FIRST ENGROSSMENT

Sixtieth
Legislative Assembly

ENGROSSED SENATE BILL NO. 2174

Introduced by

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of North Dakota

70424.0200

Senators Potter, Andrist, Seymour

Representatives Amerman, Griffin, Nelson

- 1 A BILL for an Act to amend and reenact section 26.1-36-37.2 of the North Dakota Century
- 2 Code, relating to insurance policy loss ratios.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 26.1-36-37.2 of the North Dakota Century Code is amended and reenacted as follows:

26.1-36-37.2. Loss ratios - Rules.

- 1. For all policies providing hospital, surgical, medical, or major medical benefit, an insurance company, a nonprofit health service corporation, a fraternal benefit society, and any other entity providing a plan of health insurance or health benefit subject to state insurance regulation shall return benefits to group policyholders in the aggregate of not less than seventy-five percent of premium received and to individual policyholders in the aggregate of not less than sixty-five percent of premium received. The commissioner shall adopt rules to establish these minimum standards on the basis of incurred claims experienced and earned premiums for the entire period for which rates are computed to provide coverage in accordance with accepted actuarial principles and practices. This section does not apply to
- <u>For</u> any contract or plan of insurance that provides exclusively for accident, disability income insurance, specified disease, hospital confinement indemnity, or other limited benefit health insurance, an insurance company, a nonprofit health service corporation, a fraternal benefit society, or any other entity providing a plan of health benefits subject to regulation under this title shall return benefits to policyholders in the aggregate of not less than fifty-five percent of premium received.

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<u>3.</u>	The commissioner shall adopt rules to establish minimum standards under this
	section on the basis of incurred claims experienced and earned premiums for the
	entire period for which rates are computed to provide coverage in accordance with
	accepted actuarial principles and practices.

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