkansas

2 82nd General Assembly

## A Bill

3 Regular Session, 1999 SENATE BILL 785

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By: Senator Edwards

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## For An Act To Be Entitled

"AN OMNIBUS ACT TO AMEND THE ARKANSAS INSURANCE CODE AND OTHER LAWS REQUIRING ENFORCEMENT BY THE INSURANCE COMMISSIONER; TO AMEND ARK. CODE ANN. 11-9-106 AS TO FRAUD DIVISION PERSONNEL JOB DUTIES; TO AMEND ARK. CODE ANN. 23-40-113 (c) TO REQUIRE THE COMMISSIONER'S 'WRITTEN AUTHORIZATION' RATHER THAN FORMAL 'ORDERS' IN CHANGE OF OWNERSHIP OF FUNERAL PRE-NEED CONTRACT ISSUERS; TO AMEND ARK. CODE ANN. 23-40-120(b)(2) ON FUNERAL PRE-NEED CONTRACTS TO OMIT DUPLICATIVE FEES; TO REPEAL ARK. CODE ANN. 23-40-121 ON FUNERAL PRE-NEED FEES OR EXAM COSTS; TO AMEND ARK. CODE ANN. 23-61-206(c) TO CREDIT AUDIT EXPENSE PAYMENTS TO 'THE STATE INSURANCE DEPARTMENT TRUST FUND'; TO AMEND ARK. CODE ANN. 23-61-402 TO ALLOW DEPOSIT OF MISCELLANEOUS FEES INTO 'THE STATE INSURANCE DEPARTMENT TRUST FUND'; TO AMEND ARK. CODE ANN. 23-61-707 TO REPLACE OBSOLETE FEES WITH FEES FOR ELECTRONIC AND FACSIMILE COPIES: TO AMEND ARK. CODE ANN. 23-66-205 TO REQUIRE COMPLIANCE BY SURPLUS LINE INSURERS & BROKERS WITH TRADE PRACTICE LAWS; TO AMEND ARK. CODE ANN. 23-66-603(a) TO CORRECT A REFERENCE TO LENDING INSTITUTION AGENCIES; TO AMEND ARK. CODE ANN. 23-76-103 TO REQUIRE HMO SUBSCRIBER CONTRACTS TO ADHERE TO CONTINUATION & CONVERSION LAWS ON & AFTER JULY 1, 1999; TO AMEND ARK. CODE ANN. 23-76-109(a) TO ALLOW HMO'S TO CONTRACT WITH OUT-OF-STATE MEDICAL PROVIDERS; TO AMEND ARK. CODE ANN. 23-76-131 TO CLARIFY THE 2.5% PREMIUM TAX IMPOSED ON PATIENT COPAYMENT AMOUNTS PAID TO DOCTORS & HOSPITALS; TO ADD

\*MHF333\*

1	NEW (c) TO ARK. CODE ANN. 23-79-119 TO MANDATE
2	GUARANTEED RENEWABILITY OF INDIVIDUAL HEALTH POLICIES
3	PROVIDING MAJOR MEDICAL COVERAGES PER FEDERAL HIPAA
4	LAW; TO AMEND ARK. CODE ANN. 23-79-301 TO EXEMPT
5	SURPLUS LINE POLICIES FROM MINIMUM STANDARDS ACT FOR
6	COMMERCIAL PROPERTY AND CASUALTY INSURANCE; TO CORRECT
7	ARK. CODE ANN. 23-90-103(2)(C) ON SUBROGATION
8	RECOVERIES IN GUARANTY FUND CLAIMS; TO DELETE OBSOLETE
9	SUBSECTION (b) OF THE PROPERTY & CASUALTY GUARANTY ACT
10	IN ARK. CODE ANN. 23-90-119; TO AMEND ARK. CODE ANN.
11	23-92-307 TO DELETE FILING OF CPA PAYROLL TAX
12	CERTIFICATIONS BY EMPLOYEE LEASING FIRMS & TO EXEMPT
13	SUCH FIRMS WITH NO SUBSTANTIAL PRESENCE IN ARKANSAS
14	FROM BOND REQUIREMENTS; TO AMEND ARK. CODE ANN. 23-92-
15	311(a) TO SET A JULY 1ST ANNUAL RENEWAL FOR EMPLOYEE
16	LEASING FIRMS; TO AMEND ARK. CODE ANN. 23-100-102107
17	TO CHANGE 'FEE' TO 'ASSESSMENT' TO REDUCE IMPACT OF
18	INSURANCE RETALIATORY LAWS; TO AMEND 26-57-604, AS TO
19	EMPLOYEE SALARY CREDITS; TO AMEND ARK. CODE ANN. 27-
20	22-106 TO ALLOW INSURERS TO NON-RENEW AUTO POLICIES
21	WHOSE DRIVERS HAVE LICENSES UNDER ADMINISTRATIVE
22	REVOCATION OR SUSPENSION; AND FOR OTHER PURPOSES."
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24	Subtitle
25	"THE INSURANCE DEPARTMENT OMNIBUS ACT."
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28	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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30	SECTION 1. Paragraph (B) of Subdivision (1) of Subsection (d) of
31	Arkansas Code 11-9-106 is hereby amended to read as follows:
32	"(B) The Workers' Compensation Fraud Investigation Unit herein
33	designated will <del>deal only with</del> <u>investigate</u> workers' compensation fraud <u>,</u> and
34	other <u>additional</u> criminal violations that may be related thereto, <u>and such</u>
35	other insurance fraud matters as may be assigned at the discretion of the
36	director Employees hired to pursue the purposes of the unit will be utilized

