



New York State Assembly

Sheldon Silver
Speaker



2013

ANNUAL REPORT

Committee on
Insurance

Kevin A. Cahill
Chair





KEVIN A. CAHILL
Assemblymember 103rd District

CHAIR
Assembly Insurance Committee

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

COMMITTEES
Ways and Means
Economic Development, Job Creation,
Commerce & Industry
Ethics and Guidance
Health
Higher Education

December 15, 2013

The Honorable Sheldon Silver
Speaker of the Assembly
Room 932 - Legislative Office Building
Albany, New York 12248

Dear Speaker Silver:

I hereby submit to you the 2013 Annual Report for the Committee on Insurance. I am pleased to report that thanks to the dedication of the members and staff and with the help of your leadership, the Committee had a productive session. The legislation advanced by the Committee in 2013 contains significant protections for New Yorkers whose homes and businesses are damaged during disasters, increases access to affordable health care, improves life insurance options and provides for additional oversight of the insurance industry by the Department of Financial Services.

In the area of property and casualty insurance, the Committee paid significant attention to the issues associated with the widespread devastation caused by natural disasters such as Hurricane Irene, Tropical Storm Lee, and Superstorm Sandy. A legislative program was developed in response to testimony by affected policyholders during a legislative hearing and several roundtables held by the Committee. Engagement by our colleagues was extensive. I am particularly grateful for your personal participation at the hearing and leadership on this pertinent issue. This package of bills helps New York's consumers gain a clearer understanding of their policy coverage and ensures that disaster-related claims will be fully paid and promptly processed by insurance companies in the event of financial consequences caused by a future storm. The Assembly passed our comprehensive storm recovery and reform package on June 4, 2013, with bipartisan support.

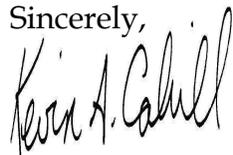
Other actions taken by the Insurance Committee this year will limit policyholders' exposure to undue risk and ensure that insurers' investments are sound. For example, we prohibited insurers from declaring certain investments related to the Iranian energy sector as non-admitted assets. Furthermore, we significantly improved the level of oversight by the Department of Financial Services relating to holding company systems that contain insurers licensed to do business in New York State.

A major challenge for all states in 2013 was gearing up for the implementation of the federal Affordable Care Act. In that regard, the Committee advanced legislation that would allow for the continuation of a pilot insurance program for the Freelancers Union while the ACA is being implemented. Similar legislation was also moved for early retirees who have insurance through certain limited programs. These bills also provide for oversight of these policies by the Department of Financial Services.

Other matters included expanding life insurance options, providing new business models for certain New York based insurance companies, allowing for health education programs by agents and brokers, and updating reserve requirements to comport with a modern global economy.

While 2013 has proven to be productive, we are already preparing for the important work that lies ahead. I thank the members and staff of the Committee for their hard work during this past session. Furthermore, I again thank you, Mr. Speaker, for your leadership and continued support of legislation that protects New York's consumers.

Sincerely,

A handwritten signature in black ink that reads "Kevin A. Cahill". The signature is written in a cursive style with a large, prominent initial "K".

Kevin A. Cahill

Chairman

New York State Assembly

Standing Committee on Insurance

NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON INSURANCE

Kevin A. Cahill, Chair

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Courtney Adrian, Assistant Committee Clerk
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Sarah Conklin, Program and Counsel Secretary

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▪ HEALTH INSURANCE ▪

A. Continuing Health Insurance for Freelancers

A.6519-B (Silver) / S.4526-B (Hannon)

Chapter 203 of the Laws of 2013

This chapter allows the Freelancers Union to establish a self-insured health plan, subject to the approval and oversight of the Department of Financial Services, in order to continue providing health insurance to its members, their spouses, and their dependents through December 31, 2014. The Freelancers would be required to include in its plan the essential health benefits required under the Affordable Care Act, create an appeals process if the plan denies a claim, and maintain statutory reserve amounts.

B. Allowing Insurers to Access Additional Capital

A.7307 (Brindisi) / S.5121 (Griffo)

Chapter 286 of the Laws of 2013

This chapter allows a domestic mutual health insurer to access additional capital by reorganizing as a domestic stock insurer. Because mutual insurance companies are owned by their policyholders, they are limited as to the types of transactions they can enter into with other insurers. This can pose an obstacle when an insurer wishes to expand its business or shore up its financial position. By reorganizing as a stock company, a mutual insurer will be able to enter into more transactions in order to grow its business.

C. Requiring Health Insurance Coverage for Enteral Formulas

A.490-A (Paulin) / S.2287-A (Ball)

Chapter 388 of the Laws of 2013

This chapter requires health insurers to provide coverage for enteral formulas, regardless of whether the formula is administered orally or via a feeding tube.

D. Extending Health Insurance Coverage for Certain Early Retirees

A.7735-A (Morelle) / S.5695-A (Robach)

Chapter 488 of the Laws of 2013

This chapter extends, until December 31, 2014, the effectiveness of the health insurance demonstration program for early retirees. This program ensures that employees who accepted an early retirement package from a New York company can retain the same health insurance coverage they received through their former employer. It is monitored and evaluated for its effectiveness by the Superintendent of Financial Services.

E. Allowing Agents and Brokers to Develop Wellness Programs
A.7382-A (Cahill) / S.2894-A (Seward)
Chapter 496 of the Laws of 2013

This chapter allows agents and brokers to develop and implement wellness programs without charging a fee if such programs are provided in a fair and nondiscriminatory manner and are incidental to a group health insurance policy sold by the agent or broker.

F. Child Health Plus Rate Setting and Subsidies
A.7882 (Cahill) / S.5218 (Seward)
Veto 272 of 2013

This bill would codify that the Department of Financial Services oversees the rate setting for the Child Health Plus program and, on March 1, 2014, remove the reduction in Child Health Plus subsidy payments that exceed the statewide average subsidy that was enacted in 2010.

G. Reducing Disruption when Health Insurers Discontinue Policies
A.7295 (Cahill) / S.4328 (Seward)

This bill would reduce the disruption to both consumers and the health insurance market when an insurer discontinues a group of policies. Under this legislation, health insurers would be required to submit a market withdraw plan to the Department of Financial Services for approval and to discontinue the policies on their renewal dates instead of discontinuing them all on the same date.

This bill passed the Assembly.

H. Ensuring Consumers Can Utilize the Pharmacy of Their Choice
A.5723-A (Heastie) / S.3995-A (Maziarz)

Current law prohibits health insurers from requiring that insureds use mail-order pharmacies, provided that local retail pharmacies agree to the same reimbursement amount and the same contractual terms and conditions that the insurer has established for mail-order pharmacies. However, many retail pharmacies find it almost impossible to meet these conditions; this has resulted in insurers continuing to force consumers to use mail-order pharmacies. This bill would address this by removing the requirement that the local retail pharmacy agree to the same contractual terms and conditions as mail-order pharmacies; the retail pharmacies would still have to agree to the same reimbursement amount.

