

**OFFICE OF  
THE INSURANCE  
COMMISSIONER**

## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 1 - Proxies, Consents, and Authorizations of Domestic Stock Insurers**

**This rule initially became effective on June 30, 1966, and there have been no subsequent modifications. The purpose of the rule is to prescribe the form, content and manner of solicitation of any proxy, consent or authorization regarding voting securities issued by a West Virginia domestic insurer.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides adequate and fair protections for investors with respect to voting securities issued by a domestic insurer.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 2 - Licensing and Conduct of Insurance Producers and Agencies**

**This rule initially became effective on October 13, 1966, and was subsequently modified in 2003, 2004, 2006, 2008 and 2012. The purpose of the rule is to establish general requirements and acceptable practices with respect to insurance producers and agencies.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides licensing requirements for insurance producers and agencies, sets parameters for commissions and describes when a referral to an insurance producer is permissible.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 2A - Fingerprinting Requirements for Applicants for Insurance Producer License**

**This rule initially became effective on August 1, 2008, and there have been no subsequent modifications. The purpose of the rule is to implement House Bill 2764, enacted during the 2007 regular session of the West Virginia Legislature, which mandates that the Insurance Commissioner procure fingerprints from certain classes of applicants for producer licenses for the purpose of obtaining criminal history record check from the Federal Bureau of Investigation and West Virginia State Police.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides that every applicant for a producer license submit a set of fingerprints to be used in a criminal background check, details when the Insurance Commissioner may waive the fingerprint requirement and describes when a provisional license may be issued.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 3 - Cancellation and Nonrenewal of Automobile Liability Policies**

**This rule initially became effective on May 24, 1967, and was subsequently modified in 2005. The purpose of the rule is to establish a procedure whereby a person whose automobile liability insurance policy has been canceled or has not been renewed may appeal to the Insurance Commissioner for hearing and review.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth standards regarding a notice of cancellation or nonrenewal with respect to an automobile liability insurance policy, describes the procedure for filing a complaint with the Insurance Commissioner concerning a notice of cancellation or nonrenewal, provides the complainant a right to a hearing before the Commissioner and requires insurers that write automobile liability insurance policies in this state to file with the Commissioner a copy of its underwriting standards.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 4 - Insider Trading of Equity Securities of a Domestic Stock Insurer**

**This rule initially became effective on April 16, 1968, and there have been no subsequent modifications. The purpose of the rule is to require the disclosure of the ownership of equity securities of domestic stock insurance companies and to prevent any unfair practices by officers or directors where they are also beneficial owners of such equity securities.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it establishes the general procedures to be followed by domestic stock insurers concerning their activities with respect to insider trading of securities.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 5 - Procedures to be Followed by Fire Rating Organizations**

This rule initially became effective on April 18, 1968, and there have been no subsequent modifications. The purpose of the procedural rule is to establish procedures to be followed by fire rating organizations in rating and inspecting West Virginia cities or towns.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides for the filing and inspection procedures of fire rating organizations and sets forth a right of hearing before the Insurance Commissioner with respect to the rate filing or inspection results.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 6 - Credit Life Insurance, Credit Accident and Sickness Insurance, and Credit Unemployment Insurance**

**This rule initially became effective on March 1, 1969, and subsequent modifications were made in 1993, 1995 and 2011. The purpose of the rule is to set forth requirements pertaining to the issuance of credit life insurance, credit accident and sickness insurance and credit unemployment insurance.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth standards pertaining to rating, term and certain policy language with respect to credit life insurance, credit accident and sickness insurance and credit unemployment insurance.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 7 - Premium Financing of Life Insurance for College Students**

**This rule initially became effective on July 1, 1970, and there were no subsequent modifications. The purpose of the rule is to set forth requirements to be followed by insurers and agents transacting life insurance in West Virginia under a plan whereby life insurance policies are offered to college students under premium financing arrangements.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides requirements regarding the financing arrangements, disclosures and general selling practices of insurers and agents offering life insurance policies to college students whereby premiums are to be paid under a premium financing arrangement.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 8 - Replacement of Life Insurance Policies and Annuity Contracts**

**This rule initially became effective on March 1, 1980, and subsequent modifications were made in 1997, 2006 and 2008. The purpose of the rule is to regulate the activities of insurers and producers with respect to the replacement of existing life insurance and annuities.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it protects the interests of life insurance and annuity purchasers by establishing minimum standards of conduct to be observed in replacement or financed purchase transactions.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 9 - Mass Marketing of Property and Liability Insurance**

**This rule initially became effective on May 15, 1972, and there were no subsequent modifications. The purpose of the rule is to provide regulatory safeguards and requirements that are designed to avert significant potential abuses unique to mass marketing of property and liability insurance.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it prescribes rules to prevent abuses in connection with the sale of property and liability insurance in West Virginia pursuant to mass marketing plans, while preserving for consumers the potential benefits of this form of marketing.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 10 - Advertisement of Accident and Sickness Insurance**

**This rule initially became effective on April 20, 1973, and there were no subsequent modifications. The purpose of the rule is to set forth minimum standards and guidelines of conduct in the advertising of accident and sickness insurance.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it prevents unfair competition among insurers and is conducive to the accurate presentation and description to the insurance buying public of an accident and sickness policy offered through various advertising media.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 11 - Advertisement of Life Insurance and Annuities**

**This rule initially became effective on April 22, 1974, and subsequent modifications were made in 2008. The purpose of the rule is to provide standards to assure a full and truthful disclosure to the public of all relevant information in the advertising of life insurance policies and annuity contracts.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth minimum standards and guidelines with respect to the advertising of life insurance policies and annuity contracts.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 11A - Life Insurance Disclosures**

**This rule initially became effective on August 1, 2008, and there have been no subsequent modifications. The purpose of the rule is to require insurers to deliver to purchasers of life insurance information that will improve the buyer’s ability to select the most appropriate plan of life insurance for the buyer’s needs and improve the buyer’s understanding of the basic features of the policy which has been purchased or is under consideration.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it requires an insurer to provide a “Buyer’s Guide” and a policy summary to all prospective life insurance purchasers prior to accepting the applicant’s initial premium. The Buyer’s Guide was prepared by the National Association of Insurance Commissioners and sets forth important factors that a purchaser of life insurance should consider.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 11B - Suitability in Annuity Transactions**

**This rule initially became effective on August 1, 2008, and subsequent modifications were made in 2011. The purpose of the rule is to set forth standards for recommendations to consumers that may potentially result in the purchase of an annuity.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides guidelines that an insurer must follow with respect to annuity transactions so that the insurance needs and financial objectives of consumers are addressed at the time the annuity is being considered to be purchased.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 11C - Life Insurance Illustrations**

