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SESSION 1995

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(Public)

Sponsors:

Referred to:

March 9, 1995

A BILL TO BE ENTITLED

AN ACT TO MAKE SUBSTANTIVE CHANGES TO THE INSURANCE LAWS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 58-2-131(f) reads as rewritten:

"(f) Instead of examining any foreign or alien insurer licensed in this State, the Commissioner may accept an examination report on that insurer prepared by the insurer's domiciliary insurance regulator until January 1, 1994. Thereafter, reports may only be accepted if regulator. In making a determination to accept the domiciliary insurance regulator's report, the Commissioner may consider whether (i) the insurance regulator was at the time of the examination accredited under NAIC Financial Regulation Standards and Accreditation Program, or (ii) the examination is performed under the supervision of an NAIC-accredited insurance regulator or with the participation of one or more examiners who are employed by the regulator and who, after a review of the

1 examination work papers and report, state under oath that the examination was performed  
2 in a manner consistent with the standards and procedures required by the regulator."

3 Sec. 2. Article 2 of Chapter 58 of the General Statutes is amended by adding a  
4 new section to read:

5 **"§ 58-2-171. Qualifications of actuaries.**

6 The Commissioner may adopt rules setting forth requisite qualifications of consulting  
7 actuaries for the sole purpose of qualifying them to certify financial statements filed and  
8 rate filings made by entities under this Chapter as to the actuarial validity of those filings.  
9 The qualifications shall be commensurate with the degree of complexity of the actuarial  
10 principles applicable to the various statements filed or rate filings made. Nothing in this  
11 section affects the scope of practice or the professional qualifications of actuaries."

12 Sec. 3. G.S. 58-3-90 reads as rewritten:

13 **"§ 58-3-90. Revocation—Revocation, suspension, or restriction of license of foreign**  
14 **company; publication of notice.**

15 (a) ~~If the Commissioner is of the opinion, Commissioner,~~ upon examination or other  
16 evidence, makes a written finding of fact that a foreign insurance company is in an  
17 unsound financial condition; or, if a life insurance company, that its actual funds,  
18 exclusive of its capital, are less than its liabilities; or that the company has failed to  
19 comply with the statutes, rules, or orders applicable to it; or if the company, its officers,  
20 employees, agents, or other representatives refuse to submit to examination or to perform  
21 any legal obligation in relation to an examination, ~~he the Commissioner shall revoke or~~  
22 suspend all licenses and authority to do business granted to the company or its agents,  
23 and shall give written notification of the revocation or suspension to all of the company's  
24 agents in this State; and no new business may thereafter be done by the company or its agents in  
25 this State until the company's license and authority to do business is restored by the  
26 Commissioner—State. Until the Commissioner restores the company's license and  
27 authority to do business in this State, neither the company nor its agents shall do any new  
28 business in this State.

29 (b) The Commissioner may, after considering the standards under G.S. 58-30-  
30 60(b), restrict a foreign insurer's license by prohibiting or limiting the kind or amount of  
31 insurance written by that insurer in this State. The Commissioner shall remove any  
32 restriction under this subsection once the Commissioner determines that the operations of  
33 the insurer are no longer hazardous to the public or to the insurer's policyholders or  
34 creditors."

35 Sec. 4. G.S. 58-7-30 reads as rewritten:

36 **"§ 58-7-30. Insolvency of ceding insurer; exceptions—exceptions; written reinsurance**  
37 **agreements.**

38 (a) No credit shall be allowed, as an admitted asset or as a deduction from liability,  
39 to any ceding insurer for reinsurance, unless the reinsurance is payable by the assuming  
40 insurer, on the basis of claims allowed against the ceding insurer under the contract or  
41 contracts reinsured without diminution because of the insolvency of the ceding insurer,  
42 directly to the ceding insurer or to its domiciliary receiver except (1) where the contract  
43 specifically provides for another payee of the reinsurance in the event of the insolvency

1 of the ceding insurer or (2) where the assuming insurer, with the consent of the direct  
2 insured or insureds, has assumed the policy obligations of the ceding insurer as direct  
3 obligations of the assuming insurer to the payees under the policies and in substitution of  
4 the obligations of the ceding insurer to the payees.

5 (b) No credit shall be allowed, as an admitted asset or as a deduction from liability,  
6 to any ceding insurer for reinsurance, unless the reinsurance is documented by a policy,  
7 certificate, treaty, or other form of agreement that is properly executed by an authorized  
8 officer of the assuming insurer. If the reinsurance is ceded through an underwriting  
9 manager or agent, the manager or agent shall provide to the domestic ceding insurer  
10 evidence of the manager or agent's authority to assume reinsurance for and on behalf of  
11 the assuming insurer. The evidence shall consist of either an acceptable letter of  
12 authority executed by an authorized officer of the assuming insurer or a copy of the  
13 actual agency agreement between the underwriting manager or agent and the assuming  
14 insurer; and the evidence shall be specific as to the classes of business within the  
15 authority and as to the term of the authority. If there is any conflict between this  
16 subsection and Article 9 of this Chapter, the provisions of Article 9 govern."

17 Sec. 5. G. S. 58-12-30 reads as rewritten:

18 **"§ 58-12-30. Hearings.**

19 Upon (i) notification to an insurer by the Commissioner of an adjusted risk-based  
20 capital report; or (ii) notification to an insurer by the Commissioner that the insurer's risk-  
21 based capital plan or revised risk-based capital plan is unsatisfactory, and the notification  
22 constitutes a regulatory action level event with respect to the insurer; or (iii) notification  
23 to any insurer by the Commissioner that the insurer has failed to adhere to its risk-based  
24 capital plan or revised risk-based capital plan and that the failure has a substantial adverse  
25 effect on the ability of the insurer to eliminate the company action level event with  
26 respect to the insurer in accordance with its risk-based capital plan or revised risk-based  
27 capital plan; or (iv) notification to an insurer by the Commissioner of a ~~Corrective Order~~  
28 corrective order with respect to the insurer, the insurer has a right to a confidential  
29 hearing, at which the insurer may challenge any determination or action by the  
30 Commissioner. The insurer shall notify the Commissioner of its request for a hearing  
31 within five days after the notification by the Commissioner under this section. Upon  
32 receipt of the insurer's request for a hearing, the Commissioner shall set a date for the  
33 ~~hearing, which hearing;~~ hearing; the date shall be no less than 10 days nor more than 30 days after  
34 the date of the insurer's request."

35 Sec. 6. G.S. 58-16-5(3) is repealed.

36 Sec. 7. Article 16 of Chapter 58 of the General Statutes is amended by adding  
37 a new section to read:

38 **"§ 58-16-6. Conditions of continued licensure.**

39 In order for a foreign insurance company to continue to be licensed, it shall report any  
40 changes in the documents filed under G.S. 58-16-5(1) or G.S. 58-16-5(5), maintain the  
41 amounts of capital and surplus specified in G.S. 58-16-5(2), and remain in substantial  
42 compliance with the statutes listed in G.S. 58-16-5(6) and G.S. 58-16-5(7)."

43 Sec. 8. G.S. 58-16-30 reads as rewritten:

1 **"§ 58-16-30. Service of legal process upon Commissioner.**

2 As an alternative to service of legal process under ~~the provisions of Rule 4 of the Rules~~  
3 ~~of Civil Procedure, G.S. 1A-1, Rule 4,~~ the service of such process upon any insurance  
4 company or any foreign or alien entity licensed or admitted and authorized to do business  
5 in this State under the provisions of ~~Articles 1 through 64 of this Chapter~~ may be made by  
6 the sheriff or any other person delivering and leaving a copy of ~~such the~~ process in the  
7 office of the Commissioner with a deputy or any other person duly appointed by the  
8 Commissioner for ~~such purpose that purpose;~~ or acceptance of service of ~~such the~~ process  
9 may be made by the Commissioner or ~~such a~~ duly appointed deputy. ~~deputy or person.~~  
10 Service may also be made by mailing a copy of the summons and of the complaint,  
11 registered or certified mail, return receipt requested, addressed to the Commissioner. As  
12 a condition precedent to a valid service of process under this section, the party obtaining  
13 such service shall pay to the Commissioner at the time of service or acceptance of service  
14 the sum of ten dollars (\$10.00), which ~~such the~~ party shall recover as part of the taxable  
15 costs if ~~he the~~ party prevails in ~~his the~~ action."