This bill passed the Assembly.

I. Expanding Insurance Coverage for Lyme Disease
A.5174-A (Cahill) / S.3478-A (Gipson)

The spread of Lyme disease in the Hudson Valley and other parts of New York State has been growing steadily in the past few years. While the cost of treatment is expensive, left untreated, the long-term effects of Lyme disease can be permanently debilitating. This bill would require health insurers to provide coverage for the treatment of Lyme disease and other tick borne related pathogens, including intravenous antibiotic therapy, oral antibiotic therapy, or other treatments recommended by a physician. In addition, a Tick Borne Illness Research, Detection and Education Fund (the Fund) would be created and placed under the joint custody of the Commissioner of Taxation and Finance and the Comptroller. Individuals and corporations would be allowed to designate some or all of their state tax refund to the Fund. Monies in the Fund would be expended for educational projects and research related to tick borne illnesses.

This bill was referred to the Ways & Means Committee.

J. Surgical Nurse First Assistant Reimbursement
A.2753 (Lavine) / S.3056 (Little)

This bill would require health insurance policies to provide reimbursement for services provided by a registered nurse first assistant when acting in the capacity of a non-physician surgical first assistant. Additional provisions would require the registered nurse first assistant to be certified in operating room nursing and be employed by a physician who bills for services. Assuming the policy otherwise provides for such services, they would be required to be within the scope of practice of a non-physician surgical first assistant. This bill would not prevent an insurer from requiring services be provided through a network of participating providers.

This bill was referred to the Ways & Means Committee.

▪ PROPERTY / CASUALTY INSURANCE ▪

A. Extending Exemptions for Certain Large Commercial Insureds

A.6918-A (Steck) / S.4327-A (Seward)

Chapter 75 of the Laws of 2013

Current law allows for exemptions from the statutory rate and form filing requirements for large commercial insureds that generate an annual insurance premium greater than \$25,000 and that employ a special risk manager who provides services related to loss, risk, and insurance. This chapter extends those exemptions until June 30, 2015 and repeals the requirement that the insurer file a certificate of insurance with the Department of Financial Services within one day of issuing a policy eligible for these exemptions.

B. Evaluating the Homeowner's Insurance Market in New York State

A.7829-A (Cahill) / S.5236 (Seward)

Chapter 542 of the Laws of 2013

This chapter requires the New York Property Insurance Underwriting Association (NYPIUA) to report to the Department of Financial Services prior to October 1, 2017 on the number and types of policies it has written. The Department is required to annually report such information to the Governor and the Legislature by January 1, 2018, which is six months before NYPIUA's authority to write certain types of coverage expires. This will allow for a comprehensive overview of the types of coverage NYPIUA offers, as well as the condition of the homeowners' market in New York State.

C. Addressing Self-Dealing and Conflict of Interests by Public Adjusters

A.6786-B (Weprin) / S.5775 (Klein)

Chapter 546 of the Laws of 2013

This chapter requires public adjusters to work for the benefit of policyholders and to disclose conflicts of interest and compensation. It codifies that a public adjuster has an affirmative duty to act on behalf of and in the best interests of the insured when working with an insurance company. It also prohibits a public adjuster from receiving any compensation for a referral unless such compensation is disclosed in a written agreement that is signed by both the adjuster and the insured. In addition, the adjuster has to disclose any financial or ownership interest in or any familial relationship the adjuster may have to a provider of services to which an adjuster refers the insured. The Superintendent of Financial Services has the authority to suspend or revoke a public adjuster's license if it is found that the adjuster has violated the provisions of this bill.

*D. Regulating Certificates of Insurance
A.3107-D (Morelle) / S.5804 (Seward)
Veto 257 of 2013*

This bill would define and regulate certificates of insurance. It would establish that a certificate of insurance is a document prepared or issued by an insurer or insurance producer as evidence of property/casualty insurance coverage, that a certificate does not amend, extend, or alter the coverage provided in the policy, and that it does not confer to any new individual or legal entity new or additional rights beyond what is referenced in the policy.

This bill would also prohibit any individual, legal entity, or governmental entity from knowingly preparing, issuing, requesting, or requiring the use of a certificate unless such certificate is a standardized form developed by certain insurance associations or the insurance company that has underwritten the policy referenced in the certificate, or is issued in connection with certain commercial lending transactions. Persons and governmental entities would also be prohibited from altering or modifying a certificate.

The Department of Financial Services would have the power under the Financial Services Law to investigate any individual or legal entity that is suspected of having violated the provisions of this bill. The Office of the State Inspector General would have the power to investigate any governmental entity within its jurisdiction when there is a suspicion that such entity has violated the provisions of this bill. For governmental units not under the Inspector General's jurisdiction, which includes local governments, state authorities, and multi-state and multi-national authorities, investigation and enforcement authority would reside with the entity with the proper authority to investigate such governmental units.

*E. Discrimination Against Dog Breeds
A.3952 (Glick) / S.4822 (LaValle)*

In some instances, insurers refuse to issue or renew a homeowner's policy or increase premiums due to the breed of domesticated dogs living in the home. This bill would prohibit insurers from discriminating against homeowners with respect to issuance, renewal, or premiums based on the breed of dog unless a dog has been designated as "dangerous" pursuant to Section 103 of the Agriculture and Markets Law.

This bill passed the Assembly.

F. Reimbursement for Lost Property

A.5526-A (Englebright) / No Senate Companion

This bill is intended to protect individuals who file legitimate claims for lost property and then recover the property after the claim has been paid. Despite reporting the recovered property to the insurer and returning the amount of the claim, the original filing may be documented and can be considered in the formulation of higher premium rates. This causes a disincentive to report the recovery or return the claim payout which ultimately results in higher premiums for everyone else. This bill would prevent insurers from maintaining the original claims record in the event the aforementioned events occur.

This bill passed the Assembly.

G. Expanding Consumer Protections for Policyholders with Property Damage

A.908 (Weprin) / S.5183 (Martins)

This bill would provide expanded consumer protections for policyholders with property damage by prohibiting an insurer from requiring that repairs for loss or damage to real property be completed by a particular entity or individual and prohibiting a public or independent adjuster from receiving any compensation or anything of value for a direct referral of a client. Insurers and public and independent adjusters would be prohibited from suggesting or recommending that repairs be made by a particular entity or individual unless specifically asked by the insured, in which case the insurer or adjuster would have to disclose any controlling or business interest that it has in the entity or individual that it recommends or suggests.