**This rule initially became effective on August 1, 2008, and there have been no subsequent modifications. The purpose of the rule is to provide standards for life insurance policy illustrations that will protect consumers and foster consumer education.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides consumer safeguards concerning the purchase of life insurance. The rule provides illustration formats, prescribes standards to be followed when illustrations are used and specifies the disclosures that are required in connection with illustrations.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 11D - Variable Life Insurance**

**This rule initially became effective on July 16, 2010, and there have been no subsequent modifications. The purpose of the rule is to ensure that a consumer is provided with a thorough disclosure concerning the operation of his or her variable life insurance policy.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it mandates policy benefit and design requirements with respect to variable life insurance, and requires an insurer to provide current, reliable information concerning the status of such coverage.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 11E - Annuity Disclosure**

**This rule initially became effective on July 16, 2010, and subsequent modifications were made in 2015. The purpose of the rule is to provide standards for the disclosure of certain minimum information about annuity contracts to ensure that consumers understand certain basic features of such contracts.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it protects consumers and fosters consumer education regarding annuity transactions by specifying certain information that must be disclosed by insurers, as well as setting forth parameters concerning the use and content of illustrations, if used, in connection with the sale of annuity contracts.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 12 - Individual Accident and Sickness Insurance Minimum Standards**

This rule initially became effective on April 1, 1975, and subsequent modifications were made in 1995 and 1999. The purpose of the rule is to provide reasonable standardization of coverage and simplification of terms and benefits of individual accident and sickness insurance policies.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it facilitates public understanding and comparison of individual accident and sickness insurance policies, eliminates provisions contained in such policies that may be misleading or confusing in connection with either their purchase or the settlement of claims, and provides for full disclosure in the sale of such policies.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 13 - Rules of Practice and Procedure for Hearings before the West Virginia Insurance Commissioner**

This rule initially became effective on June 22, 1975, and subsequent modifications were made in 2002 and 2003. The purpose of the procedural rule is to set forth rules of practice and procedure to be followed in connection with administrative hearings conducted by the Insurance Commissioner.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it is intended to satisfy the requirements of W. Va. Code §29A-5-1 (State Administrative Procedures) by setting forth rules of practice and procedure in connection with any hearing conducted by the Insurance Commissioner, or his or her representative, to accomplish any purpose deemed necessary by the Commissioner for the performance of his or her duties.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 14 - Unfair Trade Practices**

**This rule initially became effective on November 12, 1981, and subsequent modifications were made in 2003 and 2006. The purpose of the rule is to define certain practices in this state which constitute unfair methods of competition or deceptive practices with respect to insurance transactions and to establish certain minimum standards and methods of settlements regarding first-party and third-party insurance claims.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides significant consumer protections with respect to the processing of insurance claims. The rule sets forth requirements regarding representations about policy provisions and benefits, acknowledgments of pertinent communications, investigation of claims, and fair and equitable claim settlement offers.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 15 - Examiners and Examinations**

**This rule initially became effective on April 26, 1982, and subsequent modifications were made in 1987, 1992, 1996, 2001, 2003, 2005 and 2008. The purpose of the rule is to establish standards for the compensation, qualifications and classification of persons who conduct or participate in any analysis, review or examination of an insurance company or other entity licensed by the Insurance Commissioner.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides standards regarding the examination of an entity licensed by the Insurance Commissioner to ensure that the entity is financially solvent and is not committing violations of the state's insurance laws.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 20 - Surplus Lines Insurance**

**This rule initially became effective on July 1, 1984, and subsequent modifications were made in 1996, 2003, 2004, 2005 and 2012. The purpose of the rule is to provide standards regarding the regulation of surplus lines insurance, which is any property and casualty insurance issued in West Virginia involving properties, risks or exposures located or to be performed in this state, and permitted to be placed through a surplus lines licensee with a nonadmitted insurer eligible to accept such insurance.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it establishes certain requirements for the licensing and regulation of surplus lines licensees, regulates access to the surplus lines market, prescribes procedures for the placement of insurance with surplus lines insurers and provides for the collection and allocation of premium taxes.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 21 - West Virginia Essential Property Insurance Association**

**This rule initially became effective on April 4, 1988, and subsequent modifications were made in 2006. The purpose of the rule is to set forth the plan of operation of the West Virginia Essential Property Insurance Association, which is statutorily required to provide fire and extended coverage insurance to any person having an insurable interest in habitational or commercial property situate in this state who is equitably entitled to but unable to secure such insurance in the voluntary insurance market.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it describes how the West Virginia Essential Property Insurance Association should perform its functions including how it may calculate rates, what the coverage limits should be, and how it may accept applications for insurance.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 22 - Medical Malpractice Annual Reporting Requirements**

**This rule initially became effective on April 4, 1988, and there have been no subsequent modifications. The purpose of the rule is to establish guidelines and procedures under which every insurer providing 5% or more of the medical malpractice insurance coverage in West Virginia shall report to the Insurance Commissioner on an annual basis certain specified information concerning such coverage.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth what insurers are to annually report to the Insurance Commissioner regarding medical malpractice insurance coverage and prescribes what the fine may be if an insurer fails to provide the information. The information provided by insurers pursuant to this rule is used by the Insurance Commissioner to determine whether rate filings meet the requirements of W. Va. Code § 33-20B-1 et seq.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 23 - Medical Malpractice Loss Experience and Loss Expense Annual Reporting Requirements**

**This rule initially became effective on April 4, 1988, and subsequent modifications were made in 2002. The purpose of the rule is to establish standards under which each insurer providing 5% or more of the medical malpractice insurance coverage in West Virginia shall annually report to the Insurance Commissioner information concerning loss experience with respect to such coverage.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it requires insurers that issue medical malpractice insurance coverage to annually report to the Insurance Commissioner information about loss experience so that the Commissioner may determine if rate filings are unfair or inappropriate given the loss experience of the preceding year.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 24 - Medicare Supplement Insurance**

**This rule initially became effective on May 1, 1989, and subsequent modifications were made in 1992, 1993, 1997, 2000, 2001, 2004, 2006 and 2010. The purpose of the rule is to provide for the reasonable standardization of coverage and simplification of terms and benefits of Medicare supplement policies.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it facilitates public understanding and comparison of Medicare supplement policies, eliminates policy provisions that may be misleading or confusing in connection with the purchase of such policies or with the settlement of claims, and provides for full disclosures in the sale of accident and sickness insurance coverages to persons eligible for Medicare.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 25 - Insurance Adjusters**

