

100TH GENERAL ASSEMBLY State of Illinois 2017 and 2018 HB5582

by Rep. Norine K. Hammond

SYNOPSIS AS INTRODUCED:

215 ILCS 5/131.22 from Ch. 73, par. 743.22 215 ILCS 5/353a from Ch. 73, par. 965a 215 ILCS 5/404 from Ch. 73, par. 1016 215 ILCS 5/141.2 rep. 215 ILCS 5/155.25 rep. 215 ILCS 5/233 rep. 215 ILCS 5/Art. XIX rep. 215 ILCS 125/1-2 from Ch. 111 1/2, par. 1402

Amends the Illinois Insurance Code. In provisions concerning confidential treatment, provides that specified information shall remain confidential and privileged with the exception of information submitted pursuant to provisions concerning acquisition of control or merger with domestic companies that is not personal financial information. In provisions concerning accident and health reserves, removes language requiring the Director of Insurance from time to time to adopt rules requiring the use of appropriate tables of morbidity, mortality, interest rates, and valuation methods for such reserves. Provides that the Director may to enter into written agreements to share confidential insurer records information with the International Association of Insurance Supervisors. Repeals provisions concerning grounds for disapproval of a management contract or service agreement, reports by certain property and casualty insurers, participating and non-participating policies, and burial societies. Amends the Health Maintenance Organization Act. Changes the definition of "organization" to mean any domestic insurance company (rather than any insurance company). Effective immediately.

LRB100 18102 SMS 33295 b

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1 AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Illinois Insurance Code is amended by changing Sections 131.22, 125.1a, 125.2a, 353a, and 404 as follows:
- 7 (215 ILCS 5/131.22) (from Ch. 73, par. 743.22)
- 8 Sec. 131.22. Confidential treatment.
 - (a) Documents, materials, or other information in the possession or control of the Department that are obtained by or disclosed to the Director or any other person in the course of an examination or investigation made pursuant to this Article and all information reported pursuant to this Article, with the exception of information submitted pursuant to Sections 131.5 through 131.10 that is not personal financial information, shall be confidential by law and privileged, shall not be subject to the Illinois Freedom of Information Act, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action. However, the Director is authorized to use the documents, materials, or other information in the furtherance of any regulatory or legal action brought as a part of the Director's official duties. The Director shall not otherwise make the documents, materials, or

- other information public without the prior written consent of the company to which it pertains unless the Director, after giving the company and its affiliates who would be affected thereby prior written notice and an opportunity to be heard, determines that the interest of policyholders, shareholders, or the public shall be served by the publication thereof, in which event the Director may publish all or any part in such manner as may be deemed appropriate.
 - (b) Neither the Director nor any person who received documents, materials, or other information while acting under the authority of the Director or with whom such documents, materials, or other information are shared pursuant to this Article shall be permitted or required to testify in any private civil action concerning any confidential documents, materials, or information subject to subsection (a) of this Section.
 - (c) In order to assist in the performance of the Director's duties, the Director:
 - (1) may share documents, materials, or other information, including the confidential and privileged documents, materials, or information subject to subsection (a) of this Section, with other state, federal, and international regulatory agencies, with the NAIC and its affiliates and subsidiaries, and with state, federal, and international law enforcement authorities, including members of any supervisory college allowed by this Article,

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provided that the recipient agrees in writing to maintain the confidentiality and privileged status of the document, material, or other information, and has verified in writing the legal authority to maintain confidentiality;

- (1.5) notwithstanding paragraph (1) of this subsection (c), may only share confidential and privileged documents, material, or information reported pursuant to Section 131.14b with commissioners of states having statutes or regulations substantially similar to subsection (a) of this Section and who have agreed in writing not to disclose such information;
- (2) may receive documents, materials, or information, including otherwise confidential and privileged documents, materials, or information from the NAIC and its affiliates and subsidiaries and from regulatory and law enforcement officials of other foreign or domestic jurisdictions, and shall maintain as confidential or privileged any document, material, or information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the document, material, or information; any such documents, materials, or information, while in the Director's possession, shall not be subject to the Illinois Freedom of Information Act and shall not be subject to subpoena; and
- (3) shall enter into written agreements with the NAIC governing sharing and use of information provided pursuant