16 Sec. 9. G.S. 58-19-5(2) reads as rewritten:

17 "(2) 'Control', including the terms 'controlling', 'controlled by', and 'under  
18 common control with', means the direct or indirect possession of the  
19 power to direct or cause the direction of the management and policies of  
20 a person, whether through the ownership of voting securities, by  
21 contract other than a commercial contract for goods or nonmanagement  
22 services, or ~~otherwise, unless the power is the result of an official position~~  
23 ~~with or corporate office held by the person.~~ otherwise. Control is presumed  
24 to exist if any person directly or indirectly owns, controls, holds with  
25 the power to vote, or holds proxies representing, ten percent (10%) or  
26 more of the voting securities of any other person. This presumption  
27 may be rebutted by a showing made in the manner provided by G.S. 58-  
28 19-25(j) that control does not exist in fact. The Commissioner may  
29 determine, after furnishing all persons in interest notice and opportunity  
30 to be heard and making specific findings of fact to support such  
31 determination, that control exists in fact, notwithstanding the absence of  
32 a presumption to that effect."

33 Sec. 10. G.S. 58-19-5(5) reads as rewritten:

34 "(5) 'Person' means an individual, corporation, partnership, association, joint  
35 stock company, trust, unincorporated organization, or any similar entity  
36 or any combination of the foregoing acting in concert. ~~'Person' does not~~  
37 ~~include any joint venture partnership exclusively engaged in owning,~~  
38 ~~managing, leasing, or developing real or tangible personal property."~~

39 Sec. 11. G.S. 58-19-15(a) reads as rewritten:

40 "(a) No person other than the issuer shall make a tender offer for or a request or  
41 invitation for tenders of, or enter into any agreement to exchange securities, or seek to  
42 acquire, or acquire, in the open market or otherwise, any voting security of a domestic  
43 insurer, if, after the consummation thereof, ~~such the~~ person would, directly or indirectly

1 (or by conversion or by exercise of any right to acquire), be in control of ~~such the~~ insurer,  
2 and no person shall enter into an agreement to merge with or otherwise to acquire control  
3 of a domestic insurer or any person controlling a domestic insurer unless ~~such the~~ offer,  
4 request, invitation, agreement, or acquisition is conditioned upon the approval of the  
5 Commissioner ~~pursuant to~~ under this section. No such merger or other acquisition of  
6 control ~~shall be~~ is effective until a statement containing the information required by this  
7 section has been filed with the Commissioner and all other provisions of this section have  
8 been complied with and the merger or acquisition of control has been approved by the  
9 Commissioner ~~pursuant to~~ under this section. The statement containing the information  
10 required by this section shall also be filed with the domestic insurer ~~at the time when~~ it is  
11 filed with the Commissioner.

12 (a1) For the purposes of this section a 'domestic insurer' includes any person  
13 controlling a domestic insurer. Further, for the purposes of this section, 'person' does not  
14 include any securities broker holding, in the usual and customary broker's function, less  
15 than twenty percent (20%) of the voting securities of an insurance company or of any  
16 person that controls an insurance company."

17 Sec. 12. G.S. 58-19-15 is further amended by adding two new subsections to  
18 read:

19 "(a2) Any acquisition of control of a domestic insurer must be completed not later  
20 than 90 days after the date of the Commissioner's order approving the acquisition under  
21 this section, unless the Commissioner grants an extension in writing on a showing of  
22 good cause for the delay. Any increase in a company's capital and surplus required under  
23 this Article as a result of the change of control of a domestic insurer must be completed  
24 not later than 90 days after the date of the Commissioner's order approving the change of  
25 control and before the company writes any new insurance business.

26 (a3) If the deadlines for completion in subsection (a2) of this section are not met,  
27 the person seeking to acquire control of the domestic insurer must resubmit the statement  
28 required by subsection (b) of this section, and the Commissioner may reconsider approval  
29 of acquisition of control under this section."

30 Sec. 13. G.S. 58-30-180(b)(1) reads as rewritten:

31 "(1) Reserving amounts for the payment of expenses of administration and  
32 the payment of claims of secured creditors, to the extent of the value of  
33 the security held, and claims falling within the priorities established in  
34 G.S. 58-30-220(1) and ~~(2); (4)~~."

35 Sec. 14. G.S. 58-30-220 reads as rewritten:

36 "**§ 58-30-220. Priority of distribution.**

37 The priority of distribution of claims from the insurer's estate shall be in accordance  
38 with the order in which each class of claims is set forth in this section. Every claim in  
39 each class shall be paid in full or adequate funds shall be retained for payment before the  
40 members of the next class receive any payment. No subcategories shall be established  
41 within the categories in a class. The order of distribution of claims shall be:

42 (1) ~~Claims for cost of~~ The receiver's expenses for the administration and  
43 conservation of assets of the insurer.

1           (2)    ~~Compensation actually owing to employees other than officers of the~~  
2           ~~insurer for services rendered within three months prior to the~~  
3           ~~commencement of a delinquency proceeding against the insurer under~~  
4           ~~this Article, but not exceeding one thousand dollars (\$1,000) for each~~  
5           ~~employee. In the discretion of the Commissioner, this compensation~~  
6           ~~may be paid as soon as practicable after the proceeding has been~~  
7           ~~commenced. This priority is in lieu of any other similar priority that~~  
8           ~~may be authorized by law as to wages or compensation of those~~  
9           ~~employees.~~

10          ~~(3)~~    Claims or portions of claims for benefits under policies and for losses  
11          incurred, including claims of third parties under liability policies; claims  
12          for unearned premiums; claims for funds or consideration held under  
13          funding agreements, as defined in G.S. 58-7-16; claims under life  
14          insurance and annuity policies, whether for death proceeds, annuity  
15          proceeds, or investment values; and claims of domestic and foreign  
16          guaranty associations; associations, including claims for the reasonable  
17          administrative expenses of domestic and foreign guaranty associations;  
18          but excluding claims of insurance pools, underwriting associations, or  
19          those arising out of reinsurance agreements, claims of other insurers for  
20          subrogation, and claims of insurers for payments and settlements under  
21          uninsured and underinsured motorist coverages.

22          (3)    Claims of the federal or any state or local government or taxing  
23          authority, including claims for taxes.

24          (4)    ~~Claims for unearned premiums. Compensation actually owing to~~  
25          ~~employees other than officers of the insurer for services rendered within~~  
26          ~~three months before the commencement of a delinquency proceeding~~  
27          ~~against the insurer under this Article, but not exceeding one thousand~~  
28          ~~dollars (\$1,000) for each employee. In the discretion of the~~  
29          ~~Commissioner, this compensation may be paid as soon as practicable~~  
30          ~~after the proceeding has been commenced. This priority is in lieu of any~~  
31          ~~other similar priority that may be authorized by law as to wages or~~  
32          ~~compensation of those employees.~~

33          (5)    Claims of general creditors, including claims of insurance pools,  
34          underwriting associations, or those arising out of reinsurance  
35          agreements; claims of other insurers for subrogation; and claims of  
36          insurers for payments and settlements under uninsured and underinsured  
37          motorist coverages."

38          Sec. 15. Article 31 of Chapter 58 of the General Statutes is amended by  
39          adding a new section to read:

40          "**§ 58-31-52. State motor vehicle safety program.**

41          (a)    Findings, Policy, and Purpose. – Motor vehicle accidents exact a terrible toll of  
42          human tragedy and suffering as well as national resources within the United States. The  
43          same is true, on a smaller scale, within North Carolina State government. Every year

1 State employees or members of the general public are killed or injured, and a significant  
2 portion of the State's financial resources is expended as a direct result of accidents  
3 involving State-owned vehicles. Accordingly, it is North Carolina policy that the State-  
4 owned motor vehicle fleet and vehicles used on behalf of the State be operated and  
5 maintained in such a manner as to minimize deaths, injuries, and costs. The purpose of  
6 this section is to direct the Commissioner of Insurance to develop a program to provide  
7 policy, requirements, procedures, technical information, and standards for administering  
8 a State vehicle safety program which will apply to all State personnel involved in the  
9 administration and operation of vehicles on behalf of the State.

10 (b) The Commissioner shall develop and adopt a State motor vehicle safety  
11 program to assure that State-owned motor vehicles are operated and maintained in a safe  
12 manner.

13 (c) In developing the program, the Commissioner shall include the following:

14 (1) Basic criteria concerning qualifications, screening, and education of  
15 drivers.

16 (2) Required and prohibited driving practices.

17 (3) Safety maintenance requirements.

18 (4) Accident reporting and review procedures.