**This rule initially became effective on April 19, 1990, and subsequent modifications were made in 2011. The purpose of the rule is to establish standards for the licensing and regulation of insurance adjusters.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides requirements regarding insurance adjusters, including standards for licensure, conduct, record management, contractual requirements between a public adjuster and an insured, fees, and prohibited practices.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 26 - Accident and Sickness Rate Filing**

**This rule initially became effective on May 31, 1991, and subsequent modifications were made in 2004. The purpose of the rule is to establish requirements for information to be provided to the Insurance Commissioner with the filing of rates and rate adjustments for accident and sickness insurance policies.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it requires insurers to provide the Insurance Commissioner with the information necessary to ensure that rates for accident and sickness insurance are reasonable in relation to the benefits provided under the policy as required by W. Va. Code §§ 33-6-9(e) and 33-16B-2.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 27 - AIDS Regulations**

This rule initially became effective on August 1, 1991, and subsequent modifications were made in 1999, 2001 and 2003. The purpose of the rule is to establish standards for AIDS-related underwriting questions and AIDS testing in connection with applications for life or health insurance policies.

**II. It is recommended that this rule be modified.**

**III. The rule should be modified because it mandates the use of a specific testing protocol (the “3rd generation”) that is now outdated. The third generation algorithm required by the rule involves a screening test for HIV antibodies which, if repeatedly reactive, is supplemented most commonly by an HIV-1 Western blot test to make a diagnosis. The Center for Disease Control (CDC) released updated laboratory testing recommendations (the “4th generation”) in 2014, and advised laboratories to replace the previously recommended 3rd generation HIV testing protocols with the new, more accurate 4th generation algorithm. According to the CDC, the new algorithm is superior to that of the old for a number of reasons, including improved accuracy of diagnosis of acute HIV-1 infection, improved accuracy of diagnosis of HIV-2 infection, fewer undetermined test results and faster test results. Additionally, the new protocol eliminates the use of the customary Western blot test, which has been shown to produce false-negatives or indeterminate results in the early stages of infection and to misclassify most HIV-2 infections as HIV. It is recommended that the subject rule be modified to enable insurers and labs to use the newest testing protocol in West Virginia.**

**IV. The stakeholders affected by the suggested rule change would be insurance companies, insurance consumers, medical providers and medical laboratories.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 27A - AIDS Regulations**

This rule initially became effective on September 1, 2002, and there have been no subsequent modifications. The purpose of the interpretive rule was to set forth an additional protocol which the insurance underwriter and the proposed insured may agree to use in lieu of the protocols established in 114 CSR 27.

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because it was sunsetted due to the revisions made to 114 CSR 27. Section 5 of the subject rule provides: “This interpretive rule shall terminate and be of no further effect on the day the Insurance Commissioner’s proposed amended legislative rule, 114 CRS 27, takes effect following its authorization by the Legislature.” The referenced amendments to 114 CSR 27 became effective on April 3, 2003, thus sunseting the subject rule.**

**IV. No stakeholders would be affected by the rule’s repeal considering the rule has already been terminated by the sunset provision contained therein.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 28 - Coordination of Health Benefits**

This rule initially became effective on August 1, 1991, and subsequent modifications were made in 1993 and 2010. The purpose of the rule is to establish a uniform order of benefit determination under which health care plans pay claims.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it reduces duplication of benefits by permitting a reduction of the benefits paid by a health care plan that, pursuant to the rule, does not have to pay its benefits first and provides greater efficiency in the processing of claims when a person is covered under more than one plan.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 29 - Health Insurance Benefits for Temporomandibular and Craniomandibular Disorders**

**This rule initially became effective on May 31, 1991, and there have been no subsequent modifications. The purpose of the rule is to establish standards for accident and sickness insurance coverage of temporomandibular disorder (TMD) and craniomandibular disorder (CMD).**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because TMD and CMD are considered essential health benefits that are required to be covered by health care plans pursuant to the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).**

**IV. No stakeholders would be affected by the rule's repeal considering federal law mandates coverage of TMD and CMD.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 30 - “Tail” Malpractice Insurance Covering Certain Medical and Allied Health Care Providers**

This rule initially became effective on May 19, 1992, and subsequent modifications were made in 2003. The purpose of the rule is to provide for premium payment amortization for “tail” professional malpractice insurance covering certain medical providers.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides the circumstances under which premium payment amortization may occur with respect to “tail” professional malpractice insurance covering medical physicians, osteopathic physicians, podiatrists, chiropractors, dentists, midwives nurse practitioners and hospitals.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 31 - Guaranteed Loss Ratios as Applied to Individual Sickness and Accident Insurance Policies**

This rule initially became effective on May 19, 1992, and subsequent modifications were made in 2008. The purpose of the rule is to implement the provisions of W. Va. Code § 33-6C-1 et seq., which permits, but does not require, an insurer offering individual sickness and accident insurance policies to operate on the basis of a guaranteed loss ratio established by the Insurance Commissioner.

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), mandates the acceptable loss ratio with respect to individual sickness and accident insurance policies and thus W. Va. Code § 33-6C-1 et seq. and the subject rule are preempted.**

**IV. No stakeholders would be affected by the rule's repeal considering federal law already preempts the rule.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 32 - Long-Term Care Insurance**

This rule initially became effective on July 19, 1993, and subsequent modifications were made in 2009 and 2011. The purpose of the rule is to implement the provisions of the West Virginia Long-Term Care Insurance Act, W. Va. Code § 33-15A-1 et seq.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it promotes the availability of long-term care insurance coverage, protects applicants for long-term care insurance from unfair or deceptive sales or enrollment practices, facilitates public understanding and comparison of long-term care insurance coverages, and promotes flexibility and innovation in the development of long-term care insurance.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 34 - Filing Fees for Purchasing Groups, and for Risk Retention Groups not Chartered in this State**

This rule initially became effective on June 18, 1993, and subsequent modifications were made in 1994. The purpose of the rule is to implement the provisions of W. Va. Code §§ 33-32-4 and 33-32-17 relating to all purchasing groups, and to risk retention groups not chartered in this state.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it establishes the amounts of registration fees to be paid by purchasing groups and risk retention groups, as well as the amounts of annual financial statement filing fees to be paid by these groups. The rule further provides for increases in the fees for risk retention groups chartered in other jurisdictions that impose higher analogous fees on risk retention groups domiciled in West Virginia.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 35 - Insurance Holding Company Systems**

**This rule initially became effective on April 13, 1994, and subsequent modifications were made in 2012. The purpose of the rule is to set forth standards and procedural requirements that the Insurance Commissioner deems necessary to carry out the provisions of the West Virginia Insurance Holding Company Systems Act (the “Act”), W. Va. Code § 33-27-1 et seq.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides forms that are required to be completed by insurers and submitted to the Insurance Commissioner pursuant to the Act and generally provides standards with respect to insurance holding company systems.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 36 - West Virginia Life and Health Insurance Guaranty Association Act Notice Requirements**

This rule initially became effective on April 13, 1994, and subsequent modifications were made in 2010. The purpose of the rule is to implement the notice requirements pertaining to a “Summary Document” that describes the general purposes and limitations of the West Virginia Life and Health Guaranty Association Act, W. Va. Code § 33-26A-1 et seq., and a “Notice of Non-Coverage” detailing that the policy or contract being purchased is not covered by the Life and Health Guaranty Association.

