

By: Simpson

To: Insurance

HOUSE BILL NO. 1459

1 AN ACT TO AMEND SECTIONS 83-9-3 AND 83-9-5, MISSISSIPPI CODE
2 OF 1972, TO PROVIDE FOR THE ASSIGNMENT OF INSURANCE BENEFITS BY
3 THE INSURED TO A LICENSED HEALTH CARE PROVIDER; AND FOR RELATED
4 PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

6 SECTION 1. Section 83-9-3, Mississippi Code of 1972, is
7 amended as follows:

8 83-9-3. (1) No policy of accident and sickness insurance
9 shall be delivered or issued for delivery to any person in this
10 state unless:

11 (a) The entire money and other considerations therefor
12 are expressed therein; and

13 (b) The time at which the insurance takes effect and
14 terminates is expressed therein; and

15 (c) It purports to insure only one (1) person, except
16 that a policy may insure, originally or by subsequent amendment,
17 upon the application of an adult member of a family who shall be
18 deemed the policyholder, any two (2) or more eligible members of
19 that family, including husband, wife, dependent children or any
20 children under a specified age which shall not exceed nineteen
21 (19) years, and any other person dependent upon the policyholder;
22 and

23 (d) The style, arrangement and overall appearance of
24 the policy give no undue prominence to any portion of the text,
25 and unless every printed portion of the text of the policy and of
26 any endorsements or attached papers is plainly printed in
27 lightfaced type of a style in general use, the size of which shall

28 be uniform and not less than ten-point with a lowercase unspaced
29 alphabet length not less than one hundred and twenty-point (the
30 "text" shall include all printed matter except the name and
31 address of the insurer, name or title of the policy, the brief
32 description if any, and captions and subcaptions); and

33 (e) The exceptions and reductions of indemnity are set
34 forth in the policy and, except those which are set forth in
35 Section 83-9-5, are printed, at the insurer's option, either with
36 the benefit provision to which they apply, or under an appropriate
37 caption such as "Exceptions," or "Exceptions and Reductions,"
38 provided that if an exception or reduction specifically applies
39 only to a particular benefit of the policy, a statement of such
40 exception or reduction shall be included with the benefit
41 provision to which it applies; and

42 (f) Each such form, including riders and endorsements,
43 shall be identified by a form number in the lower left-hand corner
44 of the first page thereof; and

45 (g) It contains no provision purporting to make any
46 portion of the charter, rules, constitution or bylaws of the
47 insurer a part of the policy unless such portion is set forth in
48 full in the policy, except in the case of the incorporation of, or
49 reference to, a statement of rates or classification of risks, or
50 short-rate table filed with the commissioner.

51 (2) No individual or group policy covering health and
52 accident insurance (including experience-rated insurance
53 contracts, indemnity contracts, self-insured plans and self-funded
54 plans), or any group combinations of these coverages, shall be
55 issued by any commercial insurer doing business in this state
56 which, by the terms of such policy, limits or excludes payment
57 because the individual or group insured is eligible for or is
58 being provided medical assistance under the Mississippi Medicaid
59 Law. Any such policy provision in violation of this section shall
60 be invalid.

61 (3) No individual or group policy covering health and
62 accident insurance (including experience-rated insurance
63 contracts, indemnity contracts, self-insured plans and self-funded
64 plans), or any group combinations of these coverages, shall be

65 issued by any commercial insurer doing business in this state
66 which, by the terms of such policy, limits or restricts the
67 insured's ability to assign the insured's benefits under the
68 policy to a licensed health care provider that provides health
69 care services to the insured. Any such policy provision in
70 violation of this section shall be invalid.

71 (4) If any policy is issued by an insurer domiciled in this
72 state for delivery to a person residing in another state, and if
73 the official having responsibility for the administration of the
74 insurance laws of such other state shall have advised the
75 commissioner that any such policy is not subject to approval or
76 disapproval by such official, the commissioner may, by ruling,
77 require that such policy meet the standards set forth in
78 subsection (1) of this section and in Section 83-9-5.

79 (5) The commissioner shall collect and pay into the Special
80 Fund in the State Treasury designated as the "Insurance Department
81 Fund" the following fees for services provided under this section:

	FORM	FEE
83	Each individual policy contract, including	
84	revisions.....	\$15.00
85	Each group master policy or contract including	
86	revisions.....	15.00
87	Each rider, endorsement or amendment, etc.....	10.00
88	Each insurance application where written	
89	application is required and is to be	
90	made a part of the policy or contract.....	10.00
91	Each questionnaire.....	7.00
92	Charge for resubmission where payment is	
93	not included with original submission.....	5.00
94	Additional charge for tentative approval same as above.	