19 (d) The requirements and procedures established under the program apply to all  
20 agencies and persons operating vehicles on behalf of the State, unless specifically  
21 exempted by the Commissioner. Agencies may adopt more stringent requirements and  
22 procedures than those adopted by the Commissioner under this section. The  
23 administration of the program in each agency is the responsibility of each agency head or  
24 that person's designee.

25 (e) The provisions of Chapter 150B of the General Statutes do not apply to the  
26 program developed and adopted under this section."

27 Sec. 16. G.S. 58-33-25(e) reads as rewritten:

28 "(e) A limited representative may receive qualification for one or more licenses  
29 without examination for the following kinds of insurance:

30 (1), (2) Repealed by Session Laws 1989, c. 485, s. 19.

31 (3) Credit Life, Accident and ~~Health~~ Health.

32 (4) Credit, as specified in ~~G.S. 58-7-15(17)~~ G.S. 58-7-15(17).

33 (5) Travel Accident and ~~Baggage~~ Baggage.

34 (6) Motor ~~Club~~ Club.

35 (7) Dental ~~Services~~ Services.

36 (8) Credit Property Insurance and Single Interest Automobile Physical  
37 Damage Insurance when either is made in connection with a ~~loan~~ loan.

38 (9) Bail bonds executed or countersigned by surety bondsmen under Article  
39 71 of this ~~Chapter~~ Chapter.

40 (10) Credit unemployment.

41 (11) Vehicle service agreements and mechanical breakdown insurance.

1           (12) Prearrangement insurance, as defined in G.S. 58-60-35(a)(2), when  
2           offered or sold by a preneed sales licensee licensed under Article 13D of  
3           Chapter 90 of the General Statutes."

4           Sec. 17. Article 33 of Chapter 58 of the General Statutes is amended by  
5 adding a new section to read:

6 **"§ 58-33-132. Qualifications of instructors.**

7           (a) The Commissioner may adopt rules to establish requisite qualifications for and  
8 issuance, renewal, summary suspension, and termination of provider, presenter, and  
9 instructor authority for prelicensing and continuing insurance education courses. During  
10 any suspension, the instructor shall not engage in any instruction of prelicensing or  
11 continuing insurance education courses prior to an administrative review. No person  
12 shall provide, present, or instruct any course unless that person has been qualified and  
13 possesses a certificate of authority from the Commissioner.

14           (b) The Commissioner may summarily suspend or terminate the authority of an  
15 instructor, course provider, or presenter if the course presentation:

16           (1) Is determined to be inaccurate; or

17           (2) Receives an evaluation of poor from any Department monitor and a  
18 majority of attendees responding to Department questionnaires about  
19 the presentation."

20           Sec. 18. G.S. 58-36-1(5) reads as rewritten:

21           "(5) a. It is the duty of every insurer that writes workers' compensation  
22 insurance in this State and is a member of the Bureau, as defined in this  
23 section and G.S. 58-36-5 to insure and accept any workers'  
24 compensation insurance risk that has been certified to be 'difficult to  
25 place' by any fire and casualty insurance agent who is licensed in this  
26 State. When any such risk is called to the attention of the Bureau by  
27 receipt of an application with an estimated or deposit premium payment  
28 and it appears that the risk is in good faith entitled to such coverage, the  
29 Bureau will bind coverage for 30 days and will designate a member who  
30 must issue a standard workers' compensation policy of insurance that  
31 contains the usual and customary provisions found in those policies.  
32 Multiple coordinated policies, as defined by the Bureau and approved  
33 by the Commissioner, may be used for the issuance of coverage under  
34 this subdivision for risks involved in employee leasing agreements.  
35 Coverage will be bound at 12:01 A.M. on the first day following the  
36 postmark time and date on the envelope in which the application is  
37 mailed including the estimated annual or deposit premium, or the  
38 expiration of existing coverage, whichever is later. If there should be no  
39 postmark, coverage will be effective 12:01 A.M. on the date of receipt  
40 by the Bureau unless a later date is requested. Those applications hand  
41 delivered to the Bureau will be effective as of 12:01 A.M. of the date  
42 following receipt by the Bureau unless a later date is requested. ~~The~~  
43 ~~designated carrier may request of the Bureau certification of the State~~



1 Department of Labor that the insured is complying with the laws, rules, and  
2 regulations of that Department. The certification must be finished within 30  
3 days by the State Department of Labor unless extension of time is granted by  
4 agreement between the Bureau and the State Department of Labor. The  
5 Bureau will make and adopt such rules as are necessary to carry this  
6 section into effect, subject to final approval of the Commissioner. As a  
7 prerequisite to the transaction of workers' compensation insurance in  
8 this State, every member of the Bureau that writes such insurance must  
9 file with the Bureau written authority permitting the Bureau to act in its  
10 behalf, as provided in this section, and an agreement to accept risks that  
11 are assigned to the member by the Bureau, as provided in this section.

12 b. ~~Upon notice of cancellation or the decision to decline to write or~~  
13 ~~renew a policy of workers' compensation insurance for an~~  
14 ~~employer, the carrier or its agents shall supply the employer with~~  
15 ~~a form, supplied by the Bureau, by which the employer may~~  
16 ~~request the Bureau to list the employer and pertinent information~~  
17 ~~about it among a compendium of such information on The~~  
18 Bureau shall maintain a compendium of employers refused  
19 voluntary coverage, which shall be made available by the Bureau  
20 to all insurers—insurers, licensed agents, and self-insureds'  
21 administrators doing business in this State. It shall be stored and  
22 indexed to allow access to information by industry, primary  
23 classifications of employees, geography, experience  
24 modification, and in any other manner the Bureau determines is  
25 commercially useful to facilitate voluntary coverage of listed  
26 employers. The Bureau shall be immune from civil liability for  
27 erroneous information released by the Bureau pursuant to this  
28 section, provided that the Bureau acted in good faith and without  
29 malicious or willful intent to harm in releasing the erroneous  
30 information."

31 Sec. 19. G.S. 58-36-25 reads as rewritten:

32 **"§ 58-36-25. Appeal of Commissioner's order.**

33 (a) Any order or decision of the Commissioner shall be subject to judicial review  
34 as provided in Article 2 of this Chapter.

35 (b) Whenever a Bureau rate is held to be unfairly discriminatory or excessive and  
36 no longer effective by order of the Commissioner issued under G.S. 58-36-20, the  
37 members of the Bureau, in accordance with rules and regulations established and adopted  
38 by the governing committee, shall have the option to continue to use such rate for the  
39 interim period pending judicial review of such order, provided each such member shall  
40 place in escrow account the purportedly unfairly discriminatory or excessive portion of  
41 the premium collected during such interim period. Upon a final determination by the  
42 Court, or upon a consent agreement or consent order between the Bureau and the  
43 Commissioner, the Commissioner shall order the escrowed funds to be distributed

1 ~~appropriately, appropriately. except that individual refunds that are five dollars (\$5.00) or less~~  
2 ~~shall not be required. If refunds are to be made to policyholders, the Commissioner shall~~  
3 ~~order that the members of the Bureau refund the difference between the total premium~~  
4 ~~per policy using the rate levels finally determined and the total premium per policy~~  
5 ~~collected during the interim period pending judicial review, except that refund amounts~~  
6 ~~that are five dollars (\$5.00) or less per policy shall not be required. The court may also~~  
7 ~~require that purportedly excess premiums resulting from an adjustment of premiums~~  
8 ~~ordered pursuant to G.S. 58-36-20(b) be placed in such escrow account pending judicial~~  
9 ~~review. If refunds made to policyholders are ordered under this subsection, the amounts~~  
10 ~~refunded shall bear interest at the rate determined under this subsection. That rate shall be~~  
11 ~~the average of the prime rates of the four largest banking institutions domiciled in this State, plus~~  
12 ~~three percent (3%), as of the effective date of the filing, to be computed by the Commissioner.~~  
13 That rate, to be computed by the Bureau, shall be the average of the prime rates on the  
14 effective date of the filing and each anniversary of that date occurring prior to the date of  
15 the Commissioner's order requiring refunds, with the prime rate on each of the dates  
16 being the average of the prime rates of the four largest banking institutions domiciled in  
17 this State as of that date, plus three percent (3%)."