**II. It is recommended that this rule be modified.**

**III. The rule should be modified due to Senate Bill 493, which was enacted during the 2018 Regular Session. Senate Bill 493 amended the West Virginia Life and Health Guaranty Association Act to provide that the contractual obligations and assets of an insolvent health maintenance organization will be administered by the Life and Health Guaranty Association. The rule and its appendices need to be amended to account for this change in the law.**

**IV. The stakeholders that will be affected by an amendment to the rule are the West Virginia Life and Health Guaranty Association, life and health insurers, health maintenance organizations, and consumers who purchase insurance products that are subject to the West Virginia Life and Health Guaranty Association Act.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 37 - Substandard Risk Motor Vehicle Insurance Notice Requirements**

This rule initially became effective on April 13, 1994, and subsequent modifications were made in 1996. The purpose of the rule is to implement the provisions of W. Va. Code § 33-6-31c requiring a written notification on automobile insurance applications and policies provided for substandard risks, and a written notification to substandard risk applicants and insureds regarding eligibility for coverage under a standard or preferred policy.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the format, style, design and method for approval of substandard risk automobile insurance applications, policies and notices.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 38 - Continuation of Coverage under Automobile Liability Policies**

**This rule initially became effective on April 22, 1994, and there have been no subsequent modifications. The purpose of the rule is to establish the form and procedures for notice to be given by insurers to named insureds and spouses of named insureds regarding the continuation of motor vehicle liability coverage under certain circumstances.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides for standards, as well as a form notice, pertaining to the continuation of motor vehicle liability coverage when the named insured dies, becomes legally separated, or terminates his or her marital relationship.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 39 - Group Accident and Sickness Insurance Minimum Policy Coverage Standards**

This rule initially became effective on August 18, 1994, and subsequent modifications were made in 1999 and 2003. The purpose of the rule is to provide for the standardization of coverage and simplification of terms and benefits of group accident and sickness insurance policies and plans.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it facilitates public understanding and comparisons of group accident and sickness insurance policies and plans, eliminates provisions contained in such policies and plans which may be misleading or confusing in connection with either their purchase or the settlement of claims, provides for full disclosure in the sale of such policies and plans, and implements standards set forth in West Virginia law and the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104- 191), as amended by the Newborns' and Mothers' Health Protection Act of 1996 and the Mental Health Parity Act of 1996 (Public Law 104- 204).**

It is noted that several provisions of the rule have been preempted by federal law. For example, Section 114-39-2.23 defines a small employer as “any person, firm, corporation, partnership or bona fide association actively engaged in business in the state of West Virginia who during the preceding calendar year, employed an average of no more than fifty but not fewer than two eligible employees and employs at least two employees on the first day of its group health plan year.” On October 7, 2015, the federal Protecting Affordable Coverage for Employees Act was enacted as Public Law 114-60 (PACE Act). The PACE Act amended Section 1304(b) of the Patient Protection and Affordable Care Act (Public Law 111-148) and section 2791(e) of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152) to revise the definition of small employer for purposes of the market reforms under Title I of the Affordable Care Act and Title XXVII of the Public Health Service Act. The PACE Act generally defines a small employer as an employer who employed an average of one to fifty employees on business days during the preceding calendar year. Thus, federal law preempts 114 CSR 39 with respect to the minimum number of employees a company may have to be considered a small employer.



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 40 - Credit for Reinsurance**

**This rule initially became effective on April 14, 1995, and subsequent modifications were made in 2004. The purpose of the rule is to establish standards and procedural requirements which the Insurance Commissioner considers necessary to carry out the provision of W. Va. Code § 33-4-15a dealing with credit for reinsurance.**

### **II. It is recommended that this rule be modified.**

**II. The rule should be modified because it is needed for the State of West Virginia to maintain accreditation with the National Association of Insurance Commissioners (NAIC). The NAIC operates a program that grants accreditation to states that have a standard financial solvency regulatory scheme in place so that non-domiciliary states can rely on the solvency determinations of an insurer's domiciliary state. Amendments to the subject rule would adopt recent revisions made to the NAIC's Credit for Reinsurance Model Regulation (#786) that is required for a state to maintain accreditation. The overarching purpose of the Model Regulation is to protect the interest of insureds, claimants, ceding insurers, assuming insurers and the public generally.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 41 - Actuarial Opinion and Memorandum Rule**

**This rule initially became effective on April 2, 1996, and subsequent modifications were made in 2009 and 2011. The purpose of the rule is to prescribe requirements for statements of actuarial opinion that are to be submitted in accordance with the Standard Valuation Law, W. Va. Code § 33-7-9(c).**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it specifies methods of actuarial analysis and actuarial assumptions necessary for an acceptable opinion to be rendered concerning the adequacy of insurance company reserves and related items.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 41A - Property and Casualty Actuarial Opinion**

**This rule initially became effective on June 10, 2011, and there have been no subsequent modifications. The purpose of the rule is to prescribe standards for the annual submission of an actuarial opinion summary by a property and casualty insurer.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it mandates every property and casualty insurance company domiciled in West Virginia that is required to submit a statement of actuarial opinion to annually submit an actuarial opinion summary prepared by the company's appointed actuary. The rule also provides that the actuarial opinion summary should be filed in accordance with the National Association of Insurance Commissioners' Property and Casualty Annual Statement Instructions and is to be considered as a document supporting the actuarial opinion.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 42 - Continuing Education for Individual Insurance Producers**

**This rule initially became effective on April 2, 1996, and subsequent modifications were made in 2000, 2001, 2003, 2005, 2009 and 2012. The purpose of the rule is to establish guidelines for continuing insurance education requirements for individual insurance producers and the sanctions to be imposed for failure to comply with such requirements.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth continuing insurance education requirements for individual insurance producers, provides that continuing insurance education course standards must be approved by the Insurance Commissioner, establishes the circumstances in which reciprocity will be recognized with respect to completion of the continuing insurance education requirements, and describes the disciplinary process for any producer who fails to meet the continuing insurance education requirements.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 43 - Health Maintenance Organizations**

