

HOUSE BILL No. 1319

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-44.2-9; IC 27-1-3; IC 27-4-1-4; IC 27-8; IC 27-19.

Synopsis: Health benefit exchange provisions. Provides for implementation of the federal Patient Protection and Affordable Care Act with respect to a health benefit exchange in Indiana. Specifies requirements for health plans issued through a health benefit exchange. Requires a navigator or an assister to be certified or registered before providing services with respect to a health benefit exchange. Provides for dissolution of the Indiana comprehensive health insurance association.

Effective: Upon passage; July 1, 2013.

Lehman

January 17, 2013, read first time and referred to Committee on Insurance.

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First Regular Session 118th General Assembly (2013)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2012 Regular Session of the General Assembly.

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HOUSE BILL No. 1319



A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-44.2-9, AS AMENDED BY P.L.160-2011,
2 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2013]: Sec. 9. (a) An individual is eligible for participation in
4 the plan if the individual meets the following requirements:
5 (1) The individual is at least eighteen (18) years of age and less
6 than sixty-five (65) years of age.
7 (2) The individual is a United States citizen and has been a
8 resident of Indiana for at least twelve (12) months.
9 (3) The individual has an annual household income of not more
10 than the following:
11 (A) Effective through December 31, 2013, two hundred
12 percent (200%) of the federal income poverty level.
13 (B) Beginning January 1, 2014, one hundred thirty-three
14 percent (133%) of the federal income poverty level, based on
15 the adjusted gross income provisions set forth in Section
16 2001(a)(1) of the federal Patient Protection and Affordable
17 Care Act.



1 (4) Effective through December 31, 2013, the individual is not
 2 eligible for health insurance coverage through the individual's
 3 employer.

4 (5) Effective through December 31, 2013, the individual has:

5 (A) not had health insurance coverage for at least six (6)
 6 months; or

7 **(B) had coverage under the Indiana comprehensive health**
 8 **insurance association (IC 27-8-10) within the immediately**
 9 **preceding six (6) months and the coverage no longer**
 10 **applies under IC 27-8-10-0.5.**

11 (b) The following individuals are not eligible for the plan:

12 (1) An individual who participates in the federal Medicare
 13 program (42 U.S.C. 1395 et seq.).

14 (2) A pregnant woman for purposes of pregnancy related services.

15 (3) An individual who is otherwise eligible for medical assistance.

16 (c) The eligibility requirements specified in subsection (a) are
 17 subject to approval for federal financial participation by the United
 18 States Department of Health and Human Services.

19 SECTION 2. IC 27-1-3-7 IS AMENDED TO READ AS FOLLOWS
 20 [EFFECTIVE JULY 1, 2013]: Sec. 7. (a) The department may
 21 promulgate rules and regulations for any of the following enumerated
 22 purposes:

23 (1) For the conduct of the work of the department.

24 (2) Prescribing the methods and standards to be used in making
 25 the examinations and prescribing the forms of reports of the
 26 several insurance companies to which IC 27-1 is applicable.

27 (3) Defining what is a safe or an unsafe manner and a safe or an
 28 unsafe condition for conducting business by any insurance
 29 company to which IC 27-1 is applicable.

30 (4) For the establishment of safe and sound methods for the
 31 transaction of business by such insurance companies and for the
 32 purpose of safeguarding the interests of policyholders, creditors,
 33 and shareholders respecting the withdrawal or payment of funds
 34 by any life insurance company in times of emergency. Any rule or
 35 regulation promulgated under this subdivision may apply to one
 36 (1) or more insurance companies as the department may
 37 determine.

38 (5) For the administration and termination of the affairs of any
 39 such insurance company which is in involuntary liquidation or
 40 whose business and property have been taken possession of by the
 41 department for the purpose of rehabilitation, liquidation,
 42 conservation, or dissolution under IC 27-1.

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1 (6) For the regulation of the solicitation or use of proxies, in
 2 general and as they concern consents or authorizations, in respect
 3 of securities issued by any domestic stock company for the
 4 purpose of protecting investors by prescribing the form of proxies,
 5 including such consents or authorizations, and by requiring
 6 adequate disclosure of information relevant to such proxies,
 7 including such consents or authorizations, and relevant to the
 8 business to be transacted at any meeting of shareholders with
 9 respect to which such proxies, including such consents or
 10 authorizations, may be used, which regulations may, in general,
 11 conform to those prescribed by the National Association of
 12 Insurance Commissioners.

13 **(7) For regulation related to a health benefit exchange**
 14 **established under the federal Patient Protection and**
 15 **Affordable Care Act (P.L. 111-148), as amended by the**
 16 **federal Health Care and Education Reconciliation Act of 2010**
 17 **(P.L. 111-152), and operating in Indiana.**

18 (b) The department may adopt a rule under IC 4-22-2 to provide
 19 reasonable simplification of the terms and coverage of individual and
 20 group Medicare supplement accident and sickness insurance policies
 21 and individual and group Medicare supplement subscriber contracts in
 22 order to facilitate public understanding and comparison and to
 23 eliminate provisions contained in those policies or contracts which may
 24 be misleading or confusing in connection either with the purchase of
 25 those coverages or with the settlement of claims and to provide for full
 26 disclosure in the sale of those coverages.

27 SECTION 3. IC 27-1-3-10.5 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 10.5. (a) As used in this
 29 section, "confidential information" means information that has been
 30 designated as confidential by statute, rule, or regulation issued under
 31 a statute.

32 (b) The commissioner may not:

- 33 (1) disclose; or
 34 (2) subject to subpoena;

35 financial information regarding material transactions disclosed by an
 36 insurer under IC 27-2-18.

37 (c) The commissioner may not disclose any information, including
 38 any document or report received from:

- 39 (1) the National Association of Insurance Commissioners; or
 40 (2) an insurance department of another state;

41 if the information is designated as confidential information in the other
 42 jurisdiction.

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1 (d) The commissioner may share confidential information with:

2 (1) the National Association of Insurance Commissioners; or

3 (2) an insurance department of another state;

4 on the condition that the National Association of Insurance
5 Commissioners and the other state agree to maintain the same level of
6 confidentiality that is provided to the information under Indiana law.