18 Sec. 20. G.S. 58-36-30(b) reads as rewritten:

19 "(b) A rate in excess of that promulgated by the Bureau may be charged on any  
20 specific risk provided such higher rate is charged with the approval of the Commissioner  
21 and with the knowledge and written consent of the insured. This subsection may be used  
22 to provide motor vehicle liability coverage limits above those required under Article 9A  
23 of Chapter 20 of the General Statutes and above those cedable to the Facility under  
24 Article 37 of this Chapter to persons whose personal excess liability insurance policies  
25 require that they maintain specific higher liability coverage limits. All data filed with the  
26 Commissioner under this subsection are proprietary and confidential and are not public  
27 records under G.S. 132-1 or G.S. 58-2-100."

28 Sec. 21. G.S. 58-36-30(c) reads as rewritten:

29 "(c) Any deviation with respect to workers' compensation and employers' liability  
30 insurance written in connection therewith as filed under subsection (a) of this section  
31 shall apply uniformly to all classifications. Any approved rate under subsection (b) of  
32 this section with respect to workers' compensation and employers' liability insurance  
33 written in connection therewith shall be furnished to the Bureau."

34 Sec. 22. G.S. 58-36-85(e) reads as rewritten:

35 "(e) Administrative Review. – When the Department receives a written request to  
36 review a termination, it must investigate and determine the reason for the termination.  
37 The Department shall ~~enter an order for~~ issue a letter requiring one of the following upon  
38 completing its review:

- 39 (1) Approval of the termination, if it finds the termination complies with the  
40 law.
- 41 (2) Renewal or reinstatement of the policy, if it finds the termination does  
42 not comply with the law.

- 1           (3)     Renewal or reinstatement of the policy and payment by the insurer of  
2                   the costs of the Department's review, not to exceed one thousand dollars  
3                   (\$1,000), if it finds the termination does not comply with the law and  
4                   the insurer willfully violated this section.

5           The Department shall mail ~~a copy of the order~~ the letter to the insured and the insurer.  
6     An insured or an insurer who disagrees with the determination of the Department in the  
7     letter may file a petition for a contested case under Article 3A of Chapter 150B of the  
8     General Statutes and the rules adopted by the Commissioner to implement that Article.  
9     The petition must be filed within 30 days after receiving the copy of the ~~order~~ letter."

10           Sec. 23. G.S. 58-37-30(b) reads as rewritten:

11           "(b)    It shall be the responsibility of the agent to write the coverage applied for at  
12                   what he believes to be the appropriate rate level. If coverage is written at the Facility rate  
13                   level and the company elects not to cede, the policy shall be rated at ~~the voluntary rate~~  
14                   ~~level, a rate under Article 36 of this Chapter.~~ Coverage written at the voluntary rate level  
15                   which a rate under Article 36 of this Chapter that is not acceptable to the company must  
16                   either be placed with another company or rated at the Facility rate level by the agent."

17           Sec. 24. G.S. 58-37-40(e) reads as rewritten:

18           "(e)    Upon approval of the Commissioner of the plan so submitted or promulgation  
19                   of a plan deemed approved by the Commissioner, all insurance companies licensed to  
20                   write motor vehicle insurance in this State or any component thereof as a prerequisite to  
21                   further engaging in writing ~~such the~~ insurance shall formally subscribe to and participate  
22                   in the plan so approved.

23           The plan of operation shall provide for, among other matters, (i) the establishment of  
24                   necessary facilities, facilities; (ii) the management of the Facility, Facility; (iii) the  
25                   preliminary assessment of all members for initial expenses necessary to commence  
26                   operations, operations; (iv) the assessment of members if necessary to defray losses and  
27                   expenses, expenses; (v) the distribution of gains to defray losses incurred since the  
28                   effective date hereof and then to persons reinsured by the Facility, the recoupment of losses  
29                   sustained by the Facility, September 1, 1977; (vi) the distribution of gains by credit or  
30                   reduction of recoupment or allocation surcharges to policies subject to recoupment or  
31                   allocation surcharges pursuant to this Article (the Facility may apportion the distribution  
32                   of gains among the coverages eligible for cession pursuant to this Article); (vii) the  
33                   recoupment or allocation of losses sustained by the Facility since September 1, 1977,  
34                   pursuant to this Article, which losses may be recouped by equitable pro rata assessment  
35                   of member companies, companies; (viii) the standard amount (one hundred percent  
36                   (100%) or any equitable lesser amount) of coverage afforded on eligible risks which a  
37                   member company may cede to the Facility, Facility; and (ix) the procedure by which  
38                   reinsurance shall be accepted by the Facility; and Facility. The plan shall further provide  
39                   that:

- 40           (1)     Members of the Board of Governors shall receive reimbursement from  
41                   the Facility for their actual and necessary expenses incurred on Facility  
42                   business, en route to perform Facility business, and while returning

1 from Facility business plus a per diem allowance of twenty-five dollars  
2 (\$25.00) a day which may be waived.

- 3 (2) In order to obtain a transfer of business to the Facility effective when  
4 the binder or policy or renewal thereof first becomes effective, the  
5 company must within 30 days of the binding or policy effective date  
6 notify the Facility of the identification of the insured, the coverage and  
7 limits afforded, classification data, and premium. The Facility shall  
8 accept risks at other times on receipt of necessary information, but such  
9 acceptance shall not be retroactive. The Facility shall accept renewal  
10 business after the member on underwriting review elects to again cede  
11 the business."

12 Sec. 25. G.S. 58-40-10(2) reads as rewritten:

- 13 "(2) 'Nonfleet' motor vehicle means a motor vehicle not eligible for  
14 classification as a fleet vehicle for the reason that the motor vehicle ~~is~~  
15 a. ~~one~~ One of four or less fewer motor vehicles owned or hired  
16 under a long-term contract by ~~the~~ a policy named insured. insured;  
17 or  
18 b. One of five or more private passenger motor vehicles owned or  
19 hired under a long-term contract:  
20 1. By an individual who is a policy named insured;  
21 2. Jointly by two or more individuals who are policy named  
22 insureds and are residents in the same household; or  
23 3. Jointly by two or more individuals who are policy named  
24 insureds and are related by blood, marriage, or adoption."

25 Sec. 26. G.S. 58-42-55 reads as rewritten:

26 "**§ 58-42-55. Expiration.**

27 This Article shall expire on ~~July 1, 1995.~~ July 1, 1997."

28 Sec. 27. G.S. 58-44-10 is repealed.

29 Sec. 28. G.S. 58-45-35(b) reads as rewritten:

30 "(b) If the Association determines that the property is insurable and that there is no  
31 unpaid premium due from the applicant for prior insurance on the property, the  
32 Association, upon receipt of the premium, or part of the premium, as is prescribed in the  
33 plan of operation, shall cause to be issued a policy of essential property insurance and  
34 shall offer additional extended coverage, optional perils endorsements, crime insurance,  
35 separate policies of windstorm and hail insurance, or their successor forms of coverage,  
36 for a term of one ~~year.~~ year or three years. Any policy issued under ~~the provisions of this~~  
37 ~~section shall be renewed annually, renewed,~~ upon application, so as long as the property  
38 meets the definition of "insurable property" set forth in G.S. 58-45-5(5). is insurable property."

39 Sec. 29. Article 50 of Chapter 58 of the General Statutes is amended by  
40 adding a new section to read:

41 "**§ 58-50-149. Limit on cessions to the Reinsurance Pool.**

42 In addition to any individual or group previously reinsured in accordance with G.S.  
43 58-50-150(g)(1), the Pool shall only reinsure a health benefit plan issued or delivered for

1 original issue by a reinsuring carrier on or after October 1, 1995, if the health benefit plan  
2 provides coverage to a small employer with no more than 25 eligible employees,  
3 including self-employed individuals."

4 Sec. 30. G.S. 58-53-60 reads as rewritten:

5 "**§ 58-53-60. Premium.**

6 (a) The premium for the converted ~~policy~~policy or group conversion trust  
7 certificate shall be determined in accordance with the insurer's table of premium rates  
8 applicable to the age and class of risk to be covered under that policy and to the type and  
9 amount of insurance provided.

10 (b) All insurers licensed to do business in this State, who issue conversion ~~policies~~  
11 policies or group conversion trust certificates under this Part, ~~shall~~ have the right to  
12 increase that element of the premium that applies to hospital room and board benefit  
13 increases provided for in G.S. 58-53-95(5) by an amount proportionate to the increase  
14 promulgated by the Commissioner. Such premium increases shall be filed with the  
15 Commissioner.

