

KATHY HOCHUL
Governor



KAITLIN ASROW
Acting Superintendent

SENT VIA EMAIL
Christopher.DeMarco@dos.ny.gov

January 13, 2026

Christopher DeMarco
State Register/Office of Information Services
New York State Department of State
One Commerce Plaza
99 Washington Avenue, Suite 650
Albany, NY 12231

Re: State Administrative Procedure Act Section 207
Three and Five-Year Review of Agency Rulemakings

Dear Christopher DeMarco:

Attached is the Department of Financial Services' initial three-year review and five-year review of rulemakings, prepared pursuant to Section 207 of the State Administrative Procedure Act, for publication in the January 28, 2026 State Register. The attached document is divided into four sections: (1) introduction; (2) Insurance rulemakings promulgated in 2023, 2021, 2016, 2011, 2006 and 2001; (3) Banking rulemakings promulgated in 2023, 2021, 2016, 2011, 2006 and 2001; and (4) Financial Services rulemakings promulgated in 2023, 2021, 2016, and 2011.

Sincerely yours,

Sally Geisel

Sally Geisel
Principal Attorney
(212) 480-7608

cc: George Bogdan
Christine Tomczak

1. INTRODUCTION

Pursuant to section 207 of the State Administrative Procedure Act, the Department (as defined below) must review, after five years and at five-year intervals thereafter, rulemakings adopted on or after January 1, 1997. In addition, effective January 1, 2013, for any rule that requires a regulatory flexibility analysis, rural area flexibility analysis, or job impact statement, the Department must initially review that rule in the third calendar year after the year the rule first was adopted. The purpose of these reviews is to analyze the need and legal basis for the adopted rulemakings. Please note that all references to the “Department” and the “Superintendent” regarding rules adopted prior to October 3, 2011 mean, respectively, the former Insurance Department or Banking Department and the former Superintendent of Insurance or Superintendent of Banking, as appropriate to the context, and that the references to laws cited are as of the date of the amendment to the rules. For references to rules adopted on or after October 3, 2011, “Department” and “Superintendent” mean, respectively, the Department of Financial Services and the Superintendent of Financial Services.

Notice is hereby given of the following rules that the Department will review this year to determine whether they should be continued or modified. These rules were adopted in 2023, 2021, 2016, 2011, 2006, and 2001. These rules, as published in the State Register, contain a regulatory flexibility analysis, a rural area flexibility analysis, or a job impact statement. If one or more of those analyses was not filed, a statement setting forth why one or all of those analyses was unnecessary was published in the State Register. Public comment on the continuation or modification of the following rules is invited. Comments must be received within 60 days of the date of publication of this notice.

Unless otherwise noted, the Superintendent intends to continue the rules discussed herein without modification, while continually monitoring the rules to ensure that the provisions remain consistent with related statutory and regulatory requirements.

2. INSURANCE RULEMAKINGS

The following Insurance rulemakings were adopted in 2023:

- Adoption of consolidated rulemaking adding new Part 453 (Insurance Regulation 223) (Pharmacy Benefit Management Services), Part 454 (Insurance Regulation 224) (Filings and Other Requirements for Issuance and Maintenance of a License) and Part 455 (Insurance Regulation 225) (Reporting and Record Keeping Requirements) to, and amending Part 450 (Insurance Regulation 219) (Pharmacy Benefits Bureau) of, Title 11 NYCRR, effective November 15, 2023 (State Register November 15, 2023).

Statutory Authority: Financial Services Law sections 102, 201, 202, 301, 302, 304, 305, and 306; Insurance Law sections 301, 316, 2904, 2905, 2906, and 2914; and Public Health Law section 280-a.

The consolidated rulemaking establishes the licensing, reporting and assessment standards for pharmacy benefit managers (“PBMs”) to perform pharmacy benefit management services in New York under the framework established by Insurance Law Article 29 and Public Health Law section 280-a. Specifically, Insurance Law section 2914 requires PBMs registered or licensed with the Department to be assessed and pay such assessments in an amount determined by the Superintendent to cover the Department’s operating expenses as they relate to regulating PBMs. Part 453 establishes the frequency of and cost calculations for these assessments. Part 454 establishes licensing requirements. Part 455 establishes recordkeeping and reporting requirements. The second amendment to section 450.1 adds new definitions and renumbers the existing definitions.

The Superintendent adopted the third amendment to Part 450, first amendment to Part 452, first amendment to Part 454 of, and added new Part 456 (Insurance Regulation 226), Part 457 (Insurance Regulation 227), Part 458 (Insurance Regulation 228), and Part 459 (Insurance Regulation 459) to, 11 NYCRR as part of a consolidated rulemaking (effective and published in the State Register on November 27, 2024) to establish minimum standards for PBMs to be licensed and to maintain such licenses, including

minimum standards related to conflicts of interest; deceptive, anti-competitive, and unfair claims practices in connection with the performance of pharmacy benefit management services; contracting with pharmacies; and consumer protection.

- Adoption of the twelfth amendment to Part 60-1 (Insurance Regulation 35-A) (Minimum Provisions for Automobile Liability Insurance Policies) of Title 11 NYCRR, effective October 4, 2023 (State Register October 4, 2023).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301 and 3420(g).

The amendment conformed the regulation to amendments to the Insurance Law made by Chapter 735 of the Laws of 2022 and Chapter 108 of the Laws of 2023 regarding supplemental spousal liability insurance. The amendment allows insureds to decline supplemental spousal coverage provided that the declination is in writing on a form prescribed by the Department. The amendment provides the form of declination and provides that a written declination is not required for renewal.

The Superintendent adopted the thirteenth amendment to Part 60-1 (effective and published in the State Register on April 16, 2025) to amend existing supplemental spousal liability insurance requirements to conform to recent statutory amendments. The rulemaking also amended section 60-1.1(c) by fixing an incorrect construction of the subdivision that was caused by the renumbering of the subdivision in a previous amendment to the rule. The rulemaking amended subdivision (c) to clarify that subparagraphs (i) through (iii) of paragraph (3) also apply to current paragraphs (1) and (2) of subdivision (c), in accordance with the intent of the regulation as it was originally promulgated. The rulemaking also amended language in Part 60-1 to make it gender neutral.

- Adoption of consolidated rulemaking adding new Part 452 (Insurance Regulation 222) (General Duties, Accountability, and Transparency Provisions for Pharmacy Benefit Managers) to, and amending

Part 6 (Insurance Regulation 195) (Electronic Filings and Submissions) of, Title 11 NYCRR, effective July 12, 2023 (State Register July 12, 2023).

Statutory Authority: Financial Services Law sections 102, 201, 202, 301, 302, and 306, Insurance Law sections 301 and 316, and Public Health Law section 280-a.

The consolidated rulemaking added new Part 452 to clarify, define and limit the duties, accountability and transparency requirements of Public Health Law section 280-a(2) for pharmacy benefit managers. The rulemaking also adopted the first amendment to Part 6 to require pharmacy benefit managers operating in New York to make certain filings and submissions electronically and permit pharmacy benefit managers to submit a request to the Superintendent for an exemption from the electronic filing requirement upon a demonstration of undue hardship, impracticability or good cause, subject to the Superintendent's approval.

The Superintendent adopted the second amendment to Part 6 in 2025 (effective and published in the State Register on August 20, 2025) to update section 6.2 to require that an electronic submission to the National Association of Insurance Commissioners ("NAIC") must include notarized documents and any other documents required to be filed with the statements set forth in section 6.2(b)(1), except for the NAIC supplemental compensation exhibit or any other document that an insurer or fraternal benefit society cannot submit electronically to the NAIC, which an insurer or fraternal benefit society must submit through the Department's website. The amendment also updates section 6.2 to require an insurer that files a statement, schedule, supplement, exhibit, notarized document, or other document electronically, pursuant to section 6.2(b), to file a hard copy with the Superintendent only upon the Superintendent's request.

- Adoption of the thirty-sixth amendment to Part 68 (Insurance Regulation 83) (Charges for Professional Health Services) of Title 11 NYCRR, effective February 15, 2023 (State Register February 15, 2023).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 2601, 5221, and Article 51.

The amendment establishes, for the purpose of no-fault insurance, the maximum reimbursement allowed for the purchase and total accumulated rental, as well as the maximum monthly rental charge, for Durable Medical Equipment (“DME”) supplies not listed in the Official New York Workers’ Compensation DME fee schedule and for DME supplies listed in such DME fee schedule for which no fee has been assigned.

The Superintendent adopted the thirty-seventh amendment to Part 68 in 2024 (effective and published in the State Register on October 23, 2024) to provide an updated website link to the Official New York Workers’ Compensation DME Fee Schedule on the Workers’ Compensation Board’s website because the link in the regulation was no longer valid.

- Adoption of consolidated rulemaking adding new Part 60-4 (Insurance Regulation 35-F) (Peer-To-Peer Car Sharing Programs: Minimum Provisions for Group Policies and Other Requirements) and amending Part 27 (Insurance Regulation 41) (Excess Line Placements Governing Standards), Part 60-1 (Insurance Regulation 35-A) (Minimum Provisions for Auto Liability Insurance Policies), Part 60-2 (Insurance Regulation 35-D) (Supplementary Uninsured/Underinsured Motorists Insurance), Part 65-1 (Insurance Regulation 68-A) (Regulations Implementing the Comprehensive Motor Vehicle Insurance Repairs Act--Prescribed Policy Endorsements), Part 65-3 (Insurance Regulation 68-C) (Regulations Implementing the Comprehensive Motor Vehicle Insurance Repairs Act--Claims for Personal Injury Protection Benefits), Part 65-4 (Insurance Regulation 68-D) (Regulations Implementing the

Comprehensive Motor Vehicle Insurance Reparations Act 3Arbitration), Part 169 (Insurance Regulation 100) (Noncommercial Motor Vehicle Insurance Merit Rating Plans), and Part 216 (Insurance Regulation 64) (Unfair Claims Settlement Practices And Claim Cost Control Measures) of 11 NYCRR, effective February 8, 2023 (State Register February 8, 2023).

Statutory Authority: Financial Services Law sections 202 and 302, Insurance Law sections 301, 2105, 2118, 2305, 2307, 2334, 2335, 2601, 3420, 3458, 3459, 3460, 5102, 5103, 5105, and 5106 and Articles 23 and 51; General Business Law (“GBL”) Article 40; Laws of 2021, Chapter 795; and Laws of 2022, Chapter 129.

The consolidated rulemaking implemented the Laws of 2021, Chapter 795 and Laws of 2022, Chapter 129, which legalized peer-to-peer car sharing in New York with the aim of ensuring that consumers will have appropriate insurance protection when using or operating a vehicle through a car sharing program.

The Superintendent adopted the eleventh amendment to Part 60-2 in 2024 as a consensus rulemaking (effective and published in the State Register on May 15, 2024) to conform the New York supplementary uninsured/underinsured motorist (“SUM”) endorsement to the Laws of 2023, Chapter 751, which amended Insurance Law section 3420(f) to require SUM insurance to provide coverage for police agencies and their employees.

The Superintendent adopted the twelfth amendment to Part 60-1 in 2023 and the thirteenth amendment to Part 60-1 in 2025 as described above.

The following Insurance rulemakings were adopted in 2021:

- Adoption of the second amendment to Part 103 (Insurance Regulation 213) (Principle-Based Reserving) of Title 11 NYCRR, effective March 31, 2021 (State Register March 31, 2021).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 308, 4217, and 4517.

The Superintendent had adopted the first amendment to Part 103 in 2020 (effective and published in the State Register on February 26, 2020) to conform to the 2009 revisions to the NAIC’s model Standard Valuation Law and comply with the NAIC’s accreditation standards.

This second amendment to Part 103 clarified, and made certain adjustments to, the regulation and prescribed additional minimum standards for valuing statutory reserves that in the Superintendent’s opinion are necessary to comply with the NAIC’s Valuation Manual and to best serve New York policyholders by ensuring that the minimum standards for valuing statutory reserves are set at a level appropriate for the payment of future claims.

The Superintendent adopted four consensus rulemakings amending Part 103 in 2021, 2023 and 2025 (effective and published in the State Register on December 29, 2021, March 1, 2023, December 6, 2023, and October 29, 2025) to update the editions of the NAIC’s Valuation Manuals that are incorporated by reference in the regulation.

- Adoption of a new Part 450 (Insurance Regulation 219) (Office of Pharmacy Benefits) of Title 11 NYCRR, effective April 7, 2021 (State Register April 7, 2021).

Statutory Authority: Financial Services Law sections 102, 201, 202, 203, 205, 301, 302, 305, and 306; Insurance Law sections 110, 111, 202, 301, 306, 308, 316, and 405; and Part XX of Chapter 56 of the Laws of 2020.

Part 450 created the Office of Pharmacy Benefits (“OPB”), an office within the Department made responsible for commencing investigations, issuing document demands, monitoring complaints, monitoring press related to drug price spikes, and providing assistance to the Drug Accountability Board

(“DAB”) that was established by Part XX of Chapter 56 of the Laws of 2020. After an investigation takes place, the OPB may refer a matter to the DAB to make statutory determinations and issue a report thereon.

The DAB makes determinations on such matters as a drug’s impact on the premium cost for commercial insurance in New York, a drug’s affordability and value to the public, whether any price increase for a drug is justified, whether a drug may be priced disproportionately to its therapeutic benefits, and upon any other question that the Superintendent may certify to the DAB. Part 450 was promulgated to provide rules regarding the operation of the DAB, including membership, authority of the Chair of the Board, meeting requirements, and board recusals.

The Superintendent adopted the first amendment to Part 450 (effective and published in the State Register on August 31, 2022) to rename the Office of Pharmacy Benefits as the Pharmacy Benefits Bureau (“PBB”) and establish rules to operate the PBB. The PBB was established to provide the Department with the staff needed to regulate pharmacy benefit managers, as set forth in Insurance Law sections 111, 2903, and 2906 and Public Health Law section 280-a.

The Superintendent adopted additional amendments to Part 450 as part of consolidated rulemakings as described above.

- Adoption of the second amendment to Part 82 (Insurance Regulation 203) (Enterprise Risk Management and Own Risk and Solvency Assessment; Group-Wide Supervision) of title 11 NYCRR, effective August 13, 2021 (State Register July 14, 2021).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 1501, 1503(b), 1604(b), 1702(f), and 1717(b).

The second amendment to Part 82 made explicit that cybersecurity, climate change, epidemics, and pandemics are examples of reasonably foreseeable and material risks that an enterprise risk management (“ERM”) function should address and required entities and certain domestic insurers to

describe their ERM functions in their enterprise risk reports to minimize the potential for specific harm to insurers and policyholders. The amendment also clarified that the rule applies to a United States branch of an alien insurer entered through this state and fixed a typographical error.

The Superintendent adopted a third amendment to Part 82 (effective and published in the State Register on June 19, 2024). The Laws of 2023, Chapter 344 amended Insurance Law Articles 15, 16 and 17 to impose an annual group capital calculation (“GCC”) filing requirement on certain ultimate holding companies and domestic insurers with subsidiaries, for which New York is the lead state (collectively, “entities”), to comply with the bilateral agreements between the United States and the European Union (“EU”) and the United States and the United Kingdom (“UK”) on prudential measures regarding insurance and reinsurance. The regulation sets forth the criteria for which the Superintendent may further exempt entities from having to file a GCC or accept a limited GCC filing. The regulation also sets forth the criteria for when a non-United States jurisdiction is considered to “recognize and accept” the GCC for the purpose of determining whether an entity is exempt from filing a GCC under the law. The regulation further requires entities to submit their annual GCC filings electronically, subject to the hardship exception set forth in 11 NYCRR section 82.6.