7 **(e) The commissioner may share confidential information**
8 **related to a health benefit exchange established under the federal**
9 **Patient Protection and Affordable Care Act (P.L. 111-148), as**
10 **amended by the federal Health Care and Education Reconciliation**
11 **Act of 2010 (P.L. 111-152), with the health benefit exchange if the**
12 **health benefit exchange:**

13 **(1) agrees to maintain the same level of confidentiality that is**
14 **provided to the confidential information under Indiana law;**
15 **and**

16 **(2) complies with all applicable confidentiality requirements**
17 **under federal law.**

18 SECTION 4. IC 27-4-1-4, AS AMENDED BY P.L.67-2011,
19 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20 JULY 1, 2013]: Sec. 4. (a) The following are hereby defined as unfair
21 methods of competition and unfair and deceptive acts and practices in
22 the business of insurance:

23 (1) Making, issuing, circulating, or causing to be made, issued, or
24 circulated, any estimate, illustration, circular, or statement:

25 (A) misrepresenting the terms of any policy issued or to be
26 issued or the benefits or advantages promised thereby or the
27 dividends or share of the surplus to be received thereon;

28 (B) making any false or misleading statement as to the
29 dividends or share of surplus previously paid on similar
30 policies;

31 (C) making any misleading representation or any
32 misrepresentation as to the financial condition of any insurer,
33 or as to the legal reserve system upon which any life insurer
34 operates;

35 (D) using any name or title of any policy or class of policies
36 misrepresenting the true nature thereof; or

37 (E) making any misrepresentation to any policyholder insured
38 in any company for the purpose of inducing or tending to
39 induce such policyholder to lapse, forfeit, or surrender the
40 policyholder's insurance.

41 (2) Making, publishing, disseminating, circulating, or placing
42 before the public, or causing, directly or indirectly, to be made,

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1 published, disseminated, circulated, or placed before the public,
 2 in a newspaper, magazine, or other publication, or in the form of
 3 a notice, circular, pamphlet, letter, or poster, or over any radio or
 4 television station, or in any other way, an advertisement,
 5 announcement, or statement containing any assertion,
 6 representation, or statement with respect to any person in the
 7 conduct of the person's insurance business, which is untrue,
 8 deceptive, or misleading.

9 (3) Making, publishing, disseminating, or circulating, directly or
 10 indirectly, or aiding, abetting, or encouraging the making,
 11 publishing, disseminating, or circulating of any oral or written
 12 statement or any pamphlet, circular, article, or literature which is
 13 false, or maliciously critical of or derogatory to the financial
 14 condition of an insurer, and which is calculated to injure any
 15 person engaged in the business of insurance.

16 (4) Entering into any agreement to commit, or individually or by
 17 a concerted action committing any act of boycott, coercion, or
 18 intimidation resulting or tending to result in unreasonable
 19 restraint of, or a monopoly in, the business of insurance.

20 (5) Filing with any supervisory or other public official, or making,
 21 publishing, disseminating, circulating, or delivering to any person,
 22 or placing before the public, or causing directly or indirectly, to
 23 be made, published, disseminated, circulated, delivered to any
 24 person, or placed before the public, any false statement of
 25 financial condition of an insurer with intent to deceive. Making
 26 any false entry in any book, report, or statement of any insurer
 27 with intent to deceive any agent or examiner lawfully appointed
 28 to examine into its condition or into any of its affairs, or any
 29 public official to which such insurer is required by law to report,
 30 or which has authority by law to examine into its condition or into
 31 any of its affairs, or, with like intent, willfully omitting to make a
 32 true entry of any material fact pertaining to the business of such
 33 insurer in any book, report, or statement of such insurer.

34 (6) Issuing or delivering or permitting agents, officers, or
 35 employees to issue or deliver, agency company stock or other
 36 capital stock, or benefit certificates or shares in any common law
 37 corporation, or securities or any special or advisory board
 38 contracts or other contracts of any kind promising returns and
 39 profits as an inducement to insurance.

40 (7) Making or permitting any of the following:

41 (A) Unfair discrimination between individuals of the same
 42 class and equal expectation of life in the rates or assessments

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1 charged for any contract of life insurance or of life annuity or
 2 in the dividends or other benefits payable thereon, or in any
 3 other of the terms and conditions of such contract. However,
 4 in determining the class, consideration may be given to the
 5 nature of the risk, plan of insurance, the actual or expected
 6 expense of conducting the business, or any other relevant
 7 factor.

8 (B) Unfair discrimination between individuals of the same
 9 class involving essentially the same hazards in the amount of
 10 premium, policy fees, assessments, or rates charged or made
 11 for any policy or contract of accident or health insurance or in
 12 the benefits payable thereunder, or in any of the terms or
 13 conditions of such contract, or in any other manner whatever.
 14 However, in determining the class, consideration may be given
 15 to the nature of the risk, the plan of insurance, the actual or
 16 expected expense of conducting the business, or any other
 17 relevant factor.

18 (C) Excessive or inadequate charges for premiums, policy
 19 fees, assessments, or rates, or making or permitting any unfair
 20 discrimination between persons of the same class involving
 21 essentially the same hazards, in the amount of premiums,
 22 policy fees, assessments, or rates charged or made for:

23 (i) policies or contracts of reinsurance or joint reinsurance,
 24 or abstract and title insurance;

25 (ii) policies or contracts of insurance against loss or damage
 26 to aircraft, or against liability arising out of the ownership,
 27 maintenance, or use of any aircraft, or of vessels or craft,
 28 their cargoes, marine builders' risks, marine protection and
 29 indemnity, or other risks commonly insured under marine,
 30 as distinguished from inland marine, insurance; or

31 (iii) policies or contracts of any other kind or kinds of
 32 insurance whatsoever.

33 However, nothing contained in clause (C) shall be construed to
 34 apply to any of the kinds of insurance referred to in clauses (A)
 35 and (B) nor to reinsurance in relation to such kinds of insurance.
 36 Nothing in clause (A), (B), or (C) shall be construed as making or
 37 permitting any excessive, inadequate, or unfairly discriminatory
 38 charge or rate or any charge or rate determined by the department
 39 or commissioner to meet the requirements of any other insurance
 40 rate regulatory law of this state.

41 (8) Except as otherwise expressly provided by law, knowingly
 42 permitting or offering to make or making any contract or policy

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1 of insurance of any kind or kinds whatsoever, including but not in
 2 limitation, life annuities, or agreement as to such contract or
 3 policy other than as plainly expressed in such contract or policy
 4 issued thereon, or paying or allowing, or giving or offering to pay,
 5 allow, or give, directly or indirectly, as inducement to such
 6 insurance, or annuity, any rebate of premiums payable on the
 7 contract, or any special favor or advantage in the dividends,
 8 savings, or other benefits thereon, or any valuable consideration
 9 or inducement whatever not specified in the contract or policy; or
 10 giving, or selling, or purchasing or offering to give, sell, or
 11 purchase as inducement to such insurance or annuity or in
 12 connection therewith, any stocks, bonds, or other securities of any
 13 insurance company or other corporation, association, limited
 14 liability company, or partnership, or any dividends, savings, or
 15 profits accrued thereon, or anything of value whatsoever not
 16 specified in the contract. Nothing in this subdivision and
 17 subdivision (7) shall be construed as including within the
 18 definition of discrimination or rebates any of the following
 19 practices:

20 (A) Paying bonuses to policyholders or otherwise abating their
 21 premiums in whole or in part out of surplus accumulated from
 22 nonparticipating insurance, so long as any such bonuses or
 23 abatement of premiums are fair and equitable to policyholders
 24 and for the best interests of the company and its policyholders.

