By Senator Sanderson

31-1369-02 See HB 1373

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1	A bill to be entitled
2	An act relating to solvency of insurers and
3	health maintenance organizations; amending s.
4	624.404, F.S.; revising a definition; amending
5	s. 624.80, F.S.; revising a definition;
6	amending s. 624.81, F.S.; specifying authority
7	of the Department of Insurance relating to
8	certain notice requirements; authorizing the
9	department to adopt certain rules; amending s.
10	624.84, F.S.; specifying that administrative
11	review of certain orders does not operate as an
12	automatic stay of such orders; specifying that
13	certain actions are not subject to
14	administrative review; amending s. 641.26,
15	F.S.; revising certain annual report
16	requirements; amending s. 641.35, F.S.;
17	specifying inclusion of certain losses and
18	claims under liabilities of a health
19	maintenance organization under certain
20	circumstances; providing an exception; amending
21	s. 641.365, F.S.; revising limitations on
22	certain dividend payments or distributions to
23	stockholders by a health maintenance
24	organization; specifying criteria for making
25	payments, declaring dividends, or making
26	distributions; specifying criteria for
27	department approval of certain dividends or
28	distributions; providing an effective date.
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30	Be It Enacted by the Legislature of the State of Florida:
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Section 1. Paragraph (b) of subsection (4) of section 624.404, Florida Statutes, is amended to read:

624.404 General eligibility of insurers for certificate of authority.—To qualify for and hold authority to transact insurance in this state, an insurer must be otherwise in compliance with this code and with its charter powers and must be an incorporated stock insurer, an incorporated mutual insurer, or a reciprocal insurer, of the same general type as may be formed as a domestic insurer under this code; except that:

(4)

(b) A "fronting company" is an authorized insurer which by reinsurance or otherwise generally transfers more than 50 percent to one unauthorized insurer which does not meet the requirements of s. 624.610(3)(a), (b), or (c) is not an approved reinsurer, or more than 75 percent to two or more unauthorized insurers which do not meet the requirements of s. 624.610(3)(a), (b), or (c) are not approved reinsurers, of the entire risk of loss on all of the insurance written by it in this state, or on one or more lines of insurance, on all of the business produced through one or more agents or agencies, or on all of the business from a designated geographical territory, without obtaining the prior approval of the department.

Section 2. Subsection (2) of section 624.80, Florida Statutes, is amended to read:

624.80 Definitions.--As used in this part:

(2) "Unsound condition" means that the department has determined that one or more any of the following conditions exist with respect to an insurer:

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- (a) The insurer's required surplus, capital, or capital stock is impaired to an extent prohibited by law;
- The insurer continues to write new business when it has not maintained the required surplus or capital; or
- The insurer attempts to dissolve or liquidate without first having made provisions, satisfactory to the department, for liabilities arising from insurance policies issued by the insurer; or
- (d) The insurer meets one or more of the grounds in s. 631.051 for the appointment of the department as receiver.
- Section 3. Subsections (1) and (6) of section 624.81, Florida Statutes, are amended, and subsection (10) is added to that section, to read:
- 624.81 Notice to comply with written requirements of department; noncompliance. --
- (1) If the department determines that the conditions set forth in subsection (2) exist, the department shall issue an order placing notify the insurer in administrative supervision writing of its determination, setting forth the reasons giving rise to the determination, and specifying that the department is applying and effectuating the provisions of this part.
- If the department and the insurer are unable to agree on the provisions of the plan, the department may require the insurer to take such corrective action as may be reasonably necessary to remove the causes and conditions giving rise to the need for administrative supervision proceed under applicable provisions of this code other than the provisions of this part.
- (10) The department may adopt rules consistent with the National Association of Insurance Commissioners' 1997

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"Model Regulation to Define Standards and Commissioner's Authority for Companies Deemed to Be in Hazardous Financial Condition," which are necessary to implement the provisions of this part.

Section 4. Section 624.84, Florida Statutes, is amended to read:

624.84 Review and stay of action. -- Review under s. 120.57 of an order placing an insurer in administrative supervision does not operate as an automatic stay of the order. During the period of supervision, the actions taken or proposed to be taken by the supervisor are not subject to review under chapter 120. During the period of supervision, the insurer may contest an action taken or proposed to be taken by the supervisor, specifying the manner wherein the action complained of would not result in improving the condition of the insurer, and the request shall stay the action specified pending reconsideration of the action by the department. If upon reconsideration the action of the department is upheld, the stay shall be lifted. insurer's request upon reconsideration entitles the insurer to request a proceeding under ss. 120.569 and 120.57.