16 (c) All premium rates and adjustments to premium rates for converted ~~policies~~  
17 policies or group conversion trust certificates shall be reasonable and must be filed with  
18 and approved by the Commissioner prior to use. A premium rate shall be deemed to be  
19 reasonable if ~~it can be demonstrated by the insurer~~ demonstrates that the premium charged  
20 is expected to produce an incurred loss ratio to earned premiums of not less than sixty  
21 percent (60%) for all ~~individual policies or group conversion trust certificates~~ providing  
22 similar benefits offered and issued by the insurer. If an insurer experiences an incurred  
23 loss ratio of greater than eighty percent (80%) for all such policies, it shall be deemed  
24 reasonable for that insurer to increase premium rates to a level that will produce a  
25 prospective incurred loss ratio of no greater than eighty percent (80%), and the insurer  
26 shall file such new rates with the Commissioner not more often than once a year."

27 Sec. 31. (a) Article 58 of Chapter 58 of the General Statutes is further amended  
28 by adding the following new sections to read:

29 "**§ 58-58-22. Individual policy standard provisions.**

30 No policy of individual life insurance shall be delivered in this State unless it contains  
31 in substance the following provisions, or provisions that in the Commissioner's opinion  
32 are more favorable to the person insured:

33 (1) Grace period. – A provision that the insured is entitled to a grace period  
34 of 31 days for the payment of any premium due except the first, during  
35 which grace period the death benefit coverage shall continue in force.  
36 The policy may provide that if a claim arises under the policy during the  
37 grace period, the amount of any premium due or overdue may be  
38 deducted from any amount payable under the policy in settlement.

39 (2) Incontestability. – A provision that the validity of the policy shall not be  
40 contested, except for nonpayment of premium, once it has been in force  
41 for two years after its date of issue; and that no statement made by any  
42 person insured under the policy about that person's insurability shall be

1           used during the person's lifetime to contest the validity of the policy  
2           after the insurance has been in force for two years.

3           (3) Misstatement of age or gender. – A provision specifying an equitable  
4           adjustment of premiums or benefits, or both, to be made if the age or  
5           gender of the person insured has been misstated; the provision to  
6           contain a clear statement of the method of adjustment to be used.

7           (4) Suicide. – A provision that may not limit payment of benefits for a  
8           period more than two years after the date of issue of the policy because  
9           of suicide and that provides for at least the return of premiums paid on  
10           the policy if there is suicide during the two-year period.

11           (5) Reinstatement. – A provision that, unless the policy has been  
12           surrendered for its cash surrender value, or its cash surrender value has  
13           been exhausted, the policy will be reinstated at any time within five  
14           years after the date of premium default upon written application  
15           therefor, the production of evidence of insurability satisfactory to the  
16           insurer, the payment of all overdue premiums, and the payment of  
17           reinstatement of any other indebtedness to the insurer upon the policy,  
18           all with interest at the rate specified.

19 **"§ 58-58-23. Standard provisions for annuity and pure endowment contracts.**

20           No annuity or pure endowment contract, except a reversionary or survivorship annuity  
21           and except a group annuity contract, shall be delivered or issued for delivery in this State  
22           unless it contains in substance the following provisions or provisions that in the opinion  
23           of the Commissioner are more favorable to the holders of the contracts:

24           (1) Grace period. – A provision for a grace period of not less than 31 days  
25           within which any stipulated payment to the insurer falling due after the  
26           first payment may be made. During the grace period, the contract shall  
27           continue in full force. If a claim arises under the contract because of  
28           death before the expiration of the grace period and before the overdue  
29           payment to the insurer is made, the amount of the payments, with  
30           interest on any overdue payments, may be deducted from any amount  
31           payable under the contract.

32           (2) Incontestability. – If any statements are required as a condition of issue,  
33           there shall be a provision that the contract shall be incontestable during  
34           the lifetime of the person or of each of the persons as to whom the  
35           statements are required after it has been in force for a period of two  
36           years after its date of issue, except for nonpayment of stipulated  
37           payments to the insurer.

38           (3) Misstatements of age or gender. – A provision that if the age or gender  
39           of any person upon whose life the contract is made has been misstated,  
40           the amount payable or benefits accruing under the contract shall be such  
41           as the stipulated payment or payments to the insurer would have been  
42           according to the correct age or gender; and if the insurer makes an  
43           overpayment because of the misstatement, that amount with interest at

1           the rate specified in the contract may be charged against any current or  
2           subsequent payment by the insurer under the contract.

- 3           (4) Reinstatement. – A provision that the contract may be reinstated at any  
4           time within one year after a default in making stipulated payments to the  
5           insurer, unless the cash surrender value has been paid; but all overdue  
6           stipulated payments and any indebtedness to the insurer on the contract  
7           shall be paid or reinstated with interest at a rate specified in the contract.  
8           When applicable, the insurer may also require evidence of insurability  
9           satisfactory to the insurer."

10          (b) Article 58 of Chapter 58 of the General Statutes is further amended by adding a  
11 new section to read:

12 **"§ 58-58-42. Viatical settlements.**

13          (a) Definitions. – As used in this section:

- 14           (1) 'Broker' means a person who, for consideration and on behalf of  
15           another, offers or advertises the availability of viatical settlements,  
16           introduces viators to providers, or offers or attempts to negotiate viatical  
17           settlement contracts between a viator and one or more providers; it does  
18           not mean an attorney, accountant, or financial planner retained to  
19           represent a viator and whose compensation is not paid by a provider.

- 20           (2) 'Policy' means an individual life insurance policy or a certificate under a  
21           group life insurance policy.

- 22           (3) 'Provider' means a person who enters into a viatical settlement contract  
23           with a viator. 'Provider' does not mean:

24           a. A licensed lending institution that takes an assignment of a  
25           policy as collateral for a loan.

26           b. The issuer of a policy providing accelerated benefits under 11  
27           NCAC 12.1200.

28           c. A natural person who enters into no more than one agreement in  
29           a calendar year for the transfer of a policy for any value less than  
30           the expected death benefit.

- 31           (4) 'Viatical settlement contract' or 'contract' means a written agreement  
32           entered into between a provider and a viator that establishes the terms  
33           under which the provider will pay consideration that is less than the  
34           expected death benefit of the viator's policy in return for the viator's  
35           assignment, transfer, sale, devise, or bequest of the death benefit or  
36           ownership of the policy to the provider.

- 37           (5) 'Viator' means the owner or holder of a policy who has a catastrophic or  
38           life-threatening illness or condition and who enters into a viatical  
39           settlement contract.

40          (b) Registration. – No person may act as a provider or enter into or solicit a  
41 contract without first registering with the Commissioner. The applicant shall register on  
42 a form prescribed by the Commissioner. The Commissioner may require the applicant to  
43 disclose fully the identity of all stockholders, partners, officers, and employees. The

1 Commissioner may refuse registration of any partnership, corporation, or other business  
2 entity if not satisfied that any officer, employee, stockholder, or partner who may  
3 materially influence the applicant's conduct meets the standards of this section.  
4 Registration of a partnership, corporation, or other business entity authorizes all  
5 members, officers, and designated employees to act as providers under the registration;  
6 all of those persons must be named in the application and any supplements to the  
7 application. Before any registration is complete, the Commissioner shall investigate each  
8 applicant and may register the applicant if the Commissioner finds that the applicant:

- 9 (1) Has provided a detailed plan of operation.
- 10 (2) Is competent and trustworthy and intends to act in good faith in the  
11 capacity involved by the license applied for.
- 12 (3) Has a good business reputation and has had experience, training, or  
13 education so as to be qualified in the business for which the license is  
14 applied.
- 15 (4) If a corporation, is incorporated under the laws of this State or is a  
16 foreign corporation authorized to transact business in this State.

17 No registration is complete for any nonresident applicant unless a written designation of  
18 an agent for service of process is filed and maintained with the Commissioner or the  
19 applicant has filed with the Commissioner the applicant's written irrevocable consent that  
20 any action against the applicant may be commenced against the applicant by service of  
21 process on the Commissioner.

22 (c) Enforcement. – The Commissioner may issue a cease and desist order upon  
23 any provider if the Commissioner finds that:

- 24 (1) There was any misrepresentation in the application for registration;
- 25 (2) The provider has been guilty of fraudulent or dishonest practices, is  
26 subject to a final administrative action, or is otherwise shown to be  
27 untrustworthy or incompetent to act as a provider;
- 28 (3) The provider demonstrates a pattern of unreasonable payments to policy  
29 owners;
- 30 (4) The provider has been convicted of a felony or any misdemeanor of  
31 which criminal fraud is an element; or
- 32 (5) The provider has violated a provision of this section.