This bill would further require independent adjusters to meet the same licensing requirements as public adjusters, including having a minimum one-year's experience in the insurance business or successfully completing a formal training course. Finally, independent adjusters would be required to meet the same continuing education requirements as public adjusters, including completing fifteen credit hours of instruction every two years.

This bill was advanced to the Third Reading Calendar.

H. Prohibition of Discrimination Based on Inquiries

A.3832 (Peoples-Stokes) / No Senate Companion

This bill would prohibit insurers from reporting inquiries about coverage to any insurance support organization or company that maintains insurance claim history or data. The bill would also prohibit insurers from refusing to issue or renew a policy, charging a higher

premium, or assigning an insured to a more expensive affiliate based on policy inquiries to the current or previous insurer, or based on insurer reports to any insurance support organization or company that maintains a claims history database.

This bill was advanced to the Third Reading Calendar.

WEATHER-RELATED AND NATURAL DISASTER LEGISLATION

Following Superstorm Sandy, there were reports that policyholders were experiencing numerous problems receiving settlements through their insurance policies, including delays in inspection of damage and the processing of claims. In addition, the complex nature of insurance policies led to much confusion by both home and business owners over what was included and what was excluded under their insurance policies. Policyholders were shocked to find that they were being denied claims for damages they believed would be covered; in many cases, insurers denied claims because the damage occurred at the same time as, or was the result of something that was caused by, a flood, which is excluded under most policies. This occurred even when the actual cause of the damage was covered under the policy and the damage to the property was not attributable to flood.

This comprehensive package of bills is designed to address these and other issues. It was developed in the aftermath of Sandy, as well as Hurricane Irene and Tropical Storm Lee, following a public hearing and a series of roundtables held by the Insurance Committee on the subject of insurance coverage in the event of disaster. It has become increasingly evident that what used to be once in a lifetime storms are now becoming almost yearly occurrences. This additional legislative protection is needed for New Yorkers in anticipation of those future weather events and other unfortunately inevitable natural disasters.

I. Homeowners Bill of Rights A.2287-A (Silver) / No Senate Companion

Insurance policies are lengthy and complex, making it difficult for consumers to understand what coverage they have and what is excluded under the policy. This bill would provide for increased consumer education by requiring insurance companies to provide consumers with certain information about what is in their policies. Insurers writing homeowners or certain commercial insurance policies would be required to provide, upon the issuance and renewal of a policy, a written disclosure describing the coverage and exclusions provided for in the policy, information on how the insured may file a claim, and the contact information for the Department of Financial Services. Failing to provide this disclosure would be an unfair claim settlement practice. In

addition, such insurers would be required to disclose to consumers which flood zone the real property to be covered is located in, the level of risk associated with that flood zone, and information on how the consumer can obtain coverage for damage resulting from weather conditions, natural disasters, and other occurrences, including floods.

Finally, this bill would require the Superintendent of Financial Services to create a Consumer's Guide on Insuring Against Catastrophic Losses that would include information on how consumers can protect themselves against and obtain insurance coverage for catastrophic losses.

This bill passed the Assembly.

*J. Requiring Disclosure of Homeowners Policies Prior to Purchase
A.7454 (Cahill) / S.5578 (Seward)*

Consumers may be confused about what is in their insurance policies when insurers, agents, and brokers do not provide an actual copy of the policy prior to purchase. Instead, consumers receive their policy in the mail after they have already purchased it. As a result, people may think they are adequately insured but be surprised when they file a claim and find that their loss is excluded. This bill would address this by requiring that potential insurance consumers be provided with a copy of the policy prior to purchase and that they be given sufficient time to review it.

This bill passed the Assembly.

*K. Policy Uniformity and Clarity
A.7453 (Cahill) / S.5579 (Seward)*

While insurance policies often use the same terms and phrases, their meanings can differ from company to company. This leads to many consumers being confused about what their insurance policy covers. This bill would create uniformity and clarity by requiring the Department of Financial Services to promulgate regulations to standardize the definitions of terms and phrases that are commonly found in homeowners and certain commercial policies. Once the regulations are finalized, insurers would be required to use the standardized definitions unless an insurer has an alternative definition that is more favorable to the policyholder or claimant and is approved by the Department.

This bill passed the Assembly.

L. Business Interruption Coverage

A.7452-A (Moya) / No Senate Companion

A key concern that arose from the Assembly hearing and roundtables related to denial of business interruption claims. A common example is that when a business owner submitted a claim for losses covered under their business interruption policy, such as losses caused by a power outage, the claim was denied on the ground that these losses were caused by a flood, which is excluded under most policies. This occurred even when the business suffered no actual flood damage. This bill would prohibit insurers from denying business interruption claims that resulted from certain actions taken to mitigate loss from a peril that is excluded under the policy.

This bill passed the Assembly.

M. Limiting Anti-Concurrent Causation Clauses

A.7455-A (Goldfeder) / No Senate Companion

Following Superstorm Sandy, many consumers who believed they had adequate insurance coverage were surprised to find that their insurance companies denied their claims because their policy contained an anti-concurrent causation clause. Such clauses allow the insurer to deny a covered loss that was occurred at the same time as a peril that is excluded under the policy, such as a flood. This bill would address this by prohibiting insurance companies from refusing to pay for damages caused by a covered event solely because a flood occurred simultaneously with or was a contributing factor in the covered event. It also requires insurers who include anti-concurrent causation clauses in their policies clearly state in what situations those clauses would apply.

This bill passed the Assembly.

N. Prompt Processing of Disaster-Related Claims

A.1092-A (Skoufis) / S.3413-A (Carlucci)

This bill would establish claim investigation and settlement standards for insurers that write homeowners and certain commercial insurance to be followed in the event of a disaster. Insurers would be required to begin investigating a claim arising from a declared disaster or emergency in accordance with regulations promulgated by the Superintendent of Financial Services. If the insurer wishes the investigation to include an inspection of the damage, such inspection would have to occur in accordance with regulations promulgated by the Superintendent.

In addition, within fifteen business days after receiving all the items that the insurer requested from the claimant, the insurer would be required to either accept or reject the claim. An insurer would be allowed a one-time extension of fifteen business days to continue its investigation. An insurer would be required to pay the claim not later than three business days from the settlement of the claim.

This bill passed the Assembly.

*O. Standardizing Hurricane Deductible Triggers
A.2729 (Weisenberg) / S.2032 (LaValle)*

Though windstorm damage is a frequent occurrence in many areas of the state, the insurance deductible triggers for these claims are often inconsistent between various types of policies and can be confusing to the detriment of consumers who rely on this coverage to insulate them from the financial burden of a damaged home. This bill would direct the Superintendent of Financial Services to establish uniform standards for these deductible triggers.

This bill passed the Assembly.

