WEST VIRGINIA LEGISLATURE 2017 REGULAR SESSION

Introduced

House Bill 3038

By Delegate Walters

[Introduced March 14, 2017; Referred to the Committee on Banking and Insurance then the Judiciary.]

A BILL to amend and reenact §33-24-4 of the Code of West Virginia, 1931, as amended, relating to clarifying that merged care organizations are not exempt from payment of insurance premium taxes.

Be it enacted by the Legislature of West Virginia:

That §33-24-4 of the Code of West Virginia, 1931, as amended, be amended and reenacted to read as follows:

ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS, DENTAL SERVICE CORPORATIONS AND HEALTH SERVICE CORPORATIONS.

§33-24-4. Exemptions; applicability of insurance laws.

(a) Every corporation defined in section two of this article is hereby declared to be a scientific, nonprofit institution and exempt from the payment of all property and other taxes. Every corporation, to the same extent the provisions are applicable to insurers transacting similar kinds of insurance and not inconsistent with the provisions of this article, shall be governed by and be subject to the provisions as herein below indicated, of the following articles of this chapter: Article two (Insurance Commissioner); article four (general provisions), except that section sixteen of said article may not be applicable thereto; section twenty, article five (borrowing by insurers); section thirty-four, article six (fee for form, rate and rule filling); article six-c (guaranteed loss ratios as applied to individual sickness and accident insurance policies); article seven (assets and liabilities); article eight-a (use of clearing corporations and Federal Reserve book-entry system); article eleven (unfair trade practices); article twelve (insurance producers and solicitors), except that the agent's license fee shall be \$25; section two-a, article fifteen (definitions); section two-b, article fifteen (guaranteed issue; limitation of coverage; election; denial of coverage; network plans); section two-d, article fifteen (exceptions to guaranteed renewability); section two-e, article fifteen (discontinuation of particular type of coverage; uniform termination of all coverage; uniform

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modification of coverage); section two-f, article fifteen (certification of creditable coverage); section two-q, article fifteen (applicability); section four-e, article fifteen (benefits for mothers and newborns); section fourteen, article fifteen (policies discriminating among health care providers); section sixteen, article fifteen (policies not to exclude insured's children from coverage; required services; coordination with other insurance); section eighteen, article fifteen (equal treatment of state agency); section nineteen, article fifteen (coordination of benefits with Medicaid); article fifteen-a (West Virginia Long-Term Care Insurance Act); article fifteen-c (diabetes insurance); section three, article sixteen (required policy provisions); section three-a, article sixteen (same mental health); section three-d, article sixteen (Medicare supplement insurance); section three-f, article sixteen (required policy provisions - treatment of temporomandibular joint disorder and craniomandibular disorder); section three-j, article sixteen (hospital benefits for mothers and newborns); section three-k, article sixteen (limitations on preexisting condition exclusions for health benefit plans); section three-I, article sixteen (renewability and modification of health benefit plans); section three-m, article sixteen (creditable coverage); section three-n, article sixteen (eligibility for enrollment); section eleven, article sixteen (group policies not to exclude insured's children from coverage; required services; coordination with other insurance); section thirteen, article sixteen (equal treatment of state agency); section fourteen, article sixteen (coordination of benefits with Medicaid); section sixteen, article sixteen (insurance for diabetics); article sixteen-a (group health insurance conversion); article sixteen-c (employer group accident and sickness insurance policies); article sixteen-d (marketing and rate practices for small employer accident and sickness insurance policies); article twenty-six-a (West Virginia Life and Health Insurance Guaranty Association Act), after October 1, 1991, article twenty-seven (insurance holding company systems); article twenty-eight (individual accident and sickness insurance minimum standards); article thirty-three (annual audited financial report); article thirty-four (administrative supervision); article thirty-four-a (standards and commissioner's authority for companies considered to be in hazardous financial condition); article thirty-five (criminal sanctions for failure

to report impairment); article thirty-seven (managing general agents); article forty-a (risk-based capital for health organizations); and article forty-one (Insurance Fraud Prevention Act) and no other provision of this chapter may apply to these corporations unless specifically made applicable by the provisions of this article. If, however, the corporation is converted into a corporation organized for a pecuniary profit or if it transacts business without having obtained a license as required by section five of this article, it shall thereupon forfeit its right to these exemptions.

(b) Notwithstanding any other provision of this code to the contrary, merged care organizations shall not be exempt from paying insurance premium taxes imposed under sections fourteen and fourteen-a, article three of this chapter. The provisions of this subsection shall be effective immediately upon the passage of this amendment.

NOTE: The purpose of this bill is to clarify that merged care organizations are not exempt from paying insurance premium taxes.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.