33 (d) Approval of Contracts. – No provider may use any viatical settlement contract  
34 in this State unless it has been filed with and approved by the Commissioner. Any  
35 contract form filed with the Commissioner is deemed to be approved if it has not been  
36 disapproved within 90 days after the filing. The Commissioner shall disapprove a  
37 contract form if, in the Commissioner's opinion, any provision of the contract is  
38 unreasonable, contrary to the public interest, or otherwise misleading or unfair to the  
39 policy owner.

40 (e) Reporting Requirements. – Each provider shall file with the Commissioner on  
41 or before March 1 of each year a statement containing the information required by the  
42 rules adopted by the Commissioner.



1       (f) Examination. – The Commissioner may, when the Commissioner deems it to  
2 be reasonably necessary to protect the public interest, examine the business and affairs of  
3 any provider or applicant for registration. The Commissioner may order any provider or  
4 applicant to produce records, books, files, or other information that is necessary to  
5 ascertain whether or not the provider or applicant is acting or has acted in violation of this  
6 section or otherwise contrary to the public interest. The provider or applicant shall pay  
7 the expenses incurred in conducting an examination. Names and individual identification  
8 data for all viators are confidential and shall not be disclosed by the Commissioner. The  
9 provider shall maintain records of all transactions of contracts and make the records  
10 available to the Commissioner for inspection during reasonable business hours.

11       (g) Disclosure. – A provider shall disclose the following information to the viator  
12 no later than the date the contract is signed by all parties:

13           (1) Options other than the contract for a person with a catastrophic or life-  
14 threatening illness, including, but not limited to, accelerated benefits  
15 offered by the issuer of the policy.

16           (2) The fact that some or all of the contract consideration may be taxable,  
17 and that assistance should be sought from a personal tax advisor.

18           (3) The fact that the contract consideration could be subject to the claims of  
19 creditors.

20           (4) The fact that receipt of the contract consideration may adversely affect  
21 the viator's eligibility for Medicaid or other government benefits or  
22 entitlements; and that advice should be obtained from the appropriate  
23 government agencies.

24           (5) The viator's right to rescind a contract within 30 days after the date it is  
25 executed by all parties or within 15 days after the receipt of the contract  
26 consideration by the viator, whichever is less, as provided in subsection  
27 (h) of this section.

28           (6) The date by which the contract consideration will be available to the  
29 viator and the source of the consideration.

30       (h) General Rules. – A provider entering into a contract with a viator shall first  
31 obtain:

32           (1) A written statement from a licensed attending physician that the viator is  
33 of sound mind and under no constraint or undue influence.

34           (2) A witnessed document in which the viator (i) consents to the contract,  
35 (ii) acknowledges the catastrophic or life-threatening illness, (iii)  
36 represents that the viator has a full and complete understanding of the  
37 contract, (iv) represents that the viator has a full and complete  
38 understanding of the benefits of the policy, and (v) releases the medical  
39 records and acknowledges that the contract has been entered into freely  
40 and voluntarily.

41 All medical information solicited or obtained by any provider is subject to all State laws  
42 relating to confidentiality of medical information. All contracts entered into in this State

1 shall contain an unconditional refund provision for at least 30 days after the date of the  
2 contract, or 15 days after the receipt of the viatical settlement proceeds, whichever is less.

3 (i) Contract Consideration. – Immediately upon receipt from the viator of  
4 documents to effect the transfer of the policy, the provider shall direct the contract  
5 consideration to an escrow or trust account managed by a trustee or escrow agent in a  
6 bank approved by the Commissioner, pending acknowledgment of the transfer by the  
7 issuer of the policy. The trustee or escrow agent shall transfer the proceeds that are due  
8 to the viator immediately upon receipt of acknowledgment of the transfer from the  
9 insurer. Failure to tender the contract consideration by the date disclosed to the viator  
10 renders the contract null and void.

11 (j) Authority to Adopt Standards. – The Commissioner may:

12 (1) Adopt rules to implement this section.

13 (2) Establish standards for evaluating reasonableness of payments under  
14 contracts. This authority includes regulation of discount rates used to  
15 determine the amount paid in exchange for assignment, transfer, sale,  
16 devise, or bequest of a benefit under a policy.

17 (3) Establish appropriate registration and other regulatory requirements for  
18 brokers.

19 (4) Require a bond.

20 (k) Unfair Trade Practices. – A violation of this section is considered an unfair  
21 trade practice under Article 63 of this Chapter."

22 Sec. 32. G.S. 58-60-35 reads as rewritten:

23 "**§ 58-60-35. Disclosure of prearrangement insurance policy provisions.**

24 (a) As used in this section:

25 (1) 'Prearrangement' means any contract, agreement, or mutual  
26 understanding, or any series or combination of contracts, agreements or  
27 mutual understandings, whether funded by trust deposits or  
28 prearrangement insurance policies, or any combination thereof, which  
29 has for a purpose the furnishing or performance of specific funeral  
30 services, or the furnishing or delivery of specific personal property,  
31 merchandise, or services of any nature in connection with the final  
32 disposition of a dead human body, to be furnished or delivered at a time  
33 determinable by the death of the person whose body is to be disposed  
34 of, but does not mean the furnishing of a cemetery lot, crypt, niche,  
35 mausoleum, grave marker or monument.

36 (2) 'Prearrangement insurance policy' means a life insurance policy, annuity  
37 contract, or other insurance contract, or any series of contracts or  
38 agreements in any form or manner, issued on a group or individual basis  
39 by an insurance company authorized by law to do business in this State,  
40 which, whether by assignment or otherwise, has for a ~~its~~ sole purpose  
41 the funding of a specific preneed funeral contract or a specific  
42 insurance-funded funeral or burial prearrangement, the insured being the  
43 person for whose service the funds were paid.

1 (b) The following information shall be adequately disclosed by the insurance agent  
2 or limited representative at the time an application is made, prior to accepting the  
3 applicant's initial premium, for a prearrangement insurance policy:

- 4 (1) The fact that a prearrangement insurance policy is involved or being  
5 used to fund a prearrangement;
- 6 (2) The nature of the relationship among the insurance agent or ~~agents,~~  
7 limited representative, the provider of the funeral or cemetery  
8 merchandise or services, the administrator, and any other person;
- 9 (3) The relationship of the prearrangement insurance policy to the funding  
10 of the prearrangement and the nature and existence of any guarantees  
11 relating to the prearrangement;
- 12 (4) The effect on the prearrangement of (i) any changes in the  
13 prearrangement insurance policy, including but not limited to, changes  
14 in the assignment, beneficiary designation, or use of the policy  
15 proceeds; (ii) any penalties to be incurred by the insured as a result of  
16 failure to make premium payments; and (iii) any penalties to be incurred  
17 or monies to be received as a result of cancellation or surrender of the  
18 prearrangement insurance policy;
- 19 (5) All relevant information concerning what occurs and whether any  
20 entitlements or obligations arise if there is a difference between the  
21 policy proceeds and the amount actually needed to fund the  
22 prearrangement; and
- 23 (6) Any penalties or restrictions, including geographic restrictions or the  
24 inability of the provider to perform, on the delivery of merchandise,  
25 services, or the prearrangement guarantee."

26 Sec. 33. G.S. 58-81-1 is repealed.

27 Sec. 33.1. G.S. 20-109.1(a), as rewritten by Chapter 50 of the Session Laws of  
28 1995, reads as rewritten:

29 "(a) Option to Keep Title. – When a vehicle is damaged to the extent that it  
30 becomes a salvage vehicle and the owner submits a claim for the damages to ~~the insurer of~~  
31 ~~the vehicle,~~ an insurer, the insurer must determine whether the owner wants to keep the  
32 vehicle after payment of the claim. If the owner does not want to keep the vehicle after  
33 payment of the claim, the procedures in subsection (b) of this section apply. If the owner  
34 wants to keep the vehicle after payment of the claim, the procedures in subsection (c) of  
35 this section apply."