- Adoption of the seventh amendment to Part 25 (Insurance Regulation 10) (Public Adjusters) of title 11 NYCRR, effective October 8, 2021 (State Register August 11, 2021).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 2101(g)(2), 2108, 2110(a), and 2134.

Chapter 546 of the Laws of 2013 amended Insurance Law section 2108 to state that every public adjuster has an affirmative duty to act on behalf and in the best interests of an insured, and to prohibit a public adjuster from receiving any compensation for referring an insured to certain persons unless the public adjuster discloses the compensation in writing, and if the public adjuster has a financial or

ownership interest in the person or is related to the person to the second degree of consanguinity, discloses in writing the relationship between the public adjuster and the person.

The seventh amendment to Part 25 reflected the changes made by Chapter 546, and also prohibited a public adjuster from receiving any compensation, either directly or indirectly, for a referral to an individual or entity when the public adjuster had a financial or ownership interest, directly or indirectly, in the individual or entity and the individual or entity performed services, work, or repairs, or when the public adjuster was the spouse of the individual having such an interest.

The amendment also authorized a public adjuster to charge a fee of up to 20 percent on a supplemental claim if the aggregate fee charged was less than or equal to 12.5 percent of the full claim payment and clarified that an insurer must follow the wishes and intent of the insured, subject to the interests of any loss payee or mortgagee, as to who must be named on the insurer's check.

- Adoption of the twelfth amendment to Part 125 (Insurance Regulation 20) (Credit for Reinsurance) of title 11 NYCRR, effective September 29, 2021 (State Register September 29, 2021).

Statutory Authority: Financial Services Law sections 202 and 302, Insurance Law sections 301, 1301(a)(9), 1301(c), 1308, and 4525(b), and 31 U.S.C. sections 313 and 314.

On September 22, 2017 and December 19, 2018, the United States government entered into covered agreements with the EU and the UK (collectively, the "covered agreements"). These covered agreements mandated credit for reinsurance ceded to reciprocal jurisdiction assuming insurers and eliminated collateral requirements on certain EU-domiciled and UK-domiciled assuming insurers that reinsured business from United States-domiciled ceding insurers provided that certain regulatory criteria were met.

The twelfth amendment to Part 125 effectuated the credit for reinsurance changes mandated to the states under threat of federal preemption by the covered agreements, as incorporated into the NAIC's

credit for reinsurance law and regulation models, which became an accreditation standard in 2022. The amendment also provided reciprocal jurisdiction status for accredited United States jurisdictions and qualified jurisdictions if they met certain requirements.

The Superintendent adopted the thirteenth amendment to Part 125 in 2024 (effective and published in the State Register on July 17, 2024). In December 2016, the NAIC adopted Actuarial Guideline XLVIII (“AG 48”) regarding collateral requirements for reinsurance of term and universal life insurance. Effective September 1, 2022, the Term and Universal Life Insurance Reserve Financing Model Regulation (“Model Regulation”) became an NAIC accreditation standard. The Model Regulation establishes uniform national standards governing reserve financing arrangements pertaining to term and universal life insurance policies with secondary guarantees. The amendment conforms Part 125 to the requirements of the Model Regulation and was necessary to maintain New York’s NAIC accreditation status.

In addition to all other requirements for collateral required by this Part, the thirteenth amendment requires that collateral for insurers that entered into a reinsurance treaty on or after January 1, 2015 ceding term life insurance or universal life insurance with secondary guarantees or prior to January 1, 2015 ceding term life insurance or universal life insurance with secondary guarantees issued on or after January 1, 2015 also meet the requirements of AG 48 in order to satisfy the key accreditation standards with regard to the Model Regulation. The amendment also provides that credit taken by an authorized insurer that entered into a reinsurance treaty on or after January 1, 2015 ceding term life insurance or universal life insurance with secondary guarantees or prior to January 1, 2015 ceding term life insurance or universal life insurance with secondary guarantees issued on or after January 1, 2015 to an authorized assuming insurer or accredited assuming insurer, where the assuming insurer does not meet the exemptions in AG 48, cannot exceed the amount of funds held by or on behalf of the ceding insurer as security for the payment of obligations for such reinsurance, provided such funds meet the requirements of AG 48. The

amendment also made a technical change to the lead-in paragraph of section 125.4(h)(8)(ii).

- Adoption of the sixth amendment to Part 20 (Insurance Regulations 9, 18, and 29) (Brokers, Agents and Certain Other Licensees - General) of title 11 NYCRR, effective November 12, 2021 (State Register October 13, 2021).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 2108(r), and 2132.

The sixth amendment to Part 20 requires, during the two-year licensing term, at least one ethics and professionalism continuing education (“CE”) credit for all resident public adjusters and insurance producers, at least one diversity, inclusion, and elimination of bias CE credit for all resident public adjusters and insurance producers, at least one flood insurance CE credit for all property/casualty resident insurance producers, and at least three enhanced flood insurance CE credits for resident insurance producers who sell flood insurance through the National Flood Insurance Program. Also, during the first two years a public adjuster or producer is licensed, the amendment requires at least one CE credit for an overview of the New York Insurance Law.

- Adoption of the consolidated rulemaking adding new Part 77 (Insurance Regulation 220) (Risk-Based Capital) to, and amending Part 83 (Insurance Regulation 172) (Financial Statement Filings and Accounting Practices and Procedures) of, title 11 NYCRR, effective December 15, 2021 (State Register December 15, 2021).

Statutory Authority: Financial Services Law sections 202 and 302; Insurance Law sections 301, 307, 308, 1109, 1301, 1302, 1308, 1322, 1324, 1404, 1405, 1407, 1411, 1414, 1501, 1505, 3233, 4117, 4233, 4239, 4301, 4310, 4321-a, 4322-a, 4327, and 6404; and Public Health Law Article 44.

The consolidated rulemaking adopted the sixteenth amendment to Part 83 and a new Part 77. Section 83.2 adopted the NAIC’s Accounting Practices and Procedures Manual (“AP&P Manual”) as of

March 2021. The AP&P Manual does not preempt states' legislative or regulatory authority, and section 83.4 sets out New York's "Conflicts and Exceptions" to the AP&P Manual, making clear that in instances of conflict or deviation, New York statutes, regulations, and policies control.

The rulemaking added new Part 77 to require, until January 1, 2027, that shares of an exchange traded fund ("ETF"), the portfolio of which consists of investments in fixed income securities, cash, and cash equivalents, be treated as bonds for the purpose of a domestic insurer's risk-based capital report if the ETF met certain criteria, and added a new section 83.3(d) to require a foreign insurer to calculate its RBC consistent with Part 77 and report that RBC in the New York supplement to the annual financial statement.

The rulemaking amended section 83.4(t) to require that shares of an ETF that met the criteria set forth in section 77.2(a) be accounted for as set forth in the AP&P Manual, including with respect to the asset valuation reserve and interest maintenance reserve, with the exception that the book adjusted carrying value of such shares must be set equal to fair value (and not systematic value). An insurer must support its determination that an ETF in its portfolio is eligible for bond-like capital treatment under Part 77.

The Superintendent adopted by consensus rulemaking the seventeenth amendment to Part 83 in 2023 (effective and published in the State Register on November 1, 2023) to adopt the 2023 edition of the AP&P Manual, replacing the regulation's reference to the 2021 edition of the AP&P Manual. The amendment also made non-substantive changes to subdivisions (f) and (p) of section 83.4 by updating the numbering of paragraphs referenced in SSAP 25 of the AP&P Manual, and clarified certain language in the regulation.

The Superintendent adopted by consensus rulemaking the eighteenth amendment to Part 83 in 2024 (effective and published in the State Register on January 8, 2025) to adopt the 2024 edition of the AP&P Manual, replacing the regulation’s reference to the 2023 edition of the AP&P Manual.

- Adoption of the sixty-second amendment to Part 52 (Insurance Regulation 62) (Minimum Standards for Form, Content and Sale of Health Insurance, Including Standards of Full and Fair Disclosure) of title 11 NYCRR, effective December 22, 2021 (State Register December 22, 2021).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 3216, 3217, 3217-h, 3221, 4303, and 4306-g.

The sixty-second amendment to Part 52 clarified that the meaning of “telehealth” includes audio-only visits (e.g., telephone calls) and that, for the purpose of telehealth, an insurer may engage in reasonable fraud, waste, and abuse detection efforts, including efforts to prevent payments for services that do not warrant a separate billable encounter. The amendment was not intended to require coverage for services for which no charge is normally made, consistent with section 52.16(c)(8).

The Superintendent adopted the sixty-third amendment to Part 52 in 2022 (effective and published in the State Register on December 7, 2022) to implement the requirements of Part AA of Chapter 57 of the Laws of 2022 and the Federal No Surprises Act by requiring insurers licensed to write accident and health insurance in New York State, corporations organized pursuant to Insurance Law Article 43, municipal cooperative health benefit plans certified pursuant to Insurance Law Article 47, HMOs certified pursuant to Public Health Law Article 44, and student health plans certified pursuant to Insurance Law section 1124 (collectively, “issuers”) to provide network status information to an insured upon request, in writing through print or electronic means (e.g., email or Internet-based means, such as an online member portal) if the insured consented to electronic communication, within one business day for comprehensive health insurance or three business days for other policies using a network of providers. The amendment

prohibited an issuer from imposing a cost-sharing amount, deductible, or out-of-pocket maximum that is greater than the amounts that would apply if the insured had received services from a participating provider when the issuer provided inaccurate network status information. It also provided that if an issuer provided inaccurate network status information to an insured, the issuer would have to reimburse the provider for the out-of-network services regardless of whether the insured's coverage included out-of-network services. The amendment required an issuer to include in its hard copy provider directory a notification that the information contained in the directory was accurate as of the date of publication of such directory and that an insured should consult the provider directory posted on the issuer's website to obtain the most current information. It also applied certain disclosure requirements in Insurance Law sections 3217-a and 4324 to stand-alone dental and vision insurance to ensure that insureds covered under such policies were provided accurate and up-to-date information. Finally, the amendment held issuers responsible when they provided inaccurate network status information.

The Superintendent adopted the sixty-fourth amendment to Part 52 in 2022 (effective July 15, 2022 and published in the State Register on June 15, 2022) to implement the federal No Surprises Act by setting forth additional minimum standards for the content of health insurance identification cards, including disclosure of the annual or plan year deductible for participating providers and the annual maximum out-of-pocket amount.

The Superintendent adopted the sixty-sixth amendment to Part 52 in 2024 (effective and published in the State Register on June 19, 2024) to conform to the Laws of 2023, Chapter 655, which amended Insurance Law section 1117 to require insurers authorized to write accident and health insurance in New York, Insurance Law Article 43 corporations, HMOs, and fraternal benefit societies writing long term care insurance to provide to a prospective insured, or its representative, a disclosure statement setting forth certain information prior to the earlier of the execution of a policy or certificate in connection with a plan

providing a home care benefit or a nursing home benefit or both, or the payment of any premium or fee related to such a policy or certificate and to update certain information that must be included in long term care insurance disclosure statements.

The Superintendent adopted the sixty-seventh amendment to Part 52 in 2025 (published in the State Register on April 2, 2025 and effective on July 31, 2025) to require insurers licensed to write accident and health insurance in New York, Insurance Law Article 43 corporations, HMOs certified pursuant to Public Health Law Article 44, and student health plans certified pursuant to Insurance Law section 1124 (collectively, “insurers”) to ask applicants applying for, or insureds currently insured under, a comprehensive health insurance policy, questions regarding their race, ethnicity, preferred language, sexual orientation, and gender identity or expression to help enable the Department and insurers to identify disparities that exist in the quality and utilization of care experienced by underrepresented populations and inform data-driven public policymaking.

The following Insurance rulemakings were adopted in 2016:

- Adoption of the forty-fifth amendment to Part 52 (Insurance Regulation 62) (Minimum Standards for Form, Content, and Sale of Health Insurance, Including Standards for Full and Fair Disclosure) of Title 11 NYCRR, effective September 18, 2016 (State Register July 20, 2016).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301 and 3201(c).

The forty-fifth amendment to Part 52 added a new subdivision (n) to section 52.16 to prohibit any insurer from providing coverage in any insurance policy or contract delivered or issued for delivery in New York for conversion therapy for any individual under the age of 18 years. Conversion therapy refers to any practice by a mental health professional that seeks to change an individual’s sexual orientation or

gender identity, including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.

- Adoption of the forty-sixth amendment to Part 52 (Insurance Regulation 62) (Minimum Standards for Form, Content, and Sale of Health Insurance, Including Standards for Full and Fair Disclosure) of Title 11 NYCRR, effective November 16, 2016 (State Register November 16, 2016).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 3201, 3217, 3221, and 4237.

The forty-sixth amendment to Part 52 allowed a blanket accident insurance policy that is issued in accordance with GBL section 1015.11 to contain a provision that its benefits are excess or always secondary to any plan. GBL section 1015.11 requires every licensed promoter of authorized combative sports and professional wrestling to provide accident insurance for the protection of licensed professionals and wrestlers appearing in authorized combative sports matches or professional wrestling exhibitions on and after September 1, 2016, and authorizes the State Athletic Commission (“SAC”) to promulgate regulations necessary to implement this legislation. In 2016, the SAC repealed and promulgated a new 19 NYCRR 208, which, among other things, provided that the accident insurance policy may be either primary or secondary to any other applicable insurance coverage held by the licensed professional or wrestler participant.

The Superintendent adopted the forty-seventh amendment to Part 52 in 2017 (published in the State Register on June 21, 2017 and effective on August 4, 2017) to require an insurer to allow, when the prescription so provides, for the dispensing of an initial three-month supply of a contraceptive to an insured and up to a 12-month prescribed supply for any subsequent dispensing of the same contraceptive prescribed by the same health care provider and covered under the same policy or contract or renewal thereof.

The Superintendent adopted the forty-eighth amendment to Part 52 in 2017 (published in the State Register on June 21, 2017 and effective on August 21, 2017) to make explicit that individual, group and blanket insurance policies and contracts that provide hospital, surgical, or medical expense coverage delivered or issued for delivery in New York may not exclude coverage for medically necessary abortions and must provide such coverage at no cost sharing. The amendment also provided for an optional, limited exemption for religious employers and qualified religious organization employers while ensuring that medically necessary abortion coverage is maintained for all insureds at no premium to be charged to the certificate holder, religious employer, or qualified religious organization employer.

The Superintendent adopted the forty-ninth amendment to Part 52 (effective and published in the State Register on October 3, 2018) to require every individual and small group accident and health insurance policy or contract (other than a grandfathered health plan) delivered or issued for delivery in New York that provides hospital, surgical, or medical expense coverage and every student accident and health insurance policy or contract delivered or issued for delivery in New York to provide coverage of at least the enumerated ten categories of essential health benefits (“EHB”) if the EHB provisions in 42 U.S.C. section 18022 and 45 C.F.R. 156.100 et seq. are no longer in effect or are modified to ensure that people covered under individual, small group, and student accident and health insurance policies and contracts will continue to have coverage for these benefits, as determined by the Superintendent. The rule also reiterated that no issuer of a small or large group or individual accident and health insurance policy that provides hospital, surgical, or medical expense coverage or a student accident and health insurance policy or contract delivered or issued for delivery in New York State may discriminate because of race, color, creed, national origin, sex, age, marital status, disability, or a preexisting condition, and clarified the scope of such prohibitions.

