Approved: Cobert Tombenson
Date Feb. 4, 1999

MINUTES OF THE HOUSE COMMITTEE ON INSURANCE.

The meeting was called to order by Chairperson Rep. Bob Tomlinson at 3:30 p.m. on January 26, 1999 in Room 527-S of the Capitol.

All members were present except:

Full Committee Present

Committee staff present:

Bill Wolff, Researcher Robert Nugent, Revisor Mary Best, Secretary

Conferees appearing before the committee: None

Others attending:

Attendance sheet not signed

The meeting was called to order at 3.30 p.m. by Chairman Robert Tomlinson. The minutes of January 12th and 14th were distributed and approved.

There was difficulty with a starting tape being bad. Had to replace tape at the beginning of the meeting. First comments on Minutes and such were not taped.

Chairman Tomlinson then brought forth <u>HB 2015</u>. Revisor Robert Nugent was asked to explain the balloons on the bill (<u>Attachment #1</u>). Lines 31 and 32 were reinserted regarding the 40 day time limit. Line 43 added ...the original of the process and two copies of the process and the petition. Line 1 of page 2, a typo error was corrected changing the word sent to send. Lines 3 & 5 changed restricted mail to certified mail, return receipt requested,..... and the last change, suggested by the Industry, was to line 7 changing its to the secretary of the insurance company or fraternal benefit society sued at its...

It was moved by Representative Empson to adopt balloons to HB 2015 and seconded by Representative Cox. There was no discussion. Motion Carried..

Representative Empson moved to pass the bill as amended and was seconded by Vice-Chair Myers. Motion Carried.

Chair next introduced <u>HB 2005</u> and again requested Revisor Nugent to explain the balloon, (Attachment #2). There were two changes in this balloon, one of which was suggested by Brad Smoot of BCBS, that sets the time in which the trial period sets the anniversary date at the beginning of the trial period. The second change isone year and six months beginning with the first anniversary date of the state health care benefits program subsequent to approval of the mandate by the legislature. The Chair then called for discussion. There was discussion between Representatives Kirk and Chair Tomlinson. Representative Burroughs then inquired as to whether or not any other states had entered into this kind of plan. Inquiries have been made by other Legislative bodies, but not other Insurance companies.

House Insurance Minutes 1-26-99 Continued

Representative Cox moved to accept the balloon, Representative Showalter seconded the motion. Motion carried.

<u>Disposition moved by Representative Cox for passage of the bill. Representative Dreher seconded.</u>

<u>Passed.</u>

The meeting ended at 4:00 p.m.

Next meeting is January 28, 1999

Session of 1999

HOUSE BILL No. 2015

By Representative O'Neal

12-30

AN ACT concerning civil procedure; relating to service of process upon insurance companies and fraternal benefit societies; amending K.S.A. 40-218 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 40-218 is hereby amended to read as follows: 40-218. Every insurance company, or fraternal benefit society, on applying for authority to transact business in this state, and as a condition precedent to obtaining such authority, shall file in the insurance department its written consent, irrevocable, that any action or garnishment proceeding may be commenced against such company or fraternal benefit society in the proper court of any county in this state in which the cause of action shall arise or in which the plaintiff may reside by the service of process on the commissioner of insurance of this state, and stipulating and agreeing that such service shall be taken and held in all courts to be as valid and binding as if due service had been made upon the president or chief officer of such corporation. Such consent shall be executed by the president and secretary of the company, authenticated by the seal of the corporation, and shall be accompanied by a duly certified copy of the order or resolution of the board of directors, trustees or managers authorizing the president and secretary to execute the same. The summons, accompanied by a fee of \$25, shall be directed to the commissioner of insurance/; and shall require the defendant to answer by a certain day, not less than 40 days from its date.