*P. Limiting Insurer's Ability to Non-Renew Homeowners Policies
A.6913 (Sweeney) / S.5034 (LaValle)*

Following a disaster such as Sandy, insurance companies will often non-renew many of their homeowners policies in areas that were affected by the disaster or that are likely to be impacted by future disasters. Because this practice is employed by many insurers, homeowners often find it difficult, if not impossible, to obtain new coverage. This bill would require an insurer to file a plan with the Superintendent of Financial Services if the insurer intends to reduce its number of homeowners insurance policies in any of its rating areas within the state by twenty percent or more, or by five hundred, whichever is greater, over a five year period, or four percent or more, or one hundred, whichever is greater, in a twelve month period.

This bill would also make permanent the ability of the New York Property Insurance Underwriting Association to write additional types of coverage following a hearing by the Superintendent.

This bill passed the Assembly.

Q. *Granting Consumers a Private Right of Action*
A.5780 (Weinstein) / No Senate Companion

This bill would allow an individual insured to bring an action to recover actual damages against his or her insurer when that company has committed an unfair claims settlement practice associated with a disaster emergency so declared by the governor. The court would also be able to award punitive damages and reasonable attorney's fees should the policyholder prevail.

This bill passed the Assembly.

R. *Premium Discounts for Loss Prevention Courses*
A.1475-A (Colton) / S.3286-A (O'Mara)

This bill would increase consumer education about how to mitigate loss from hurricanes, fire, theft, and other causes. It would authorize the Department of Financial Services, in consultation with the Office of Fire Prevention and Control of the Division of Homeland Security and Emergency Services, to certify residential home safety and loss prevention courses. Such courses would be required to include information on how an insured can prevent or minimize property losses and personal injuries due to fire, theft, burglary, accidents and weather related events such as hurricanes. The Department would also be required to provide for an actuarially appropriate premium reduction for homeowners or fire insurance premiums for three years for an insured who successfully completes such a course. This bill would sunset five years after enactment.

This bill passed the Assembly.

S. *Evaluating the Insurance Industry's Performance*
A.7456-A (Brook-Krasny) / No Senate Companion

Following Sandy, the Department of Financial Services created a report card to examine how insurance companies responded to the storm. This bill would build upon that concept by requiring more detailed information on how insurance companies respond to claims resulting from a disaster and how many complaints the insurance companies and the Department received.

This bill passed the Assembly.

*T. Disaster Response Task Force
A.1093 (Skoufis) / S.4325 (Latimer)*

This bill would create an eighteen-member task force to examine how insurers who write homeowners and commercial insurance policies respond to disasters, in what ways state and local agencies such as the Department of Financial Services and the Department of Homeland Security and Emergency Services can assist claimants in connecting with insurance companies and what steps the industry can take to improve its response in the future. The members of the task force would include state and local government officials as well as representatives from the insurance industry and consumer advocacy groups. The task force would be required to report to the Governor and the Legislature on its findings and recommendations one year after the effective date.

This bill passed the Assembly.

▪ AUTO INSURANCE ▪

A. SUM Coverage for Ambulance Crews and Volunteer Firefighters

A.1832 (Morelle) / S.2757 (Seward)

Chapter 11 of the Laws of 2013

Chapter 496 of the laws of 2012 ensures that when a fire department or ambulance service purchases an auto insurance policy that includes supplementary uninsured/underinsured motorist (SUM) coverage, such coverage extends to the fire fighters and emergency service workers while acting within the scope of their duties. This chapter amendment clarifies that such coverage extends to both professional and volunteer fire fighters and emergency services workers who are employed by or are members of the insured fire department or ambulance service and who are injured while acting within the scope of the their duties, except with respect to the use or operation by such individuals of a motor vehicle not covered under the policy.

B. Educating Consumers About SUM Coverage

A.6727 (Morelle) / S.5606 (Seward)

Under current law, consumers are required to purchase coverage that provides protection when the insured is injured by an uninsured motorist. Policyholders have the option to purchase supplementary uninsured/underinsured motorist (SUM) coverage, which allows them to increase their uninsured motorist coverage up to the same amount as their policy's bodily injury limits. SUM coverage also provides protection when policyholders are injured by an underinsured motorist.

This bill would educate consumers about the availability of SUM coverage. It would require insurers to provide motorists with a notice informing them of the availability of SUM coverage, the amount of additional coverage that can be purchased, and the cost of such coverage.

This bill passed the Assembly.

C. Auto Claim Disputes

A.3696-A (Perry) / No Senate Companion

This bill would prohibit insurance companies from canceling or refusing to renew automobile policies solely due to a pending dispute or complaint against the carrier.

This bill passed the Assembly.

D. Auto Photo Inspections

A.1305 (Zebrowski) / S.4047 (Lanza)

This bill would allow an insurer to waive the requirement that the insurer conduct a photo inspection of certain newly purchased used automobiles before providing coverage. The insurer would be required to file a statement of operation with the Superintendent of Financial Services stating that the insurer is waiving its right to conduct a photo inspection of some or all automobiles.

This bill was advanced to the Third Reading Calendar.

E. Car Rental Steering

A.7902 (Cymbrowitz) / S.5795 (Golden)

This bill would provide for increased consumer protections when an auto insurer refers a claimant to a rental vehicle company by prohibiting the insurer from receiving any compensation from the rental vehicle company for a direct referral. In addition, this bill would provide for greater consumer choice by requiring the insurer to provide the claimant with the name and contact information of at least three rental vehicle companies located within thirty miles of the location where the claimant will use the rental vehicle.

This bill was advanced to the Third Reading Calendar.

▪ LIFE INSURANCE ▪

A. Expanding Investment Opportunities for Life Insurers

A.2130-A (Simotas) / S.2890-A (Seward)

Chapter 471 of the Laws of 2013

This chapter permits life insurance companies to diversify their investments by increasing from sixteen to twenty percent the aggregate amount of a life insurer's admitted assets that can be invested in investment grade foreign jurisdictions and increase from six to seven percent the amount of a life insurer's admitted assets that can be invested in individual investment grade foreign jurisdictions.

This chapter increases from four to six percent the aggregate amount of a life insurer's admitted assets that can be invested in foreign jurisdictions that do not have an investment grade rating and from two to three percent the amount of a life insurer's admitted assets that can be invested in individual foreign jurisdictions that do not have an investment grade rating.

Finally, this chapter limits to four percent the amount of a life insurer's admitted assets that can be in investments not hedged against the United States dollar.

B. Unclaimed Life Insurance Benefits

A.1831 (Morelle) / S.2756 (Seward)

Chapter 10 of the Laws of 2013

Chapter 495 of 2012 requires life insurance companies to perform regular cross-checks of their policies and accounts against the Social Security Administration's Death Master File of potentially deceased individuals in order to identify deceased policyholders and make good faith efforts to locate beneficiaries. This chapter amends chapter 495 to make technical and clarifying changes in order to ensure that insurers identify and locate the greatest number of beneficiaries possible.