25 (B) In the case of life insurance policies issued on the
 26 industrial debit plan, making allowance to policyholders who
 27 have continuously for a specified period made premium
 28 payments directly to an office of the insurer in an amount
 29 which fairly represents the saving in collection expense.

30 (C) Readjustment of the rate of premium for a group insurance
 31 policy based on the loss or expense experience thereunder, at
 32 the end of the first year or of any subsequent year of insurance
 33 thereunder, which may be made retroactive only for such
 34 policy year.

35 (D) Paying by an insurer or insurance producer thereof duly
 36 licensed as such under the laws of this state of money,
 37 commission, or brokerage, or giving or allowing by an insurer
 38 or such licensed insurance producer thereof anything of value,
 39 for or on account of the solicitation or negotiation of policies
 40 or other contracts of any kind or kinds, to a broker, an
 41 insurance producer, or a solicitor duly licensed under the laws
 42 of this state, but such broker, insurance producer, or solicitor

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receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.

(9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.

(10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the business of insurance.

(11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.

(12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.

(13) Issuing, offering, or participating in a plan to issue or offer, any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is

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1 not made for and on account of such policy or certificate of
 2 insurance. However, this subdivision shall not apply to any of the
 3 following:

4 (A) Insurance issued to credit unions or members of credit
 5 unions in connection with the purchase of shares in such credit
 6 unions.

7 (B) Insurance employed as a means of guaranteeing the
 8 performance of goods and designed to benefit the purchasers
 9 or users of such goods.

10 (C) Title insurance.

11 (D) Insurance written in connection with an indebtedness and
 12 intended as a means of repaying such indebtedness in the
 13 event of the death or disability of the insured.

14 (E) Insurance provided by or through motorists service clubs
 15 or associations.

16 (F) Insurance that is provided to the purchaser or holder of an
 17 air transportation ticket and that:

18 (i) insures against death or nonfatal injury that occurs during
 19 the flight to which the ticket relates;

20 (ii) insures against personal injury or property damage that
 21 occurs during travel to or from the airport in a common
 22 carrier immediately before or after the flight;

23 (iii) insures against baggage loss during the flight to which
 24 the ticket relates; or

25 (iv) insures against a flight cancellation to which the ticket
 26 relates.

27 (14) Refusing, because of the for-profit status of a hospital or
 28 medical facility, to make payments otherwise required to be made
 29 under a contract or policy of insurance for charges incurred by an
 30 insured in such a for-profit hospital or other for-profit medical
 31 facility licensed by the state department of health.

32 (15) Refusing to insure an individual, refusing to continue to issue
 33 insurance to an individual, limiting the amount, extent, or kind of
 34 coverage available to an individual, or charging an individual a
 35 different rate for the same coverage, solely because of that
 36 individual's blindness or partial blindness, except where the
 37 refusal, limitation, or rate differential is based on sound actuarial
 38 principles or is related to actual or reasonably anticipated
 39 experience.

40 (16) Committing or performing, with such frequency as to
 41 indicate a general practice, unfair claim settlement practices (as
 42 defined in section 4.5 of this chapter).

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- 1 (17) Between policy renewal dates, unilaterally canceling an
 2 individual's coverage under an individual or group health
 3 insurance policy solely because of the individual's medical or
 4 physical condition.
 5 (18) Using a policy form or rider that would permit a cancellation
 6 of coverage as described in subdivision (17).
 7 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
 8 concerning motor vehicle insurance rates.
 9 (20) Violating IC 27-8-21-2 concerning advertisements referring
 10 to interest rate guarantees.
 11 (21) Violating IC 27-8-24.3 concerning insurance and health plan
 12 coverage for victims of abuse.
 13 (22) Violating IC 27-8-26 concerning genetic screening or testing.
 14 (23) Violating IC 27-1-15.6-3(b) concerning licensure of
 15 insurance producers.
 16 (24) Violating IC 27-1-38 concerning depository institutions.
 17 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
 18 the resolution of an appealed grievance decision.
 19 (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired
 20 July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1,
 21 2007, and repealed).
 22 (27) Violating IC 27-2-21 concerning use of credit information.
 23 (28) Violating IC 27-4-9-3 concerning recommendations to
 24 consumers.
 25 (29) Engaging in dishonest or predatory insurance practices in
 26 marketing or sales of insurance to members of the United States
 27 Armed Forces as:
 28 (A) described in the federal Military Personnel Financial
 29 Services Protection Act, P.L.109-290; or
 30 (B) defined in rules adopted under subsection (b).
 31 (30) Violating IC 27-8-19.8-20.1 concerning stranger originated
 32 life insurance.
 33 (31) Violating IC 27-2-22 concerning retained asset accounts.
 34 **(32) Violating IC 27-8-5-29 concerning health plans offered**
 35 **through a health benefit exchange (as defined in**
 36 **IC 27-19-2-8).**
 37 **(33) Violating a requirement of the federal Patient Protection**
 38 **and Affordable Care Act (P.L. 111-148), as amended by the**
 39 **federal Health Care and Education Reconciliation Act of 2010**
 40 **(P.L. 111-152), that is enforceable by the state.**
 41 (b) Except with respect to federal insurance programs under
 42 Subchapter III of Chapter 19 of Title 38 of the United States Code, the

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1 commissioner may, consistent with the federal Military Personnel
2 Financial Services Protection Act (P.L.109-290), adopt rules under
3 IC 4-22-2 to:

- 4 (1) define; and
- 5 (2) while the members are on a United States military installation
- 6 or elsewhere in Indiana, protect members of the United States
- 7 Armed Forces from;
- 8 dishonest or predatory insurance practices.

9 SECTION 5. IC 27-8-5-1, AS AMENDED BY P.L.160-2011,
10 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2013]: Sec. 1. (a) The term "policy of accident and sickness
12 insurance", as used in this chapter, includes any policy or contract
13 covering one (1) or more of the kinds of insurance described in Class
14 1(b) or 2(a) of IC 27-1-5-1. Such policies may be on the individual
15 basis under this section and sections 2 through 9 of this chapter, on the
16 group basis under this section and sections 16 through 19 of this
17 chapter, on the franchise basis under this section and section 11 of this
18 chapter, or on a blanket basis under section 15 of this chapter and
19 (except as otherwise expressly provided in this chapter) shall be
20 exclusively governed by this chapter.