1	solely to investigate workers' compensation fraud and those criminal
2	violations that may be related thereto."
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4	SECTION 2. Subsection (c) of Arkansas Code 23-40-113 is hereby amended
5	to read as follows:
6	"(c) The Insurance Commissioner shall approve the seller's application
7	for change of ownership <del>by order</del> <u>by written authorization</u> if:
8	(1) The transferee $\underline{(s)}$ set forth in the application holds a valid,
9	current permit pursuant to the provisions of this chapter;
10	(2) The accounting required is complete, accurate, and reflects
11	the trust fund whole and intact; and
12	(3) All required information and documents are filed with and
13	approved by the Insurance Commissioner."
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15	SECTION 3. Subdivision (2) of Subsection (b) of Arkansas Code 23-40-120
16	is hereby amended to read as follows:
17	"(2) Each permittee examined shall pay a fee for each examination not
18	to exceed one hundred dollars (\$100) per day, or fifty dollars (\$50.00) per
19	half day, or fraction thereof, that any examiner is absent from the office of
20	the Insurance Commissioner for the purpose of making the examination. In
21	addition, the permittee shall pay the actual meals, hotel, and traveling
22	expenses of each authorized examiner from Little Rock and return. The fee and
23	expenses shall be prorated if more than one (1) examination is made on an
24	examination trip."
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26	SECTION 4. Arkansas Code 23-40-121, on Department deposits of funeral
27	pre-need fees and exam costs, is hereby repealed.
28	23-40-121. State General Services Fund Account.
29	All filing fees and examination costs collected under this chapter shall
30	be deposited as special revenues into the State General Services Fund Account
31	of the State General Government Fund.
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33	SECTION 5. Subsection (c) of Arkansas Code 23-61-206 is hereby amended
34	to read as follows:

be deposited by the commissioner in the State Treasury to be credited to  $\frac{1}{100}$ 

35 36 "(c) Payments for employee compensation received by the department shall

General Revenue Fund The State Insurance Department Trust Fund Account used for the maintenance, operation and support of the State Insurance Department."

- SECTION 6. Arkansas Code 23-61-402 is hereby amended to read as follows:
- 6 "23-61-402. Di sposi ti on.
- (a) The commissioner shall deposit all fees collected under §23-61-401 in the State Treasury as special revenues. Unless specifically authorized by law, order or consent decree for collection and deposit into other accounts or other trust funds as general or special revenues, including, but not limited to, the State Insurance Department Trust Fund under the State Insurance Department Trust Fund Act, and the Insurance Continuing Education Trust Fund under § 23-64-307, and the Insurance Fraud Investigation Division Trust Fund under § 23-100-103, all fees, penalties and fines, gifts, grants and endowments and awards, restitution payments, interest and investment income, and dividends paid or payable to and/or collected by the commissioner and not otherwise appropriated shall be deposited into the State Insurance Department Trust Fund as special revenues for the maintenance, operation, support of and improvements to the Arkansas Insurance Department.
  - (b) On the last business day of each month, the State Treasury shall credit the net amount of the fees <u>collected under § 23-61-401</u> to the Constitutional Officers Fund and the State Central Services Fund to be used for the maintenance, operation, and improvement of the respective agencies and services receiving support from the Constitutional Officers Fund and the State Central Services Fund as authorized by law."