The Superintendent adopted the fiftieth amendment to Part 52 (published in the State Register on September 6, 2018 and effective on November 25, 2018) to provide that every insurer that delivers or issues for delivery in this state an accident and health insurance policy that provides hospital, surgical, or medical expense coverage and provides coverage for medication for the detoxification or maintenance treatment of a substance use disorder shall include in the policy processes that allow a formulary exception and access to clinically appropriate medication for the detoxification or maintenance treatment of a substance use disorder not otherwise covered by the policy.

The Superintendent adopted the fifty-first amendment to Part 52 (effective and published in the State Register on October 31, 2018) to establish minimum standards for volunteer firefighter enhanced cancer insurance policies that, pursuant to General Municipal Law section 205-cc, every legally organized fire district, department or company in New York must provide and maintain for each eligible volunteer firefighter unless the fire district, department or company self-funds the benefits.

The Superintendent adopted the fifty-second amendment to Part 52 (published in the State Register on June 12, 2019 and effective August 11, 2019) to require an insurance policy or contract, including a child health insurance plan policy or contract, that provides coverage for direct access to maternal depression screening and referral performed by a provider of obstetrical, gynecologic, or pediatric services of the mother's choice, to provide coverage for the screening and referral under the mother's policy and also under the infant's policy if the infant is covered under a different policy than the mother and a pediatric provider performs the screening and referral.

The Superintendent adopted the fifty-fourth amendment to Part 52 (published in the State Register on November 6, 2019 and effective on January 1, 2020) to require every policy or contract that provides medical, major medical, or similar comprehensive type coverage to provide broad contraceptive coverage, including coverage for all United States Food and Drug Administration-approved contraceptive drugs,

devices, and other products and to establish a process, including time-frames, for an insured, an insured's designee, or an insured's health care provider to request coverage of a non-covered contraceptive drug, device, or product in conformity with Chapter 25 of the Laws of 2019 and Part M of Chapter 57 of the Laws of 2019.

The Superintendent adopted the fifty-third amendment to Part 52 (published in the State Register on December 23, 2020 and effective on April 22, 2021) to set forth minimum standards for the content of health insurance identification cards to ensure greater disclosure of information relating to an insured's health plan, and to provide easier access to such information, by standardizing the content of health insurance identification cards.

The Superintendent adopted the fifty-sixth amendment to Part 52 (published in the State Register on April 29, 2020 and effective on July 28, 2020) to clarify that discrimination prohibited by Insurance Law sections 2607, 3243, and 4330 includes certain activities, such as including a policy clause that purports to deny, limit, or exclude coverage based on an insured's sexual orientation, gender identity or expression, or transgender status or designating an insured's sexual orientation, gender identity or expression, or transgender status as a pre-existing condition for the purpose of denying, limiting, or excluding coverage, and to implement Insurance Law sections 3216(i)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3) by clarifying that coverage for preexposure prophylaxis with effective antiretroviral therapy to persons who are at high risk of HIV acquisition is included within preventive care and screenings and specifying the timing for coverage of preventive care and screenings.

The Superintendent adopted additional amendments to Part 52 as described above.

- Adoption of new Subpart 151-7 (Insurance Regulation 119) (Workers' Compensation Safe Patient Handling Program) of Title 11 NYCRR, effective November 23, 2016 (State Register November 23, 2016).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301 and 2304(j).

The new Subpart fulfilled statutory mandates by requiring an insurer to provide credit on each workers' compensation insurance policy issued or renewed in New York State to a health care facility that implements and maintains a safe patient handling program pursuant to the requirements prescribed in the Public Health Law. The rule also required every workers' compensation rate service organization to file certain information with the Superintendent by June 1 of each year so that the Superintendent could collect information for the reports due to the Legislature in 2018 and 2020.

- Adoption of new Part 76 (Insurance Regulation 209) (Commercial Crime Coverage Exclusions) of Title 11 NYCRR, effective July 1, 2017 (State Register December 21, 2016).

Statutory Authority: Financial Services Law sections 202 and 302, and Insurance Law sections 301 and 2307 and Articles 23, 24, and 34.

The new Part 76 advanced New York State's public policy by prohibiting commercial crime policy exclusions for loss or damage caused by an employee who had been convicted of a criminal offense prior to employment by the employer when the employer hired such employee using the factors set forth in Correction Law Article 23-A. Correction Law Article 23-A establishes New York State's public policy encouraging licensure and employment of persons previously convicted of a criminal offense. The law prohibits discrimination against such persons, unless there is a direct relationship between the previous offense and the employment sought or held, or if the granting or continuation of employment would involve an unreasonable risk to property or personal safety or welfare. However, commercial crime insurance policies often exclude coverage for loss or damage caused by an employee who was previously convicted of a criminal offense if the employer knew about the conviction prior to the loss or damage. This placed an employer in the position of either being unable to obtain insurance or violating the

Correction Law by not hiring the individual, even though a review of the Correction Law factors weighs in favor of employment.

- Adoption of the thirteenth amendment to Part 83 (Insurance Regulation 172) (Financial Statement Filings and Accounting Practices and Procedures) of Title 11 NYCRR, effective November 9, 2016 (State Register November 9, 2016).

Statutory Authority: Financial Services Law sections 202 and 302; Insurance Law sections 107(a)(2), 301, 307, 308, 1109, 1301, 1302, 1308, 1404, 1405, 1407, 1411, 1414, 1501, 1505, 3233, 4117, 4233, 4239, 4301, 4310, 4321-a, 4322-a, 4327 and 6404; Public Health Law sections 4403, 4403-a, 4403-c(12) and 4408-a; Chapter 599 of the Laws of 2002; and Chapter 311 of the Laws of 2008.

All states require insurers to comply with the AP&P Manual published each year by the NAIC, which establishes uniform practices and procedures for United States-licensed insurers. The amendment adopted the 2016 edition of the AP&P Manual as of March 2016, replacing the rule's prior reference to the March 2015 edition. Adoption of the rule was necessary for the Department to maintain its accreditation status with the NAIC. The NAIC-accreditation standards require that state insurance regulators have adequate statutory and administrative authority to regulate insurers' corporate and financial affairs, and that they have the necessary resources to carry out that authority.

The Superintendent adopted the fourteenth amendment to Part 83 (effective and published in the State Register on August 9, 2017) to update citations in Part 83 to the AP&P Manual as of March 2017, replacing the rule's former reference to the March 2016 edition.

The Superintendent adopted the fifteenth amendment to Part 83 (effective and published in the State Register on December 30, 2020) to make technical corrections and adopt the AP&P Manual as of March 2020 with certain exceptions and modifications. Of note, section 83.4 was amended by adding new subdivisions (t) and (u). Subdivision (t) takes an exception from the AP&P Manual's treatment of

certain investments in ETFs and mutual funds as bonds instead of common stock. The Department has determined that bond treatment is not appropriate for all ETFs and bond mutual funds designated by the AP&P Manual for such treatment. However, the Department recognizes that certain investments in ETFs and mutual funds may warrant treatment that is different from the common stock treatment currently required by 11 NYCRR 83 for those investments. Accordingly, the Department is analyzing investments in ETFs and mutual funds to determine what subset of those investments may warrant treatment that is different from common stock and what that treatment should be. The Department expects a further amendment to 11 NYCRR 83 to be promulgated to implement appropriate changes to the treatment of investments in ETFs and mutual funds resulting from this analysis.

Subdivision (u) takes an exception from the AP&P Manual's characterization of dividends and returns of capital. The Insurance Law permits a parent company to remove funds from its insurer-subsubsidiary by the taking of a dividend (either as an ordinary dividend, which is limited to the insurer-subsubsidiary meeting certain financial benchmarks and does not require Department approval, or as an extraordinary dividend, which is subject to Department approval) and by the return of capital (either as a stock redemption and retirement or as a reorganization, both of which require Department approval). A core Department function is to ensure insurer solvency for the benefit of policyholders. The AP&P Manual's revision, in effect, blends the definitions of dividends and returns of capital, thus enabling an insurer-subsubsidiary to effect a return of capital without the Department's approval. Additionally, the accounting for certain non-dividend returns of capital would not reduce the availability of funds for the parent company to take a further ordinary dividend (without Department approval), thereby allowing double-dipping (i.e., first taking a return of capital and then, after adding reinsurance, taking an ordinary dividend).

The Superintendent adopted additional amendments to Part 83 as described above.

- Adoption of the second amendment to Part 94 (Insurance Regulation 56) (Valuation of Individual and Group Accident and Health Insurance Reserves) of Title 11 NYCRR, effective February 24, 2016 (State Register February 24, 2016).

Statutory Authority: Financial Services Law sections 202 and 302 and Insurance Law sections 301, 1303, 1304, 1305, 1308, 4117, 4217, 4310, and 4517.

The rule adopts the 2012 Group Long-Term Disability Valuation Table for group long-term disability income claims incurred on or after January 1, 2017, or if optionally elected, on or after October 1, 2014, replacing the 1987 Commissioners Group Disability Table (87CGDT).

The Superintendent adopted the third amendment to Part 94 (effective and published in the State Register on July 19, 2017) to adopt the 2013 Individual Disability Income Valuation Table that was adopted by the NAIC in 2016. Adoption of the table resulted in the same reserve requirements for both domestic and non-domestic insurers doing business in New York.

The Superintendent adopted the fourth amendment to Part 94 in 2019 (effective and published in the State Register on November 27, 2019) to adopt the 2016 Cancer Claim Cost Valuation Tables for first occurrence and hospitalization cancer expense benefit contracts issued on or after January 1, 2019, or if optionally elected, on or after January 1, 2018, replacing the 1985 NAIC Cancer Claim Cost Tables.

The following Insurance rulemakings were adopted in 2011:

- Adoption of the fourth amendment to Part 169 (Insurance Regulation 100) (Noncommercial Private Passenger Automobile Insurance Merit Rating Plans) of Title 11 NYCRR, effective January 19, 2011 (State Register January 19, 2011).

Statutory Authority: Insurance Law sections 201, 301, 2334, 2335, 2345, and 3425.

Part 169 was amended to comply with Chapter 277 of the Laws of 2010. Chapter 277 of the Laws of 2010 amended Insurance Law section 2335 to raise from \$1,000 to \$2,000 the minimum threshold

amount of property damage which, if exceeded in a motor vehicle accident, would allow an insurer to impose a policy premium charge. The minimum threshold amount of property damage for which insurers may impose a premium surcharge was based on the amount set forth in Vehicle and Traffic Law section 605 (\$1,000).

The Superintendent adopted the fifth amendment to Part 169 (published in the State Register on April 4, 2013 and June 5, 2013 (amended) and effective August 1, 2013) as part of a large, consolidated consensus rulemaking to revise references that became outdated as a result of the consolidation of the New York State Insurance and Banking Departments into the Department of Financial Services, and to make certain other technical changes (e.g., grammatical corrections and repeal of obsolete forms).

The Superintendent adopted the sixth amendment to Part 169 in 2017 (effective and published in the State Register on October 25, 2017) as part of a consolidated rulemaking to prevent an insurer from surcharging an insured for an accident that occurs while the vehicle is being used or operated as a transportation network vehicle and the insured is not convicted of a moving traffic violation, unless the policy provides coverage for such operation of the vehicle.

The Superintendent adopted the seventh amendment to Part 169 (effective and published in the State Register on February 8, 2023) to make technical amendments and provide that no points or surcharge may be imposed for an accident occurring when an insured or other resident in the insured's household has had an accident while, pursuant to GBL Article 40, the insured or other resident was operating a shared vehicle through a peer-to-peer car sharing program during the peer-to-peer car sharing period, unless the policy provides coverage for such operation of the motor vehicle. If the coverage is provided pursuant to endorsement, then the insurer may impose a surcharge on the separate premium for the endorsement.

- Adoption of new Sub-Part 151-4 (Insurance Regulation 119) (Workers' Compensation Insurance Rates: Reserves for Special Disability Fund Claims) to Title 11 NYCRR, effective January 19, 2011 (State Register January 19, 2011).

Statutory Authority: Insurance Law sections 201, 301, 1303 and 4117 and Workers' Compensation Law ("WCL") section 32.

WCL section 32 permits the chair of the Workers' Compensation Board to procure one or more private entities to assume the liability for, and the management, administration or settlement of, all or a portion of the claims in the Special Disability Fund ("SDF"). No insurer, self-insured employer, or the State Insurance Fund ("SIF") may assume liability for, management, administration or settlement of any claims on which it holds reserves, beyond such reserves as are permitted by regulation of the Superintendent.

The law mandates the Superintendent to set a reserve standard specific to transactions authorized by WCL section 32. The amendment established the required reserve standards, including the amount of reserves that an insurer, self-insured employer, or the SIF may hold for claims for which an entity has waived its right to reimbursement from the SDF and for which it has assumed the liability, management, administration or settlement.

- Adoption of new Sub-Part 151-5 (Insurance Regulation 119) (Workers' Compensation Insurance – Independent Livery Driver Benefit Fund) to Title 11 NYCRR, effective January 19, 2011 (State Register January 19, 2011).

Statutory Authority: Insurance Law sections 201, 301 and 3451.

Chapter 392 of the Laws of 2008 enacted Executive Law Article 6-G, establishing clear rules for determining when livery drivers in New York City, Westchester County and Nassau County are employees or independent contractors of livery bases, and establishing the Independent Livery Driver

Benefit Fund (the “Fund”) to provide independent contractor livery drivers workers’ compensation benefits under certain circumstances when no-fault automobile insurance does not provide sufficient coverage. Before passage of this law, the only recourse for independent contractor livery drivers was no-fault automobile insurance, which resulted in delays in payment while no-fault automobile insurers ascertained whether livery drivers were independent contractors and eligible for coverage.

Insurance Law section 3451 permits the Superintendent to promulgate regulations authorizing an insurer licensed to write workers’ compensation and employers’ liability to provide coverage as authorized pursuant to Executive Law Article 6-G. The amendment was promulgated to ensure that the Fund has a choice of procuring coverage either from the SIF or an authorized insurer, which may provide savings to the Fund and ultimately the livery bases that pay for the coverage.

- Adoption of the second amendment to Part 100 (Insurance Regulation 179) (Determining Minimum Reserve Liabilities and Non-forfeiture Benefits) of Title 11 NYCRR, effective March 16, 2011 (State Register March 16, 2011).

Statutory Authority: Insurance Law sections 201, 301, 1304, 4217, 4218, 4221, 4224, 4240 and 4517, and Articles 24 and 26.

The amendment extended the use of the 2001 Commissioner’s Standard Ordinary (“CSO”) Preferred Class Structure Mortality Table to policies issued on or after January 1, 2004 with the Superintendent’s approval, and if certain conditions were met by the insurer related to policies or portions of policies that were co-insured. Previously, the table only was permitted to be used for policies issued on or after January 1, 2007. The use of the table allowed for the reserves to better match the risks associated with different underwriting classifications. Also, the rule should result in lower reserve requirements for those insurers that elected to use the table for policies issued on or after January 1, 2004,

and therefore, decrease the cost of doing business in New York. This standard had already been adopted in the AP&P Manual published by the NAIC.

