

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Arkansas Insurance Department
DIVISION Legal Division
DIVISION DIRECTOR Suzanne Tipton
CONTACT PERSON Amanda Andrews
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NAME OF PRESENTER AT COMMITTEE MEETING Amanda Andrews
PRESENTER E-MAIL amanda.andrews@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question **completely** using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. What is the short title of this rule?
Rule 43, "Unfair Claims Settlement Practices"
- 2. What is the subject of the proposed rule?
The proposed Rule is amended for the sole purpose of clarifying the time in which the notices required by Section 9 of the Rule are sent to consumers. The time-limit language is amended to create consistency throughout the Rule.
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes ___ No X
If yes, what is the effective date of the emergency rule? _____ N/A ___ X _____
When does the emergency rule expire? _____ N/A ___ X _____
Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? N/A ___ X ___ Yes ___ No _____
- 5. Is this a new rule? Yes ___ No X If yes, please provide a brief summary explaining

the regulation.

Does this repeal an existing rule? Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No _____ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes.

The proposed Rule is amended for the sole purpose of clarifying the time in which the notices required by Section 9 of the Rule are sent to consumers. The time-limit language is amended to create consistency throughout the Rule.

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Code Annotated §§ 23-61-108 and 23-66-207

7. What is the purpose of this proposed rule? Why is it necessary?

The proposed amendment to Rule 43 will eliminate confusion as to the time and frequency with which to send the notice of additional time to complete investigation and notice of expiration of statute of limitations.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

9. Will a public hearing be held on this proposed rule? Yes X No _____

If yes, please complete the following:

Date: September 30, 2015

Time: 9:00 a.m.

Place: Arkansas Insurance Department, First Floor Hearing Room

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

On the date of the hearing, September 30, 2015, unless the Commissioner desires to keep the record open for more comments following the hearing.

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

As currently drafted on December 1, 2015.

12. Do you expect this rule to be controversial? Yes _____ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

None are known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Insurance Department

DIVISION Legal Division

PERSON COMPLETING THIS STATEMENT Amanda Andrews

TELEPHONE NO. 371-2820 **FAX NO.** 371-2820 **EMAIL:** amanda.andrews@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Rule 43, "Unfair Claims Settlement Practices"

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No Unknown. We have not calculated financial impact to health benefit plans subject to the proposed Rule in terms of premium rate or cost impact.
2. Does this proposed, amended, or repealed rule affect small businesses?
Yes _____ No

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

N/A
4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

We do not anticipate any costs to the Department or State in our implementation of this Rule.

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

N/A

Current Fiscal Year

Next Fiscal Year

\$ _____ N/A _____

\$ _____ N/A _____

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

N/A

Current Fiscal Year

Next Fiscal Year

\$ _____

\$ _____