- SECTION 7. Arkansas Code 23-61-707 is hereby amended to read as follows:
- "(a) In addition to all other fees assessed as general or special revenues in connection with agent licensure and renewal licensure under the provisions of §23-61-401, §23-64-101 et seq., §23-64-210 et seq., and other applicable provisions of Arkansas law, resident insurance agents, during any period for which their licenses have been placed on inactive status with the commissioner's approval, if and as required, shall pay to the State Insurance Department Trust Fund as special revenues a nonrefundable administrative and financial regulation fee for each year their resident licenses remain on

1	inactive status. Effective on and after July 1, 1999, the commissioner shall
2	collect in advance the following fees and miscellaneous charges:
3	(1) Facsimile copies, per page \$0.50
4	(2) Hard copy printout of one Microfiche page 1.00
5	(3) Electronic copies, per page .25
6	(b)(1) The initial administrative and financial regulation fee
7	shall be payable by the resident agent to the State Insurance Department Trust
8	Fund and filed with the Insurance Commissioner not later than thirty (30) days
9	after approval of inactive agent license status is granted.
10	(2) Thereafter, until the license is reactivated, cancelled, or
11	revoked, the administrative and financial regulation fee shall be paid by the
12	resident agent to the State Insurance Department Trust Fund through the
13	commissioner not later than July 1 annually.
14	(3) The fee shall be in an amount as required by §23-61-706 for
15	current licensees.
16	(4) Upon the inactive resident agent's failure to pay the
17	regulation fee on a timely basis, absent an extension granted for good cause
18	by the commissioner upon written request, his Arkansas License shall be
19	immediately cancelled or expired by the commissioner.
20	$\frac{(c)}{(b)}$ The commissioner shall deposit all such fees required by this
21	section directly into the State Insurance Department Trust Fund as special
22	revenues."
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24	SECTION 8. Arkansas Code 23-66-205 is hereby amended to read as
25	follows:
26	"23-66-205. Unfair competition or unfair or deceptive actys or
27	practices prohibited.
28	No person shall engage in this state in any trade practice which is
29	defined in this subchapter as being, or determined pursuant to this subchapter
30	to be, an unfair method of competition or an unfair or deceptive act or
31	practice in the business of insurance. This subchapter shall apply to policies
32	and contracts of surplus line insurers, as appropriate and unless the context
33	requires otherwise."
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35	SECTION 9. Subsection (a) of Arkansas Code 23-66-603 is hereby amended

to read as follows:

1 "(a) The terms 'lending institution, subsidiary and affiliate' shall have the meanings ascribed to them in  $\frac{$23-64-203(b)(4)}{}$ . § 23-64-202(b)(4)." 2

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SECTION 10. Arkansas Code 23-76-103 is hereby amended to read as follows:

"23-76-103. Applicability of §§ 23-75-101 - 23-75-110 and 23-75-112 -6 7 23-75-120.

Sections 23-75-101 - 23-75-110 and 23-75-112 - 23-75-120 shall be construed to apply to health maintenance organizations, health care plans, and evidences of coverage except to the extent that the commissioner determines that the nature of health maintenance organizations, health care plans, and evidences of coverage render such sections clearly inappropriate.

13 On and after July 1, 1999, the provisions of §§ 23-86-111 -- 23-86-116 as to 14 continuation and conversion privileges shall apply to the subscriber policies 15 and contracts of authorized health maintenance organizations."

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- Subsection (a) of Arkansas Code 23-76-109 is hereby amended SECTION 11. to read as follows:
- "(a) The powers of a health maintenance organization include, but are not limited to, the following:
- (1) The purchase, lease, construction, renovation, operation, or maintenance of hospitals, medical facilities, or both, and their ancillary equipment, and the property as may reasonably be required for its principal office or for other purposes as may be necessary in the transaction of the business of the organization;
- (2) The making of loans to a medical group under contract with it in furtherance of its program or the making of loans to a corporation or corporations under its control for the purpose of acquiring or constructing medical facilities and hospitals or in furtherance of a program providing health care services to enrollees;
- (3) The furnishing of health care services through providers which are under contract with the health maintenance organization;
- (4) The contracting with any person for the performance on its behalf of certain functions such as marketing, enrollment, and administration;
- (5) The contracting with an insurance company licensed in this state, or with a hospital or medical service corporation authorized to do 36