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to this Article consistent with this subsection (c) that shall (i) specify procedures and protocols regarding the confidentiality and security of information shared with the NAIC and its affiliates and subsidiaries pursuant to this Article, including procedures and protocols for sharing by the NAIC with other state, federal, international regulators; (ii) specify that ownership of information shared with the NAIC and its affiliates and subsidiaries pursuant to this Article remains with the Director and the NAIC's use of the information is subject to the direction of the Director; (iii) require prompt notice to be given to a company whose confidential information in the possession of the NAIC pursuant to this Article is subject to a request or subpoena to the NAIC for disclosure or production; and (iv) require the NAIC and its affiliates and subsidiaries to consent to intervention by a company in any judicial or administrative action in which the NAIC and its affiliates and subsidiaries may be required to disclose confidential information about the company shared with the NAIC and its affiliates and subsidiaries pursuant to this Article.

(d) The sharing of documents, materials, or information by the Director pursuant to this Article shall not constitute a delegation of regulatory authority or rulemaking, and the Director is solely responsible for the administration, execution, and enforcement of the provisions of this Article.

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- 1 (e) No waiver of any applicable privilege or claim of 2 confidentiality in the documents, materials, or information 3 shall occur as a result of disclosure to the Director under 4 this Section or as a result of sharing as authorized in 5 subsection (c) of this Section.
 - (f) Documents, materials, or other information in the possession or control of the NAIC pursuant to this Article shall be confidential by law and privileged, shall not be subject to the Illinois Freedom of Information Act, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action.
- 12 (Source: P.A. 98-609, eff. 1-1-14.)
- 13 (215 ILCS 5/353a) (from Ch. 73, par. 965a)
 - Sec. 353a. Accident and health reserves. The reserves for all accident and health policies issued after the operative date of this section shall be computed and maintained on a basis which shall place an actuarially sound value on the liabilities under such policies. To provide a basis for the determination of such actuarially sound value, the Director from time to time shall adopt rules requiring the use of appropriate tables of morbidity, mortality, interest rates and valuation methods for such reserves. In no event shall such reserves be less than the pro rata gross unearned premium reserve for such policies.
 - The company shall give the notice required in section 234

on all non-cancellable accident and health policies.

After this section becomes effective, any company may file with the Director written notice of its election to comply with the provisions of this section after a specified date before January 1, 1967. After the filing of such notice, then upon such specified date (which shall be the operative date of this section for such company), this section shall become operative with respect to the accident and health policies thereafter issued by such company. If a company makes no such election, the operative date of this section for such company shall be January 1, 1967.

After this section becomes effective, any company may file with the Director written notice of its election to establish and maintain reserves upon its accident and health policies issued prior to the operative date of this section in accordance with the standards for reserves established by this section, and thereafter the reserve standards prescribed pursuant to this section shall be effective with respect to said accident and health policies issued prior to the operative date of this section.

- 21 (Source: Laws 1965, p. 740.)
- 22 (215 ILCS 5/404) (from Ch. 73, par. 1016)
- Sec. 404. Office of Director; a public office; destruction or disposal of records, papers, documents, and memoranda.
- 25 (1) (a) The office of the Director shall be a public office

and the records, books, and papers thereof on file therein, except those records or documents containing or disclosing any analysis, opinion, calculation, ratio, recommendation, advice, viewpoint, or estimation by any Department staff regarding the financial or market condition of an insurer not otherwise made part of the public record by the Director, shall be accessible to the inspection of the public, except as the Director, for good reason, may decide otherwise, or except as may be otherwise provided in this Code or as otherwise provided in Section 7 of the Freedom of Information Act.