95 SECTION 2. Section 83-9-5, Mississippi Code of 1972, is
96 amended as follows:

97 83-9-5. (1) Required provisions. Except as provided in

98 subsection (3) of this section, each such policy delivered or
99 issued for delivery to any person in this state shall contain the
100 provisions specified in this subsection in the words in which the
101 same appear in this section. However, the insurer may, at its
102 option, substitute for one or more of such provisions,
103 corresponding provisions of different wording approved by the
104 commissioner which are in each instance not less favorable in any
105 respect to the insured or the beneficiary. Such provisions shall
106 be preceded individually by the caption appearing in this
107 subsection or, at the option of the insurer, by such appropriate
108 individual or group captions or subcaptions as the commissioner
109 may approve.

110 (a) A provision as follows:

111 Entire contract; changes: This policy, including the
112 endorsements and the attached papers, if any, constitutes the
113 entire contract of insurance. No change in this policy shall be
114 valid until approved by an executive officer of the insurer and
115 unless such approval be endorsed hereon or attached hereto. No
116 agent has authority to change this policy or to waive any of its
117 provisions.

118 (b) A provision as follows:

119 Time limit on certain defenses: 1. After two (2) years from
120 the date of issue of this policy, no misstatements, except
121 fraudulent misstatements, made by the applicant in the application
122 for such policy shall be used to void the policy or to deny a
123 claim for loss incurred or disability (as defined in the policy)
124 commencing after the expiration of such two-year period.

125 (The foregoing policy provision shall not be so construed as
126 to effect any legal requirement for avoidance of a policy or
127 denial of a claim during such initial two-year period, nor to
128 limit the application of subparagraphs (2)(a) and (2)(b) of this
129 section in the event of misstatement with respect to age or
130 occupation.)

131 (A policy which the insured has the right to continue in
132 force subject to its terms by the timely payment of premium (1)
133 until at least age fifty (50) or, (2) in the case of a policy
134 issued after age forty-four (44), for at least five (5) years from
135 its date of issue, may contain in lieu of the foregoing the
136 following provision (from which the clause in parentheses may be
137 omitted at the insurer's option) under the caption
138 "INCONTESTABLE":

139 After this policy has been in force for a period of two (2)
140 years during the lifetime of the insured (excluding any period
141 during which the insured is disabled), it shall become
142 incontestable as to the statements in the application.)

143 2. No claim for loss incurred or disability (as defined in
144 the policy) commencing after two (2) years from the date of issue
145 of this policy shall be reduced or denied on the ground that a
146 disease or physical condition not excluded from coverage by name
147 or specific description effective on the date of loss had existed
148 prior to the effective date of coverage of this policy.

149 (c) A provision as follows:

150 Grace period: A grace period of seven (7) days for weekly
151 premium policies, ten (10) days for monthly premium policies and
152 thirty-one (31) days for all other policies will be granted for
153 the payment of each premium falling due after the first premium,
154 during which grace period the policy shall continue in force.

155 (A policy which contains a cancellation provision may add, at
156 the end of the above provision, "subject to the right of the
157 insurer to cancel in accordance with the cancellation provision
158 hereof."

159 A policy in which the insurer reserves the right to refuse
160 any renewal shall have, at the beginning of the above provision,
161 "unless not less than five (5) days prior to the premium due date
162 the insurer has delivered to the insured or has mailed to his last
163 address as shown by the records of the insurer written notice of

164 its intention not to renew this policy beyond the period for which
165 the premium has been accepted.")

166 (d) A provision as follows:

167 Reinstatement: If any renewal premium be not paid within the
168 time granted the insured for payment, a subsequent acceptance of
169 premium by the insurer or by any agent duly authorized by the
170 insurer to accept such premium, without requiring in connection
171 therewith an application for reinstatement, shall reinstate the
172 policy. However, if the insurer or such agent requires an
173 application for reinstatement and issues a conditional receipt for
174 the premium tendered, the policy will be reinstated upon approval
175 of such application by the insurer or, lacking such approval, upon
176 the forty-fifth day following the date of such conditional receipt
177 unless the insurer has previously notified the insured in writing
178 of its disapproval of such application. The reinstated policy
179 shall cover only loss resulting from such accidental injury as may
180 be sustained after the date of reinstatement and loss due to such
181 sickness as may begin more than ten (10) days after such date. In
182 all other respects the insured and insurer shall have the same
183 rights thereunder as they had under the policy immediately before
184 the due date of the defaulted premium, subject to any provisions
185 endorsed hereon or attached hereto in connection with the
186 reinstatement. Any premium accepted in connection with a
187 reinstatement shall be applied to a period for which premium has
188 not been previously paid, but not to any period more than sixty
189 (60) days prior to the date of reinstatement. (The last sentence
190 of the above provision may be omitted from any policy which the
191 insured has the right to continue in force subject to its terms by
192 the timely payment of premiums (1) until at least age fifty (50)
193 or, (2) in the case of a policy issued after age forty-four (44),
194 for at least five (5) years from its date of issue.)