C. Giving Policyholders Additional Opportunities for Investments

A.7306-B (Cahill) / S.4171-B (Seward)

Chapter 535 of the Laws of 2013

Many life insurers offer policies that include an equity index. An equity index is a separate interest-bearing account into which the policyholder invests money. The amount of interest that is credited is pegged to an outside entity (such as the S&P 500). The money in the account is the policyholder's to do with as he or she pleases and is separate from any other benefits offered under the policy.

This chapter allows insurers to offer policies that credit additional amounts up to every three years. Insurers are still required to offer policies that credit additional amounts annually, but by providing consumers with additional options, consumers may be able to get a greater return on their investment. This chapter also requires insurance companies to provide certain disclosures to policyholders and to include other consumer-friendly provisions in policies that include an equity index.

D. Increasing Expansion Opportunities for Certain Life Insurers

A.6448-B (Lupardo) / S.4191-B (Libous)

Chapter 500 of the Laws of 2013

This chapter allows a mutual life insurance company with up to \$10 billion in assets to grow its business by forming a mutual holding company and reorganizing as a stock life insurance company. As a mutual company, an insurer can enter into transactions with other mutual companies but is unable to do so with mutual holding companies without becoming a part of the holding company system. By forming a mutual holding company, a mutual insurer will have more avenues when it seeks to expand its business.

▪ MISCELLANEOUS ▪

A. Regulating Insurance Company Investments in Iran

A.6855 (Silver) / S.5083 (Seward)

Chapter 481 of the Laws of 2013

This chapter establishes that insurance company investments in entities that invest in the Iranian energy sector are non-admitted assets. In 2012, New York State enacted the Iranian Divestment Act, which requires the Office of General Services (OGS) to develop and periodically update a list of entities that invest in the Iranian energy sector; these entities are prohibited from obtaining state and local contracts.

This chapter builds upon that precedent in order to protect consumers who purchase insurance policies by limiting their exposure to undue risks. It prohibits domestic insurance companies from including as admitted assets, investments in entities that are on the OGS list. By December 31 of each year insurers would have to determine what investments, if any, it has in such entities and report those investments to the Department of Financial Services by March 1 of the next year.

B. Increasing Departmental Oversight and Regulatory Efficiency

A.7807-A (Cahill) / S.4329-A (Seward)

Chapter 238 of the Laws of 2013

This chapter provides for increased oversight by the Department of Financial Services of holding company systems that include domestic insurance companies in order to ensure that policyholders are protected from risks within the holding company system that could negatively impact the insurer. In addition, this bill would enhance the regulatory efficiency of the Department and provide for speedier payments to claimants by increasing the monetary threshold at which the Superintendent may dispose of property and debts of an insurer that is in receivership and by permitting the Superintendent to allow claims payments below \$25,000 from the property/casualty security funds without court approval.

C. Extending the Authorization of the Excess Line Association

A.5694 (Skoufis) / S.3857 (Seward)

Chapter 20 of the Laws of 2013

The Excess Lines Association of New York (ELANY) is a non-profit association whose duties include receiving and recording all excess line insurance documents filed by excess line brokers and reporting to the Department of Financial Services premium data and other information on insurance sold in the excess lines market. All licensed excess

line brokers are members of ELANY. This chapter extends ELANY's authorizing statute from July 1, 2014 to July 1, 2019.

D. *Extending Provisions Relating to Medical Malpractice Insurance*

A.7388 (Cymbrowitz) / S.5704 (Seward)

Chapter 80 of the Laws of 2013

This chapter extends until 2018 the clarification that the Medical Malpractice Insurance Pool, the medical malpractice insurer of last resort, is not required to offer a secondary layer of excess medical malpractice coverage.

E. *Wireless Communication Equipment Vendors*

A.7546-A (Braunstein) / S.5550 (Libous)

Veto 267 of 2013

This bill would exempt wireless communication equipment insurance policies from compensation disclosure regulations.

F. *Prior Approval for Long Term Care Insurance Rates*

A.7929 (Roberts) / No Senate Companion

Long term care, such as home care and nursing homes, can be costly. One option is long term care insurance. These policies provide valuable coverage for home care, nursing home care, assisted living facilities, respite and, when necessary, hospice. However, the high cost of providing long term care coverage to beneficiaries can be difficult for insurers to predict; as a result, policyholders who have long term care insurance policies have seen significant rate increases over the last several years.

This bill would require insurers to submit proposed new rates and any proposed increases or decreases for existing rates for long term care insurance policies to the Superintendent of Financial Services for approval. The insurer would be required to give notice to policyholders before submitting the proposed rates to the Superintendent and there would be a thirty day comment period during which the public could contact the Superintendent and the insurer with comments about the proposed rates. The Superintendent would be required to approve, disapprove, or modify the proposed rates between thirty and sixty days from the date the insurer submitted the rates. Once the rates are approved, insurers would have to provide policyholders with sixty days notice before implementing any rate changes.

This bill was advanced to the Third Reading Calendar.

G. Claims Denial Quotas

A.1307 (Zebrowski) / No Senate Companion

This bill would prohibit an insurer from establishing a quota for the denial of claims or cancellation of insurance policies. Insurance companies have the right to deny claims or cancel policies in an effort to keep the cost of insurance affordable. However, denials and cancellations must be legal and based on the merits of a claim or policy and not on the desire to satisfy an arbitrary and often unreasonable quota.

This bill was referred to the Codes Committee.

▪ PUBLIC FORUMS ▪

Insurance Coverage in the Event of a Disaster

One of the most pressing matters before the Committee this session was the experience New Yorkers had dealing with the insurance in the aftermath of Superstorm Sandy. The damage caused by Sandy left thousands of individuals, families, and businesses without power, caused an extraordinary amount of property damage, forced businesses to cease operations, left many people homeless and, unfortunately, lives were lost.

In late November 2012, the monetary cost of the damages caused by Superstorm Sandy was estimated at \$33 billion. Families and businesses rely heavily on their insurance coverage in the recovery process after such a disaster. Prompt assessment of damages and processing of claims are key to providing individuals and families a safe place to live and businesses the resources they need to continue operating and serving the public.

The Insurance Committee held a public hearing on February 26, 2013, in Manhattan on insurance practices and other issues in the event of a disaster. Following the hearing, four roundtables were held in Queens, Long Island, Staten Island, and Brooklyn, in order to more closely examine the issues faced by the communities that were directly affected by Sandy. The Committee heard from constituents who had been impacted by Sandy, the Department of Financial Services, community leaders, insurance companies, agents, brokers, and independent and public adjusters. These forums brought to light many issues faced by homeowners and businesses following a catastrophe, including delays in the settlement of insurance claims, the adequacy of settlement offers, gaps in insurance coverage, and the complexities of insurance policies.

