

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



Maryland

INSURANCE ADMINISTRATION

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202

Direct Dial: 410-468-2353 Fax: 410-468-2020

1-800-492-6116 TTY: 1-800-735-2258

www.insurance.maryland.gov

KATHLEEN A. BIRRANE
Commissioner

TAMMY R. J. LONGAN
Acting Deputy Commissioner

Date: March 30, 2023

Bill # / Title: Senate Bill 725 - Insurance - Product and Service Offerings

Committee: House Health and Government Operations Committee

Position: Support as Amended

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 725 (SB 725) as amended, which is a Departmental bill.

Senate Bill 725 will allow companies to provide consumers with no cost, value-based services not specifically identified in the insurance contract, without violating the current anti-inducement and anti-rebating laws found in § 27-209 (L&H) and § 27-212 (P&C) of the Insurance Article. Insurers often seek to offer products and services to consumers that, while not insurance, are related to the insurance product being offered. Under existing law, these products and services can only be lawfully offered if they are specified in the insurance contract. This can disadvantage consumers, particularly those who purchase long duration products, such as life insurance and annuities. And, it is costly for insurers, who must file amendments to their forms to add a value-based service. SB 725 updates and modernizes Maryland's anti-rebating statutes by allowing insurers to offer certain value-added services outside of the insurance contract.

This bill amends § 27-209 and § 27-212 of the Insurance Article to clarify that the statutory prohibition on rebates and inducements does not apply to the offering of products and services by an insurer in conjunction with a policy, as long as the products or services are intended to educate persons about, assess, monitor, control, or prevent risk of loss to the person. The products or services must be substantially related to the insurance or offered to enhance the health of the insured. The offer must be available to all policyholders that have purchased the insurance policy or annuity contract and the law prohibits carriers from increasing the premium or denying a claim on the grounds that the policyholder accepted, rejected, used, or failed to use the product or service. Under SB 725, these services are still permitted to be included in a form or rate filing, but if they are included in the filing, the carrier is generally prohibited from discontinuing the product or service during the term of the contract, unless the policyholder consents in writing. The bill authorizes the MIA to adopt regulations to identify the types of products or services that are permitted to be offered.

SB 725 will have a positive impact on both the industry and consumers. In recent years the industry has increasingly sought to offer various non-insurance products and services to policyholders that will assist the consumer by preventing or reducing the risk of loss under the policy (e.g. wearable medical devices and wireless property monitors). Under SB 725 insurers and third-party vendors are authorized to offer or provide products and services at no charge or discounted pricing to policyholders, as long as the product and/or service is "associated with the risks insured against by the policy." Enabling products/services to be offered outside of the contract unburdens insurers by eliminating the requirement for insurers to submit a new form filing for MIA review and approval each time a value-added service or product is enhanced or upgraded, or a new value-added service or product is available.

Senate Bill 725 conforms with national standards developed by the National Association of Insurance Commissioners (NAIC), which revised the model anti-rebating and anti-inducement act to allow insurers to make these offers without cumbersome filing requirements. The MIA agrees that updating Maryland law to align with the NAIC model is mutually beneficial to the industry and consumers. Policyholders will benefit from reducing their individual risks and / or enhancing their well-being, while insurers will benefit over time from reduced loss costs, which will act as a stabilizing force for rates.

The MIA proposed, and the Senate adopted the attached amendments to SB 725 to expressly include “financial planning” services within the scope of permitted value-based services permitted. This more closely tracks the NAIC Model, expressly allowing a life insurer or annuity company to offer such products or services as long as they are substantially related to the insurance provided and primarily designed to enhance financial wellness. The amended language will give the MIA discretion to determine whether the insurance or annuity contract includes a financial protection component, and if determined that it does, the MIA must consider a financial wellness service to be substantially related to the insurance. Additionally, the Commissioner will be able to propose regulations where these financial services shall be in line with the life or annuity contract. The amendments set general parameters that authorize the MIA to include detailed guidance and limitations through regulation while maintaining the bill’s intent. Life insurers expressed concern to the MIA that the absence of this language from the bill would have prohibited them from offering these products and services outside of the contract. This amendment confirms that they will be permitted to do so, subject to the conditions in the bill.

Thank you for the opportunity to provide this written testimony in support as amended for Senate Bill 725. The MIA is available to provide additional information and assistance to the Committee.

Amendment to SB0725
(adopted by the Senate)

On Page 4, line 1, strike “THE” and substitute “**(I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE**”; and after line 3, insert:

“(II) A PRODUCT OR SERVICE OFFERED OR PROVIDED IN CONJUNCTION WITH AN INSURANCE POLICY OR ANNUITY CONTRACT THAT IS PRIMARILY DESIGNED TO ENHANCE FINANCIAL WELLNESS SHALL BE ALLOWED IF THE COMMISSIONER DETERMINES THAT THE PRODUCT OR SERVICE INCLUDES AN ENHANCEMENT TO THE FINANCIAL PROTECTION COMPONENT OF THE INSURANCE POLICY OR ANNUITY CONTRACT.”