1	business in this state, for the provision of insurance, indemnity, or
2	reimbursement against the cost of health care services provided by the health
3	maintenance organization;
4	(6) The offering, in addition to basic health care services, of:
5	<ul><li>(A) Additional health care services;</li></ul>
6	(B) Indemnity benefits covering out-of-area or emergency
7	services, and special services not provided on a direct service basis;
8	(C)(i) Indemnity benefits on a point-of-service basis
9	within such limits as may be prescribed by the commissioner.
10	(ii) As used herein, the term "point-of-service"
11	means indemnifying or paying on behalf of an enrollee for covered health care
12	services on a nonemergency, self-referred basis obtained from providers who
13	are not employed by, under contract with, or otherwise affiliated with, the
14	health maintenance organization, or services obtained from providers
15	affiliated with the health maintenance organization without proper referrals-:
16	(7) The contracting with providers located out of state who are
17	properly licensed to render medical care in the jurisdiction in which such
18	provider is located."
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20	SECTION 12. Subdivision (1) of Subsection (a) of Arkansas Code 23-76-
21	131 is hereby amended to read as follows:
22	"(a)(1) Each health maintenance organization shall pay a tax on the
23	premiums and copayments for coverages provided during the calendar year. The
24	tax shall be paid on a <u>n annual basis, and on a</u> quarterly estimate basis as
25	prescribed by the commissioner and reconciled at the time of filing the annual
26	$statement_{\dot{\tau}}$ . The taxes due from licensed health maintenance organizations
27	(HMO's) under this section shall be computed on net direct written premiums at
28	the rate described in this section and in §§ 26-57-603 and 26-57-604; further,
29	the premium taxes at the same rate due under this section for HMO copayments
30	shall only be computed, reported and paid on the copayments actually received
31	and collected by the health maintenance organization; copayments paid by the
32	patient directly to the doctor, hospital or other medical providers shall not
33	be subject to taxation."
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SECTION 13. Arkansas Code 23-79-119 is hereby amended by adding a new

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subsection to read as follows:

1	" $(c)(1)$ Except as provided in this subsection, a health insurance
2	issuer that provides individual health insurance coverage for major medical
3	benefits to an individual shall renew or continue in force such coverage at
4	the option of the individual.
5	(2) General Exceptions - A health insurance issuer may nonrenew or
6	discontinue health insurance coverage providing major medical benefits for an
7	individual in the individual market based only on one or more of the
8	fol I owi ng:
9	(A) Nonpayment of the premium - The individual has failed to
10	pay premiums or contributions in accordance with the terms of the health
11	insurance coverage or the issuer has not received timely premium payments.
12	(B) Fraud - The individual has performed an act or practice
13	that constitutes fraud or made an intentional misrepresentation of material
14	fact under the terms of the coverage.
15	(C) Termination of the Plan - The issuer is ceasing to offer
16	major medical coverage in the individual market in accordance with applicable
17	state or federal law.
18	(D) Movement Outside the Service Area - In the case of a
19	health insurance issuer that offers health insurance for major medical
20	coverage in the market through a network plan, the individual no longer
21	resides, lives, or works in the service area (or in an area for which the
22	issuer is authorized to do business), but only if such individual major
23	medical coverage is terminated under this paragraph uniformly without regard
24	to any health-status related factor of covered individuals.
25	(E) Association Membership Ceases - In the case of health
26	insurance for major medical coverage that is made available in the individual
27	market only through one or more bona fide associations, the membership of the
28	individual in the association (as the basis on which the coverage is provided)
29	ceases but only if such major medical coverage is terminated under this
30	paragraph uniformly without regard to any health status-related factor of
31	covered individuals.
32	(3) Requirements for Uniform Termination of Coverage.
33	Particular Type of Coverage Not Offered - In the case in which an insurer
34	decides to discontinue offering a particular type of health insurance
35	providing major medical coverage offered to the individual market, coverage of
36	such type may be discontinued by the issuer only if

1	(A) The issuer provides to each covered individual with
2	coverage of this type in such market notice of such discontinuation at least
3	ninety (90) days prior to the date of the discontinuation of such coverage;
4	(B) The issuer offers to each individual in the individual
5	market with coverage of this type the option to purchase any other individual
6	health issuance coverage currently being offered by the issuer for individuals
7	in such market; and
8	(C) In exercising the option to discontinue coverage of this
9	type, and in offering the option of coverage under paragraph (ii) above, the
10	issuer acts uniformly without regard to any health status-related factor of
11	enrolled individuals or individuals who may become eligible for such coverage.
12	(4) Discontinuance of Such Coverage. In General - Subject to the
13	provisions of this subsection, in any case in which a health insurance issuer
14	elects to discontinue offering all health insurance providing major medical
15	coverage in the individual market in this state, health insurance coverage may
16	be discontinued by the issuer only if the issuer provides to the Insurance
17	Commissioner and to each individual notice of such discontinuance at least one
18	hundred and eighty (180) days prior to the date of expiration of such
19	coverage.
20	(5) Prohibition on Market Reentry - In the case of a
21	discontinuation in the individual market under this subsection, the issuer may
22	not provide for the issuance of any health insurance providing major medical
23	coverage in the market and state involved during the five (5) year period
24	beginning on the date of the discontinuation of the last health insurance
25	coverage not so renewed.
26	(6) Exception for Uniform Modification of Coverage - At the time
27	of coverage renewal, a health insurance issuer may modify the health insurance
28	providing major medical coverage for a policy form offered to individuals in
29	the individual market so long as such modification is consistent with state
30	law and effective on a uniform basis among all individuals with that policy
31	<u>form.</u>
32	(7) Application to Coverage Offered only Through Associations - In
33	applying this subsection in the case of health insurance providing major
34	medical coverage that is made available by a health insurance issuer in the
35	individual market only through one or more associations, a reference to an
36	'individual' is deemed to include a reference to such an association of which