**This rule initially became effective on April 3, 1996, and there have been no subsequent modifications. The purpose of the rule is to set forth standards pertaining to a contractual arrangement between a health maintenance organization (HMO) and an intermediary. An intermediary is an entity or person that arranges for one or more health care services to be rendered by providers to subscribers, policyholders, or certificateholders, as applicable, of an HMO.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides specific provisions that a contract between an HMO and an intermediary must contain to safeguard consumer interests and ensure that the HMO remains financially solvent.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 43A - Provider Sponsored Networks**

**This rule initially became effective on May 17, 2013, and there have been no subsequent modifications. The purpose of the rule is to provide for the licensing and regulation of provider sponsored networks.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the licensing requirements for a provider sponsored network (PSN), notably that a PSN may apply for a certificate of authority to operate as a Medicaid managed care organization and must demonstrate that it is controlled by one or more Federally Qualified Health Centers as defined in 42 U.S.C. §1396d(1)(2)(B). The rule further mandates that PSNs are subject to all statutes, rules and other legal bases for the regulation of HMOs by the Insurance Commissioner, except to the extent any such statutes, rules or other legal bases for regulation are expressly made inapplicable to PSNs or are superseded by an applicable federal law or regulation.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 44 - Minimum Reserve Standards for Individual and Group Health Insurance Contracts**

**This rule initially became effective on April 2, 1996, and there have been no subsequent modifications. The purpose of the rule is to establish minimum reserve standards for all individual and group health insurance coverages.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides for minimum requirements regarding three categories of health insurance reserves: claims reserves, premium reserves and contract reserves. The rule also contains two appendices that are an integral part of the standards, and one additional “supplementary” appendix which is not part of the standards but is included for explanatory and illustrative purposes.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 45 - Recognizing Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities**

**This rule initially became effective on April 2, 1996, and subsequent modifications were made in 1999 and 2015. The purpose of the rule is to recognize the following mortality tables for use in determining the minimum standard of valuation for annuity and pure endowment contracts: the 1983 table “a”; the 1983 Group Annuity Mortality (1983 GAM) Table; the Annuity 2000 Mortality Table; the 2012 Individual Annuity Reserving (2012 IAR) Table; and the 1994 Group Annuity Reserving (1994 GAR) Table.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it permits insurance companies to use certain mortality tables in connection with the determination of reserve liabilities for annuity products.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 46 - Filing Procedures for Health Maintenance Organizations**

**This rule initially became effective on April 2, 1996, and there have been no subsequent modifications. The purpose of the rule is to provide guidelines pertaining to an application for a certificate of authority submitted to the Insurance Commissioner by a health maintenance organization (HMO).**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the information that an HMO should include within its application for a certificate of authority. The rule further provides standards regarding annual financial statements of an HMO.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 48 - Life and Health Reinsurance Agreements**

**This rule initially became effective on May 16, 1997, and there have been no subsequent modifications. The purpose of the rule is to provide for accounting guidelines with respect to when a life or health insurer enters into a reinsurance agreement.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth standards to ensure that a life or health insurer does not enter into a reinsurance agreement for the principal purpose of producing significant surplus aid while not transferring all of the significant risks inherent in the business being reinsured.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 50 - Emergency Medical Services**

**This rule initially became effective on May 16, 1997, and there have been no subsequent modifications. The purpose of the rule is to set forth requirements regarding a health maintenance organization’s provision of emergency medical services to its enrollees.**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), sets forth mandatory provisions regarding coverage for emergency medical services and thus the subject rule is preempted.**

**IV. No stakeholders would be affected by the rule’s repeal considering federal law already preempts the rule.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 52 - Diabetes Regulations**

**This rule initially became effective on May 16, 1997, and there have been no subsequent modifications. The purpose of the rule is to set forth the equipment and supplies for the treatment and/or management of diabetes which shall be covered by major medical or similar comprehensive-type medical coverage if medically necessary and prescribed by a licensed physician.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it requires health insurers to include coverage for certain equipment and supplies for the treatment and/or management of diabetes for both insulin dependent and noninsulin dependent persons with diabetes and those with gestational diabetes if medically necessary because of the diabetic condition and is either prescribed or ordered by a licensed physician.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 53 - Quality Assurance**

**This rule initially became effective on April 30, 1999, and subsequent modifications were made in 2003. The purpose of the rule is to set forth standards for quality assurance programs established as a component of a health maintenance organization's overall structure.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it describes the goals and requirements for a quality assurance program within a health maintenance organization. The rule further provides for the organizational arrangements and responsibilities for such a program.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 54 - Group Accident and Sickness Insurance Issuance, Portability and Marketing Requirements**

**This rule initially became effective on April 30, 1999, and there have been no subsequent modifications. The purpose of the rule is to provide for implementation of state standards regarding group health insurance to meet federal requirements under the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and to facilitate public understanding of these standards.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth, with respect to group health insurance, guidelines concerning limitations on preexisting condition exclusion periods, certification of creditable coverage, renewability and modification of coverage, prohibition against discrimination based on a health status-related factor, special enrollment periods, and guaranteed availability for small employers.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 55 - Guaranteed Issue of Individual Accident and Sickness Insurance**

This rule initially became effective on April 30, 1999, and there have been no subsequent modifications. The purpose of the rule is to set forth standards for insurers with respect to the guaranteed issue of individual health insurance.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth guidelines for insurers required to provide health insurance coverage to eligible individuals without the imposition of preexisting conditions exclusions, the election of coverage by insurers, certification and disclosure of coverage, and dependent coverage in accordance with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and related federal mandates.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 56 - Quality Assurance Standards for Prepaid Limited Health Service Organizations**

This rule initially became effective on April 24, 2000, and there have been no subsequent modifications. The purpose of the rule is to set forth standards for quality assurance programs established as a component of a prepaid limited health service organization's overall structure.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it describes the goals and requirements for a quality assurance program within a prepaid limited health service organization. The rule further provides for the organizational arrangements and responsibilities for such a program.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 57 - Privacy of Consumer Financial and Health Information**

**This rule initially became effective on April 8, 2002, and there have been no subsequent modifications. The purpose of the rule is to regulate the treatment of nonpublic personal health information and nonpublic personal financial information about individuals by all licensees of the West Virginia Insurance Commission.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it requires a licensee to provide notice to individuals about its privacy policies and practices; describes the conditions under which a licensee may disclose nonpublic personal health information and nonpublic personal financial information about individuals to affiliates and nonaffiliated third parties; and provides methods for individuals to prevent a licensee from disclosing that information.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 58 - External Review of Coverage Denials**