The Superintendent adopted the third amendment to Part 100 as part of a consolidated rulemaking amending 11 NYCRR 98 (Insurance Regulation 147) (effective and published in the State Register on December 10, 2014) to modernize the current regulatory scheme for term life insurance reserves, as discussed in the Superintendent's March 27, 2014 letter to state commissioners.

The Superintendent adopted the fourth amendment to Part 100 as part of a consolidated rulemaking amending 11 NYCRR 98 (Insurance Regulation 147) (effective and published in the State Register on April 1, 2015) to modernize the current regulatory scheme for universal life insurance with secondary guarantee reserves.

The Superintendent adopted the fifth amendment to Part 100 as part of a consolidated rulemaking amending 11 NYCRR 98 (Insurance Regulation 147) (effective and published in the State Register on May 17, 2017) to adopt the 2017 CSO Mortality Table as the minimum valuation standard for applicable life insurance policies issued on or after January 1, 2020, or if optionally elected, on or after January 1, 2017, replacing the 2001 CSO Mortality Table. The amendments specified that the Fifth and Sixth Amendments to Part 98 and the Third and Fourth Amendments to Part 100 only would apply to policies issued on or after January 1, 2015 and prior to January 1, 2017, or on or after January 1, 2015 and prior to January 1, 2018 with written notification provided to the Superintendent by June 30, 2017.

The Superintendent adopted the sixth amendment to Part 100 as part of a consolidated rulemaking amending 11 NYCRR 98 (Insurance Regulation 147) (effective and published in the State Register on January 2, 2019) to modify Parts 98 and 100 to specify that two prior amendments to the rules (i.e., the Fifth and Sixth Amendments to Part 98 and the Third and Fourth Amendments to Part 100) only would apply to policies issued on or after January 1, 2015 and prior to January 1, 2017, or on or after January 1,

2015 and prior to January 1, 2019 with written notification provided to the Superintendent by December 31, 2018. The concurrent amendments to Parts 98 and 100 would allow insurers to apply the two prior amendments, if optionally elected, for one additional year of issuing policies.

The Superintendent adopted the seventh amendment to Part 100 as part of a consolidated rulemaking amending 11 NYCRR 98 (Insurance Regulation 147) (effective and published in the State Register on April 22, 2020) to allow insurers that choose to continue using the 2015 reserve relief procedures to use them for one more year of issuing policies, until they must update their reserve procedures to comply with new Insurance Law section 4217(g).

- Adoption of the fourth amendment to Part 98 (Insurance Regulation 147) (Valuation of Life Insurance Reserves) of Title 11 NYCRR, effective March 16, 2011 (State Register March 16, 2011).

Statutory Authority: Insurance Law sections 201, 301, 1304, 1308, 4217, 4218, 4240 and 4517.

The fourth amendment to Part 98 removed restrictions on the mortality adjustment factors (known as “X” factors) in the deficiency reserve calculation. The former restrictions on the X factors prevented some insurers from using mortality rates with a slope similar to insureds’ expected mortality. The purpose of the X factor in the deficiency reserve calculation is to allow insurers to adjust the valuation mortality assumptions so that the mortality rates better reflect the experience mortality rates; removal of the former restrictions allows that to occur. The amendment also provided clarification in the calculation of the segment length and addressed whether recalculation is required when valuation mortality changes. These standards already had been adopted in the AP&P Manual.

The Superintendent adopted the fifth amendment to Part 98 as part of a consolidated rulemaking amending 11 NYCRR 100 (Insurance Regulation 179) (effective and published in the State Register on December 10, 2014) to modernize the current regulatory scheme for term life insurance reserves.

The Superintendent adopted the sixth amendment to Part 98 as part of a consolidated rulemaking amending 11 NYCRR 100 (Insurance Regulation 179) (effective and published in the State Register on April 1, 2015) to modernize the current regulatory scheme for universal life insurance with secondary guarantee reserves.

The Superintendent adopted the seventh amendment to Part 98 as part of a consolidated rulemaking amending 11 NYCRR 100 (Insurance Regulation 179) (effective and published in the State Register on May 17, 2017) to adopt the 2017 CSO Mortality Table as the minimum valuation standard for applicable life insurance policies issued on or after January 1, 2020, or if optionally elected, on or after January 1, 2017, replacing the 2001 CSO Mortality Table. The amendments specified that the Fifth and Sixth Amendments to Part 98 and the Third and Fourth Amendments to Part 100 would only apply to policies issued on or after January 1, 2015 and prior to January 1, 2017, or on or after January 1, 2015 and prior to January 1, 2018 with written notification provided to the Superintendent by June 30, 2017.

The Superintendent adopted the eighth amendment to Part 98 as part of a consolidated rulemaking amending 11 NYCRR 100 (Insurance Regulation 179) (effective and published in the State Register on January 2, 2019) to modify Parts 98 and 100 to specify that two prior amendments to the rules (i.e., the Fifth and Sixth Amendments to Part 98 and the Third and Fourth Amendments to Part 100) would only apply to policies issued on or after January 1, 2015 and prior to January 1, 2017, or on or after January 1, 2015 and prior to January 1, 2019 with written notification provided to the Superintendent by December 31, 2018. The concurrent amendments to Parts 98 and 100 allow insurers to apply the two prior amendments, if optionally elected, for one additional year of issuing policies.

The Superintendent adopted the ninth amendment to Part 98 as part of a consolidated rulemaking amending 11 NYCRR 100 (Insurance Regulation 179) (effective and published in the State Register on April 22, 2020) to allow insurers that choose to continue using the 2015 reserve relief procedures to use

them for one more year of issuing policies, until they are required to update their reserve procedures to comply with Insurance Law section 4217(g).

- Adoption of the seventh amendment to Part 83 (Insurance Regulation 172) (Financial Statement Filings and Accounting Practices and Procedures) of Title 11 NYCRR effective March 16, 2011 (State Register March 16, 2011).

Statutory Authority: Insurance Law sections 107(a)(2), 201, 301, 307, 308, 1109, 1301, 1302, 1308, 1404, 1405, 1411, 1414, 1501, 1505, 3233, 4117, 4233, 4239, 4301, 4310, 4321-a, 4322-a, 4327 and 6404; Public Health Law sections 4403, 4403-a, 4403-c and 4408-a; Chapter 599, Laws of 2002; and Chapter 311, Laws of 2008.

The purpose of the rule is to enhance the consistency of the accounting treatment of assets, liabilities, reserves, income, and expenses by regulated insurers, by clearly setting forth the accounting practices and procedures to be followed in completing annual and quarterly financial statements that must be filed with the Department. The NAIC had adopted a new AP&P Manual as of March 2010. The amendment updated the rule to conform to NAIC guidelines and statutory amendments and to clarify existing provisions. The amendment updated citations in Part 83 to the AP&P Manual as of March 2010.

The Superintendent adopted the eighth amendment to Part 83 as a consensus rulemaking (effective and published in the State Register on May 2, 2012) to update citations in Part 83 to the AP&P Manual as of March 2011, replacing the rule's former reference to the March 2010 edition.

The Superintendent adopted the ninth amendment to Part 83 as a consensus rulemaking (effective and published in the State Register on December 4, 2013) to update the reference to the AP&P Manual published by the NAIC as of March 2012, replacing the rule's former reference to the March 2011 edition.

The Superintendent adopted the tenth amendment to Part 83 as a consensus rulemaking (effective and published in the State Register on April 2, 2014) to update citations in Part 83 to the AP&P Manual as of March 2013, replacing the rule's former reference to the March 2012 edition.

The Superintendent adopted the eleventh amendment to Part 83 as a consensus rulemaking (effective and published the State Register on November 19, 2014) to update citations in Part 83 to the AP&P Manual as of March 2014, replacing the rule's former reference to the March 2013 edition.

The Superintendent adopted the twelfth amendment to Part 83 as a consensus rulemaking (State Register September 23, 2015) to update citations in Part 83 to the AP&P Manual as of March 2015, replacing the rule's former reference to the March 2014 edition.

The Superintendent adopted additional amendments to Part 83 as described above.

- Adoption of the repeal and addition of new Part 89 (Insurance Regulation 118) (Audited Financial Statements) to Title 11 NYCRR, effective March 16, 2011 (State Register March 16, 2011).

Statutory Authority: Insurance Law sections 201, 301, 307(b), 1109, 4710(a)(2) and 5904(b).

The Superintendent originally promulgated Part 89 in 1984 to implement the provisions of Insurance Law section 307(b). The rule was repealed, and a new rule was promulgated to continue to implement the provisions of Insurance Law section 307(b), which requires all but specified small insurers to file annual statements with the Superintendent for review and oversight. The new rule added provisions modeled on those required pursuant to the Sarbanes-Oxley Act of 2002, 15 U.S.C. section 7201 et seq., which imposes on publicly held companies a comprehensive regime of audits and internal management controls and reports designed to ensure greater transparency and accountability.

The new rule was closely patterned upon the NAIC model regulation that reflects a consensus of the insurance regulators of all states and territories of the United States as to scope, detail, needs and

benefits. The new rule was promulgated to ensure that regulated companies engage in best practices related to auditor independence, corporate governance, and internal controls over financial reporting.

The Superintendent adopted the first amendment to Part 89 (published in the State Register on May 13, 2020 and effective on November 9, 2020) to require authorized insurers, fraternal benefit societies, and managed care organizations that meet a certain premium threshold to establish and maintain an internal audit function. The internal audit function requirement became an NAIC accreditation standard as of January 1, 2020.

The Superintendent adopted the second amendment to Part 89 as part of a consolidated consensus rulemaking (effective and published in the State Register on June 9, 2021) to correct a technical error.

- Adoption of amendment to Part 52 (Insurance Regulation 62) (Minimum Standards for the Form, Content and Sale of Health Insurance, Including Full and Fair Disclosure) of Title 11 NYCRR, effective March 30, 2011 (State Register March 30, 2011).

Statutory Authority: Insurance Law sections 201, 301, 1109, 1117, 2601, 3217, 3234 and 4512.

Insurance Law sections 1117 and 3217 grant the Superintendent the authority to promulgate regulations that establish minimum standards for the form, content and sale of health insurance, including long-term care insurance. The amendment adopted current best practices as the minimum standards applying to internal appeals for long-term care insurance across the industry. Specifically, the amendment established minimum standards for internal appeal procedures for long-term care insurance, nursing home and home care insurance, nursing home insurance only, and home care insurance only.

The Superintendent adopted additional amendments to Part 52 as described above.

- Adoption of the twelfth amendment to Part 27 (Insurance Regulation 41) (Excess Line Placements Governing Standards) of Title 11 NYCRR, effective May 4, 2011 (State Register May 4, 2011).

Statutory Authority: Insurance Law sections 201, 301, 2105, 2118 and Article 21.

Part 27 enables consumers who are unable to obtain insurance from authorized insurers to obtain coverage from unauthorized insurers if the unauthorized insurers are “eligible” and an excess line broker places the insurance. Although the Superintendent does not directly regulate excess line insurers and excess line insurers are not subject to the minimum capital surplus requirements applicable to authorized insurers, the Superintendent is responsible for ensuring that adequately and appropriately capitalized insurers provide coverage to consumers. The amendment established certain minimum financial standards and surplus to policyholders vis-à-vis excess line insurers to ensure the claims-paying viability of excess line insurers. Specifically, the rule increased the minimum surplus to policyholders that new and current excess line insurers are required to maintain.

The Superintendent adopted the thirteenth amendment to Part 27 (effective and published in the State Register on April 10, 2013) to update the export list of coverages set forth in 11 NYCRR 27 and to implement Chapter 61 of the Laws of 2011, which revised the Insurance Law to conform to the federal Nonadmitted and Reinsurance Reform Act of 2010.

The Superintendent adopted the fourteenth amendment to Part 27 (effective and published in the State Register on October 8, 2014) to further implement Chapter 61 of the Laws of 2011.

The Superintendent adopted the fifteenth amendment to Part 27 (effective and published in the State Register on October 25, 2017) as part of a consolidated rulemaking, which amended section 27.5(d) to address the excess line affidavit requirement in the context of a transportation network company (“TNC”) group insurance policy. The rulemaking also amended section 27.10(a) to prohibit legal expense coverage within limits or claims-made policies with respect to a TNC group insurance policy placed in the excess line market.

The Superintendent adopted the sixteenth amendment to Part 27 (effective and published in the State Register on February 8, 2023) as part of a consolidated rulemaking, which added a new paragraph

(3) to section 27.5(d) to provide that an excess line insurance placement may be completed and executed by an excess line broker or producing broker, on behalf of shared vehicle owners and shared vehicle drivers of a peer-to-peer car sharing program administrator, when a group policy has been obtained by an administrator as the group policyholder pursuant to Insurance Law section 3458, with respect to coverages provided without option by the group policyholder. The rulemaking amended section 27.10(a) to add a reference to Insurance Law section 3458.

The Superintendent adopted the seventeenth amendment to Part 27 (effective and published in the State Register on July 12, 2023) as a consensus rulemaking to make technical changes to conform to amendments to Insurance Law section 2118(b)(3)(C) made by the Laws of 2022, Chapter 833 and Laws of 2023, Chapter 93 regarding excess line affidavit requirements, and Insurance Law section 2105 regarding the kinds of insurance that an insurer may write in the excess line market. The amendment also changed a reference from the Department's Licensing Bureau to the Licensing Unit.

- Adoption of the first amendment to Subpart 65-1 (Insurance Regulation 68-A) and amendment to Subpart 65-2 (Insurance Regulation 68-B) (Regulations Implementing the Comprehensive Motor Vehicle Insurance Reparations Act) of Title 11 NYCRR, effective May 11, 2011 (State Register May 11, 2011).

Statutory Authority: Insurance Law sections 201, 301, 2307, 5103 and 5221.

Chapter 303 of the Laws of 2010 amended Insurance Law section 5103(b)(2) to prohibit a no-fault insurer from excluding from coverage necessary emergency health services rendered in a general hospital, including ambulance services attendant thereto and related to medical screening, for any person who is injured as a result of operating a motor vehicle while in an intoxicated condition or while the person's ability to operate the vehicle is impaired by the use of a drug within the meaning of Vehicle and Traffic Law section 1192. Chapter 303 also permits a no-fault insurer to maintain a cause of action against the

covered person for the amount of first party benefits paid or payable on behalf of the covered person if such person is found to have violated Vehicle and Traffic Law section 1192.

The Mandatory Personal Injury Protection Endorsement (New York), Additional Personal Injury Protection Endorsement (New York) and the rights and liabilities of self-insurers provisions of Parts 65-1 and 65-2 were amended to comply with Chapter 303 of the Laws of 2010.

The Superintendent adopted the second amendment to Subpart 65-1 as part of a consolidated consensus rulemaking (published in the State Register on April 4, 2013 and June 5, 2013 (amended) and effective August 1, 2013) to revise references that became outdated as a result of the consolidation of the New York State Insurance and Banking Departments into the Department of Financial Services.