21 (b) No policy of accident and sickness insurance may be issued or
22 delivered to any person in this state, nor may any application, rider, or
23 endorsement be used in connection with an accident and sickness
24 insurance policy, until a copy of the form of the policy and of the
25 classification of risks and the premium rates, or, in the case of
26 assessment companies, the estimated cost pertaining thereto, have been
27 filed with and reviewed by the commissioner under section 1.5 of this
28 chapter. This section is applicable also to assessment companies and
29 fraternal benefit associations or societies.

30 (c) This chapter shall be applied in conformity with the
31 requirements of the federal Patient Protection and Affordable Care Act
32 (P.L. 111-148), as amended by the federal Health Care and Education
33 Reconciliation Act of 2010 (P.L. 111-152), as in effect on September
34 23, 2010.

35 **(d) A policy of accident and sickness insurance that is issued or**
36 **delivered through a health benefit exchange established under the**
37 **federal Patient Protection and Affordable Care Act (P.L. 111-148),**
38 **as amended by the federal Health Care and Education**
39 **Reconciliation Act of 2010 (P.L. 111-152), is subject to the**
40 **requirements of this chapter. The commissioner may adopt rules**
41 **under IC 4-22-2 to implement this subsection, including rules**
42 **concerning:**

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1 **(1) certification or decertification of a qualified health plan**
2 **(as defined in IC 27-19-2-15); and**
3 **(2) open enrollment.**
4 SECTION 6. IC 27-8-5-1.5, AS AMENDED BY P.L.111-2008,
5 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
6 JULY 1, 2013]: Sec. 1.5. (a) This section applies to a policy of accident
7 and sickness insurance issued on an individual, a group, a franchise, or
8 a blanket basis, including a policy issued by an assessment company or
9 a fraternal benefit society.
10 (b) As used in this section, "commissioner" refers to the insurance
11 commissioner appointed under IC 27-1-1-2.
12 (c) As used in this section, "grossly inadequate filing" means a
13 policy form filing:
14 (1) that fails to provide key information, including state specific
15 information, regarding a product, policy, or rate; or
16 (2) that demonstrates an insufficient understanding of applicable
17 legal requirements.
18 (d) As used in this section, "policy form" means a policy, a contract,
19 a certificate, a rider, an endorsement, an evidence of coverage, or any
20 amendment that is required by law to be filed with the commissioner
21 for approval before use in Indiana.
22 (e) As used in this section, "type of insurance" refers to a type of
23 coverage listed on the National Association of Insurance
24 Commissioners Uniform Life, Accident and Health, Annuity and Credit
25 Product Coding Matrix, or a successor document, under the heading
26 "Continuing Care Retirement Communities", "Health", "Long Term
27 Care", or "Medicare Supplement".
28 (f) Each person having a role in the filing process described in
29 subsection (i) shall act in good faith and with due diligence in the
30 performance of the person's duties.
31 (g) A policy form, **including a policy form of a policy, contract,**
32 **certificate, rider, endorsement, evidence of coverage, or**
33 **amendment that is issued through a health benefit exchange (as**
34 **defined in IC 27-19-2-8),** may not be issued or delivered in Indiana
35 unless the policy form has been filed with and approved by the
36 commissioner.
37 (h) The commissioner shall do the following:
38 (1) Create a document containing a list of all product filing
39 requirements for each type of insurance, with appropriate
40 citations to the law, administrative rule, or bulletin that specifies
41 the requirement, including the citation for the type of insurance
42 to which the requirement applies.

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- 1 (2) Make the document described in subdivision (1) available on
 2 the department of insurance Internet site.
- 3 (3) Update the document described in subdivision (1) at least
 4 annually and not more than thirty (30) days following any change
 5 in a filing requirement.
- 6 (i) The filing process is as follows:
- 7 (1) A filer shall submit a policy form filing that:
- 8 (A) includes a copy of the document described in subsection
 9 (h);
- 10 (B) indicates the location within the policy form or supplement
 11 that relates to each requirement contained in the document
 12 described in subsection (h); and
- 13 (C) certifies that the policy form meets all requirements of
 14 state law.
- 15 (2) The commissioner shall review a policy form filing and, not
 16 more than thirty (30) days after the commissioner receives the
 17 filing under subdivision (1):
- 18 (A) approve the filing; or
- 19 (B) provide written notice of a determination:
- 20 (i) that deficiencies exist in the filing; or
- 21 (ii) that the commissioner disapproves the filing.
- 22 A written notice provided by the commissioner under clause (B)
 23 must be based only on the requirements set forth in the document
 24 described in subsection (h) and must cite the specific
 25 requirements not met by the filing. A written notice provided by
 26 the commissioner under clause (B)(i) must state the reasons for
 27 the commissioner's determination in sufficient detail to enable the
 28 filer to bring the policy form into compliance with the
 29 requirements not met by the filing.
- 30 (3) A filer may resubmit a policy form that:
- 31 (A) was determined deficient under subdivision (2) and has
 32 been amended to correct the deficiencies; or
- 33 (B) was disapproved under subdivision (2) and has been
 34 revised.
- 35 A policy form resubmitted under this subdivision must meet the
 36 requirements set forth as described in subdivision (1) and must be
 37 resubmitted not more than thirty (30) days after the filer receives
 38 the commissioner's written notice of deficiency or disapproval. If
 39 a policy form is not resubmitted within thirty (30) days after
 40 receipt of the written notice, the commissioner's determination
 41 regarding the policy form is final.
- 42 (4) The commissioner shall review a policy form filing

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1 resubmitted under subdivision (3) and, not more than thirty (30)
2 days after the commissioner receives the resubmission:

3 (A) approve the resubmitted policy form; or

4 (B) provide written notice that the commissioner disapproves
5 the resubmitted policy form.

6 A written notice of disapproval provided by the commissioner
7 under clause (B) must be based only on the requirements set forth
8 in the document described in subsection (h), must cite the specific
9 requirements not met by the filing, and must state the reasons for
10 the commissioner's determination in detail. The commissioner's
11 approval or disapproval of a resubmitted policy form under this
12 subdivision is final, except that the commissioner may allow the
13 filer to resubmit a further revised policy form if the filer, in the
14 filer's resubmission under subdivision (3), introduced new
15 provisions or materially modified a substantive provision of the
16 policy form. If the commissioner allows a filer to resubmit a
17 further revised policy form under this subdivision, the filer must
18 resubmit the further revised policy form not more than thirty (30)
19 days after the filer receives notice under clause (B), and the
20 commissioner shall issue a final determination on the further
21 revised policy form not more than thirty (30) days after the
22 commissioner receives the further revised policy form.