**This rule initially became effective on July 1, 2002, and there have been no subsequent modifications. The purpose of the rule is to provide standards for the external review process set forth in W. Va. Code § 33-25C-6, including the procedures for selection of and assignment of external review organizations.**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed due to the promulgation of 114 CSR 97 in 2014. Series 97 effectively replaced the subject rule with respect to the standards pertaining to the external review of adverse claim decisions of health insurers or plans.**

**IV. No stakeholders would be affected by the rule's repeal considering 114 CSR 97 is the current controlling authority regarding external review.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 59 - Medical Malpractice Insurance Consent to Rate and Guide “A” Rate Agreements**

**This rule initially became effective on April 3, 2003, and there have been no subsequent modifications. The purpose of the rule is to prescribe standards and procedures for reviewing and approving consent to rate agreements or guide “a” rates for medical malpractice insurance policies.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it puts parameters around written agreements between an insurer and an insured that results in a medical malpractice insurance rate applied to the risk that exceeds the standard manual rate approved by the Insurance Commissioner in a rate filing. The rule further sets forth requirements relating to a rate that is not backed up by credible loss experience statistics of the carrier writing the risk.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 60 - Affidavits of Custodian Banks**

**This rule initially became effective on August 25, 2002, and there have been no subsequent modifications. The purpose of the rule is to prescribe the forms for affidavits of a bank which evidences the bank's maintaining of securities submitted to it by an insurance company.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides form affidavits with respect to when a written request has been made by an insurance company for an affidavit of a bank in connection with an agreement between the entities pertaining to securities being held by the custodian bank for the insurer.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 61 - Credit Personal Property Insurance**

**This rule initially became effective on July 31, 2003, and subsequent modifications were made in 2011. The purpose of the rule is to regulate insurers that offer and write insurance coverage in connection with credit transactions for personal, family or household purposes.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it creates a legal framework within which credit personal property insurance may be written in this state and helps maintain the separation between creditors and insurers. The rule further minimizes the possibilities of unfair competitive practices in the sale of such insurance.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 62 - Standards for Safeguarding Consumer Information**

**This rule initially became effective on April 3, 2003, and there have been no subsequent modifications. The purpose of the rule is to establish standards, with respect to entities licensed by the Insurance Commissioner, for developing and implementing administrative, technical and physical safeguards to protect the security, confidentiality and integrity of consumer information, pursuant to sections 501 and 507, and subsection 505(b) of the federal Gramm-Leach-Bliley Act, codified at 15 U.S.C. 6801, 6807 and 6805(b).**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it seeks to ensure the security and confidentiality of insurance customer records and information; protect against any anticipated threats or hazards to the security or integrity of such records; and protect against unauthorized access to or use of such records or information that could result in substantial harm or inconvenience to an insurance customer.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 63 - Standard Motor Vehicle Policy Provisions**

**This rule initially became effective on April 3, 2003, and there have been no subsequent modifications. The purpose of the rule is to establish standard motor vehicle insurance policy provisions with respect to liability, uninsured and underinsured coverages.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth certain standards by which all motor vehicle insurance policies must contain as provided by the laws relating to such policies.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 64 - Mental Health Parity**

This rule initially became effective on April 3, 2003, and subsequent modifications were made in 2008 and 2010. The purpose of the rule is to create a legal framework within which insurers can develop an environment of parity between mental health and medical-surgical benefits.

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the federal Patient Protection and Affordable Care Act, as well as the federal Mental Health Parity and Addiction Equity Act of 2008, sets forth mandatory standards regarding mental health parity in insurance policies and plans. Accordingly, the subject rule is preempted.**

**IV. No stakeholders would be affected by the rule's repeal considering federal law already preempts the rule.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 65 - Self-Insurance Pools for Political Subdivisions**

This rule initially became effective on April 16, 2004, and subsequent modifications were made in 2011. The purpose of the rule is to establish requirements for the creation and regulatory oversight of self-insurance pools formed to insure workers' compensation and civil liability risks of political subdivisions.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the criteria in which political subdivisions may create and maintain a self-insurance pool and provides the authority for the Insurance Commissioner to perform a financial examination of the pool.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 68 - Valuation of Life Insurance Policies**

**This rule initially became effective on May 6, 2005, and subsequent modifications were made in 2011. The purpose of the rule is to provide, with respect to the valuation of life insurance policies, tables of select mortality factors and minimum standards for the valuation of plans with nonlevel premiums or benefits and plans with secondary guarantees.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides general calculation requirements for basic life insurance reserves and premium deficiency reserves. The rule also sets standards regarding the calculation of minimum valuation standard for policies with guaranteed nonlevel gross premiums or guaranteed nonlevel benefits.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 69 - Recognition of the 2001 CSO Mortality Table For Use In Determining Minimum Reserve Liabilities and Nonforfeiture Benefits**

This rule initially became effective on May 6, 2005, and there have been no subsequent modifications. The purpose of the rule is to recognize, permit and prescribe the use of the 2001 Commissioners Standard Ordinary (CSO) Mortality Table with respect to life insurance policies in accordance with West Virginia law.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it authorizes, and sets forth standards for, the utilization of the 2001 CSO Mortality Table regarding the calculation of minimum reserve liabilities and nonforfeiture benefits of life insurance policies.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 69A - Recognition of Preferred Mortality Tables For Use In Determining Minimum Reserve Liabilities**

This rule initially became effective on April 29, 2008, and subsequent modifications were made in 2011. The purpose of the rule is to recognize, permit and prescribe the use of the mortality tables that reflect differences in mortality between preferred and standard lives in determining minimum reserve liabilities of life insurance policies in accordance with West Virginia law.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it authorizes, and sets forth standards for, the utilization of preferred mortality tables regarding the calculation of minimum reserve liabilities of life insurance policies.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 70 - Rebates and Referrals**

**This rule initially became effective on September 25, 2004, and there have been no subsequent modifications. The purpose of the interpretive rule is to provide guidance to insurance companies, insurance producers and the public with respect to rebates and referrals.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets a reasonable monetary limit upon the value of items given to a consumer or prospective consumer by insurance companies or producers in connection with the solicitation or sale of insurance products and specifies what constitutes a “nominal fee” concerning referrals to insurance companies or producers by individuals not licensed to sell insurance in this state.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 71 - Insurance Fraud Prevention**