The Superintendent adopted the third amendment to Subpart 65-1 as part of a consolidated rulemaking (effective and published in the State Register on October 25, 2017). The rulemaking amended section 65-1.1(a) to make no-fault regulations applicable to TNC policies issued in satisfaction of the Vehicle and Traffic Law article 44-B requirements, section 65-1.1(d) mandatory personal injury protection endorsements with respect to TNC policies issued in satisfaction of the Vehicle and Traffic Law article 44-B requirements, and Section 65-1.3(c) additional personal injury protection endorsements with respect to TNC policies issued in satisfaction of the Vehicle and Traffic Law article 44-B requirements. The Superintendent adopted the fourth amendment to Subpart 65-1 as part of a consolidated rulemaking (effective and published in the State Register on February 8, 2023) that amended section 65-1.1(a) to reference GBL Article 40. The rulemaking amended section 65-1.1(d) Mandatory Personal Injury Protection Endorsement, subdivisions (k) and (l) of Exclusions, to make technical amendments, added a new subdivision (m) to reference any person who is injured while an insured motor vehicle is being used or operated by a shared vehicle driver pursuant to GBL Article 40, and amended the footnotes for the addition of a new footnote 6 to provide that an insurer may not include the exclusion in a policy

used to satisfy the requirements under GBL Article 40. The rulemaking amended section 65-1.3(c), Additional Personal Injury Protection Endorsement, subdivisions (h) and (i) of Exclusions, to make technical amendments, add a new subdivision (j) to reference any person who is injured while the insured motor vehicle is being used or operated by a shared vehicle driver pursuant to GBL Article 40, and amend the footnotes for the addition of a new footnote 19 to provide that the exclusion may be deleted in the event the insurer wishes to provide coverage under the indicated circumstance. An insurer may not include this exclusion in a policy used to satisfy the requirements under GBL Article 40. The rulemaking amended footnote 15 of Section 65-1.3(c), Additional Personal Injury Protection Endorsement, to provide that if the policy is a group policy under GBL Article 40, then the insurer may substitute certain language.

The following Insurance rulemakings were adopted in 2006:

- Adoption of amendment to Part 261 (Insurance Regulation 161) (Prepaid Legal Services Plans) of Title 11 NYCRR, effective February 15, 2006 (State Register February 15, 2006).

Statutory Authority: Insurance Law sections 201, 301, 1113(a)(29), 1116 and Article 23.

Part 261 establishes requirements for Prepaid Legal Service Plans authorized pursuant to Insurance Law section 1116, including the recognition of groups to whom policies and certificates may be issued on a group basis. The amendment established that a group policy may be issued to a college, school or other institution of learning, or to the head or principal thereof (which or who shall be deemed the policyholder), covering the students of such college, school or other institution of learning.

The Superintendent adopted the third amendment to Part 261 as part of a consolidated consensus rulemaking in 2013 (published in the State Register on April 4, 2013 and June 5, 2013 (amended), and effective August 1, 2013) to revise references that became outdated as a result of the consolidation of the New York State Insurance and Banking Departments into the Department of Financial Services and make technical corrections.

- Adoption of amendment to Part 27 (Insurance Regulation 41) (Excess Line Placements Governing Standards) of Title 11 NYCRR, effective March 8, 2006 (State Register March 8, 2006).

Statutory Authority: Insurance Law sections 201, 301, 2105, 2118 and Article 21.

Part 27 establishes excess line placement governing standards. The amendment restated Insurance Law section 2118(b)(6) regarding the duty of an excess line broker to deliver a stamped declarations page or cover note evidencing insurance that is stamped by the Excess Line Association of New York. The amendment also updated the language on the notice that is required to be prominently displayed on written confirmations of placement of coverage with excess line insurers and the notice that is required on insurance policies issued by excess line insurers in this state. The two notices used previously were different. Such changes were necessary to facilitate the eventual conversion of the affidavit system of the Excess Line Association of New York to an electronic filing system.

In 2007, the Superintendent adopted an amendment to Part 27 (effective and published in the State Register on December 19, 2007) to change the amount of funds required to be held in trust by alien excess line insurers and an association of insurance underwriters.

In 2009, the Superintendent adopted an amendment to Part 27 (effective and published in the State Register on September 2, 2009) to add coverages to the export list and reduce the requisite declinations for several other coverages.

The Superintendent adopted additional amendments to Part 27 as described above.

- Adoption of amendment to Part 219 (Insurance Regulation 34-A) (Rulemakings Governing Advertisements of Life Insurance & Annuity Contracts) of Title 11 NYCRR, effective October 11, 2006 (State Register October 11, 2006).

Statutory Authority: Insurance Law sections 201, 301, 308, 1313, 2122, 2123, 2402, 4224, 4226 and 4240(d).

Insurance Law section 2122(a)(2) prohibits any person from calling attention to an unauthorized insurer by any advertisement or public announcement in this state. Part 219 establishes requirements regarding advertisements, statements and representations of licensees used in the solicitation of life insurance, annuities and the reporting of financial information.

The amendment to the rule permitted “joint advertisements” in New York, which are advertisements that contain the names of, or references to, insurance policies sold by a New York authorized insurer and an affiliated insurer that is not authorized in New York. The amendment construed the terms “advertisement” and “public announcement” as used in the Insurance Law and prescribed, for the protection of New York consumers, rules and guidelines that require the truthful and adequate disclosure of all material and relevant information in joint advertisements.

- Adoption of Part 221 (Insurance Regulation 182) (Limitations Upon and Requirements for the Use of Credit Information for Personal Lines Insurance) of Title 11 NYCRR, effective October 25, 2006 (State Register October 25, 2006).

Statutory Authority: Insurance Law sections 201, 301, and Article 28.

The Legislature, in enacting Chapter 215 of the Laws of 2004, codified as Insurance Law Article 28, sought to afford consumers certain protections regarding the use of credit information for personal lines insurance. To this end, the Legislature directed the Superintendent to promulgate a regulation that establishes limitations on, and requirements for, the permissible use of credit information by insurers doing business in this state to underwrite and rate risks for personal lines insurance business. The amendment clarifies the prohibited and permitted uses of credit information in the underwriting and rating of personal lines insurance.

- Adoption of amendment to Part 68 (Insurance Regulation 83) (Charges for Professional Health Services) of Title 11 NYCRR, effective November 15, 2006 (State Register November 15, 2006).

Statutory Authority: Insurance Law sections 201, 301, 2601, 5221, and Article 52.

Part 68 establishes maximum permissible charges for medical, hospital and other professional health services payable as no-fault insurance benefits. The amendment updated the addresses of the New York State Department of Health and the New York State Education Department for the purpose of reporting patterns of health provider overcharges, excessive treatment, or any other improper actions. The amendment also updated the name of the New York State Insurance Department bureau that was collecting the data.

In 2008, the Superintendent amended the rule (effective and published in the State Register on April 16, 2008) to repeal the fee schedules previously established by the Insurance Department for prescription drugs, durable medical equipment, medical/surgical supplies, orthopedic footwear, and orthotic and prosthetic appliances that were covered by the two fee schedules established by the Workers' Compensation Board, and clarified that a pharmacy is deemed to be a provider of health services for purposes of eligibility of direct payments pursuant to Subpart 68-C.

In 2010, the Superintendent amended the rule (effective and published in the State Register on September 22, 2010) to adopt a new Workers' Compensation Board Dental Fee Schedule.

In 2017, the Superintendent amended the rule (published in the State Register on October 25, 2017 and effective January 9, 2018) to limit insurers' reimbursement of no-fault health care services provided outside the State at the election of a New York State eligible injured person to the lowest of: (1) the amount of the fee in the region in New York State that has the highest applicable amount in the fee schedule for that service; (2) the amount the provider charged; and (3) the prevailing fee in the geographic location of the provider. If the jurisdiction where the out-of-state provider rendered treatment had established a fee schedule for services rendered in connection with motor vehicle-related injuries, the prevailing fee would be the amount prescribed in that fee schedule for the respective service. The limit on reimbursement did

not apply to services provided out-of-state that would constitute emergency care provided to a non-resident of this State or a resident of this State who, at the time of treatment, was residing in the jurisdiction where the treatment was being rendered for reasons unrelated to the treatment. The amendment was necessary because, under the former rule, there had been a marked increase in the submission of over-inflated claims from out-of-state providers, largely because of the lack of a uniform interpretation of the prevailing fees outside the State, and no-fault benefits available to injured persons were being depleted more quickly, to their detriment.

In 2019, the Superintendent amended the rule (effective and published in the State Register on August 7, 2019) to delay for 18 months the adoption of the workers' compensation fee schedules for use pursuant to Insurance Law section 5108.

In 2020, the Superintendent amended the rule (effective and published in the State Register on April 22, 2020) to delay until October 1, 2020 the adoption of workers' compensation fee schedules for use in the no-fault system pursuant to Insurance Law section 5108.

The Superintendent adopted additional amendments to Part 68 as described above.

- Adoption of amendment to Part 218 (Insurance Regulation 90) (Prohibition Against Geographical Redlining and Discriminating in Certain Property/Casualty Policies) of Title 11 NYCRR, effective November 29, 2006 (State Register November 29, 2006).

Statutory Authority: Insurance Law sections 201, 301, 307, 308, 3429, 3429-a, 3430, 3433 and Article 34.

Part 218 is intended to make certain types of property/casualty coverage readily available in the voluntary market by implementing statutory prohibitions against companies engaging in geographical redlining practices and discrimination.

In enacting Chapter 259 of the Laws of 2005, the Legislature sought to prohibit insurance companies from canceling, refusing to issue, or refusing to renew a homeowner's insurance policy, including fire insurance or fire and extended coverage insurance, based solely on the insured residing in an area that is serviced by a volunteer fire department, unless such action is based on sound underwriting and actuarial principles.

The amendment established procedures for notifying applicants or insureds of the insurer's specific reasons for canceling or refusing to issue or renew such policies. The amendment advised that an applicant or insured may contact the insurance company with any questions and may file a complaint with the Department.

In 2013, the Superintendent revised the rule as part of a consolidated amendment (published in the State Register on April 10, 2013 and June 5, 2013 (amended) and effective August 1, 2013) to correct out-of-date references resulting from the consolidation of the New York State Banking and Insurance Departments into the Department of Financial Services.

In 2021, the Superintendent revised the rule to update the Department's address and make a technical correction, as part of a consolidated consensus rulemaking (effective and published in the State Register on June 9, 2021).

- Adoption of amendment to Part 217 (Insurance Regulation 178) (Prompt Payment of Health Insurance Claims) of Title 11 NYCRR, effective December 27, 2006 (State Register December 27, 2006).

Statutory Authority: Insurance Law sections 201, 301, 1109, 2403, 3224, and 3224-a.

Part 217 establishes minimum data element requirements for the submission of claims for payment of medical or hospital services that are submitted on paper. The amendment updated the fields required for the submission of health care claims in a paper format. The information was required by Medicare and was inadvertently omitted from the original promulgation of the rule.

As part of a consolidated rulemaking amending 11 NYCRR 52 (Insurance Regulation 62) (published in the State Register on April 1, 2009 and effective July 15, 2009) the Superintendent amended the rule to establish guidelines for the processing of health care claims when the claimant is covered by more than one health insurance policy.

The following Insurance rulemakings were adopted in 2001:

- Adoption of amendment to Part 160 (Insurance Regulation 57) (Responsibilities in Construction and Application of Rates) of Title 11 NYCRR, effective January 17, 2001 (State Register January 17, 2001).

Statutory Authority: Insurance Law sections 201, 301, and 2336(h).

Insurance Law section 2336(h) provides for premium reductions for certain commercial motor vehicles when such vehicles are equipped with factory-installed auxiliary running lamps. The statutory provision requires the Superintendent, after consultation with the Department of Motor Vehicles and the Department of Transportation, to promulgate regulations that establish the qualifications and standards for the approval, utilization and installation of such lamps. Chapter 475 of the Laws of 1998 added subsection (h) to section 2336 to induce commercial risk insureds to reduce risk levels to their commercial motor vehicles. The amendment implemented the legislative objective of Chapter 475.

In 2002, the Superintendent amended Part 160 as part of a consolidated consensus rulemaking (effective and published in the State Register on June 26, 2002) to update 11 NYCRR and eliminate obsolete provisions.

In 2013, the Superintendent amended Part 160 as part of a consolidated consensus rulemaking (published in the State Register on April 10, 2013 and June 5, 2013 (amended) and effective August 1, 2013) to correct out-of-date references resulting from the consolidation of the New York State Banking and Insurance Departments into the Department of Financial Services.

- Adoption of new Part 390 (Insurance Regulation 155) (Service Contracts) of Title 11 NYCRR, effective February 7, 2001 (State Register February 7, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1101, 7911 and Article 79.

Chapter 614 of the Laws of 1997 added a new Article 79 to the Insurance Law governing the making of service contracts by service contract providers, and service contract reimbursement insurance, which was added as a new kind of insurance under section 1113(a)(28). Section 7911 specifically authorizes the Superintendent to promulgate regulations necessary to effectuate Article 79. Chapter 198 of the Laws of 1999 amended Insurance Law section 1113(a)(28) to add indemnification coverage to the definition of service contract reimbursement insurance. Article 79 created a framework for regulating service contract providers. The new law also authorized service contract reimbursement insurance, which is intended to provide one of the three forms of financial security required to ensure that a provider will meet its obligations.

Part 390 was adopted to establish rules governing and regulating the service contract business and accomplished several goals. It established a procedure for the registration of providers, including the specification of minimum information necessary for the Superintendent to determine whether to register the provider. It established minimum provisions and requirements regarding service contract reimbursement insurance and service contracts. It also clarified the relationship of mechanical breakdown insurance to service contracts.

In 2003, the Superintendent adopted the first amendment to Part 390 (effective and published in the State Register on March 5, 2003) as part of a consensus consolidated rulemaking to update references to the address of the Department's Albany office.

In 2013, the Superintendent adopted the second amendment to Part 390 as part of a consolidated consensus rulemaking (published in the State Register on April 10, 2013 and June 5, 2013 (amended) and

effective August 1, 2013) to correct out-of-date references resulting from the consolidation of the New York State Banking and Insurance Departments into the Department of Financial Services.

- Adoption of new Part 410 (Insurance Regulation 166) (External Appeals of Adverse Determinations of Health Care Plans) of Title 11 NYCRR, effective February 14, 2001 (State Register February 14, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1109, 3201, 3216, 3217, 3217-a, 3221, 4235, 4303, 4304, 4305, 4321, 4322, 4324, and Articles 47 and 49, and Chapter 586 of the Laws of 1998.

Chapter 586 of the Laws of 1998 provided enrollees of managed care plans and insureds the right to an objective, independent external appeal of a final adverse determination made by their health care plan. The law was intended to provide consumers with the right to obtain a review of their health plans' decisions through an objective body of medical experts, at the health plans' expense.

In 2008, the Superintendent adopted the first amendment to Part 410 (effective and published in the State Register on December 3, 2008) to provide that external appeal agents shall not be subject to legal proceedings to review their determinations.

In 2013, the Superintendent adopted the second amendment to Part 410 as part of a consolidated consensus rulemaking (published in the State Register on April 10, 2013 and June 5, 2013 (amended) and effective August 1, 2013) to correct out-of-date references resulting from the consolidation of the New York State Banking and Insurance Departments into the Department of Financial Services.

- Repeal of Part 58 (Insurance Regulation 117) (Mortality Tables) and Adoption of new Part 99 (Insurance Regulation 151) (Valuation of Annuity, Single Premium Life Insurance, Guaranteed Interest Contract and Other Deposit Reserves) of Title 11 NYCRR, effective February 28, 2001 (State Register February 28, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1304, 4217, 4240 and 4517.