23 (5) If the commissioner disapproves a policy form filing under
24 this subsection, the commissioner shall notify the filer, in writing,
25 of the filer's right to a hearing as described in subsection (m). A
26 disapproved policy form filing may not be used for a policy of
27 accident and sickness insurance unless the disapproval is
28 overturned in a hearing conducted under this subsection.

29 (6) If the commissioner does not take any action on a policy form
30 that is filed or resubmitted under this subsection in accordance
31 with any applicable period specified in subdivision (2), (3), or (4),
32 the policy form filing is considered to be approved.

33 (j) Except as provided in this subsection, the commissioner may not
34 disapprove a policy form resubmitted under subsection (i)(3) or (i)(4)
35 for a reason other than a reason specified in the original notice of
36 determination under subsection (i)(2)(B). The commissioner may
37 disapprove a resubmitted policy form for a reason other than a reason
38 specified in the original notice of determination under subsection (i)(2)
39 if:

- 40 (1) the filer has introduced a new provision in the resubmission;
41 (2) the filer has materially modified a substantive provision of the
42 policy form in the resubmission;

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- 1 (3) there has been a change in requirements applying to the policy
- 2 form; or
- 3 (4) there has been reviewer error and the written disapproval fails
- 4 to state a specific requirement with which the policy form does
- 5 not comply.
- 6 (k) The commissioner may return a grossly inadequate filing to the
- 7 filer without triggering a deadline set forth in this section.
- 8 (l) The commissioner may disapprove a policy form if:
- 9 (1) the benefits provided under the policy form are not reasonable
- 10 in relation to the premium charged; or
- 11 (2) the policy form contains provisions that are unjust, unfair,
- 12 inequitable, misleading, or deceptive, or that encourage
- 13 misrepresentation of the policy.
- 14 (m) Upon disapproval of a filing under this section, the
- 15 commissioner shall provide written notice to the filer or insurer of the
- 16 right to a hearing within twenty (20) days of a request for a hearing.
- 17 (n) Unless a policy form approved under this chapter contains a
- 18 material error or omission, the commissioner may not:
- 19 (1) retroactively disapprove the policy form; or
- 20 (2) examine the filer of the policy form during a routine or
- 21 targeted market conduct examination for compliance with a policy
- 22 form filing requirement that was not in existence at the time the
- 23 policy form was filed.
- 24 SECTION 7. IC 27-8-5-29 IS ADDED TO THE INDIANA CODE
- 25 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 26 1, 2013]: **Sec. 29. (a) The definitions in IC 27-19-2 apply throughout**
- 27 **this section.**
- 28 **(b) A health plan may not be offered to any person in Indiana**
- 29 **through a health benefit exchange unless:**
- 30 **(1) the form of the policy, classification of risks, and premium**
- 31 **rates that apply to the health plan have been filed with and**
- 32 **reviewed and approved by the commissioner under this**
- 33 **chapter; and**
- 34 **(2) the insurer is authorized under this title to engage in the**
- 35 **business of insurance in Indiana.**
- 36 **(c) An insurer that offers a multistate health plan under Section**
- 37 **1334 of PPACA through a health benefit exchange shall file, for**
- 38 **review and approval, the form of the policy, classification of risks,**
- 39 **and premium rates that apply to the multistate health plan with the**
- 40 **commissioner and the federal government on the same business**
- 41 **day.**
- 42 SECTION 8. IC 27-8-10-0.5 IS ADDED TO THE INDIANA CODE

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1 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
2 UPON PASSAGE]: **Sec. 0.5. (a) Except as provided in this section,
3 the insurance operations of the association cease on the later of:**

- 4 (1) the date on which a health benefit exchange (as defined in
5 IC 27-19-2-8) begins operating in Indiana; or
6 (2) December 31, 2013.

7 (b) Coverage under an association policy does not apply to a
8 service provided after November 30, 2013.

9 (c) A claim for payment under an association policy must be
10 made to the association not later than the later of:

- 11 (1) sixty (60) days after the date on which the insurance
12 operations cease under subsection (a); or
13 (2) March 1, 2014.

14 (d) An appeal or grievance under this chapter must be resolved
15 not later than ninety (90) days after the date on which the
16 insurance operations cease under subsection (a).

17 (e) Balance billing under this chapter by a health care provider
18 that is not a member of a health care provider network
19 arrangement used by the association is prohibited after the later
20 of:

- 21 (1) ninety (90) days after the date on which the insurance
22 operations cease under subsection (a); or
23 (2) March 30, 2014.

24 (f) The association shall, not later than June 30, 2013, submit to
25 the commissioner a plan of dissolution for the association. The
26 following apply to a plan of dissolution submitted under this
27 subsection:

- 28 (1) The plan of dissolution must provide for the following:
29 (A) Continuity of care for an individual who is covered
30 under an association policy and is an inpatient on the date
31 on which the insurance operations cease under subsection
32 (a).
33 (B) A final accounting described in section 2.1(g) of this
34 chapter of the:
35 (i) assessments; and
36 (ii) cessation of the liability;
37 of members of the association.
38 (C) Resolution of any net asset deficiency.
39 (D) Cessation of all liability of the association.
40 (E) Final dissolution of the association.

41 (2) The plan of dissolution may provide that, with the
42 approval of the board and the commissioner, a power or duty

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1 of the association may be delegated to a person that is to
 2 perform functions similar to the functions of the association.
 3 (g) The commissioner shall, after notice and hearing, approve
 4 a plan of dissolution submitted under subsection (f) if the
 5 commissioner determines that the plan:
 6 (1) is suitable to assure the fair, reasonable, and equitable
 7 dissolution of the association; and
 8 (2) complies with subsection (f).
 9 (h) A plan of dissolution submitted under subsection (f) is
 10 effective upon the written approval of the commissioner.
 11 (i) An action by or against the association must be filed not more
 12 than one (1) year after the date on which the insurance operations
 13 cease under subsection (a).
 14 (j) This chapter expires on the date on which final dissolution of
 15 the association occurs under the plan of dissolution approved by
 16 the commissioner under subsection (g).
 17 (k) Funds remaining in the association on the date on which
 18 final dissolution of the association occurs must be transferred into
 19 the state general fund.
 20 (l) The association, or the person to which the association
 21 delegates powers under subsection (f), may implement this section
 22 in accordance with the plan of dissolution approved by the
 23 commissioner under subsection (g).
 24 SECTION 9. IC 27-19 IS ADDED TO THE INDIANA CODE AS
 25 A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
 26 2013]:
 27 **ARTICLE 19. HEALTH BENEFIT EXCHANGE**
 28 **Chapter 1. General Provisions**
 29 **Sec. 1. Except as otherwise provided in this title, a reference to**
 30 **a federal law in this article is a reference to the federal law as in**
 31 **effect on January 1, 2012.**
 32 **Sec. 2. This article applies to a state agency with respect to the**
 33 **state agency's interactions with a health benefit exchange operated**
 34 **in Indiana.**
 35 **Sec. 3. This article expires immediately upon the occurrence of**
 36 **any of the following events:**
 37 **(1) The complete repeal of PPACA.**
 38 **(2) The repeal of the PPACA requirement that one (1) or**
 39 **more health benefit exchanges be established in each state.**
 40 **(3) Any other congressional action, or federal court decision,**
 41 **rendering the establishment of a health benefit exchange**
 42 **unnecessary.**