**This rule initially became effective on May 6, 2005, and there have been no subsequent modifications. The purpose of the rule is to establish standards for the reporting of insurance fraud.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it requires insurers to designate at least one (but not more than four) primary contact person who shall communicate with the Insurance Fraud Unit on matters relating to the reporting, investigation, and prosecution of suspected fraudulent insurance acts. The rule also sets forth what information should be provided to the Insurance Fraud Unit when a suspected fraudulent insurance act is reported.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 72 - Personal Private Passenger Automobile Liability Insurance and Property Insurance Withdrawal Plan Procedures**

This rule initially became effective on September 25, 2004, and there have been no subsequent modifications. The purpose of the procedural rule is to provide standards regarding the filing of a plan of withdrawal by an insurer to the Insurance Commissioner pursuant to W. Va. Code § 33-2-20.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it establishes the general procedure to be followed by insurers that intend to withdraw from the line of automobile liability for personal private passenger automobiles.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 73 - Small Employer Eligibility Requirements**

**This rule initially became effective on May 6, 2005, and there have been no subsequent modifications. The purpose of the rule is to facilitate the offering of a health benefit plan under W. Va. Code § 33-16D-16 by any licensed carrier that accesses a health care provider network to deliver services and to prevent manipulation by small employers of the criteria for determining eligibility to purchase a health benefit plan covered by W.Va. Code § 33-16D-16.**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), sets forth minimum standards regarding when a small employer is eligible to purchase certain health benefit plans. Accordingly, the subject rule is preempted.**

**IV. No stakeholders would be affected by the rule's repeal considering federal law already preempts the rule.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 74 - Nonrenewal of Property Insurance Policies**

**This rule initially became effective on April 24, 2006, and there have been no subsequent modifications. The purpose of the rule is to provide guidelines with respect to the alternative percentage method for the nonrenewal of property insurance policies set forth in W. Va. Code § 33-17A-4a.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth requirements for notices pertaining to the alternative percentage method for the nonrenewal of property insurance policies, establishes the procedure for resolving complaints by persons whose property insurance policies have been nonrenewed and requires the filing of underwriting standards by certain insurers.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 75 - Private Passenger Automobile and Property Insurance - Biannual Rate Filing Requirements**

This rule initially became effective on April 24, 2006, and there have been no subsequent modifications. The purpose of the rule was to establish guidelines and procedures under which every insurer providing 5% or more of the insurance in West Virginia for private passenger automobiles or property used for personal or family needs must submit rate filings on a biannual basis.

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the biannual rate requirements set forth in the enabling statute (W. Va. Code § 33-20-4a) terminated on July 1, 2009.**

**IV. No stakeholders would be affected by the rule's repeal considering that the biannual rate requirements have not been in place since 2009 due to the language of the enabling statute.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 76 - Rules of Practice and Procedure for Administrative Proceedings Brought by Third Party Claimants**

This rule initially became effective on April 27, 2006, and there have been no subsequent modifications. The purpose of the procedural rule is to establish rules of practice and procedure with respect to administrative proceedings instituted by third party claimants.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it set forth guidelines concerning the initiation and conduct of administrative proceedings before the Insurance Commissioner upon the filing of an administrative complaint by a third party claimant alleging an unfair claims settlement practice in violation of W. Va. Code § 33-11-4(9) or 114 CSR 14.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 77 - Rate Filing Requirements for Title Insurance Companies**

**This rule initially became effective on April 6, 2007, and there have been no subsequent modifications. The purpose of the rule is to establish parameters under which title insurance companies shall submit rate filings.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the requirements for the filing of rates for title insurance in this state. The rule further notes that the requirements set forth in W. Va. Code § 33-20-1 et seq. are also applicable to title rate filings.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 78 - Individual Limited Health Benefits Plans**

**This rule initially became effective on April 6, 2007, and there have been no subsequent modifications. The purpose of the rule is to establish requirements regarding individual limited health benefit plans.**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the statutes authorizing the promulgation of the rule were repealed in 2009. In fact, the entire article (W. Va. Code § 33-15D-1 et seq.) pertaining to individual limited health benefit plans was repealed at that time.**

**IV. No stakeholders would be affected by the rule's repeal considering that the statutory requirements in which the subject rule provisions were derived were repealed in 2009.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 79 - Group Limited Health Benefits Plans**

**This rule initially became effective on April 6, 2007, and there have been no subsequent modifications. The purpose of the rule is to establish guidelines and procedures under which the Insurance Commissioner may approve group limited health benefit plans.**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because it sets forth standards regarding group limited health benefit plans as regulated pursuant to statutes that were in effect when the rule was promulgated in 2007. In 2009, the applicable article, W. Va. Code § 33-16F-1 et seq., was rewritten, thus making the rule provisions inconsequential to the regulation of health insurance.**

**IV. No stakeholders would be affected by the rule's repeal considering that the statutory requirements in which the subject rule provisions were derived were replaced in 2009.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 80 - Viatical Settlements**

**This rule initially became effective on May 14, 2009, and subsequent modifications were made in 2010. The purpose of the rule is to implement the regulation of entities engaged in the business of viatical settlements. and to protect the public from unfair and unconscionable practices in the course of that business.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it protects the public from unfair and unconscionable practices regarding the business of viatical settlements in this state.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 82 - Military Sales Practices**

**This rule initially became effective on August 1, 2008, and there have been no subsequent modifications. The purpose of the rule is to set forth guidelines with respect to the solicitation and sale of any life insurance or annuity product by an insurer or insurance producer to an active duty service member of the United States Armed Forces.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth standards to protect active duty service members of the United States Armed Forces from dishonest and predatory insurance sales practices by declaring certain identified practices to be false, misleading, deceptive or unfair.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 83 - Discount Medical Plan Organizations and Discount Prescription Drug Plan Organizations**

**This rule initially became effective on May 14, 2009, and there have been no subsequent modifications. The purpose of the rule is to implement the provisions of the Discount Medical Plan Organizations and Discount Prescription Drug Plan Organizations Act, W. Va. Code § 33-15E-1 et seq.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it establishes standards to protect consumers from unfair or deceptive marketing with respect to discount medical plans and discount prescription drug plans. The rule further provides for licensing requirements concerning organizations that solicit and sale such plans.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 85 - Professional Employer Organizations**

**This rule initially became effective on May 14, 2009, and subsequent modifications were made in 2011. The purpose of the rule is to establish procedures for the licensing and regulation of professional employer organizations.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it prescribes standards regarding the licensing of professional employer organizations, including the criteria used to assess the suspension, revocation or probation of a license. The rule also sets forth the responsibilities that such organizations must follow.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 86 - Preneed Life Insurance Minimum Standards for Determining Reserve Liabilities and Nonforfeiture Values**