The culmination of these efforts was a package of thirteen bills designed to address these issues. The bills provide for more timely insurance payments, consumer education, and increased oversight of insurers following a disaster. This package passed the Assembly with bipartisan support on June 4, 2013.

The Impact of the Health Benefit Exchange on Immigrants

On October 1, 2013, New York State of Health, the New York Health Benefit Exchange, became operational and individuals and small businesses in New York State were able to enroll in health insurance (including Medicaid and Child Health Plus) through the Exchange. On September 17, the Assembly Committees on Health and Insurance and the Assembly Task Force on New Americans held a hearing to assess how the implementation of the Exchange could impact access to health insurance for immigrants

and their families. The Committees and Task Force heard from Empire Justice Center, New York Lawyers for the Public Interest, the New York Immigration Coalition, the Coalition of New York State Public Health Plans, Make the Road New York, and the Coalition for Asian American Children and Families.

The hearing reviewed issues relevant to the Exchange and the immigrant population across New York State, including how access to health insurance may help reduce health disparities amongst immigrant populations and the need for immigrants to enroll in health plans through the Exchange along with other uninsured New Yorkers in order for the Exchange to be financially viable. The Committee also heard about the importance of effective outreach to immigrant communities, and the difficulties in addressing language barriers to enrollment such as translating materials into the hundreds of different languages and dialects spoken by New Yorkers.

Witnesses also discussed concerns that undocumented immigrants might have about obtaining insurance through the Exchange; they stressed the need for Exchange materials to emphasize that such individuals and families can contact the Exchange without the risk of deportation and that they will not be asked about their immigration status if they seek coverage for their children. Finally, the Committee heard about the importance of community groups in assisting immigrants in not only obtaining health insurance, but also in interacting with health insurers.

The Insurance Committee will continue to monitor the operations of the Exchange to ensure that everyone has access to quality, affordable insurance.

The Early Intervention Fiscal Agent

Early Intervention (EI) provides therapeutic and educational services to children up to 3 years old with developmental disabilities or delays. Prior to 2012, EI service providers were paid by the county in which the services were provided (New York City being considered a county) with State and county funds and then counties would seek reimbursement for eligible services covered by private insurance and Medicaid. In order to ease the administrative burden that this placed on counties and to increase payments from private insurers, the 2012 state budget authorized the Department of Health to contract with a third-party fiscal agent to handle EI payments. Rather than submit their claims to the county, providers were to submit their claims to the fiscal agent, who would then bill the private insurance and Medicaid for the provider.

The 2012 budget required that the fiscal agent be implemented by April 1, 2013. However, the transition to a fiscal agent has created numerous difficulties, as providers have experienced long delays in payments and confusion about the interaction between themselves, the fiscal agent, and private insurers. As a result, many providers have

stopped performing EI services.

On October 22, 2013, the Assembly Committees on Health, Insurance, and Oversight held a joint hearing to examine this transition. The Committees received testimony from the Department of Health, the Department of Financial Services, the interim and permanent fiscal agents, EI providers and provider groups, and the insurance industry.

The witnesses spoke about the transition from having the counties seek reimbursement to having a fiscal agent, how many providers have experienced significant delays in payments since April 1, how the fiscal agent has imposed upon providers administrative tasks that were previously handled by counties, such as following up with private insurers to ensure that they get paid, and how these extra tasks have required some provider groups to hire more staff at a time when they were not receiving payments, and how as a result of this many providers have reduced their EI case load or stopped providing EI services altogether. Witnesses also spoke about the difficulty private insurers are having in identifying claims submitted through the fiscal agent, how many payments by private insurers have been misdirected, and communication issues between the Department of Health, the two fiscal agents, providers, and insurers.

The Committees will continue to examine these issues and to monitor the EI program to make sure that children and their families have ready access to the services they need.

▪ OUTLOOK FOR 2014 ▪

For the 2014 legislative session, the Insurance Committee will continue to advance legislation that protects New York's consumers while also strengthening the insurance market in this state.

The Committee has consistently advanced innovative legislation intended to increase the availability of quality, affordable health insurance and will continue to do so in the upcoming legislative session. One issue the Committee expects to focus on is surprise medical bills. When patients see a health care provider who is not in their health insurance network, they are often surprised by the amount that the out-of-network provider charges. Because out-of-network providers do not have contracts with insurance companies, they charge and are reimbursed by insurers at different rates than in-network providers. The balance is billed directly to the patient. As a result, patients often receive bills that can run into the thousands of dollars. The Committee supports allowing patients to make informed decisions so that they can obtain the care they need without having to worry about surprise medical bills and will consider measures accordingly.

The Committee will also continue to monitor and take an active role in the implementation of the federal Affordable Care Act (ACA) in New York State. On January 1, 2014, a number of insurance reforms required by the ACA will take effect. These include the requirements that every person purchase health insurance and that policies sold in the individual and small group markets will be required to include the essential health benefits. Finally, consumers and small businesses can continue to shop for coverage through New York State of Health, the New York State Health Benefit Exchange, which became operational in October.

The Committee will also continue to study financial products offered by life insurers and other entities within its jurisdiction. The financial crisis of 2008 reinforced the importance of having a strong, financially sound marketplace that is properly and sufficiently regulated. The Committee has consistently advanced legislation that increases oversight and policyholder protections, while maintaining the ability of insurers to offer innovative product designs and expand their investment opportunities. The Committee continues its strong commitment to the availability of reliable, safe products for New Yorkers and the economic vitality and primacy of the insurance industry in our state.

The Committee is also committed to ensure that businesses, large and small, have access to quality, affordable insurance. If coverage does not meet the policyholder's needs then both business owners and consumers could face higher out of pocket costs, which could stymie economic growth.

The Committee will refocus its examination of auto insurance. Drivers in New York State are required to purchase auto coverage, as it provides important protections to New Yorkers who are at risk of being injured in accidents or who may experience damage to their vehicle or other property. The affordability of auto insurance, the availability of additional types of auto coverage, whether current auto insurance laws adequately protect policyholders and accident victims and issues surrounding the no-fault system are all topics that the Committee attends to on an on-going basis. The Committee will continue and sharpen these reviews during the upcoming legislative session.

The Committee will also be examining real property title insurance. Title insurance guarantees that the buyer in a real estate transaction will have clear ownership of the property prior to purchase. It insures both buyers and mortgage lenders against any claims that might exist, but are not known at the time of purchase. As such, mortgage lenders often require title insurance to be purchased when a property is being purchased or refinanced. The Committee will take a careful look at the title insurance industry and determine if additional oversight and other changes are necessary.

