

1.1 moves to amend H.F. No. 1791 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2022, section 72A.201, is amended by adding a subdivision
1.4 to read:

1.5 Subd. 15. Long-term care insurance complaint resolution procedure. (a) For the
1.6 purposes of this subdivision, the following terms have the meanings given:

1.7 (1) "insured" means a person covered by a long-term care insurance policy or their
1.8 authorized representative;

1.9 (2) "long-term care insurance policy" means an insurance policy as defined in section
1.10 62A.46, subdivision 2, or 62S.01, subdivision 18;

1.11 (3) "substantially corrects the circumstances" means that the insurer subject to a complaint
1.12 has remedied the facts and circumstances that provide the basis upon which the unfair claim
1.13 settlement practice is alleged or satisfies the insured's claim under the long-term care
1.14 insurance policy; and

1.15 (4) "unfair claim settlement practice" means a substantial and nontechnical violation of
1.16 subdivisions 4, 5, 7 to 9, and 11 to 13, in the handling of a claim submitted pursuant to a
1.17 long-term care insurance policy.

1.18 (b) An insured may file a complaint with the commissioner alleging that an insurer
1.19 committed an unfair claim settlement practice with respect to a claim submitted to the insurer
1.20 by the insured. The complaint shall be filed as soon as practicable, but in no event later than
1.21 two years following the date the claim was submitted to the insurer. The complaint shall be
1.22 on a form prescribed by the commissioner. If the complaint is deficient, the commissioner
1.23 shall contact the insured within 15 days of receipt of the complaint to obtain the information
1.24 necessary to consider the complaint.

2.1 (c) Upon receipt of a complete complaint, the commissioner shall provide a copy of the
2.2 complaint to the insurer. Within 14 days of its receipt, the insurer shall contact the insured
2.3 and attempt to informally resolve the complaint and shall advise the commissioner of its
2.4 effort in that respect within 60 days of initiating contact with the insured. If the insurer
2.5 substantially corrects the circumstances or addresses the complaint in a manner that is
2.6 considered to be reasonable by the commissioner within that 60-day period, the commissioner
2.7 shall consider the complaint resolved and take no further action against the insurer.

2.8 (d) If the complaint is not resolved within the 60-day period described in paragraph (c),
2.9 the commissioner may conduct an investigation to determine whether the insurer has
2.10 committed an unfair claim settlement practice. Any such investigation shall be conducted
2.11 pursuant to section 45.027. All working papers, recorded information, documents, and
2.12 copies thereof produced by, obtained by, or disclosed to the commissioner or any other
2.13 person in the course of an investigation made pursuant to this subdivision must be given
2.14 confidential treatment and are not subject to subpoena and may not be made public by the
2.15 commissioner or any other person.

2.16 (e) If the commissioner determines that the insurer has committed an unfair claim
2.17 settlement practice with such frequency as to constitute a general business practice under
2.18 section 72A.201, taking into account the considerations set forth in subdivision 2, the
2.19 commissioner may initiate administrative action in accordance with the authority provided
2.20 to the commissioner under chapter 45 and this chapter. A determination by the commissioner
2.21 that the actions of an insurer constitute a general business practice, to the extent required,
2.22 may only be based on the existence of substantially similar violations in separate transactions.
2.23 Nothing in this section limits the authority of the commissioner to otherwise investigate
2.24 and take action under the authority of the commissioner."

2.25 Amend the title accordingly