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1 **(4) The issuance of an executive order by the governor**
 2 **specifying that the establishment of a health benefit exchange**
 3 **in Indiana is unnecessary or inappropriate.**

4 **Sec. 4. The commissioner may do the following to implement**
 5 **this article:**

6 **(1) Adopt rules under IC 4-22-2.**

7 **(2) Enter into a contract, agreement, or memorandum of**
 8 **understanding with the following:**

9 **(A) A health benefit exchange.**

10 **(B) An entity that contracts with, or is a subcontractor of,**
 11 **a health benefit exchange.**

12 **(C) A federal or state agency.**

13 **(D) A health benefit exchange operating in another state.**

14 **(E) An agency of another state.**

15 **(F) A health plan.**

16 **(G) Another person, for purposes of the performance of**
 17 **necessary functions, as determined by the commissioner.**

18 **(3) Enter with a person described in subdivision (2) into an**
 19 **information sharing agreement:**

20 **(A) that concerns the disclosure and receiving of data**
 21 **necessary to implement this article or PPACA; and**

22 **(B) that:**

23 **(i) includes adequate protections with respect to**
 24 **confidentiality of the shared information; and**

25 **(ii) complies with applicable state and federal law.**

26 **Chapter 2. Definitions**

27 **Sec. 1. The definitions in this chapter apply throughout this**
 28 **article.**

29 **Sec. 2. "Administrator" refers to the administrator of the office**
 30 **of Medicaid policy and planning appointed under IC 12-8-6.5-2.**

31 **Sec. 3. (a) "Assister" means a person that:**

32 **(1) does not meet the standards established for a navigator**
 33 **under Section 1311(i) of PPACA (42 U.S.C. 18031(i)); and**

34 **(2) performs the functions of a navigator with respect to a**
 35 **health benefit exchange as established by the commissioner.**

36 **(b) The term does not include the following:**

37 **(1) A Medicaid authorized representative.**

38 **(2) A person that only provides assistance to consumers**
 39 **regarding public assistance that is unrelated to an application**
 40 **for participation in:**

41 **(A) Medicaid; or**

42 **(B) a health benefit exchange.**

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1 **Sec. 4. "CHIP office"** refers to the office of the children's health
2 insurance program established by IC 12-17.6-2-1.

3 **Sec. 5. "Commissioner"** refers to the insurance commissioner
4 appointed under IC 27-1-1-2.

5 **Sec. 6. "Department"** refers to the department of insurance
6 created by IC 27-1-1-1.

7 **Sec. 7. "Group health plan"** means a group health plan (as
8 defined in Section 2791 of the federal Public Health Service Act (42
9 U.S.C. 300gg-91)) that provides health insurance coverage.

10 **Sec. 8. "Health benefit exchange"** means an American health
11 benefit exchange operating in Indiana under PPACA.

12 **Sec. 9. "Health insurance coverage"** has the meaning set forth
13 in Section 2791 of the federal Public Health Service Act (42 U.S.C.
14 300gg-91).

15 **Sec. 10. (a) "Health plan"** means a policy or contract that
16 provides health insurance coverage.

17 **(b) The term includes a group health plan.**

18 **Sec. 11. (a) "Navigator"** means a person that:

19 **(1) meets the grant funding requirements of Section 1311(i) of**
20 **PPACA (42 U.S.C. 18031(i)); and**

21 **(2) performs the functions of a navigator with respect to a**
22 **health benefit exchange as established by the commissioner.**

23 **(b) The term does not include the following:**

24 **(1) A Medicaid authorized representative.**

25 **(2) A person that only provides assistance to consumers**
26 **regarding public assistance that is unrelated to an application**
27 **for participation in:**

28 **(A) Medicaid; or**

29 **(B) a health benefit exchange.**

30 **Sec. 12. "Person"** means an individual or an entity.

31 **Sec. 13. "PPACA"** refers to the federal Patient Protection and
32 **Affordable Care Act (P.L. 111-148), as amended by the federal**
33 **Health Care and Education Reconciliation Act of 2010 (P.L.**
34 **111-152).**

35 **Sec. 14. (a) "Public health insurance program"** refers to health
36 coverage provided under a state or federal government program.

37 **(b) The term includes the following:**

38 **(1) Medicaid (42 U.S. C. 1396 et seq.).**

39 **(2) The Indiana check-up plan established by IC 12-15-44.2-3.**

40 **(3) The children's health insurance program established**
41 **under IC 12-17.6.**

42 **Sec. 15. "Qualified health plan"** means a health plan that has

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1 been certified under Section 1301 of PPACA (42 U.S.C. 18021(a))
 2 to meet the criteria for availability through a health benefit
 3 exchange operated in Indiana.

4 Sec. 16. "Secretary" refers to the secretary of family and social
 5 services appointed under IC 12-8-1.5-2.

6 Chapter 3. Health Benefit Exchange Authority

7 Sec. 1. This chapter applies to a health benefit exchange
 8 operating in Indiana.

9 Sec. 2. (a) The commissioner and department may implement
 10 and enforce the insurance law of this state in connection with a
 11 health benefit exchange.

12 (b) A law of this state concerning a health benefit exchange does
 13 not preempt or supersede the authority of the commissioner or
 14 department to regulate the business of insurance in Indiana.

15 (c) This section does not require the department to perform any
 16 function related to a health benefit exchange without being
 17 appropriately compensated for the performance of the function.

18 Sec. 3. (a) The secretary, the administrator, and the CHIP office
 19 may implement and enforce the social services law of this state in
 20 connection with a health benefit exchange.

21 (b) A law of this state concerning a health benefit exchange does
 22 not preempt or supersede the authority of the secretary, the
 23 administrator, or the CHIP office to administer and regulate social
 24 services in Indiana.