**This rule initially became effective on May 14, 2009, and there have been no subsequent modifications. The purpose of the rule is to establish minimum mortality standards to be used in determining reserve and nonforfeiture values for insurance policies used to fund preneed funeral contracts.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it authorizes, and sets forth standards for, the utilization of mortality tables regarding the calculation of minimum reserve liabilities and nonforfeiture values of preneed life insurance policies.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 87 - Preventive Care Pilot Program**

**This rule initially became effective on April 4, 2010, and there have been no subsequent modifications. The purpose of the rule was to permit participation in the Preventive Care Pilot Program by an individual or employer with a comprehensive high deductible health benefit plan or policy if the individual or employer is able to demonstrate that the participation will not negatively impact the coverage that is currently offered or will be offered by the employer.**

**II. It is recommended that this rule be repealed.**

**III. The rule may be repealed because the law creating the Preventive Care Pilot Program, W. Va. Code § 16-2J-1 et seq., was repealed in 2017.**

**IV. No stakeholders would be affected by the rule's repeal considering that the statutory requirements in which the subject rule provisions were derived were repealed in 2017.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

**I. 114 CSR 89 - Use of Senior-Specific Certifications and Professional Designations in the Sale of Life Insurance and Annuities**

**This rule initially became effective on July 1, 2010, and there have been no subsequent modifications. The purpose of the rule is to regulate the actions of insurers and insurance producers with respect to the use of senior-specific certifications and professional designations in the solicitation or sale of a life insurance or annuity product.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth standards to protect consumers from misleading and fraudulent marketing practices with respect to the use of senior-specific certifications and professional designations in the solicitation, sale or purchase of, or advice made in connection with, a life insurance or annuity product.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 91 - Health Maintenance Organization Point of Service Option**

**This rule initially became effective on July 1, 2011, and there have been no subsequent modifications. The purpose of the rule is to set forth requirements regarding a point of service option that is offered or provided by a health maintenance organization.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it provides standards by which a health maintenance organization (HMO) must follow if it offers or issues a point of service contract. A point of service option is a delivery system that permits an enrollee to receive health care services from a provider outside the panel of providers with which an HMO has a contractual agreement for the provision of health care to enrollees.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 93 - Mini COBRA**

**This rule initially became effective on July 1, 2012, and there have been no subsequent modifications. The purpose of the rule is to provide guidelines with respect to the continuation of health insurance coverage for former employees of certain small employers, their dependents and other qualified beneficiaries who are not entitled to such coverage under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it facilitates the offering of continuing health insurance coverage for an employee of a small employer, defined as an employer with fewer than twenty employees, who has been involuntary laid off or terminated from employment for reasons other than misconduct that would disqualify such employee for unemployment benefits.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 94 - Workers' Compensation Insurance for State Agencies**

**This rule initially became effective on April 20, 2012, and there have been no subsequent modifications. The purpose of the rule is to establish the procedure by which the Insurance Commissioner will procure workers' compensation coverage for various state agencies and boards.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the guidelines and procedures for the provision of workers' compensation coverage for all executive state entities and for those discretionary participants that choose to participate.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 95 - Utilization Review and Benefit Determination**

**This rule initially became effective on July 6, 2014, and there have been no subsequent modifications. The purpose of the rule is to establish standards for the structure and operation of utilization review and benefit determination processes designed to facilitate ongoing assessment and management of health care services with respect to health care plans.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth guidelines regarding the utilization review of a health insurer, which is a system for the evaluation of the necessity, appropriateness and efficiency of the use of health care services, procedures and facilities.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 96 - Health Plan Issuer Internal Grievance Procedure**

**This rule initially became effective on July 6, 2014, and there have been no subsequent modifications. The purpose of the rule is to provide standards for the establishment and maintenance of procedures by health insurers to assure that covered persons have the opportunity for the appropriate resolution of grievances.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it establishes procedures by which a health insurer should adhere to with respect to internal grievances of covered individuals.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 97 - External Review of Issuers' Adverse Health Insurance Determinations**

**This rule initially became effective on July 6, 2014, and there have been no subsequent modifications. The purpose of the rule is to provide a process under which persons covered by health insurance have the opportunity for independent reviews of adverse coverage determinations by insurers.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the process whereby individuals covered by health insurance may have adverse coverage determinations reviewed by an independent review organization (IRO). The rule further establishes the criteria in which an IRO may be approved by the Insurance Commissioner and permits the internal review process of an insurer to be circumvented when the time necessary to conduct it could adversely affect the covered person's health.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114 CSR 98 - Adoption of Valuation Manual**

**This rule initially became effective on May 19, 2017, and there have been no subsequent modifications. The purpose of the rule is to formally adopt the most recent changes to the Valuation Manual approved by the National Association of Insurance Commissioners.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it adopts the current version of the Valuation Manual approved by the National Association of Insurance Commissioners. The Valuation Manual pertains to the calculation of reserve liabilities of insurance companies and is an integral part of the standard valuation law set forth in W. Va. Code § 33-7-9.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114A CSR 1 - All-Payer Claims Database - Data Submission Requirements**

**This rule initially became effective on July 1, 2012, and there have been no subsequent modifications. The purpose of this joint legislative rule between the Insurance Commissioner, the Secretary of the Department of Health and Human Services, and the Chair of the Health Care Authority is to implement the provisions of W. Va. Code § 33-4A-1 et seq. providing for the establishment of an all-payer claims database.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth parameters regarding the reporting of data by certain payors of health care claims to facilitate the efficient administration of state oversight of the public health.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 114A CSR 2 - All-Payer Claims Database - Privacy and Security Requirements**

**This rule initially became effective on July 1, 2012, and there have been no subsequent modifications. The purpose of this joint legislative rule between the Insurance Commissioner, the Secretary of the Department of Health and Human Services, and the Chair of the Health Care Authority is to implement the privacy and security provisions of the All-Payer Claims Database Program formed pursuant to W. Va. Code § 33-4A-1 et seq.**

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it details how the data submitted pursuant to W. Va. Code § 33-4A-1 et seq. and 114A CSR 1, must be maintained to prevent unauthorized access and ensure the information's authenticity, confidentiality, and integrity.**



## OFFICES OF THE INSURANCE COMMISSIONER – REGULATORY REVIEW

### **I. 64 CSR 89B - Credentialing Verification Organization**

This rule initially became effective on July 1, 2012, and there have been no subsequent modifications. The purpose of this joint legislative rule between the Insurance Commissioner and the Secretary of the Department of Health and Human Services is to establish criteria for the selection of the statewide credentialing verification organization.

**II. It is recommended that this rule be unchanged.**

**III. The rule should remain unchanged because it sets forth the conditions under which a statewide credentialing verification organization should be selected and establishes guidelines for the organization's activities.**