1 the individual is a member. 2 (8) For purposes of this subsection, the terms or phrases 'health 'insurance issuer', 'health insurance coverage' or 'coverage', 'Insurance 3 <u>Commissioner', 'network plan', 'health status-related factor', 'bona fide</u> 4 association', 'individual market', and 'eligible individual' shall be defined 5 pursuant to the definitions contained in § 23-86-303." 6 7 SECTION 14. Arkansas Code 23-79-301 is hereby amended to read as 8 9 follows: "23-79-301. Purpose. 10 The purpose of this subchapter is to provide minimum standards for 11 12 commercial lines property and casualty insurance policies or contracts. These 13 minimum standards are designed to minimize restrictions in coverage and to 14 assure minimum standards for these commercial policies or contracts for the 15 protection of the public. This subchapter is not intended to impede 16 flexibility and innovation in the development of commercial property and casualty insurance policy or contract form or content. This subchapter is not 17 18 intended to conflict with the provisions concerning insurance contracts in the 19 Arkansas Insurance Code, § 23-60-101 et seq., and, in particular, the 20 provisions of § 23-60-105. This subchapter is not intended to conflict with nor apply to insurance policies and contracts of surplus line insurers 21 22 operating in this state in compliance with §23-65-310." 23 SECTION 15. Subdivision (C) of Subsection (2) of Arkansas Code 23-90-24 25 103 is hereby amended to read as follows: "(C) A 'covered claim' shall not include any of the following amounts: 26 27 Any amount awarded as punitive or exemplary damages; (i) (ii) Any amount sought as return of premium under any 28 29 retrospective rating plan; or (iii) Any amount due to any reinsurer, insurer, insurance pool or 30 31 underwriting association ; or as subrogation recoveries or otherwise. This subsection shall not prevent the reinsurer, insurer, insurance pool, or 32 underwriting association from presenting the excluded claim to the insolvent 33 34 insurer or the liquidator, but the claim shall not be asserted against any 35 other person, including the person to whom benefits were paid or the insured of the insolvent insurer, except to the extent that the claim is outside the

coverage provided herein or is in excess of the limits of the policy issued by 1 2 the insolvent insurer. 3 (iv) Any amount sought as subrogation recoveries." 4 SECTION 16. Arkansas Code 23-90-119 is hereby amended to read as 5 6 follows: 7 "23-90-119. Assessment as credit against taxes. 8 (a) Any assessment paid by a foreign an insurer under this chapter 9 shall be allowed to an insurer as a credit against its premium tax payable under §§ 26-57-601--603604, 26-57-605, and 26-57-607. 10 11 (1)(b) The tax credit referred to in this section shall be allowed at a 12 rate of twenty percent (20%) per year for five (5) successive years following 13 the date of assessment. (2)(c) The balance of any assessment paid by the insurer and not 14 15 claimed as a tax credit may be reflected in the books and records of the 16 insurer as an admitted asset of the insurer for all purposes, including exhibition in the annual statements. 17 18 (3)(d) However, any insurer which neglects to take the twenty percent 19 (20 %) credit during the year allowable will not be allowed to carry over the 20 credit for the following year or years. (b) Any assessment paid by a domestic insurer prior to June 17, 1981, 21 22 under this chapter shall be allowed to the insurer as a credit against its premium tax payable under §§26-57-601---26-57-603, 26-57-605, and 26-57-607, 23 subject to a reduction of the credit by the amount of credit previously 24 claimed against its Arkansas corporate income tax. 25 (1) Allowable premium tax credits of domestic insurers for any 26 assessment paid prior to June 17, 1981, must be taken by such insurers no 27 28 later than March 1, 1987, or upon the expiration of the time extension as the 29 commissioner for good cause may grant. (2) Credits will not be allowed after this date. 30 31 (3) Credits not taken will not be allowed to be reflected in the books and records of these insurers." 32 33 SECTION 17. Arkansas Code 23-92-307 is hereby amended to read as 34 35 follows: "23-92-307. Employee leasing firm license - Financial assurance