25 (c) This section does not require the secretary, the
 26 administrator, or the CHIP office to perform any function related
 27 to a health benefit exchange without being appropriately
 28 compensated for the performance of the function.

29 (d) The secretary may adopt rules under IC 4-22-2 to implement
 30 this section.

31 (e) The administrator and the CHIP office may do the following
 32 to implement this section:

33 (1) Enter into a contract, agreement, or memorandum of
 34 understanding with the following:

35 (A) A health benefit exchange.

36 (B) An entity that contracts with, or is a subcontractor of,
 37 a health benefit exchange.

38 (C) A federal or state agency.

39 (D) A health benefit exchange operating in another state.

40 (E) An agency of another state.

41 (F) A health plan.

42 (2) Enter with a person described in subdivision (1) into an

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1 information sharing agreement:

2 (A) that concerns the disclosure and receiving of data
3 necessary to implement this section or PPACA; and

4 (B) that:

5 (i) includes adequate protections with respect to
6 confidentiality of the shared information; and

7 (ii) complies with applicable state and federal law.

8 **Chapter 4. Health Benefit Exchange Navigators and Assisters**

9 **Sec. 1. (a) This chapter applies to a person that acts as a**
10 **navigator or an assister for a health benefit exchange in Indiana.**
11 **This chapter must be applied in conformity with PPACA.**

12 **(b) An individual who intends to act as a navigator or an assister**
13 **shall obtain certification under this chapter before acting as a**
14 **navigator or an assister.**

15 **(c) An entity that intends to act as a navigator or an assister**
16 **shall obtain registration under this chapter before acting as a**
17 **navigator or an assister.**

18 **(d) An individual or entity that is a navigator or an assister is**
19 **subject to regulation by the commissioner and the secretary.**

20 **Sec. 2. A navigator or an assister is not subject to the licensing**
21 **requirements of IC 27-1-15.6.**

22 **Sec. 3. (a) A navigator or an assister must meet all of the**
23 **following:**

24 **(1) Shall not provide incorrect, misleading, incomplete, or**
25 **materially untrue information in an application for**
26 **certification or registration.**

27 **(2) Shall not violate any of the following:**

28 **(A) An insurance law.**

29 **(B) A regulation.**

30 **(C) A subpoena of the commissioner.**

31 **(D) An order of the commissioner.**

32 **(E) A rule of a health benefit exchange operating in**
33 **Indiana.**

34 **(F) A rule adopted under IC 27-19-3-3(d).**

35 **(3) Shall not intentionally misrepresent the terms of an actual**
36 **or proposed insurance contract or application for insurance.**

37 **(4) Must not have had:**

38 **(A) an insurance producer or consultant license;**

39 **(B) a navigator or an assister certification or registration;**
40 **or**

41 **(C) an equivalent to a license, certification, or registration**
42 **described in clause (A) or (B);**

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- 1 denied, suspended, or revoked in any state, province, district,
2 or territory.
- 3 (5) Shall not fail to satisfy the continuing education
4 requirements established under section 12 of this chapter.
- 5 (6) Shall not obtain or attempt to obtain a license,
6 certification, or registration through misrepresentation or
7 fraud.
- 8 (7) Shall not fail to disclose a conflict of interest to the
9 commissioner:
- 10 (A) in an application under this chapter; or
11 (B) arising after application is made under this chapter.
- 12 (8) Must not have been convicted of a felony or other crimes
13 determined by the commissioner or secretary.
- 14 (9) Must not have admitted to committing or have been found
15 to have committed an unfair trade practice or fraud in the
16 business of insurance.
- 17 (10) Shall not use fraudulent, coercive, or dishonest practices,
18 or demonstrate incompetence or untrustworthiness, in acting
19 as a navigator or an assister.
- 20 (11) Shall not improperly use notes or other reference
21 material to complete an examination for certification as a
22 navigator or an assister.
- 23 (12) Must not have failed, and shall not fail, to comply with an
24 administrative or court order imposing a child support
25 obligation.
- 26 (13) Must not have failed, and shall not fail, to pay state
27 income tax or comply with any administrative or court order
28 directing payment of state income tax.
- 29 (14) Shall not fail to timely inform the commissioner of a
30 change in legal name or address.
- 31 (15) If the navigator or assister is an entity, shall not fail to
32 verify that each navigator and assister who is an individual
33 working for the entity meets the following requirements:
- 34 (A) The navigator or assister is certified under this
35 chapter.
- 36 (B) The navigator or assister has not committed an act that
37 would be grounds for denial, suspension, or revocation of
38 certification under this chapter.
- 39 (b) The commissioner may:
- 40 (1) reprimand a navigator or an assister;
- 41 (2) levy a civil penalty against a navigator or an assister;
- 42 (3) place a navigator or an assister on probation;

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- 1 (4) suspend a navigator's or an assister's certificate or
- 2 registration;
- 3 (5) revoke a navigator's or an assister's certificate or
- 4 registration for a period of years;
- 5 (6) permanently revoke a navigator's or an assister's
- 6 certificate or registration;
- 7 (7) issue a cease and desist order to a navigator or an assister;
- 8 or
- 9 (8) take any combination of the actions described in
- 10 subdivisions (1) through (7);

11 for a violation described in subsection (a).

12 Sec. 4. The commissioner shall, in consultation with the
13 secretary, do the following to implement this chapter:

- 14 (1) Develop a policy concerning conflicts of interest affecting
- 15 navigators and assisters, including conflicts of interest
- 16 involving financial and nonfinancial considerations.
- 17 (2) Develop a consumer complaint procedure and applicable
- 18 forms for filing a complaint.
- 19 (3) Define a reasonable period for the duration of navigator
- 20 or assister certification, after which the navigator or assister
- 21 must pay a renewal fee, complete continuing education, and
- 22 reapply for certification.

23 Sec. 5. (a) Before acting as a navigator or an assister in Indiana,
24 an individual must:

- 25 (1) apply for certification as a navigator or an assister on a
- 26 form prescribed by the commissioner; and
- 27 (2) declare, under penalty of denial, suspension, or revocation
- 28 of the certification, that the statements made in the
- 29 application are true, correct, and complete to the best of the
- 30 individual's knowledge and belief.

31 (b) Before approving an application submitted under subsection
32 (a), the commissioner shall determine whether the individual meets
33 the following requirements:

- 34 (1) The individual is at least eighteen (18) years of age.
- 35 (2) The individual has not committed any act described in
- 36 section 3 of this chapter that would be grounds for denial,
- 37 suspension, or revocation of certification.
- 38 (3) The individual has completed a precertification course of
- 39 study prescribed by the commissioner.
- 40 (4) The individual has paid the nonrefundable fees established
- 41 under section 7 of this chapter.
- 42 (5) The individual has successfully passed the examination

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required by section 11 of this chapter.