36 Sec. 34. G.S. 95-111.12(a) reads as rewritten:

37 "(a) No owner shall operate a device subject to the provisions of this Article, unless  
38 at the time, there is in existence a contract of insurance providing coverage of not less  
39 than one million dollars (\$1,000,000) per occurrence against liability for injury to persons  
40 or property arising out of the operation or use of such device or there is in existence a  
41 contract of insurance providing coverage of not less than five hundred thousand dollars  
42 (\$500,000) per occurrence against liability for injury to persons or property arising out of  
43 the operation or use of the amusement devices if the annual gross volume of the devices

1 does not exceed two hundred seventy-five thousand dollars (\$275,000); provided  
2 waterslides shall not be required to be insured as ~~herein~~ provided in this subsection for an  
3 amount in excess of one hundred thousand dollars (\$100,000) per occurrence. The  
4 insurance contract to be provided must be by any insurer or surety that is acceptable to  
5 the North Carolina Insurance Commissioner and authorized to transact business in this  
6 State; provided, however, that insurance for waterslides may be purchased under Article  
7 21 of Chapter 58 of the General Statutes or under G.S. 58-28-5(b).

8 In lieu of a contract for insurance or surety, a waterslide owner may alternately  
9 comply with this subsection by furnishing to the Commissioner satisfactory proof of  
10 financial ability to directly pay one hundred thousand dollars (\$100,000) per occurrence  
11 in liability for injury to persons or property arising out of the operation or use of the  
12 waterslide. The Commissioner may require the deposit of a security, indemnity, bond, or  
13 irrevocable letter of credit to secure the payment of any liability incurred. The  
14 Commissioner may consult with the Commissioner of Insurance, the Commissioner of  
15 Banks, the Secretary of Commerce, or the State Treasurer in order to determine if any  
16 security, indemnity, bond, or irrevocable letter of credit filed under this subsection is  
17 acceptable proof of financial responsibility."

18 Sec. 35. G.S. 97-2(2) reads as rewritten:

19 "(2) Employee. – The term 'employee' means every person engaged in an  
20 employment under any appointment or contract of hire or  
21 apprenticeship, express or implied, oral or written, including aliens, and  
22 also minors, whether lawfully or unlawfully employed, but excluding  
23 persons whose employment is both casual and not in the course of the  
24 trade, business, profession or occupation of his employer, and as  
25 relating to those so employed by the State, the term 'employee' shall  
26 include all officers and employees of the State, including such as are  
27 elected by the people, or by the General Assembly, or appointed by the  
28 Governor to serve on a per diem, part-time or fee basis, either with or  
29 without the confirmation of the Senate; as relating to municipal  
30 corporations and political subdivisions of the State, the term 'employee'  
31 shall include all officers and employees thereof, including such as are  
32 elected by the people. The term 'employee' shall include members of the  
33 North Carolina national guard, except when called into the service of  
34 the United States, and members of the North Carolina State guard, and  
35 members of these organizations shall be entitled to compensation for  
36 injuries arising out of and in the course of the performance of their  
37 duties at drill, in camp, or on special duty under orders of the Governor.  
38 The term 'employee' shall include deputy sheriffs and all persons acting  
39 in the capacity of deputy sheriffs, whether appointed by the sheriff or by  
40 the governing body of the county and whether serving on a fee basis or  
41 on a salary basis, or whether deputy sheriffs serving upon a full-time  
42 basis or a part-time basis, and including deputy sheriffs appointed to  
43 serve in an emergency, but as to those so appointed, only during the

1 continuation of the emergency. The sheriff shall furnish to the board of  
2 county commissioners a complete list of all deputy sheriffs named or  
3 appointed by him immediately after their appointment, and notify the  
4 board of commissioners of any changes made therein promptly after  
5 such changes are made. Any reference to an employee who has been  
6 injured shall, when the employee is dead, include also his legal  
7 representative, dependents, and other persons to whom compensation  
8 may be payable: Provided, further, that any employee as herein defined  
9 of a municipality, county, or of the State of North Carolina while  
10 engaged in the discharge of his official duty outside the jurisdictional or  
11 territorial limits of the municipality, county, or the State of North  
12 Carolina and while acting pursuant to authorization or instruction from  
13 any superior officer, shall have the same rights under this Article as if  
14 such duty or activity were performed within the territorial boundary  
15 limits of his employer.

16 Every executive officer elected or appointed and empowered in  
17 accordance with the charter and bylaws of a corporation shall be  
18 considered as an employee of such corporation under this Article.

19 Any such executive officer of a corporation may, notwithstanding  
20 any other provision of this Article, be exempt from the coverage of the  
21 corporation's insurance contract by such corporation specifically  
22 excluding such executive officer in such contract of insurance and the  
23 exclusion to remove such executive officer from the coverage shall  
24 continue for the period such contract of insurance is in effect, and  
25 during such period such executive officers thus exempted from the  
26 coverage of the insurance contract shall not be employees of such  
27 corporation under this Article.

28 All county agricultural extension service employees who do not  
29 receive official federal appointments as employees of the United States  
30 Department of Agriculture and who are field faculty members with  
31 professional rank as designated in the memorandum of understanding  
32 between the North Carolina Agricultural Extension Service, North  
33 Carolina State University, A & T State University and the boards of  
34 county commissioners shall be deemed to be employees of the State of  
35 North Carolina. All other county agricultural extension service  
36 employees paid from State or county funds shall be deemed to be  
37 employees of the county board of commissioners in the county in which  
38 the employee is employed for purposes of workers' compensation.

39 The term employee shall also include members of the Civil Air  
40 Patrol currently certified pursuant to G.S. 143B-491(a) when  
41 performing duties in the course and scope of a State approved mission  
42 pursuant to Article 11 of Chapter 143B.

1 Employee shall not include any person performing voluntary service  
2 as a ski patrolman who receives no compensation for such services other  
3 than meals or lodging or the use of ski tow or ski lift facilities or any  
4 combination thereof.

5 Any sole proprietor or partner of a business or any member of a  
6 limited liability company ~~whose employees are eligible for benefits under~~  
7 ~~this Article~~ may elect to be included as an employee under the workers'  
8 compensation coverage of such business if he is actively engaged in the  
9 operation of the business and if the insurer is notified of his election to  
10 be so included. Any such sole proprietor or partner or member of a  
11 limited liability company shall, upon such election, be entitled to  
12 employee benefits and be subject to employee responsibilities  
13 prescribed in this Article."

14 Sec. 36. G.S. 97-19 reads as rewritten:

15 "**§ 97-19. Liability of principal contractors; certificate that subcontractor has**  
16 **complied with law; right to recover compensation of those who would**  
17 **have been liable; order of liability.**

18 Any principal contractor, intermediate contractor, or subcontractor who shall sublet  
19 any contract for the performance of any work without requiring from such subcontractor  
20 or obtaining from the Industrial Commission a certificate, issued by a workers'  
21 compensation insurance carrier, or a certificate of compliance issued by the Department  
22 of Insurance to a self-insured subcontractor, stating that such subcontractor has complied  
23 with G.S. 97-93 hereof, shall be liable, irrespective of whether such subcontractor has  
24 regularly in service fewer than three employees in the same business within this State, to  
25 the same extent as such subcontractor would be if he were subject to the provisions of  
26 this Article for the payment of compensation and other benefits under this Article on  
27 account of the injury or death of any such subcontractor, any principal or partner of such  
28 subcontractor or any employee of such subcontractor due to an accident arising out of and  
29 in the course of the performance of the work covered by such subcontract. If the principal  
30 contractor, intermediate contractor or subcontractor shall obtain such certificate at the  
31 time of subletting such contract to subcontractor, he shall not thereafter be held liable to  
32 any such subcontractor, any principal or partner of such subcontractor, or any employee  
33 of such subcontractor for compensation or other benefits under this Article. ~~If the~~  
34 ~~subcontractor has no employees and waives in writing his right to coverage under this section,~~  
35 ~~the principal contractor, intermediate contractor, or subcontractor subletting the contract shall not~~  
36 ~~thereafter be held liable for compensation or other benefits under this Article to said~~  
37 ~~subcontractor. Subcontractors who have no employees are not required to comply with G.S. 97-~~  
38 ~~93.~~

39 Any principal contractor, intermediate contractor, or subcontractor paying  
40 compensation or other benefits under this Article, under the foregoing provisions of this  
41 section, may recover the amount so paid from any person, persons, or corporation who  
42 independently of such provision, would have been liable for the payment thereof.

1 Every claim filed with the Industrial Commission under this section shall be instituted  
2 against all parties liable for payment, and said Commission, in its award, shall fix the  
3 order in which said parties shall be exhausted, beginning with the immediate employer.

4 The principal or owner may insure any or all of his contractors and their employees in  
5 a blanket policy, and when so insured such contractor's employees will be entitled to  
6 compensation benefits regardless of whether the relationship of employer and employee  
7 exists between the principal and the contractor."