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- Every application for issuance or renewal of a license as a class (a) or classes of employee leasing firm pursuant to the provisions of this subchapter shall be accompanied by a surety bond issued by a corporate surety in the amount of not less than one hundred thousand dollars (\$100,000).
- The terms and conditions of the bond shall be approved by (1) 7 the commissioner.
  - The bond shall be conditioned that the licensee and each (2) member, employee, shareholder, commissioner, or officer of a person, firm, partnership, corporation, or association operating as an agent of the licensee will not violate the provisions of this subchapter or violate rules, regulations, or orders lawfully promulgated by the commissioner pursuant to this subchapter or fail to pay any wages due under any contract made by the licensee in the conduct of its business subject to this subchapter.
  - The bond shall secure the performance of an employee leasing firm's responsibilities to its leased employees for payment of wages.
    - The bond required by this section shall be a surety bond issued by a corporate surety or insurer authorized to do business in the State of Arkansas.
    - (B) In lieu of the a surety bond, the employee leasing firm may deposit in a depository designated by the commissioner securities with marketable a market value equivalent to the amount required for a surety The securities so deposited shall include authorization to the commissioner to sell any such securities in an amount sufficient to pay any amounts secured by the bond or securities.
    - (b)(1) If any person shall be aggrieved by the misconduct of any licensee, that person may maintain an action in his own name upon the bond or policy of the employee leasing firm in any court of competent jurisdiction in this state or in the circuit court of Pulaski County.
    - All claims shall be assignable, and the assignee shall be entitled to the same remedies upon the bond of the licensee as the person aggrieved would have been entitled to if the claim had not been assigned.
    - Any claim so assigned may be enforced in the name of the Any remedies given by this section shall not be exclusive of any assi gnee. other remedy which would otherwise exist.
      - Action on the bond required by this section may be maintained by (c)

- the commissioner in the name of the sState of Arkansas in any court of competent jurisdiction, in this state, or in the circuit court of Pulaski County, for the benefit of any person or persons aggrieved by the misconduct of the licensee.
- (d) If any licensee fails to file a new bond with the commissioner within thirty (30) days after notice of cancellation by the surety of the bond required by this section, the license issued to the <u>licensee or the</u> principal under the bond is <u>shall</u> be deemed suspended until such time as a new surety bond is filed with and approved by the commissioner. A person whose license is suspended pursuant to this section shall not carry on the business of an employee leasing firm during the period of the suspension.
- (e) In lieu of the bond requirement otherwise set forth in subsection (a) of this section, an employee leasing firm may provide a financial statement prepared by an independent certified public accountant in accordance with generally accepted accounting principles as of a date within the six (6) months prior to the date of application or renewal, which statement shows a minimum net worth of at least one hundred thousand dollars (\$100,000).
- (f) In addition to the bond requirement otherwise set forth in subdivision (a)(1) of this section, or alternatively, the financial assurance requirement set forth in subdivision (e) above, an employee leasing firm shall submit to the commissioner within sixty (60) days at the end of each calendar quarter, the last day of which the employee leasing firm was subject to the provisions of this subchapter, a certification by an independent certified public accountant to the effect that for such quarter all applicable payroll taxes otherwise due have been paid on a timely basis. The commissioner may by rule and regulation exempt from all requirements of this section employee leasing firms or groups without substantial presence in this state which hold restricted licenses in good standing."

SECTION 18. Subsection (a) of Arkansas Code 23-92-311 is hereby amended to read as follows;

"(a) Every license issued pursuant to this subchapter shall remain in force for one (1) year from the date of issue, unless the license has been revoked pursuant to the provisions of this subchapter. Commencing on and after June 1, 1999, annual renewal applications shall be filed with the

commissioner by the employee leasing firms or groups no later than July 1<sup>st</sup> annually."

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SECTION 19. Arkansas Code 23-100-102 is hereby amended to read as follows:

"23-100-102. Insurers' payment extensions — Penalties for non-compliance — Insurance Commissioner's waiver for impaired or insolvent insurers.

- (a) The Insurance Commissioner may grant any licensed insurer an extension for payment of the annual administrative and regulatory fee antifraud assessment for good cause shown, upon written application of the licensed insurer received at the Insurance Department on or before each annual due date. Absent the Insurance Commissioner's approval of such time extensions for good cause, licensed insurers failing timely to pay the administrative and regulatory fee antifraud assessment shall be subjected subject to a penalty of one hundred dollars (\$100) per day for each day of delinquency, payable to the Insurance Fraud Investigation Division Trust Fund. The Insurance Commissioner may pursue any appropriate legal remedies to collect the administrative and regulatory fees antifraud assessments and penalties due and unpaid from any insurer. Further, the Insurance Commissioner may in his discretion order suspension of the delinquent insurer's Arkansas certificate of authority after notice and hearing until the payment of all such fees antifraud assessments and penalties is remitted to the Insurance Fraud Investigation Division Trust Absent grant of his waiver for good cause shown, the Insurance Commissioner may revoke the Arkansas certificate of authority of any delinquent insurer consistently refusing and failing without good cause to remit payment of these fees antifraud assessments and penalties to the fund pursuant to this section.
- (b) The Insurance Commissioner may in his discretion waive all or any part of the administrative and regulatory fee antifraud assessment due annually from a licensed insurer upon the suspension or revocation of the insurer's Arkansas certificate of authority, or upon issuance of a court order placing the company into conservation, rehabilitation or liquidation in any state, or upon the Insurance Commissioner's finding that the insurer is impaired or insolvent. Upon the reinstatement or activation of the insurer's certificate of authority in good standing, the Insurance Commissioner's waiver