Section 5. Paragraph (f) of subsection (1) and subsections (3) and (8) of section 641.26, Florida Statutes, are amended to read:

641.26 Annual report.--

(1) Every health maintenance organization shall, annually within 3 months after the end of its fiscal year, or within an extension of time therefor as the department, for good cause, may grant, in a form prescribed by the department, file a report with the department, verified by the oath of two 31 officers of the organization or, if not a corporation, of two

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persons who are principal managing directors of the affairs of the organization, properly notarized, showing its condition on the last day of the immediately preceding reporting period. Such report shall include:

(f) An actuarial certification that:

- The health maintenance organization is actuarially sound, which certification shall consider the rates, benefits, and expenses of, and any other funds available for the payment of obligations of, the organization.
- The rates being charged or to be charged are actuarially adequate to the end of the period for which rates have been guaranteed.
- Incurred but not reported claims and claims reported but not fully paid have been adequately provided for.
- The health maintenance organization has adequately provided for all obligations required by s. 641.35(3)(a).
- (3) Every health maintenance organization shall file quarterly, for the first three calendar quarters of each year within 45 days after each of its quarterly reporting periods, an unaudited financial statement of the organization as described in paragraphs (1)(a) and (b). The statement for the quarter ending March 31 shall be filed on or before May 15, the statement for the quarter ending June 30 shall be filed on or before August 15, and the statement for the quarter ending September 30 shall be filed on or before November 15. The quarterly report shall be verified by the oath of two officers of the organization, properly notarized.
- (8) Each health maintenance organization shall file one copy of its annual statement convention blank in electronic form, along with such additional filings as 31 prescribed by the department for the preceding calendar year

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or quarter, with the National Association of Insurance 1 2 Commissioners. Each health maintenance organization shall pay 3 fees assessed by the National Association of Insurance Commissioners to the department a reasonable fee to cover 4 5 costs associated with the filing and analysis of the documents 6 by the National Association of Insurance Commissioners. 7 Section 6. Paragraph (a) of subsection (3) of section 8 641.35, Florida Statutes, is amended to read: 9 641.35 Assets, liabilities, and investments.--10 (3) LIABILITIES. -- In any determination of the 11 financial condition of a health maintenance organization, liabilities to be charged against its assets shall include: 12 (a) The amount, estimated consistently with the 13 14 provisions of this part, necessary to pay all of its unpaid losses and claims incurred for or on behalf of a subscriber, 15 on or prior to the end of the reporting period, whether 16 reported or unreported, including contract and premium 17 deficiency reserves. If a health maintenance organization, 18 19 through a capitation or other contractual arrangement, 20 transfers to any entity other than this state, the United States, or an agency thereof or to an insurer or health 21 maintenance organization authorized in this state the 22 obligation to pay any provider for any claim arising from 23 24 services provided to or for the benefit of any subscriber, for 25 purposes of determining the financial condition of the health maintenance organization, the liabilities of the health 26 27 maintenance organization under this section shall include the

provider has not received payment therefor, unless obligations

amount of those losses and claims to the extent that the

under such contracts are secured by a financial instrument

acceptable to the department which assures full payment of those claims.

The department, upon determining that a health maintenance organization has failed to report liabilities that should have been reported, shall require a corrected report which reflects the proper liabilities to be submitted by the organization to the department within 10 working days of receipt of written notification.

Section 7. Subsections (1) and (2) of section 641.365, Florida Statutes, are amended to read:

641.365 Dividends.--

- any dividend or distribute cash or other property to stockholders except out of that part of its available and accumulated surplus funds which is derived from realized net operating profits on its business and net realized capital gains. Dividend payments or distributions to stockholders shall not exceed 10 percent of such surplus in any one year unless otherwise approved by the department. In addition to such limited payments, a health maintenance organization may make dividend payments or distributions out of the health maintenance organization's entire net operating profits and realized net capital gains derived during the immediately preceding calendar or fiscal year, as applicable.
- (b) In no event shall a health maintenance organization pay or declare any dividend or distribute cash or other property to or on behalf of any stockholder if, immediately before or after such distribution, the health maintenance organization's available and accumulated surplus funds, which are derived from realized net operating profits

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1 on its business and net realized gains, are or would be less 2 than zero. 3

- (c) A health maintenance organization may make dividend payments or distributions to stockholders without the prior written approval of the department when:
- The dividend is equal to or less than the greater of:
- a. Ten percent of the health maintenance organization's accumulated surplus funds which are derived from realized net operating profits on its business and net realized capital gains as of the immediate preceding calendar year; or
- The health maintenance organization's entire net operating profit and realized net capital gains derived during the immediately preceding calendar year.
- The health maintenance organization will have surplus equal to or exceeding 115 percent of the minimum required statutory surplus after the dividend or distribution is made.
- The health maintenance organization has filed a notice with the department at least 30 days prior to the dividend payment or distribution, or such shorter period of time as approved by the department on a case-by-case basis.
- The notice includes a certification by an officer of the health maintenance organization attesting that after payment of the dividend or distribution the health maintenance organization will have at least 115 percent of required statutory surplus.
- (2) The department shall not approve a dividend or distribution in excess of the maximum amount allowed in 31 subsection (1) unless it determines that the distribution or

dividend would not jeopardize the financial condition of the health maintenance organization, considering: 2 3 (a) The liquidity, quality, and diversification of the health maintenance organization's assets and the effect on its 4 5 ability to meet its obligations. 6 (b) Any reduction of investment portfolio and 7 investment income. 8 (c) Industrywide financial conditions. 9 (d) Prior dividend distributions of the health 10 maintenance organization. 11 (e) Whether the dividend is only a pass-through dividend from a subsidiary of the health maintenance 12 13 organization. Section 8. This act shall take effect October 1, 2002. 14 15 *********** 16 17 LEGISLATIVE SUMMARY 18 Revises various provisions relating to Department of Insurance administration of solvency provisions as applied to insurers or health maintenance organizations. 19 20 21 22 23 24 25 26 27 28 29 30 31