APPENDIX A
2013 SUMMARY SHEET

Summary of Action on all Bills
Referred to the Insurance Committee

	<u>ASSEMBLY</u> <u>BILLS</u>	<u>SENATE</u> <u>BILLS</u>	<u>TOTAL</u> <u>BILLS</u>
BILLS REPORTED WITH OR WITHOUT AMENDMENT			
TO FLOOR; NOT RETURNING TO COMMITTEE (FAVORABLE)	17	0	17
TO WAYS AND MEANS	7	0	7
TO CODES	11	0	11
TO RULES	11	0	11
TO JUDICIARY	0	0	0
TOTAL	46	0	46
BILLS HAVING COMMITTEE REFERENCE CHANGED			
TO Economic Development COMMITTEE	1		
TO COMMITTEE			
TOTAL	1		
SENATE BILLS SUBSTITUTED OR RECALLED			
SUBSTITUTED		3	3
RECALLED		2	2
TOTAL		5	5
BILLS DEFEATED IN COMMITTEE			
	0	0	0
BILLS HELD FOR CONSIDERATION with a roll-call vote			
	0	0	0
BILLS NEVER REPORTED, HELD IN COMMITTEE			
	0	0	0
BILLS HAVING ENACTING CLAUSES STRICKEN			
	3	3	3
MOTIONS TO DISCHARGE LOST			
	0	0	0
TOTAL BILLS IN COMMITTEE	210	13	223
TOTAL NUMBER OF COMMITTEE MEETINGS HELD	8		

APPENDIX B
CHAPTERS OF 2013

Bill/ Sponsor	Description	Action
A.1831 Morelle S.2756 Seward	Clarifies provisions of chapter 495 of 2012, which requires life insurers to take steps to identify beneficiaries of unclaimed benefits.	Chapter 10
A.1832 Morelle S.2757 Seward	Clarifies that chapter 496 of 2012, which requires that ambulance crews and firefighters are covered by the ambulance or fire company's SUM coverage policy, applies to both professionals and volunteers.	Chapter 11
A.5694 Skoufis S.3857 Seward	Extends the authorizing statute for the Excess Lines Association of New York from 2014 to 2019.	Chapter 20
A.6918-A Steck S.4327-A Seward	Extends, to June 30, 2015, the exemption from rate and form filing requirements for certain property/casualty insurance policies issued to large commercial insureds.	Chapter 75
A.7388 Cymbrowitz S.5704 Seward	Extends until 2018 the clarification that the Medical Malpractice Insurance Pool is not required to offer a secondary layer of excess medical malpractice coverage.	Chapter 80
A.6519-B Silver S.4526-B Hannon	Allows the Freelancers Union to self-insure their health insurance plan.	Chapter 203
A.7307 Brindisi S.5121 Griffo	Allows a mutual health insurance company to convert to a stock company.	Chapter 286
A.7807-A Cahill S.4329-A Seward	Increases the Department of Financial Services' oversight of holding company systems and makes other changes to the Insurance Law to increase regulatory efficiency.	Chapter 238

A.490-A Paulin S.2287-A Ball	Would require health insurers to provide coverage for enteral formulas, whether the formula is administered orally or via a feeding tube.	Chapter 388
A.2130-A Simotas S.2890-A Seward	Would increase the amount that life insurers can invest in foreign jurisdictions.	Chapter 471
A.6855 Silver S.5083 Seward	Would establish that insurance company investments in entities that invest in the Iranian energy sector are non-admitted assets.	Chapter 481
A.7735-A Morelle S.5695-A Robach	Would extend until December 31, 2014, the effectiveness of the health insurance demonstration program for early retirees.	Chapter 488
A.7382-A Cahill S.2894-A Seward	Would allow agents and brokers to establish wellness programs for policyholders either as part of commissions paid or as part of a separate fee agreement.	Chapter 496
A.6448-B Lupardo S.4191-B Libous	Would allow a mutual life insurer with up to \$10 billion in assets to form a mutual holding company and to reorganize as a stock life insurer.	Chapter 500
A.7306-B Cahill S.4171-B Seward	Would allow life insurance policies that credit additional amounts in accordance with an equity index to credit such amounts every three years.	Chapter 535
A.7829-A Cahill S.5236 Seward	Would require the Department of Financial Services to report to the Governor and Legislature six months prior to the sunset of NYPIUA's authority to write broad form coverage.	Chapter 542
A.6786-B Weprin S.3771-B Klein	Would require public adjusters to work for the benefit of policyholders and require disclosures of conflicts of interest and compensation.	Chapter 546

APPENDIX C
BILLS THAT WERE REPORTED IN 2013

Bill / Sponsor	Description	Final Action
A.1831 Morelle S.2756 Seward	Would clarify the provisions of chapter 495 of 2012, which requires life insurers to take steps to identify beneficiaries of unclaimed benefits.	Chapter 10
A.1832 Morelle S.2757 Seward	Would clarify that chapter 496 of 2012, which requires that ambulance crews and firefighters are covered by the ambulance or fire company's SUM coverage policy, applies to both professionals and volunteers.	Chapter 11
A.5694 Skoufis S.3857 Seward	Would extend the authorizing statute for the Excess Lines Association of New York from 2014 to 2019.	Chapter 20
A.6918-A Steck S.4327-A Seward	Extends, to June 30, 2015, the exemption from rate and form filing requirements for certain property/casualty insurance policies issued to large commercial insureds.	Chapter 75
A.7388 Cymbrowitz S.5704 Seward	Would extend until 2018 the clarification that the Medical Malpractice Insurance Pool is not required to offer a secondary layer of excess medical malpractice coverage.	Chapter 80
A.6519-B Silver S.4526-B Hannon	Would allow the Freelancers Union to self-insure their health insurance plan.	Chapter 203
A.7807-A Cahill S.4329-A Seward	Would increase the Department of Financial Services' oversight holding company systems and make other changes to the Insurance Law to increase regulatory efficiency.	Chapter 238

A.7307 Brindisi S.5121 Griffo	Would allow a domestic mutual health insurance company to convert to a domestic stock company.	Chapter 286
A.490-A Paulin S.2287-A Ball	Would require health insurers to provide coverage for enteral formulas, whether the formula is administered orally or via a feeding tube.	Chapter 388
A.2130-A Simotas S.2890-A Seward	Would increase the amount that life insurers can invest in foreign jurisdictions.	Chapter 471
A.6855 Silver S.5083 Seward	Would establish that insurance company investments in entities that invest in the Iranian energy sector are non-admitted assets.	Chapter 481
A.7735-A Morelle S.5695-A Robach	Would extend until December 31, 2014, the effectiveness of the health insurance demonstration program for early retirees.	Chapter 488
A.7382-A Cahill S.2894-A Seward	Would allow agents and brokers to establish wellness programs for policyholders either as part of commissions paid or as part of a separate fee agreement.	Chapter 496
A.6448-B Lupardo S.4191-B Libous	Would allow a mutual life insurer with up to \$10 billion in assets to form a mutual holding company and to reorganize as a stock life insurer.	Chapter 500
A.7306-B Cahill S.4171-B Seward	Would allow life insurance policies that credit additional amounts in accordance with an equity index to credit such amounts every three years.	Chapter 535
A.7829-A Cahill S.5236 Seward	Would require the Department of Financial Services to report to the Governor and Legislature six months prior to the sunset of NYPIUA's authority to write broad form coverage.	Chapter 542