automatically terminates and the insurer shall be liable for payment of the administrative and regulatory fee assessment on the next succeeding March 1st, without retroactive reimbursement for the amount of the fees antifraud assessments which would normally have accrued during the waiver period."

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SECTION 20. Arkansas Code 23-100-104 is hereby amended to read as follows:

"23-100-104 Administrative and regulatory fee. Antifraud Assessment.

- Notwithstanding the provisions of §26-57-601, et seq., §23-61-701, et— seq., and other provisions of Arkansas law, all licensed insurers, including but not limited to all licensed stock and mutual insurance companies, reinsurers, health maintenance organizations, fraternal benefit societies, hospital and medical service corporations, stipulated premium insurers, farmers' mutual aid associations, and prepaid legal insurers, shall not later than June 30, 1997 for the 1996-1997 fiscal year, and thereafter annually on or before June 30th for all subsequent years at the time and in the manner as the Insurance Commissioner shall prescribe or at times alternate from June 30th annually as the Insurance Commissioner shall prescribe, pay to the Insurance Fraud Investigation Division Trust Fund, in addition to the premium taxes and fees now required under existing law, a nonrefundable administrative and regulatory fee antifraud assessment as directed by the Insurance Commissioner for the reasonable and necessary expenses and operation of the Insurance Fraud Investigation Division. Effective for the 1996-1997 fiscal year, all licensed insurers described in subsection (a) of this section shall pay a one-time administrative and regulatory fee antifraud assessment to the Insurance Fraud Investigation Division Trust Fund of four hundred dollars (\$400). The Insurance Commissioner may, by rule or regulation, reduce the administrative and regulatory fee antifraud assessment to the Insurance Fraud Investigation Division Trust Fund or adjust the fee antifraud assessment to a maximum of no more than one thousand dollars (\$1,000) per each fiscal year following the 1996-1997 fiscal year.
- (b) Approved but nonadmitted surplus line insurers and registered risk retention groups are exempt from payment of the above <u>fee antifraud</u> assessment."

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SECTION 21. Arkansas Code 23-100-105, including its section title, is

1 hereby amended to read as follows: 2 "23-100-105. Insurers' administrative and regulatory fees Antifraud 3 Fees -- Deposit into the Insurance Fraud Investigation Division Trust Fund. 4 The Insurance Commissioner shall deposit all administrative and financial regulatory fees antifraud assessments and any penalties assessed under this 5 chapter, as well as any other income received for purposes set out in §23-100-6 7 103(a), into the Insurance Fraud Investigation Division Trust Fund as special revenues." 8

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- 10 SECTION 22. Arkansas Code 23-100-107 is hereby amended to read as 11 follows:
- "23-100-107. The Insurance Fraud Investigation Division Trust Fund –
   Department vouchers and State Auditor warrants.
  - All fees antifraud assessments, penalties, and revenues provided in this chapter received as special revenues for the Insurance Fraud Investigation
    Division Trust Fund and deposited therein shall be deemed for all purposes special revenues of the Insurance Fraud Investigation Division Trust Fund and of the Arkansas Insurance Department for the sole support, operation and maintenance of the Insurance Fraud Investigation Division of the Arkansas Insurance Department, and, when paid into the State Treasury by the Insurance Commissioner, shall be maintained by the State Treasury as the Insurance Fraud Investigation Division Trust Fund, separate from all other funds, and available only for the payment of the expenses of the Insurance Fraud Investigation Division of the Arkansas Insurance Department pursuant to the appropriations therefore therefor. The State Auditor shall, upon proper voucher from the Insurance Commissioner, issue his warrant on the State Treasurer in payment of all salaries and other expenses incurred in the administration of this chapter."