The adoption of Part 99 established an appropriate methodology to calculate and determine adequate reserves to help ensure the solvency of life insurers doing business in New York. The Insurance Law specifies mortality and interest standards but does not specify an explicit method to value annuities, single premium life insurance policies, or guaranteed interest contracts, and relies on the Superintendent to specify the method. Without this rule, there would be no standard method for valuing such products. This could result in inadequate reserves for some insurers, which would jeopardize the security of policyholder funds.

With the adoption of new Part 99, Part 58 was repealed. Part 58 was repealed because its mortality tables for determining liabilities for annuities and pure endowments had been updated for new business and included in new Part 99.

In 2009, the Superintendent adopted the first amendment to Part 99 (effective and published in the State Register on December 9, 2009) to provide that external appeal agents shall not be subject to legal proceedings to review their determinations.

In 2012, the Superintendent adopted the second amendment to Part 99 (effective and published in the State Register on April 11, 2012) to allow the use of substandard annuity mortality tables in valuing impaired lives under individual single premium immediate annuities, enabling insurers to keep costs at a lower level because they will not need to hold standard reserves for impaired lives and thus offer these annuities at a more competitive price to annuitants.

In 2014, the Superintendent adopted the third amendment to Part 99 (effective and published in the State Register on August 27, 2014) to incorporate a new individual annuity mortality table, which had been adopted by the NAIC, that insurers are required to use to calculate reserves on individual annuities and pure endowments issued or purchased on or after January 1, 2015. Use of the new table's mortality

rates and projection scales are expected to result in increased reserves because mortality rates will be lower due to the expectation that lifetime annuitants will receive their income for longer periods of time.

- Adoption of new Part 430 (Insurance Regulation 170) (Mechanism for the Equitable Distribution of Insureds Unable to Obtain Medical Malpractice Insurance) of Title 11 NYCRR, effective March 7, 2001 (State Register March 7, 2001).

Statutory Authority: Insurance Law sections 201, 301, and 5502, as amended by Chapter 147 of the Laws of 2000.

Pursuant to Insurance Law section 5502, as amended by Chapter 147 of the Laws of 2000, the Superintendent dissolved the Medical Malpractice Insurance Association (“Association”). The Association had written medical malpractice insurance for health care providers who were unable to secure such coverage in the voluntary market. The amendment established the New York Medical Malpractice Insurance Plan (“Plan”) to provide for the equitable distribution required by the Legislature. Through the Plan, an eligible health care provider, as defined in the rule, that is unable to obtain insurance in the voluntary market, is assigned to an insurer writing the appropriate coverage in the insured’s geographical territory.

- Amendment of Part 52 (Insurance Regulation 62) (Minimum Standards for Form, Content, and Sale of Health Insurance, Including Standards of Full and Fair Disclosure) of Title 11 NYCRR, effective March 21, 2001 (State Register March 21, 2001).

Statutory authority: Insurance Law sections 201, 301, 3201, 3216, 3217, 3218, 3221, 3231, 3232, 4235, 4237, and Article 43 and federal Social Security Act (42 U.S.C. section 1395ss).

The enactment of the federal Omnibus Budget Reconciliation Act of 1990 (“the Act”) required the mandatory standardization and federal certification of policies of Medicare supplement insurance. As a result of the Act, states were required to amend their laws and regulations to conform to the federal

standards for Medicare supplement insurance. The revisions contained in this amendment made technical corrections to New York's Medicare supplement regulation to ensure continued compliance with federal standards.

In 2002, the Superintendent adopted an amendment to section 52.22 (effective and published in the State Register on March 5, 2003) to make minor revisions to certain mandatory practices to be followed by insurers issuing Medicare supplement insurance policies that bring company practices into conformance with the Act.

In 2010, the Superintendent adopted an amendment to the rule as part of a consolidated rulemaking (effective and published in the State Register on May 5, 2010) to conform to the requirements of federal law. States were required to have a Medicare supplement insurance regulatory program that provided a minimum level of coverage as established by federal law, 42 U.S.C. section 1395ss. The applicable federal laws were amended in 2008.

The Superintendent adopted additional amendments to Part 52 as described above.

- Amendment of Part 89 (Insurance Regulation 118) (Audited Financial Statements) of Title 11 NYCRR, effective May 9, 2001 (State Register May 9, 2001).

Statutory authority: Insurance Law sections 201, 301, 307(b) and 4710(a)(2).

Insurance Law section 307(b) provides for the audited financial statement of every licensed insurer, with certain exceptions, and of any subsidiary described therein, together with an opinion of an independent certified public accountant on the financial statement of the insurer and any subsidiary, to be filed on or before May 31 of each year. Section 307(b) was amended by Chapter 324 of the Laws of 1992 and necessitated an amendment to Part 89.

The Superintendent promulgated Part 89 in 1984 to implement the provisions of Insurance Law section 307(b). This amendment further implemented the provisions of section 307(b), as amended by

Chapter 324 of the Laws of 1992. It enabled the Department to continue to monitor the financial solvency of insurers licensed to do business in New York State.

The Superintendent adopted additional amendments to Part 89 as described above.

- Adoption of New Part 83 (Insurance Regulation 172) (Financial Statement Filings and Accounting Practices and Procedures) of Title 11 NYCRR, effective May 23, 2001 (State Register May 23, 2001).

Statutory Authority: Insurance Law sections 107(a)(2), 201, 301, 307, 308, 1109, 1301, 1302, 1308, 1404, 1405, 1407, 1411, 1414, 1501, 1505, 3233, 4117, 4233, 4239, 4301, 4310, 4321-a, 4322-a, 4327 and 6404; Public Health Law sections 4403, 4403-a, 4403-(c)(12) and 4408-a.

The purpose of the rule is to enhance the consistency of the accounting treatment of assets, liabilities, reserves, income and expenses by entities subject thereto, by setting forth the accounting practices and procedures to be followed in completing annual and quarterly financial statements required by law. Certain provisions of the Insurance Law provide that authorized insurers and other entities shall file financial statements annually and quarterly with the Superintendent, on forms prescribed by the Superintendent. Except for filings made by Underwriters at Lloyd's, London, the Superintendent prescribed forms and Annual and Quarterly Statement Instructions that are adopted from time to time by the NAIC, as supplemented by additional New York forms and instructions. To assist in the completion of the financial statements, the NAIC also adopts and publishes from time-to-time certain policy, procedure and instruction manuals. One of these manuals, the AP&P Manual As of March 2000, includes a body of accounting guidelines referred to as Statements of Statutory Accounting Principles. The AP&P Manual was incorporated by reference into Part 83.

The AP&P Manual as of March 2000 was effective January 1, 2001. The AP&P Manual represents a compilation of current insurance statutory accounting principles. The AP&P Manual is designed as a comprehensive guide to statutory accounting principles for regulators, insurers and auditors. The AP&P

Manual does not preempt state legislative or regulatory authority. Statutory financial statements continue to be prepared on the basis of accounting practices prescribed or permitted by the states. Auditors are permitted to continue to provide audit opinions on practices permitted by the insurance regulator of the state of domicile, even if those practices diverge from the AP&P Manual. In certain instances, a New York statute or regulation may preclude incorporation of particular provisions of the AP&P Manual. In a few instances, for various reasons, the Department has not incorporated provisions of, or revisions to, the AP&P Manual.

In 2003, the Superintendent amended Part 83 (effective and published in the State Register on March 26, 2003) to update citations in Part 83 to the AP&P Manual as of March 2002.

The Superintendent again amended Part 83 (effective and published in the State Register on September 24, 2003) to update citations in Part 83 to the AP&P Manual as of March 2003, make a technical correction, and delete an obsolete provision regarding accident and health benefits in life insurance policies and annuities.

The Superintendent amended Part 83 (effective and published in the State Register on May 19, 2004) to delete obsolete references to certain web sites.

The Superintendent again amended Part 83 in 2004 (effective and published in the State Register on September 15, 2004) to update citations in Part 83 to the AP&P Manual as of March 2004.

The Superintendent amended Part 83 in 2007 (effective and published in the State Register on January 10, 2007) to update citations in Part 83 to the AP&P Manual as of March 2005 and to make minor modifications to the rule regarding accounting treatment of certain insurer assets.

The Superintendent again amended Part 83 in 2007 (effective and published in the State Register on April 25, 2007) to update citations in Part 83 to the AP&P Manual as of March 2006.

The Superintendent adopted additional amendments to Part 83 as described above.

- Adoption of amendment to Part 185 (Insurance Regulation 27A) (Credit Life Insurance and Credit Accident and Health Insurance) of Title 11 NYCRR, effective May 30, 2001 (State Register May 30, 2001).

Statutory Authority: Insurance Law sections 201, 301, 3201, 4216 and 4235.

Insurance Law sections 4216 and 4235 authorize the issuance of credit life insurance and credit accident and health insurance as permitted coverages in this state. One portion of the amendment removed a restriction on the use of termination based on age.

The rule, prior to the amendment, specified the rates for vendor business. The most common examples of vendor business are automobile dealerships. The rates specified in the rule for some blocks of vendor business were inadequate. Thus, part of the amendment allowed for the rates for blocks of vendor business to be based on their actual experience. Prior to this change, coverage was not available at some vendors.

Insurance Law sections 4216 and 4235 also require that the premium not be unreasonable in relation to the benefits provided. Another part of the amendment balanced the legislative objective of making the product available with the legislative objective that insureds receive fair value for their premium dollar.

In 2002, the Superintendent adopted an amendment to the rule (effective and published in the State Register on December 11, 2002) to conform to Chapter 505 of the Laws of 2000 and Chapter 13 of the Laws of 2002, which created a new type of broker license, defined in Insurance Law section 2104(b)(1)(A), allowing brokers to write the coverages set forth in the rule.

- Adoption of amendment to Part 70 (Insurance Regulation 101) (Medical Malpractice Insurance Rate Modifications, Provisional Rates, Required Policy Provisions and Availability of Additional Coverages) of Title 11 NYCRR, effective June 20, 2001 (State Register June 20, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1113(a)(13) and (14), 3426, 3436, 5504, 5907, 6302, 6303 and Article 23, and Chapter 147 of the Laws of 1999 as amended by Part JJ of Chapter 407 of the Laws of 1999.

The amendment established medical malpractice insurance rates and appropriate surcharges for physicians and surgeons effective July 1, 2000, and established rules to collect and allocate surcharges to recover deficits based on loss experience. While the Superintendent continues to establish medical malpractice rates, the Superintendent no longer amends the rule to do so, and the old rates are no longer current. The Department reviews the rule each year to ensure that the provisions remain consistent with other related statutory and regulatory requirements.

- Adoption of amendment to Part 27 (Insurance Regulation 41) (Excess Line Placements Governing Standards) of Title 11 NYCRR, effective July 11, 2001 (State Register July 11, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1101, 2105, 2117; Chapter 294 of the Laws of 1997, Chapter 597 of the Laws of 1999 and Chapter 578 of the Laws of 2000.

Insurance Law section 1101(b) was amended by Chapter 597 of the Laws of 1999 to provide for a new paragraph (5). It permits an unauthorized insurer that is affiliated with an insurer licensed in this state to have an office in this state to provide services to support its insurance business. Insurance Law section 2117 also was amended by Chapter 597 of the Laws of 1999 to provide for a new subsection (i) that allows an authorized insurer to provide support services from its office in New York to unauthorized affiliates, provided that the unauthorized insurer has satisfied all applicable requirements for placement by excess line brokers. Both sections of law require that any documents issued by an unauthorized insurer from an office in this state contain a prominent notice that the insurer is not licensed in New York, in accordance with regulations promulgated by the Superintendent.

The amendment revised the rule by establishing a mandatory and uniform notice instead of permitting each insurer to establish its own notice, to ensure that consumers receive the appropriate information. The amendment also required insurers to provide notice to the Superintendent of the existence of the New York office of an unauthorized insurer to allow the Superintendent to properly regulate their activities.

In 2003, the Superintendent adopted an amendment to Part 27 (effective and published in the State Register on February 19, 2003) to clarify the duties and responsibilities of excess line brokers, unauthorized insurers and the Excess Line Association of New York regarding excess line business placed in New York State.

The Superintendent adopted additional amendments to Part 27 as described above.

- Adoption of the first amendment to Part 362 (Insurance Regulation 171) (The Healthy New York Program & the Direct Payment Stop Loss Relief Program) of Title 11 NYCRR, effective July 18, 2001 (State Register July 18, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1109, 3201, 3216, 3217, 3221, 4235, 4303, 4304, 4305, 4318, 4321, 4321-a, 4322, 4322-a, 4326 and 4327.

The Legislature enacted Chapter 1 of the Laws of 1999 to provide for the Healthy New York Program, an initiative that was designed to encourage small employers that did not provide health insurance coverage to their employees to offer such coverage and to make coverage available to uninsured employees whose employers did not provide group health insurance coverage. By creating a standardized health insurance benefit package to be offered by all health maintenance organizations, which is made more affordable through the availability of state funded stop loss reimbursement, more small employers and uninsured employed individuals were encouraged to purchase health insurance coverage. The rule

was necessary to clarify eligibility for, and establish procedures for enrolling in, the Healthy New York Program.

In 2004, the Superintendent adopted the second amendment to Part 362 (effective and published in the State Register on February 11, 2004) to encourage small employers that did not currently provide health insurance coverage to their employees to offer such coverage, and to make coverage available to uninsured employees whose employers did not provide group health insurance. To encourage the goals stated above, the amendment clarified eligibility for the Healthy New York Program and simplified the application and administrative process for both enrollees and providers.

In 2007, the Superintendent adopted the third amendment to Part 362 (effective and published in the State Register on January 31, 2007) to reduce Healthy New York premium rates to enable more uninsured businesses and individuals to afford health insurance and generally improve the Healthy New York Program. The Superintendent adopted an amendment to Part 362 again in 2007 (effective and published in the State Register on November 7, 2007) to offer high deductible health plans in conjunction with the Healthy New York Program and to add benefits to the program.

In 2012, the Superintendent adopted an amendment to Part 362 (effective and published in the State Register on November 18, 2012) to mitigate large premium increases for current enrollees in Healthy New York by limiting new enrollees to the high deductible plan.

- Adoption of New Part 101 (Insurance Regulation 164) (Standards for Financial Risk Transfer Agreements between Insurers and Health Care Providers) of Title 11 NYCRR, effective August 22, 2001 (State Register August 22, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1102, 1109 and Articles 32, 41, 42 and 43; Public Health Law section 4403(1)(c).

Section 45 of Chapter 586 of the Laws of 1998 (“the Law”), commonly referred to as the external review law, gave the Commissioner of Health and the Superintendent of Insurance the authority to promulgate regulations to implement, among other things, the financial risk transfer sections of the legislation. In particular, sections 41-d and 41-e of the Law amended Insurance Law sections 3217-b and 4325 to add a new paragraph (f) to each of those statutes. The amendments broadly discuss the requirement that no contract entered into between an insurer and a health care provider shall be enforceable if it includes terms that transfer financial risk to providers in a manner inconsistent with the provisions of Public Health Law section 4403(1)(c).

Chapter 586 of the Laws of 1998 gave the Superintendent of Insurance and the Commissioner of Health broad powers to promulgate regulations regarding all aspects of the Law, including provisions that apply to the transfer of financial risk in contracts between an insurer and a health care provider. Based on this grant of authority, the Superintendent developed a rule, in consultation with the Commissioner of Health, to ensure that contractual arrangements between an insurer and a health care provider were consistent with Public Health Law section 4403(1)(c).