A.6786-B Weprin S.3771-B Klein	Would require public adjusters to work for the benefit of policyholders and require disclosures of conflicts of interest and compensation.	Chapter 546
A.3107-D Morelle S.5804 Seward	Would regulate certificates of insurance.	Veto 257
A.7546-A Braunstein S.5550 Libous	Would exempt wireless communication equipment insurance policies from compensation disclosure regulations.	Veto 267
A.7882 Cahill S.5218 Seward	Would codify that the Department of Financial Services oversees the rate setting for the Child Health Plus program and repeal the cut in state subsidies paid to insurers that was enacted in the 2010 budget.	Veto 272
A.1092-A Skoufis S.3413-A Carlucci	Would set time frames for insurers to begin investigating disaster claims, accept or reject the claim, and make payments.	Passed Assembly
A.1093 Skoufis S.4235 Latimer	Would create a task force to examine how insurers respond to disasters.	Passed Assembly
A.1475-A Colton S.3286-A O'Mara	Would provide for actuarially appropriate discounts on homeowners insurance premiums for consumers who complete a certified home safety and loss prevention course.	Passed Assembly
A.2287-A Silver No Senate Companion	Would create a Homeowners' Bill of Rights to educate consumers about property / casualty insurance coverage, require insurers to provide consumers with information about flood zones and flood insurance coverage, and require the Department of Financial Services to develop a Consumers Guide on Insuring Against Catastrophic Loss.	Passed Assembly
A.2729 Weisenberg S.2032 LaValle	Would require the Superintendent of Financial Services to establish uniform trigger standards for hurricane windstorm	Passed Assembly

	deductibles.	
A.3696-A Perry S.7603 Alesi	Would prohibit the cancellation, non-renewal or conditional renewal of automobile insurance policies when a dispute as to pending claims exists.	Passed Assembly
A.3952 Glick S.4822 LaValle	Would prohibit insurers that provide homeowner's insurance coverage from refusing to issue or renew a policy or from increasing premiums due to the breed of dog owned by the policyholder.	Passed Assembly
A.5526-A Englebright No Senate Companion	Would require the removal of certain information relating to lost property claims from an insured's record of claims.	Passed Assembly
A.5723-A Heastie S.3995-A Maziarz	Would clarify that a health insurer cannot require an insured to use a mail order pharmacy so long as the local retail pharmacy agrees to the same reimbursement amount as the mail order pharmacy.	Passed Assembly
A.5780 Weinstein No Senate Companion	Would establish a private right of action for consumers when an insurer commits an unfair claim settlement practice regarding a claim arising from a declared disaster or emergency.	Passed Assembly
A.6727 Morelle S.5606 Seward	Would require auto insurers to make SUM coverage available in the same amount as the insured's bodily injury and to require the insured to designate if they want to purchase SUM coverage.	Passed Assembly
A.6913 Sweeney S.5034 LaValle	Would require homeowners' insurers, if they plan to non-renew four percent of their policies in each rating area, to file a market withdrawal plan with the Department of Financial Services and would make permanent NYPIUA's authority to write additional types of coverage.	Passed Assembly

A.7295 Cahill S.4328 Seward	Would require health insurers, when they discontinue a class of policies, to file a market withdrawal plan for approval with the Department of Financial Services and discontinue the policies on their renewal dates.	Passed Assembly
A.7452-A Moya No Senate Companion	Would prohibit insurers from denying business interruption claims for losses covered under the policy because those covered losses were the direct result of something that is excluded from coverage, resulted from an action taken to mitigate loss from a peril that is excluded under the policy, or occurred within a reasonable amount of time either before or after a peril that is excluded under the policy.	Passed Assembly
A.7453 Cahill S.5579 Seward	Would require the Department of Financial Services to promulgate regulations that would standardize the definitions of terms and phrases commonly used in homeowners and certain commercial insurance policies.	Passed Assembly
A.7454 Cahill S.5578 Seward	Would require insurers, agents, and brokers to provide potential insureds with copies of homeowners and certain commercial insurance policies prior to the policy being purchased.	Passed Assembly
A.7455-A Goldfeder No Senate Companion	Would prohibit insurance companies from refusing to pay for damages caused by a covered event solely because a flood occurred simultaneously with or was a contributing factor in the covered event, and mandates that insurers who include anti concurrent causation clauses in their policies clearly state in what situations those clauses would apply.	Passed Assembly
A.7456-A Brook-Krasny No Senate Companion	Would require the Department of Financial Services, following a declared disaster, to prepare a report card with detailed information on how certain	Passed Assembly

	insurers responded to the disaster.	
A.908 Weprin S.5183 Martins	Would require the disclosure of conflicts of interest regarding repairs of real property and require independent adjusters to meet the same continuing education requirements as public adjusters.	Advanced to the Third Reading Calendar
A.1305 Zebrowski S.4047 Lanza	Would make the current requirement that an insurer conduct an inspection of a private passenger automobile optional on the part of the insurer.	Advanced to the Third Reading Calendar
A.3832 Peoples-Stokes No Senate Companion	Would prohibit discrimination in the issuance or renewal of certain insurance policies based upon inquiries in which loss or damage is revealed.	Advanced to the Third Reading Calendar
A.7902 Cymbrowitz S.5795 Golden	Would require insurance companies to disclose a list of three car rental companies to the claimant and prohibit insurance companies from receiving compensation from car rental companies for referrals.	Advanced to the Third Reading Calendar
A.7929 Roberts No Senate Companion	Would require prior approval for the rates for long term care insurance policies.	Advanced to the Third Reading Calendar
A.1307 Zebrowski No Senate Companion	Would make it an unfair claim settlement practice to establish a quota on claims denials or policy cancellations during a given period of time.	Referred to the Codes Committee
A.2753 Lavine S.3056 Little	Would require reimbursement for surgical first assistant services.	Referred to the Ways & Means Committee
A.5174-A Cahill S.3478-A Gipson	Would require health insurers to cover treatment for tick borne illnesses and establish a tax check write-off for tick borne illness research and education.	Referred to the Ways & Means Committee

END OF REPORT