Such summons, and a certified copy of the petition shall be forthwith forwarded by the clerk of the court to the commissioner of insurance, who shall immediately forward a copy of the summons and the certified copy of the petition, to the secretary of the company or fraternal benefit society sucd, and a copy of the summons to the general agent of the company or fraternal benefit society if any such agent resides in this state, and thereupon the

Service on the commissioner of insurance of any process, notice or demand against an insurance company or fraternal benefit society shall be made by delivering to and leaving with the commissioner or the commissioner's designee, the original and two copies of the petition, notice of

and shall require the defendant to answer by a certain day, not less than 40 days from its date

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demand, or the clerk of the court may send the original process and two copies of both the process and petition, notice or demand directly to the commissioner by restricted mail In the event that any process, notice or demand is served on the commissioner, the commissioner shall immediately cause a copy thereof to be forwarded by restricted mail to the insurance company or fraternal benefit society address to its general agent if such agent resides in this state or to[its] registered or principal office in any state in which it is domesticated. The commissioner of insurance shall make return of the summons to the court from whence it issued, showing the date of its receipt by him, the date of forwarding such copies, and the name and address of each person to whom he forwarded a copy was forwarded. Such return shall be under his the hand and seal of office, and shall have the same force and effect as a due and sufficient return made by the on process directed to a sheriff on process directed to him. The said commissioner of insurance shall keep a suitable record in which he shall docket be docketed every action commenced against an insurance company, the time when commenced, the date and manner of service; also the date of the judgment, its amount and costs, and the date of payment thereof, which shall be certified from time to time by the clerk of the court.

21 Sec. 2. K.S.A. 40-218 is hereby repealed.

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Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

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certified mail, retur	n receipt requested,
the secretary of the i	nsurance company or

441 demand, or the clerk of the court may send the original process and two copies of both the process and petition, notice or demand directly to the commissioner by restricted maily In the event that any process, notice or demand is served on the commissioner, the commissioner shall immediately cause a copy thereof to be forwarded by restricted mail to the insurance company or fraternal benefit society address to its general agent if such agent resides in this state or to its registered or principal office in any state in which it is domesticated. The commissioner of insurance shall make return of the summons to the court from whence it issued, showing the date of its receipt by him, the date of forwarding such copies, and the name and address of each person to whom he forwarded a copy was forwarded. Such return shall be under his the hand and seal of office, and shall have the same force and effect as a due and sufficient return made by the on process directed to a sheriff on process directed to him. The said commissioner of insurance shall keep a suitable record in which he shall docket be docketed every action commenced against an insurance company, the time when commenced, the date and manner of service; also the date of the judgment, its amount and costs, and the date of payment thereof, which shall be certified from time to time by the clerk of the court. 20 21

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Sec. 2. K.S.A. 40-218 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

HOUSE BILL No. 2005

By Special Committee on Financial Institutions and Insurance

1-11

AN ACT relating to accident and health insurance; concerning mandated coverages; requirements.

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Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) After July 1, 1999, in addition to the requirements of K.S.A. 40-2248 and 40-2249, and amendments thereto, any new mandated health insurance coverage for specific health services, specific diseases or for certain providers of health care services approved by the legislature shall apply only to the state health care benefits program, K.S.A. 75-6501, et seq., and amendments thereto, for a period of at least one year. At the end of such time period, the Kansas state employees health care commission shall submit to the president of the senate and to the speaker of the house of representatives, on the day the governor's budget report is submitted to the legislature, a report indicating the impact such mandated coverage has had on the state health care benefits program, including data on the utilization and costs of such mandated coverage. Such report shall also include a recommendation whether such mandated coverage should be authorized by the legislature to apply to the state health care benefits program and to all individual or group health insurance policies, medical service plans, contracts, hospital service corporation contracts, hospital and medical service corporation contracts, fraternal benefit societies or health maintenance organizations which provide coverage for accident and health services.

- (b) The legislature shall periodically review all current and any future mandated health insurance coverages.
- Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

1-26-99 ATTA CUMENT # 2 HOUVE COMM ON THE

and six months beginning with the first anniversary date of the state health care benefits program subsequent to approval of the mandate by the legislature.