Part 101 established minimum requirements by which an insurer, as defined in the rule, can assess the financial responsibility of a health care provider to ensure that such provider can fulfill its obligations under the financial risk transfer agreement. Previously, there were no regulatory requirements specifically addressing the method by which an insurer could determine the financial responsibility of the health care provider, and adequately protect itself and its subscribers against the risk of default by a health care provider and ensure fulfillment of the health care provider’s obligations under the financial risk transfer agreement.

In 2002, the Superintendent adopted the first amendment to Part 101(effective and published in the State Register on January 30, 2002) to provide mechanisms to assess the financial responsibility and

capability of health care providers to perform their obligations under certain financial risk sharing agreements and set forth standards pursuant to which providers may adequately demonstrate such responsibility and capability to insurers.

In 2017, the Superintendent adopted the second amendment to Part 101 (published in the State Register on October 4, 2017 and effective November 3, 2017) to amend the definition of insurer to include an accountable care organization (“ACO”), in keeping with the Department of Health’s regulation permitting an ACO to contract with an insurer without having to be separately licensed under the Insurance Law or certified under the Public Health Law.

- Adoption of the first amendment to Subpart 64-2 (Insurance Regulation 35-C) (Liability Insurance Covering All-Terrain Vehicles) of Title 11 NYCRR, effective September 1, 2001 (State Register August 22, 2001).

Statutory Authority: Insurance Law sections 201, 301 and 5103; Vehicle and Traffic Law section 2407.

Vehicle and Traffic Law section 2407 requires that an all-terrain vehicle (“ATV”) be covered by a policy of liability insurance, which includes no-fault coverage for the pedestrian victims of ATV accidents. The amendment incorporated the applicable no-fault insurance forms into 11 NYCRR 65 (Insurance Regulation 68), which was adopted simultaneously.

In 2002, the Superintendent adopted the second amendment to the rule (effective and published in the State Register on September 11, 2002) to update certain references in accordance with statutory amendments.

In 2004, the Superintendent adopted the third amendment to the rule (effective and published in the State Register on May 19, 2004) to conform the fraud warning statement in the required no-fault claim forms with the text (as revised in the Fourth Amendment to 11 NYCRR 86 (Insurance Regulation 95)) as

then written in Part 86 of 11 NYCRR, to correct any incorrect references, addresses and typographical errors, and to present the forms in a more easily readable format.

In 2007, the Superintendent adopted the fourth amendment to the rule (effective and published in the State Register on October 10, 2007) as a consensus rulemaking to clarify the reference to Subpart 65-1 and the name of the endorsement (i.e., Mandatory Person Injury Protection Endorsement – All-Terrain Vehicles) referenced in section 64-2.1.

- Repeal of Part 65 (Insurance Regulation 68) and Adoption of New Part 65 (Insurance Regulation 68) (Regulations Implementing the Comprehensive Motor Vehicle Insurance Reparations Act) of Title 11 NYCRR (State Register August 22, 2001).

Statutory Authority: Insurance Law sections 201, 301 2601, 5521 and Article 51, and Vehicle and Traffic Law section 2407.

Part 65 contains provisions implementing Insurance Law Article 51, known as the Comprehensive Motor Vehicle Insurance Reparations Act and popularly referred to as the “no-fault” law. No-fault insurance was introduced to rectify many problems that were inherent in the existing tort system that were utilized to settle claims, and to provide for prompt payment of health care and loss of earnings benefits. The no-fault insurance coverage endorsement contained in Subpart 64-2, which was incorporated into Part 65 by the 2001 amendment, implemented Vehicle and Traffic Law section 2407, which affords no-fault coverage to the pedestrian victims of ATV accidents.

The adopted rule reduced the time periods from 90 days to 30 days for notice of claim by claimants and from 180 days to 45 days for submission of health care claims, respectively. The Superintendent recognized that in rare circumstances, a claimant will not be able to provide notice, or a medical provider may not be able to submit a claim, within the new time periods. In light of such recognition, the Superintendent repealed the former requirement that a provider or claimant show that compliance was

impossible in order to file a claim outside of the time requirements, and replaced it with a more flexible “reasonableness” standard that allows additional time for notice or submission of a claim if reasonable justification is provided.

The adopted rule also reflected the transfer of the no-fault conciliation function from the Department to an organization designated by the Superintendent. By this amendment of the conciliation procedures, rather than diminishing its role in the process, the Department strengthened its regulatory function regarding compliance with the no-fault insurance statutes. The Department continues to monitor conciliation activity and analyzes trends via reports generated regularly by the designated organization on all aspects of the conciliation function, such as provider overcharges, dilatory claims handling by insurers and over-utilization of the arbitration system by claimants’ representatives.

Prior to the effective date of the rule (September 1, 2001), a lawsuit was filed in the New York State Supreme Court seeking a stay of enforcement of the revised rule. Ultimately, the new Part 65 became effective as of April 5, 2002.

In 2003, the Superintendent adopted consolidated amendments to Subparts 65-3 (Insurance Regulation 68-C) and 65-4 (Insurance Regulation 68-D) (effective and published in the State Register on February 5, 2003) to update certain references in accordance with statutory amendments. Recognizing that disputes involving the responsibility for payment of no-fault benefits would occur, the Legislature included in Insurance Law section 5106 the authority for the Superintendent to promulgate or approve simplified arbitration procedures in order to expedite the payment of those benefits. Pursuant to that authority, the Superintendent implemented a financial assessment system in Part 65, which provides that insurers bear the operating costs of the arbitration system. Further, pursuant to statutory authority, the Superintendent revised the financial allocation process so that arbitrators may apportion costs to applicants in those cases when applicants have submitted frivolous claims without any factual or legal merit.

The amendment to Subpart 65-3 updated provisions relating to Personal Injury Protection Benefits (“PIP”) in conformance with changes to requirements regarding forms to be used by insureds, claimants and providers. The amendment to Subpart 65-4 revised the rulemakings and requirements applicable to the arbitration of no-fault claims. It was intended to make the system more efficient for all participants.

In 2004, the Superintendent adopted an amendment to Subpart 65-4 (effective and published in the State Register on February 4, 2004) to correct an erroneous cross reference and insert a requirement that inadvertently was omitted from the previously revised rule: the long-standing administrative procedure that the designated administrator of the no-fault administration system will consult with the Department before making final determinations on requests to recuse an arbitrator for conflict of interest reasons. The rulemaking also required that determinations shall be in writing and in a format approved by the Department.

Also in 2004, the Superintendent adopted an amendment to Subpart 65-3 (effective and published in the State Register on May 19, 2004) to conform the fraud warning statement contained in no-fault claim forms with the statutory language contained in 11 NYCRR 86 (Insurance Regulation 95), amend any incorrect references and typographical errors, and present the forms in a more easily readable format.

In 2007, the Superintendent adopted two separate amendments to Subparts 65-3 and 65-4 (effective and published in the State Register on March 14, 2007) to conform the rules to Chapter 452 of the Laws of 2005. The legislation codified the rulemakings contained within Part 65 that are applicable when multiple insurers may be responsible to the claimant for the processing of the claim for first party benefits. It also enhanced the current arbitration procedures to include an expedited eligibility hearing option, when required, to designate the insurer for first party benefits.

In 2013, the Superintendent adopted an amendment to Part 65 (effective and published in the State Register on November 13, 2013) that added Subpart 65-5 (Insurance Regulation 68-E) that established

standards and procedures for investigating and suspending, or removing the authorization for, health service providers to demand or request payment for health services under Article 51 of the Insurance Law upon findings of certain unlawful conduct reached after investigation, notice, and a hearing pursuant to Insurance Law Section 5109.

Also in 2013, the Superintendent adopted an amendment to Subpart 65-3 (published in the State Register on February 20, 2013 and effective on April 1, 2013) to reduce the number of automobile personal injury protection claims that would have remained open indefinitely by: (i) requiring an applicant for benefits to either submit any requested verification within the applicant's control or possession, or provide reasonable justification for failing to do so within 120 calendar days from the date of the initial verification request; (ii) reducing litigation and arbitration by providing that a technical defect in an insurer's verification request, notice, or claim denial does not discharge the recipient's obligation to comply with the request or notice or invalidate an otherwise proper claim denial; and (iii) preventing an injured person's policy limit from being unjustly depleted by providing that no payment is due for services to the extent the charges exceed the applicable fee schedules or when the services for which payment is requested were not rendered.

In 2015, the Superintendent adopted an amendment to Subpart 65-4 (effective and published in the State Register on February 4, 2015) to revise the fee structure awarded to attorneys who prevail in no-fault disputes on behalf of applicants.

In 2017, the Superintendent adopted a consolidated rulemaking amending Subparts 65-1, 65-3, 65-4 along with Parts 27, 60-1, 60-2, 60-3, 169, and 216 (effective and published in the State Register on October 25, 2017) to implement Part AAA of Chapter 59 of the Laws of 2017 and provide for the operation of transportation network companies ("TNCs") in New York. The amendments were made to Part 65 as follows: section 65-1.1(a) made the no-fault regulations applicable to TNC policies issued in satisfaction

of the Vehicle and Traffic Law article 44-B requirements; section 65-1.1(d) amended the mandatory personal injury protection endorsement with respect to TNC policies issued in satisfaction of the Vehicle and Traffic Law article 44-B requirements; section 65-1.3(c) amended the additional personal injury protection endorsement with respect to TNC policies issued in satisfaction of the Vehicle and Traffic Law article 44-B requirements; Section 65-4.5(b)(1) and (2) were amended to address special expedited no-fault arbitrations; and section 65-4.11(a)(1) and (2) was amended to address certain mandatory arbitrations of controversies between insurers with respect to no-fault. Also, a new section 65-3.12(f) was added to make clear which insurer is the “insurer of such motor vehicle” as used therein, and a new section 65-3.13(a)(6) and (c) were added to address disputes among insurers as to which insurer is liable for the payment of additional personal injury protection benefits when both have the same priority of payment.

In 2017, the Superintendent also adopted an amendment to Subpart 65-3 as part of a consolidated consensus rulemaking that also amended Part 216 (effective and published in the State Register on February 1, 2017) to update references to the Department’s Long Island office address.

- Amendment of Part 20 (Insurance Regulations 9, 18 and 29) (Brokers and Agents - General) of Title 11 NYCRR (State Register November 7, 2001).

Statutory Authority: Insurance Law sections 201, 301, 1109, 2103, 2104, 2109, 2112, 2119, 2120 and 2121.

Insurance Law sections 2119 and 2120 require that an agent or broker keep records that reasonably demonstrate moneys collected from insureds and that those records demonstrate that the portion of those funds that are held on behalf of insurers represent net premiums (premiums paid less commissions earned). Insurance Law section 2121 acknowledges that a broker, who traditionally represents the insured, will be an agent of the insurer who delivers a contract, for purposes of premium collection.

The amendment underscored the requirement that an insured's payments to a Department licensee must be clearly identified in the agent's or broker's records and that those premiums, when so identified, will be deemed paid to the insurer for the protection of the insured. The amendment clarified the records that are necessary to keep the regulated parties in compliance with the law. This allows the licensee, the insurer, and the consumer to readily resolve questions and complaints without regulatory intervention.

The Superintendent adopted an amendment to Part 20 adding a new section 20.7 in 2021 (published in the State Register on October 13, 2021 and effective November 12, 2021). Insurance Law sections 2108(r) and 2132 require public adjusters and insurance producers (collectively, "licensees") to complete courses or programs of instruction or to attend seminars (collectively, "classes") equivalent to 15 credit hours of instruction during each full biennial licensing period. However, these sections do not specify the subject matter areas for which the licensees must take the classes. Section 20.7 was added to require that of the 15 credit hours of classes licensees must complete under Insurance Law Article 21, licensees must complete classes that provide at least one hour of Insurance Law instruction; at least one hour of ethics and professionalism instruction; at least one hour of diversity, inclusion, and elimination of bias instruction; at least one hour of flood insurance instruction, if the licensee is licensed to sell one or more lines of property/casualty insurance; and at least three hours of enhanced flood insurance instruction, if the licensee sells flood insurance through the National Flood Insurance Program.

- Adoption of Part 420 (Insurance Regulation 169) (Privacy of Consumer Financial and Health Information) of Title 11 NYCRR, effective November 21, 2001 (State Register November 21, 2001).

Statutory Authority: Insurance Law sections 201, 301, 308, 1505, 1608, 1712, 3217 and Article 24.

Title V of the Gramm-Leach-Bliley Act ("GLBA"), enacted into law by Congress as P.L. 106-102, required all "financial institutions" (including persons engaged in the insurance business) to comply

with the privacy requirements contained therein. Pursuant to section 505, Title V and regulations prescribed thereunder “shall be enforced . . . by the applicable State insurance authority” Failure by a state to establish rulemakings for privacy of consumer and customer financial information precludes the state from overriding the consumer protection regulations prescribed by a federal banking agency under section 45(a) of the Federal Deposit Insurance Act.

Section 501 of GLBA states that it “is the policy of the Congress that each financial institution has an affirmative and continuing obligation to respect the privacy of its customers and to protect the security and confidentiality of those customers’ nonpublic personal information.” The GLBA requires financial institutions to comply with certain obligations regarding disclosure of nonpublic personal information. State insurance authorities retain primary responsibility to regulate the activities of persons engaging in the business of insurance.

The rule assured that individual consumers and customers have an opportunity to prevent unwarranted disclosure of non-public personal financial and health information. Absent this rule, licensees of the Department would remain subject to the provisions of GLBA, but they would not have sufficient guidance to protect them from litigation challenging their attempts at compliance. In addition, consumers would not be adequately protected, because the Department would be unable to take action against licensees based upon violations of GLBA’s provisions.

The Superintendent adopted a consensus rulemaking amending Part 169 in 2017 (effective and published in the State Register on December 20, 2017). The amendment incorporated changes to federal privacy laws regarding information maintained by financial institutions. Under GLBA, financial institutions must provide certain notices to consumers and customers regarding the use of personal information. The Fixing America’s Surface Transportation (FAST) Act, which was enacted into law on December 4, 2015, eliminated the requirement for financial institutions other than those in the insurance

industry to provide GLBA annual notices under certain limited circumstances. Under GLBA, it remains up to each individual state to make conforming amendments in order to implement the change for the insurance industry. The NAIC proposed the changes for all insurance regulators to make. This 2017 amendment made those exceptions applicable to licensees (as that term is defined in the regulation) under the Insurance Law that are subject to the regulation.

Comments on Insurance rulemakings may be submitted to Sally Geisel, Principal Attorney – counsel@dfs.ny.gov; (212) 480-7608; New York State Department of Financial Services, One State Street, New York, NY 10004.

3. BANKING RULEMAKINGS

The following Banking rulemakings were adopted in 2023:

- Adoption of amendments to Part 333 (Indices Which May Be Used in Connection with Variable Rate Closed-End Personal Loans Made by Lending Institutions Pursuant to Part 33 or in Connection with Variable Rate Open-End Accounts Established by Banking Institutions Pursuant to Part 90) and Part 334 (Indices Which May Be Used in Connection with Variable Rate Junior Mortgage Loans Variable Rate Instalment Agreements and Variable Rate Closed-End Retail Instalment Contracts and Obligations) of Title 3 NYCRR, effective July 5, 2023 (State Register July 5, 2023).

Statutory authority: Financial Services Law sections 202, 302; Banking Law sections 10, 14, 108, 202, 235, 351, 590-a; Personal Property Law sections 303, 404 and 413.