8 Sec. 37. Reserved.

9 Sec. 38. Section 208(d) of Chapter 757 of the 1985 Session Laws, as amended  
10 by Section 1 of Chapter 480 of the 1991 Session Laws, is repealed.

11 Sec. 39. (a) Article 11 of Chapter 131E of the General Statutes (G.S. 131E-210  
12 through G.S. 131E-213) is repealed.

13 (b) Chapter 131E of the General Statutes is amended by adding the following new  
14 Article to read:

15 **"ARTICLE 11A.**

16 **"MEDICAL CARE DATA.**

17 **"§ 131E-214. Title and purpose.**

18 (a) This Article is the Medical Care Data Act.

19 (b) The General Assembly finds that, as a result of rising medical care costs and  
20 the concern expressed by medical care providers, medical care consumers, third-party  
21 payors, and health care planners involved with planning for the provision of medical care,  
22 there is an urgent and continuing need to understand patterns and trends in the use and  
23 cost of medical care services in this State. The purposes of this Article are as follows:

24 (1) To ensure that there is an information base containing medical care data  
25 from throughout the State that can be used to improve the appropriate  
26 and efficient use of medical care services and maintain an acceptable  
27 quality of health care services in this State.

28 (2) To ensure that the necessary medical care data is available to improve  
29 the decision-making process regarding access, identified needs, patterns  
30 of medical care, charges, and use of appropriate medical care services.

31 (3) To ensure that a data processor receiving data under this Article protects  
32 patient confidentiality.

33 These purposes are to be accomplished by requiring that all hospitals and freestanding  
34 ambulatory surgical facilities submit information necessary for a review and comparison  
35 of charges, utilization patterns, and quality of medical services to a data processor that  
36 maintains a statewide database of medical care data and that makes medical care data  
37 available to interested persons, including medical care providers, third-party payors,  
38 medical care consumers, and health care planners.

39 **"§ 131E-214.1. Definitions.**

40 As used in this Article:

41 (1) 'Freestanding ambulatory surgical facility' means a facility licensed  
42 under Part D of Article 6 of this Chapter.

- 1           (2) 'Hospital' means a facility licensed under Article 5 of this Chapter or  
2 Article 2 of Chapter 122C of the General Statutes, but does not include  
3 the following:  
4           a. A facility with all of its beds designated for medical type 'LTC'  
5 (long-term care).  
6           b. A facility with the majority of its beds designated for medical  
7 type 'PSY-3' (mental retardation).  
8           c. A facility operated by the North Carolina Department of  
9 Correction.  
10          (3) 'Patient data' means data that includes a patient's age, sex, zip code,  
11 third-party coverage, principal and other diagnosis, date of admission,  
12 procedure and discharge date, principal and other procedures, total  
13 charges and components of the total charges, attending physician  
14 identification number, and hospital or freestanding ambulatory surgical  
15 facility identification number.  
16          (4) 'Patient identifying information' means the name, address, social  
17 security number, or similar information by which the identity of a  
18 patient can be determined with reasonable accuracy and speed either  
19 directly or by reference to other publicly available information. The  
20 term does not include a number assigned to a patient by a health care  
21 provider if that number does not consist of or contain numbers,  
22 including social security or drivers license numbers, that could be used  
23 to identify a patient with reasonable accuracy and speed from sources  
24 external to the health care provider.  
25          (5) 'Statewide data processor' means a data processor that complies with the  
26 requirements of G.S. 131E-214.4.

27 **"§ 131E-214.2. Data submission required.**

28 Except as prohibited by federal law or regulation, each hospital and freestanding  
29 ambulatory surgical facility shall submit patient data to a statewide data processor within  
30 60 calendar days after the close of each calendar quarter for patients that were discharged  
31 or died during that quarter.

32 **"§ 131E-214.3. Patient data not public records.**

33 (a) The following are not public records under Chapter 132 of the General  
34 Statutes:

- 35           (1) Patient data furnished to and maintained by a statewide data processor  
36 pursuant to this Article.  
37           (2) Compilations of patient data prepared for release or dissemination by a  
38 statewide data processor pursuant to this Article.  
39           (3) Patient data furnished by a statewide data processor to the State.  
40          (b) Compilations of data under subdivision (a)(3) of this section, prepared for  
41 release or dissemination by the State, are public records.

42          (c) A person is immune from liability for actions arising from the required  
43 submission of data under this Article.



1 **"§ 131E-214.4. Statewide data processor; compliance.**

2 (a) A statewide data processor shall perform the following duties:

3 (1) Receive patient data from hospitals and freestanding ambulatory  
4 surgical facilities throughout this State.

5 (2) Compile and maintain a uniform set of data from the patient data  
6 submitted.

7 (3) Analyze the patient data.

8 (4) Compile reports from the patient data and make the reports available  
9 upon request to interested persons at a reasonable charge determined by  
10 the data processor.

11 (5) Ensure that adequate measures are taken to provide system security for  
12 all data and information received from hospitals and freestanding  
13 ambulatory surgical facilities pursuant to this Article.

14 (6) Protect the confidentiality of patient records and comply with applicable  
15 laws and regulations concerning patient confidentiality, including the  
16 confidentiality of patient-identifying information. The data processor  
17 shall not disclose patient-identifying information unless (i) the  
18 information was originally submitted by the party requesting disclosure  
19 or (ii) the State Health Director requests specific individual records for  
20 the purpose of protecting and promoting the public health under Chapter  
21 130A of the General Statutes, and the disclosure is not otherwise  
22 prohibited by federal law or regulation. Such records shall be made  
23 available to the State Health Director at a reasonable charge. Such  
24 records made available to the State Health Director are not public  
25 records; the State Health Director shall maintain their confidentiality  
26 and shall not make the records available notwithstanding G.S. 130A-  
27 374(a)(2).

28 (b) A hospital or freestanding ambulatory surgical facility is deemed to be in  
29 compliance with this Article if it submits patient data to the health information network  
30 of North Carolina Hospital Enterprises, Inc., a wholly owned subsidiary of the North  
31 Carolina Hospital Association, Inc., pursuant to a contract with North Carolina Hospital  
32 Enterprises, Inc., and its data vendor.

33 (c) The Department of Human Resources may take adverse action against a  
34 hospital under G.S. 131E-78 or G.S. 122C-24 or against a freestanding ambulatory  
35 surgical center under G.S. 131E-148 for a violation of this Article."

36 (c) Article 4 of Chapter 105 of the General Statutes is amended by adding the  
37 following new section to read:

38 **"§ 105-130.43. Credit for certain patient records submitted to a statewide data**  
39 **processor.**

40 A corporation licensed to operate a freestanding ambulatory surgical facility, as  
41 defined in G.S. 131E-214.1(1), or a hospital, as defined in G.S. 131E-214.1(2), is allowed  
42 a credit against the tax imposed by this Division equal to seventy-five cents (75¢) for  
43 each patient record that it submits during the taxable year to a statewide data processor

1 pursuant to Article 11A of Chapter 131E of the General Statutes. The credit allowed by  
2 this section may not exceed five thousand dollars (\$5,000) in a taxable year."

3 (d) G.S. 58-68A-10(5)(i) reads as rewritten:

4 "i. Jointly with the Commission and ~~the North Carolina Medical~~  
5 ~~Database Commission,~~ a statewide data processor under Article  
6 11A of Chapter 131E of the General Statutes, collect data from  
7 all community health plans and sponsor research into health  
8 outcomes and practice guidelines."

9 (e) G.S. 120-123(45) is repealed.

10 (f) This section does not require a person, corporation, or other entity not  
11 previously required to report data to the Medical Database Commission to report data  
12 under this section. This section does not require a person, corporation, or other entity to  
13 be a statewide data processor.

14 (g) The provisions of this section are severable. If the court declares a portion  
15 of this section unconstitutional or invalid, the remainder of the section is valid.

16 Sec. 40. Reserved.

17 Sec. 41. If any section or provision of this act is declared unconstitutional or  
18 invalid by the courts, it does not affect the validity of the act as a whole or any part other  
19 than the part so declared to be unconstitutional or invalid.

20 Sec. 42. Sections 4, 7, 13, 14, 31, and all of Section 39 except section 39(c)  
21 become effective October 1, 1995. Section 39(c) is effective for taxable years beginning  
22 on or after January 1, 1996. Section 33.1 becomes effective July 1, 1995. The remainder  
23 of this act is effective upon ratification. Section 34 expires December 31, 1997.