- (b) Except where another provision of this Code expressly prohibits a disclosure of confidential information to the specific officials or organizations described in this subsection, the Director may disclose or share any confidential records or information in his custody and control with any insurance regulatory officials of any state or country, with the law enforcement officials of this State, any other state, or the federal government, or with the National Association of Insurance Commissioners, upon the written agreement of the official or organization receiving the information to hold the information or records confidential and in a manner consistent with this Code.
- (c) The Director shall maintain as confidential any records or information received from the National Association of Insurance Commissioners or insurance regulatory officials of other states which is confidential in that other jurisdiction.

- (2) Upon the filing of the examination to which they relate, the Director is authorized to destroy or otherwise dispose of all working papers relative to any company which has been examined at any time prior to that last examination by the Department, so that in such circumstances only current working papers of that last examination may be retained by the Department.
- (3) Five years after the conclusion of the transactions to which they relate, the Director is authorized to destroy or otherwise dispose of all books, records, papers, memoranda and correspondence directly related to consumer complaints or inquiries.
- (4) Two years after the conclusion of the transactions to which they relate, the Director is authorized to destroy or otherwise dispose of all books, records, papers, memoranda, and correspondence directly related to all void, obsolete, or superseded rate filings and schedules required to be filed by statute; and all individual company rating experience data and all records, papers, documents and memoranda in the possession of the Director relating thereto.
- (5) Five years after the conclusion of the transactions to which they relate, the Director is authorized to destroy or otherwise dispose of all examination reports of companies made by the insurance supervisory officials of states other than Illinois; applications, requisitions, and requests for licenses; all records of hearings; and all similar records,

- papers, documents, and memoranda in the possession of the Director.
 - (6) Ten years after the conclusion of the transactions to which they relate, the Director is authorized to destroy or otherwise dispose of all official correspondence of foreign and alien companies, all foreign companies' and alien companies' annual statements, valuation reports, tax reports, and all similar records, papers, documents and memoranda in the possession of the Director.
 - (7) Whenever any records, papers, documents or memoranda are destroyed or otherwise disposed of pursuant to the provisions of this section, the Director shall execute and file in a separate, permanent office file a certificate listing and setting forth by summary description the records, papers, documents or memoranda so destroyed or otherwise disposed of, and the Director may, in his discretion, preserve copies of any such records, papers, documents or memoranda by means of microfilming or photographing the same.
 - (8) This Section shall apply to records, papers, documents, and memoranda presently in the possession of the Director as well as to records, papers, documents, and memoranda hereafter coming into his possession.
 - (9) The Director may enter into written agreements to share confidential insurer records or information with the International Association of Insurance Supervisors.
- 26 (Source: P.A. 97-1004, eff. 8-17-12.)

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1 (215 ILCS 5/141.2 rep.)
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- 2 (215 ILCS 5/155.25 rep.)
- 3 (215 ILCS 5/233 rep.)
- 4 (215 ILCS 5/Art. XIX rep.)
- 5 Section 10. The Illinois Insurance Code is amended by
- 6 repealing Sections 141.2, 155.25, and 233 and Article XIX.
- 7 Section 15. The Health Maintenance Organization Act is
- 8 amended by changing Section 1-2 as follows:
- 9 (215 ILCS 125/1-2) (from Ch. 111 1/2, par. 1402)
- 10 Sec. 1-2. Definitions. As used in this Act, unless the
- 11 context otherwise requires, the following terms shall have the
- 12 meanings ascribed to them:
- 13 (1) "Advertisement" means any printed or published
- 14 material, audiovisual material and descriptive literature of
- 15 the health care plan used in direct mail, newspapers,
- 16 magazines, radio scripts, television scripts, billboards and
- 17 similar displays; and any descriptive literature or sales aids
- of all kinds disseminated by a representative of the health
- 19 care plan for presentation to the public including, but not
- 20 limited to, circulars, leaflets, booklets, depictions,
- 21 illustrations, form letters and prepared sales presentations.
- 22 (2) "Director" means the Director of Insurance.
- 23 (3) "Basic health care services" means emergency care, and