Due to abuses in the calculation of London Inter-Bank Offered Rate (“LIBOR”) indices, LIBOR was discontinued in 2023. The Department selected the Secured Overnight Financing Rate (“SOFR”), as published by the CME Group Benchmark Administration Limited, to replace LIBOR as the benchmark index for use in making certain variable interest rate loans pursuant to Parts 333 and 334. The

Superintendent adopted the amendments to Parts 333 and 334 to permit the use of CME SOFR as a replacement benchmark for LIBOR and to eliminate an obsolete FSLIC index for savings and loan banks.

- Adoption of amendment to Part 400 (Licensed Cashiers of Checks) of Title 3 NYCRR, effective June 21, 2023 (State Register June 21, 2023).

Statutory Authority: Financial Services Law sections 202 and 302 and Banking Law sections 10, 14, 367, 369 and 371.

The Superintendent adopted the amendment to section 400.1 to eliminate the requirement that every licensed location of a check casher maintain a dimension of at least 480 square feet. The amendment enabled the industry to reduce its overhead costs by relocating its licensed locations or by subletting existing space to other permitted businesses and facilitated the industry's ability to enhance utilization of electronic check cashing.

- Adoption of amendment to Part 76 (Compliance with Community Reinvestment Act Requirements) of Title 3 of NYCRR, effective February 8, 2023 (State Register February 8, 2023).

Statutory Authority: Banking Law sections 9-d, 10, 14, 28-b; Financial Services Law sections 102, 201, 202, 301, 302; and Executive Law section 296-a.

This amendment conformed the implementing regulations of the New York State Community Reinvestment Act ("CRA"), Banking Law section 28-b, to an amendment to Banking Law section 28-b, which required the Superintendent to evaluate covered institutions' performance according to a new criterion: the extent to which they offer and provide credit and technical assistance programs to minority- and women-owned businesses. The regulations previously provided for the collection and submission of data necessary for the evaluation of covered institutions according to pre-amendment criteria, but the Department did not have an existing source of information with which to perform the newly required assessment. Therefore, the Superintendent adopted the amendment to Part 76, including the addition of a

new section 76.16, that provides for the collection of necessary data and submission of that data to the Department by covered banking institutions.

- Adoption of amendment to Part 400 (Licensed Cashiers of Checks) of Title 3 NYCRR, effective January 18, 2023 (State Register January 18, 2023).

Statutory Authority: Financial Services Law sections 202 and 302 and Banking Law sections 10, 14, 371, and 372.

This rulemaking amended section 400.11 to set a maximum fee of 1.5% of the check amount for cashing a check issued by a federal or State government agency for the payment of federal or State monetary assistance, Social Security, unemployment compensation, retirement, veteran's benefits, emergency relief or housing assistance, or a tax refund, and set a maximum fee of 2.2% of the check amount for all other checks. Instead of the automatic annual increases formerly set by the regulation, the revised section 400.11 provides that check cashing licensees may request an increase in the maximum fee that may be charged for cashing a check only once every five years. Any such request must be supported by information detailing the financial condition of check cashing licensees, including their costs, expenses and revenues.

The following Banking rulemakings were adopted in 2021:

- Adoption of new Part 7 of the General Regulations of the Superintendent (Information Subject to Confidential Treatment Under Section 36.10 of the Banking Law) to Title 3 NYCRR, effective April 7, 2021 (State Register April 7, 2021).

Statutory Authority: Banking Law sections 10, 14 and 36.10.

The rule outlines the limited exceptions to prior approval for disclosure of confidential supervisory information under Banking Law section 36.10 by regulated entities to third-parties such as legal counsel, independent auditors and corporate affiliates, disclosure to federal and State supervisory agencies, along

with guidance for responding to requests, subpoenas, orders, motions to compel, or other judicial or administrative process seeking confidential supervisory information.

The rule was necessary to clarify the obligations of regulated entities with respect to the disclosure of confidential supervisory information under Banking Law section 36.10 to legal counsel, independent auditors, corporate affiliates, and federal and State regulatory agencies and to explain the requirements for responding to requests, subpoenas, orders, motions to compel, or other judicial or administrative process seeking confidential supervisory information. In addition, the Department wished to harmonize its confidential supervisory information disclosure practices with those of federal banking regulators.

The following Banking rulemakings were adopted in 2016:

- Adoption of New Part 422 (Inspecting, Securing and Maintaining Vacant and Abandoned Residential Real Property), effective December 21, 2016 (State Register December 21, 2016).

Statutory Authority: Real Property Actions and Proceedings Law sections 1306, 1308 and 1310.

New Part 422 establishes rules necessary to implement Real Property Actions and Proceedings Law Section 1308. The rule is necessary to implement the property maintenance and reporting requirements for vacant and abandoned property as required by Real Property Actions and Proceedings Law sections 1308 and 1310.

The following Banking rulemakings were adopted in 2011:

There were no new or amended Banking regulations adopted in 2011.

The following Banking rulemakings were adopted in 2006:

- Adoption of new section 6.8 to Part 6 of the General Regulations of the Superintendent (Superintendent's Regulations: Additional Authority of Banks, Trust Companies, Savings Banks and Savings and Loan Associations Pursuant to Banking Law, Sections 14-g and 14-h: Overdraft Protection Charges), effective February 22, 2006 (State Register February 22, 2006).

Statutory Authority: Banking Law sections 13.4, 14, 14-g and 14-h.

This rule allowed New York State-chartered banks, trust companies and thrift institutions to charge a daily overdraft or bounce protection fee on checks, other payment orders, or electronic transactions accepted or honored for which there are insufficient funds when an account does not have an overdraft line of credit pursuant to Banking Law section 108(5) or is not a linked account. This rule provided New York State-chartered banks, trust companies and thrift institutions parity with national banks by providing them with the ability to charge overdraft or bounce protection fees.

- Adoption of new section 6.9 to Part 6 of the General Regulations of the Superintendent (Superintendent's Regulations: Additional Authority of Banks, Trust Companies, Savings Banks and Savings and Loan Associations Pursuant to Banking Law, Sections 14-g and 14-h: Merger of a Bank or Trust Company with a Nonbank Affiliate), effective June 28, 2006 (State Register June 28, 2006).

Statutory Authority: Banking Law sections 13.4, 14, 14-g and 14-h.

This rule permits New York State-chartered banks and trust companies to merge with non-bank affiliates with the bank or trust company as the surviving entity, to the same extent as national banks. This rule provided New York State-chartered banks and trust companies parity with national banks by providing them the ability to merge with non-bank affiliates.

- Adoption of amendment to section 6.10 of Part 6 of the General Regulations of the Superintendent (Superintendent's Regulations: Additional Authority of Banks, Trust Companies, Savings Banks and Savings and Loan Associations Pursuant to Banking Law, Sections 14-g and 14-h: Investment in a Public Deposit Bank Subsidiary by a Savings Bank or Savings and Loan Association), effective November 8, 2006 (State Register November 8, 2006).

Statutory Authority: Banking Law sections 13.4, 14, 14-g and 14-h.

This rule permits New York State-chartered savings banks and savings and loan associations to invest in public deposit bank subsidiaries to the same extent as federal thrift institutions.

- Adoption of amendment to Part 31 of the General Regulations of the Superintendent (Investments of Banks or Trust Companies in Certain Corporations: Atlantic Central Bankers Bank), effective February 22, 2006 (State Register February 22, 2006).

Statutory Authority: Banking Law sections 14.1(d) and 97.5.

Part 31 allows New York State-chartered banks and trust companies to invest in the stock of specified financial institutions. This amendment allowed New York State-chartered banks and trust companies the ability to invest in the common stock of Atlantic Central Bankers Bank.

- Adoption of amendment to section 32.1 of Part 32 of the General Regulations of the Superintendent (Maximum Charges for Payments Made Against Insufficient Funds, Uncollected Balances and Return Items: Certain Disclosures: Maximum Charges), effective February 22, 2006 (State Register February 22, 2006).

Statutory Authority: Banking Law sections 14.1, 108.8, 202, 235-c and 383.13.

This rule provides New York State-chartered financial institutions guidance regarding the charges that it may impose with respect to insufficient funds and return items. Specifically, this rule provides New York State-chartered financial institutions guidance on setting reasonable charges for checks subject to non-sufficient funds, return, and overdraft charges, to permit different charges to be imposed based on the type of the account, (e.g., consumer accounts, commercial accounts, etc.), to permit variation of the amount of such charges depending on whether the checks are paid, accepted or returned, and to clarify that such charges all apply to electronic transactions and checks.

This amendment also clarifies that New York State-chartered financial institutions must provide their depositors, in writing, the order in which they pay items that are drawn against depositors' accounts.

- Adoption of amendment to Part 41 of the General Regulations of the Superintendent (Restrictions and Limitations on High Cost Home Loans), effective September 27, 2006 (State Register September 27, 2006).

Statutory Authority: Banking Law sections 6-i, 6-1,13 and 14.

This amendment conformed the regulation to, and made it consistent with, Banking Law section 6-I which regulates the making of high cost home loans and establishes new penalties for violations of the law and certain remedies for homeowners who are affected by such violations.

- Adoption of amendment to Part 114 of the General Regulations of the Superintendent (Supervision and Regulation of Article XII Investment Company Holding Companies and Their Subsidiaries for Purposes of the European Union Financial Conglomerates Directive), effective September 27, 2006 (State Register September 27, 2006).

Statutory Authority: Banking Law section 14 and Article XII.

This amendment clarifies the superintendent's examination, supervision, regulation, and enforcement authority over certain financial conglomerates for purpose of carrying out equivalent supervision under the European Union Financial Conglomerates Directive.

- Adoption of amendment to Part 400 of the General Regulations of the Superintendent (Licensed Cashers of Checks), effective September 6, 2006 (State Register September 6, 2006).

Statutory Authority: Banking Law sections 12, 37.3, 367, 371 and 372.

This rule implements and conforms Part 400 to changes in the Banking Law in relation to the cashing of checks for payees who are other than natural persons. Additionally, the rule incorporates the provisions of an earlier emergency regulation regarding the disclosure of check cashing fees. The Department amended this regulation twice in 2023. Entries above describe those amendments.

- Adoption of new Part 404 of the General Regulations of the Superintendent (Budget Planners/Delegation of Certain Activities), effective September 6, 2006 (State Register September 6, 2006).

Statutory Authority: Banking Law sections 12 and 587.

This rule implements Article 12-C of the Banking Law regarding the licensing of Budget Planners in New York state and the Superintendent’s authorization to examine such licensees. This rule is needed to provide protection to debtors when a licensed budget planner utilizes a third-party “outsourcer” in the process of paying debtor funds to creditors of the debtors.

The following Banking rulemakings were adopted in 2001:

There were no new Banking regulation amendments or adoptions in 2001.

Comments on Banking Rulemakings may be submitted to Christine Tomczak, Assistant Counsel – counsel@dfs.ny.gov; (212) 709-1642; New York State Department of Financial Services, One State Street, New York, NY 10002.

4. FINANCIAL SERVICES RULEMAKINGS

The following Financial Services rulemakings were adopted in 2023:

- Adoption of the second amendment to Part 500 (Cybersecurity Requirements for Financial Services Companies) of Title 23 NYCRR, effective November 1, 2023 (State Register November 1, 2023).

Statutory Authority: Financial Services Law sections 102, 201, 202, 301, 302, 408; Banking Law sections 10, 14, 37(3), (4), 44; and Insurance Law sections 109, 301, 308, 309, 316, 1109, 1119, 1503(b), 1717(b), 2110, 2127, and articles 21, 47 and 79.

Rapidly changing cybersecurity threats required modernization of Part 500. The Department promulgated the second amendment to Part 500 to ensure that entities regulated by the Department continue to have and maintain cybersecurity programs that meet certain minimum cybersecurity standards

in order to protect consumers, continue operating in a safe and sound manner, protect the stability of our financial system, and address new and evolving cybersecurity threats with the most effective cybersecurity controls and best practices.

Compliance with the newly amended regulation was phased into stages, allowing covered entities a transitional period to meet the revised requirements. By November 1, 2025, covered entities had to comply with the final two provisions of these amendments related to multifactor authentication and policies and procedures for maintaining an asset inventory. Covered entities will have to certify their compliance or non-compliance with these and the other provisions of Part 500 in their annual compliance notification, due April 15, 2026.

Comments on the amendments to Part 500 may be submitted to Joanne Berman, Counsel to the Cybersecurity Division - Joanne.Berman@dfs.ny.gov; (212) 709-1675; New York State Department of Financial Services, One State Street, New York, NY 10004.

- Adoption of new Part 102 (Virtual Currency Licensee Assessments) to 23 NYCRR, effective April 19, 2023 (State Register April 19, 2023)

Statutory Authority: Financial Services Law sections 102, 201, 202, 206, 301 and 302.

Pursuant to Chapter 58 of the laws of 2022, the Legislature mandated that entities engaged in virtual currency business activity be assessed for the costs of supervising such entities. This rule specifies how assessments will be calculated for entities engaged in virtual currency business activities. It also specifies how assessments will be calculated for entities engaged in virtual currency business activity that are also assessed under the Banking law pursuant to 23 NYCRR Part 101.

Comments on the amendment to Part 102 may be submitted to Thomas Eckmier, Deputy General Counsel for Office of General Counsel – counsel@dfs.ny.gov; (212) 709-1661; New York State Department of Financial Services, One State Street, New York, NY 10004.

- Adoption of new Part 600 (Disclosure Requirements for Certain Providers of Commercial Financing Transactions) to Title 23 NYCRR, effective February 1, 2023 (State Register February 1, 2023).

Statutory Authority: Financial Services Law sections 102, 201, 301, 302 and 801-811.

This adoption implemented the Commercial Finance Disclosure Law (“CFDL”), which was codified in the Financial Services Law at sections 801-811. CDFL was enacted to give small businesses a Truth in Lending Act (TILA) style disclosure that allows them to understand the effective cost of financing and have a basis for comparison when evaluating their financing options. Adapting this concept to a wide variety of financing options required detailed methodologies, estimates and calculations. The resulting disclosure forms are more complex than TILA forms. This new regulation specifies disclosure requirements for four types of small business financings.

Comments on the amendment to Part 600 may be submitted to Michael Weiss, Director of Consumer Examinations Unit - Michael.Weiss@dfs.ny.gov; (212) 709-3595; New York State Department of Financial Services, One State Street, New York, NY 10004.

There were no new or amended Financial Services rulemakings adopted in 2016

The following Financial Services rulemaking was adopted in 2011.

- Adoption of amendment to Part 100 of Title 23 NYCRR (originally adopted as Part 600 of 3 NYCRR) and later recodified), effective December 28, 2011 (State Register December 28, 2011).

Statutory Basis: Financial Services Law section 205-b.

The regulation implemented the mandate established in Chapter 62 of the Laws of New York which mandated the creation of the State Charter Advisory Board. The State Charter Board helps the Department to evaluate and review its attractiveness as a bank regulator for banks, credit unions, and limited purpose trust companies. This body is still necessary to help the state attract new companies that

might otherwise choose federal charters. This rule governs appointments to the State Charter Advisory Board.

Comments on the amendment to Part 100 may be submitted to Christine Tomczak, Assistant Counsel, Office of General Counsel – counsel@dfs.ny.gov; (212) 709-1642; New York State Department of Financial Services, One State Street, New York, NY 10004.