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- 30 SECTION 23. Arkansas Code 26-57-604 is hereby amended to read as 31 follows:
- 32 "26-57-604. Remittance of tax.
- 33 (a) Coincident with the filing of the tax report, each authorized life 34 or disability insurer, including licensed health maintenance organizations, 35 may apply for a credit for the noncommissioned salaries and wages of the 36 insurer's Arkansas employees which are paid in connection with its insurance

- operations. The credit may be applied as an offset against the premium tax imposed in 26-57-603(d) on life and disability insurance.
- 3 (1) In no event shall the offset reduce the disability premium tax 4 due by more than eighty percent (80%). In no event shall the offset reduce 5 the life premium tax due by more than seventy percent (70%). The taxes shall 6 be reported and paid on a quarterly estimated basis as prescribed by the 7 commissioner and shall be reconciled annually at the time of filing the annual 8 report required in 26-57-603(a) -- (c).
- 9 (2) Further, an employee must be employed for six (6) months in 10 the facilities for the salary or wages to be eligible to qualify for the life 11 or disability premium tax credit.

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- (3) (A) On Except as provided in subdivision (a) (3) (B) of this section, on or before March 1 of each year, any such authorized life or disability insurer, including health maintenance organizations, desiring to qualify under this provision shall furnish the appropriate data and request on forms prescribed by the commissioner. For purposes of calculating the taxes under 23-63-101 -- 23-63-104, an insurer qualifying for a credit under this section shall compute the tax due under 23-63-101 -- 23-63-104, if any, by using an Arkansas premium tax rate of two and one-half percent (2 ½%);
- (B) Subdivision (a) (3) (A) of this section shall only apply to tax years beginning prior to January 1, 2000. On or before March 1 of 2000 and each year thereafter, any such authorized life or disability insurer, including health maintenance organizations, desiring to qualify under this provision shall furnish the appropriate data and request on forms prescribed by the commissioner. However, for purposes of calculating the taxes under §§ 23-63-101 -- 23-63-104, an insurer qualifying for a credit under this section shall compute the tax due under §§ 23-63-101 -- 23-63-104, if any, by using an Arkansas premium tax rate of two and one-half percent (2 1/2%), without regard to the credit specified in this section.
- (b) Each insurer other than those in § 26-57-603(d) and subsection (a) of this section shall pay to the State Treasurer through the Insurance Commissioner, as a tax imposed for the privilege of transacting business in this state a tax at the rate of two and one-half percent (2 1/2%) upon the net premiums and net considerations on all kinds of insurance, except as provided in § 26-57-605. The taxes shall be paid on a quarterly estimate basis as prescribed by the commissioner and shall be reconciled annually at the time of

1	filing the annual report required in § 26-57-603(a) (c)."
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3	SECTION 24. Arkansas Code 27-22-106 is amended to read as follows:
4	"27-22-106. Cancellation of policy or contract — Administrative
5	revocation or suspension of license.
6	No policy or contract of insurance covering a motor vehicle may be
7	cancelled <del>nor the renewal thereof refused</del> solely because of the administrative
8	revocation or suspension of the driver's license of the owner or operator of
9	the motor vehicle under §5-65-104."
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11	SECTION 25. All provisions of this Act of a general and permanent
12	nature are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas
13	Code Revision Commission shall incorporate the same in the Code.
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15	SECTION 26. If any provision of this Act or the application thereof to
16	any person or circumstance is held invalid, such invalidity shall not affect
17	other provisions or applications of the Act which can be given effect without
18	the invalid provision or application, and to this end the provisions of this
19	Act are declared to be severable.
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21	SECTION 27. All laws and parts of laws in conflict with this Act are
22	hereby repealed.
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24	SECTION 28. EMERGENCY. It is hereby found and determined by the
25	Eighty-second General Assembly of the State of Arkansas that the present
26	funeral pre-need laws, employee leasing firm laws, and other insurance laws
27	are inadequate to protect the public. In pertinent part, the changes to the
28	Insurance Code needed to assure the stability of funding for the Fraud
29	Investigation Division of the Department must be enacted in the laws of this
30	state well before the new fiscal year beginning July 1, 1999. The changes to
31	authorized appropriations, as well as changes to the disability (health)
32	insurance laws on individuals to conform to the federal laws on group policies
33	with guaranteed renewability require immediate adoption; and unless this
34	emergency clause is adopted, this act might not become effective until after
35	the beginning of the next fiscal year. Therefore, an emergency is hereby
36	declared to exist and this act being necessary for the immediate preservation

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     of the public peace, health and safety shall be in full force and effect from
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     and after the date of its passage and approval. If the bill is neither
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     approved nor vetoed by the Governor, it shall become effective on the
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     expiration of the period of time during which the Governor may veto the bill.
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     If the bill is vetoed by the Governor and the veto is overridden, it shall
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     become effective on the date the last house overrides the veto.
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