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- inpatient hospital and physician care, outpatient medical services, mental health services and care for alcohol and drug abuse, including any reasonable deductibles and co-payments, all of which are subject to the limitations described in Section 4-20 of this Act and as determined by the Director pursuant to rule.
- 7 (4) "Enrollee" means an individual who has been enrolled in 8 a health care plan.
 - (5) "Evidence of coverage" means any certificate, agreement, or contract issued to an enrollee setting out the coverage to which he is entitled in exchange for a per capita prepaid sum.
 - (6) "Group contract" means a contract for health care services which by its terms limits eligibility to members of a specified group.
 - (7) "Health care plan" means any arrangement whereby any organization undertakes to provide or arrange for and pay for or reimburse the cost of basic health care services, excluding any reasonable deductibles and copayments, from providers selected by the Health Maintenance Organization and such arrangement consists of arranging for or the provision of such health services, distinguished from care as indemnification against the cost of such services, except as otherwise authorized by Section 2-3 of this Act, on a per capita prepaid basis, through insurance or otherwise. A "health care plan" also includes any arrangement whereby

organization undertakes to provide or arrange for or pay for or reimburse the cost of any health care service for persons who are enrolled under Article V of the Illinois Public Aid Code or under the Children's Health Insurance Program Act through providers selected by the organization and the arrangement consists of making provision for the delivery of health care services, as distinguished from mere indemnification. A "health care plan" also includes any arrangement pursuant to Section 4-17. Nothing in this definition, however, affects the total medical services available to persons eligible for medical assistance under the Illinois Public Aid Code.

- (8) "Health care services" means any services included in the furnishing to any individual of medical or dental care, or the hospitalization or incident to the furnishing of such care or hospitalization as well as the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing or healing human illness or injury.
- (9) "Health Maintenance Organization" means any organization formed under the laws of this or another state to provide or arrange for one or more health care plans under a system which causes any part of the risk of health care delivery to be borne by the organization or its providers.
- (10) "Net worth" means admitted assets, as defined in Section 1-3 of this Act, minus liabilities.
- (11) "Organization" means any <u>domestic</u> insurance company, a nonprofit corporation authorized under the Dental Service

- Plan Act or the Voluntary Health Services Plans Act, or a corporation organized under the laws of this or another state for the purpose of operating one or more health care plans and doing no business other than that of a Health Maintenance Organization or an insurance company. "Organization" shall also mean the University of Illinois Hospital as defined in the University of Illinois Hospital Act or a unit of local government health system operating within a county with a population of 3,000,000 or more.
 - (12) "Provider" means any physician, hospital facility, facility licensed under the Nursing Home Care Act, or facility or long-term care facility as those terms are defined in the Nursing Home Care Act or other person which is licensed or otherwise authorized to furnish health care services and also includes any other entity that arranges for the delivery or furnishing of health care service.
 - (13) "Producer" means a person directly or indirectly associated with a health care plan who engages in solicitation or enrollment.
 - (14) "Per capita prepaid" means a basis of prepayment by which a fixed amount of money is prepaid per individual or any other enrollment unit to the Health Maintenance Organization or for health care services which are provided during a definite time period regardless of the frequency or extent of the services rendered by the Health Maintenance Organization, except for copayments and deductibles and except as provided in

- 1 subsection (f) of Section 5-3 of this Act.
- 2 (15) "Subscriber" means a person who has entered into a
- 3 contractual relationship with the Health Maintenance
- 4 Organization for the provision of or arrangement of at least
- 5 basic health care services to the beneficiaries of such
- 6 contract.
- 7 (Source: P.A. 98-651, eff. 6-16-14; 98-841, eff. 8-1-14; 99-78,
- 8 eff. 7-20-15.)
- 9 Section 99. Effective date. This Act takes effect upon
- 10 becoming law.