Sec. 6. (a) Before acting as a navigator or assister in Indiana, an entity must be registered as a navigator or an assister as follows:

(1) The entity must apply for registration as a navigator or an assister on a form prescribed by the commissioner.

(2) The entity's application for registration:

(A) must be signed by an individual who is an owner, partner, officer, director, member, or manager of the entity, under penalty of denial, suspension, or revocation of registration; and

(B) must declare that the statements made in the application are true, correct, and complete to the best of the signing individual's knowledge and belief.

(b) Before approving an application submitted under subsection (a), the commissioner shall:

(1) verify that the entity is in good standing with the Indiana secretary of state; and

(2) determine whether the entity meets the following requirements:

(A) The entity has paid the nonrefundable fees established under section 7 of this chapter.

(B) The entity has designated a certified individual navigator or assister to be responsible for the entity's compliance with this chapter.

(C) The entity has not committed any act described in section 3 of this chapter that would be grounds for denial, suspension, or revocation of registration.

(D) No owner, partner, officer, director, member, or manager of the entity has committed an act described in clause (C).

Sec. 7. (a) The commissioner may require the production of any document that is reasonably necessary to verify the information contained in an application submitted under section 5 or 6 of this chapter.

(b) The commissioner shall collect from each applicant for certification or registration under this chapter a nonrefundable application fee established by the commissioner in an amount expected to generate revenue sufficient to cover the costs incurred by the commissioner in implementing this chapter.

Sec. 8. (a) An individual navigator or assister who works for an entity that is a navigator or an assister must be appointed by the entity in writing.

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1 (b) If an entity, because of a violation described in section 3 of
 2 this chapter, revokes the appointment of an individual navigator
 3 or assister described in subsection (a) who works for the entity, the
 4 entity shall, not more than thirty (30) days after the revocation
 5 occurs:

6 (1) submit a written report to the commissioner concerning
 7 the revocation; and

8 (2) provide a copy of the report to the individual at the
 9 individual's last known address by:

10 (A) certified mail, return receipt requested, postage
 11 prepaid; or

12 (B) overnight delivery using a nationally recognized
 13 carrier.

14 **Sec. 9.** A certified individual navigator or assister who is unable
 15 to comply with the certification renewal procedures under this
 16 chapter due to military service or another extenuating
 17 circumstance may request from the commissioner:

18 (1) a temporary waiver of:

19 (A) the renewal procedure; or

20 (B) an examination requirement; or

21 (2) a waiver of a penalty or sanction that might otherwise be
 22 imposed for failure to comply with the renewal procedures.

23 **Sec. 10.** (a) A navigator or an assister certification or
 24 registration must contain the navigator's or assister's name and
 25 address, the date of issuance, the expiration date, and any other
 26 information the commissioner considers necessary.

27 (b) A navigator or an assister shall inform the commissioner of
 28 a change of address or legal name:

29 (1) not more than thirty (30) days after the change occurs;
 30 and

31 (2) by any means acceptable to the commissioner.

32 **Sec. 11.** (a) An individual who applies for certification as a
 33 navigator or an assister in Indiana must complete a course of study
 34 and pass a written examination as prescribed by the commissioner
 35 in consultation with the secretary.

36 (b) The course of study required under subsection (a) must
 37 provide instruction in:

38 (1) the functions of a health benefit exchange;

39 (2) the duties and responsibilities of a navigator or an assister;
 40 and

41 (3) the insurance laws of Indiana that apply to the functions
 42 of a navigator or an assister with respect to a health benefit

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- 1 exchange, including rules related to public health insurance
 2 programs.
- 3 (c) The examination required by subsection (a) must test the
 4 knowledge of the individual concerning the applicable:
 5 (1) functions of a health benefit exchange;
 6 (2) duties and responsibilities of a navigator or assister; and
 7 (3) insurance laws of Indiana that apply to the functions of a
 8 navigator or an assister with respect to a health benefit
 9 exchange, including rules related to public health insurance
 10 programs.
- 11 (d) The commissioner:
 12 (1) in consultation with the secretary, shall develop a
 13 curriculum for a course of study for navigators and assisters;
 14 and
 15 (2) may contract with a third party organization to:
 16 (A) develop examinations and course materials;
 17 (B) administer examinations and courses of study; and
 18 (C) collect nonrefundable course and examination fees;
 19 for the course of study for navigators and assisters.
- 20 (e) All examinations, course materials, and examination fees
 21 referred to in subsection (d)(2) must be approved in advance by the
 22 commissioner in consultation with the secretary.
- 23 **Sec. 12. (a) The commissioner:**
 24 (1) in consultation with the secretary, shall develop continuing
 25 education requirements for navigators and assisters; and
 26 (2) may contract with a third party organization to:
 27 (A) develop continuing education materials to meet the
 28 requirements developed under subdivision (1);
 29 (B) administer continuing education programs; and
 30 (C) collect nonrefundable continuing education program
 31 fees.
- 32 (b) All continuing education materials, programs, and fees
 33 referred to in subsection (a)(2) must be approved in advance by the
 34 commissioner in consultation with the secretary.
- 35 (c) The commissioner may require a navigator or an assister to
 36 complete specific continuing education requirements, as prescribed
 37 by the commissioner in consultation with the secretary, as a
 38 prerequisite to the authority to perform specific functions with
 39 respect to a health benefit exchange.
- 40 **Sec. 13. An individual who fails to:**
 41 (1) appear for a scheduled examination required under
 42 section 11(a) of this chapter; or

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1 **(2) pass the examination;**
 2 **may not be rescheduled for the examination unless the individual**
 3 **reapplies for the examination and remits all required fees and**
 4 **forms.**
 5 **Sec. 14. (a) An insurance producer or insurance consultant:**
 6 **(1) may not act as a navigator or an assister unless the**
 7 **insurance producer or insurance consultant has completed the**
 8 **continuing education requirements that apply to a navigator**
 9 **or an assister; and**
 10 **(2) shall receive a designation from the commissioner as a**
 11 **navigator or an assister upon completion of the continuing**
 12 **education requirements;**
 13 **under this chapter.**
 14 **(b) The commissioner may require an insurance producer or**
 15 **insurance consultant to complete specific continuing education**
 16 **requirements, as prescribed by the commissioner in consultation**
 17 **with the secretary, as a prerequisite to the authority to perform**
 18 **specific functions with respect to a health benefit exchange.**
 19 **SECTION 10. An emergency is declared for this act.**

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