195 (e) A provision as follows:

196 Notice of claim: Written notice of claim must be given to

197 the insurer within thirty (30) days after the occurrence or
198 commencement of any loss covered by the policy, or as soon
199 thereafter as is reasonably possible. Notice given by or on
200 behalf of the insured or the beneficiary to the insurer at
201 _____, (insert the location of such office as the insurer may
202 designate for the purpose) or to any authorized agent of the
203 insurer, with information sufficient to identify the insured,
204 shall be deemed notice to the insurer.

205 (In a policy providing a loss-of-time benefit which may be
206 payable for at least two (2) years, an insurer may, at its option,
207 insert the following between the first and second sentences of the
208 above provision: "Subject to the qualifications set forth below,
209 if the insured suffers loss of time on account of disability for
210 which indemnity may be payable for at least two (2) years, he
211 shall, at least once in every six (6) months after having given
212 notice of claim, give to the insurer notice of continuance of said
213 disability, except in the event of legal incapacity. The period
214 of six (6) months following any filing of proof by the insured or
215 any payment by the insurer on account of such claim or any denial
216 of liability in whole or in part by the insurer shall be excluded
217 in applying this provision. Delay in the giving of such notice
218 shall not impair the insured's right to any indemnity which would
219 otherwise have accrued during the period of six (6) months
220 preceding the date on which such notice is actually given.")

221 (f) A provision as follows:

222 Claim forms: The insurer, upon receipt of a notice of claim,
223 will furnish to the claimant such forms as are usually furnished
224 by it for filing proofs of loss. If such forms are not furnished
225 within fifteen (15) days after the giving of such notice, the
226 claimant shall be deemed to have complied with the requirements of
227 this policy as to proof of loss upon submitting, within the time
228 fixed in the policy for filing proofs of loss, written proof
229 covering the occurrence, the character and the extent of the loss

230 for which claim is made.

231 (g) A provision as follows:

232 Proofs of loss: Written proof of loss must be furnished to
233 the insurer at its said office, in case of claim for loss for
234 which this policy provides any periodic payment contingent upon
235 continuing loss, within ninety (90) days after the termination of
236 the period for which the insurer is liable, and in case of claim
237 for any other loss, within ninety (90) days after the date of such
238 loss. Failure to furnish such proof within the time required
239 shall not invalidate or reduce any claim if it was not reasonably
240 possible to give proof within such time, provided such proof is
241 furnished as soon as reasonably possible and in no event, except
242 in the absence of legal capacity, later than one (1) year from the
243 time proof is otherwise required.

244 (h) A provision as follows:

245 Time of payment of claims: 1. All benefits payable under
246 this policy for any loss, other than loss for which this policy
247 provides any periodic payment, will be paid within forty-five (45)
248 days after receipt of due written proof of such loss. Benefits
249 due under the policies and claims are overdue if not paid within
250 forty-five (45) days after the insurer receives proof of loss,
251 necessary medical information and other information essential for
252 the insurer to administer coordination of benefits and subrogation
253 provisions. If such information is not supplied as to the entire
254 claim, the amount supported by reasonable proof is overdue if not
255 paid within forty-five (45) days after such proof is received by
256 the insurer. Any part or all of the remainder of the claim that
257 is later supported by such proof is overdue if not paid within
258 forty-five (45) days after such proof is received by the insurer.
259 To calculate the extent to which any benefits are overdue, payment
260 shall be treated as made on the date a draft or other valid
261 instrument was placed in the United States mail to the last known
262 address of the claimant or beneficiary in a properly addressed,

263 postpaid envelope, or, if not so posted, on the date of delivery.

264 2. Subject to due written proof of loss, all accrued
265 benefits for loss for which this policy provides periodic payment
266 will be paid _____ (insert period for payment which must not
267 be less frequently than monthly) and any balance remaining unpaid
268 upon the termination of liability will be paid within forty-five
269 (45) days after receipt of due written proof.

270 3. If the claim is not denied for valid and proper reasons
271 by the end of such period of forty-five (45) days, the insurer
272 must pay the insured interest on accrued benefits at the rate of
273 one and one-half percent (1-1/2%) per month on the amount of such
274 claim until it is finally settled or adjudicated.

275 4. In the event the insurer fails to pay benefits when due,
276 the person entitled to such benefits may bring action to recover
277 such benefits, any interest which may accrue as provided in
278 subsection (1)(h)3. of this section and any other damages as may
279 be allowable by law.

280 (i) A provision as follows:

281 Payment of claims: Indemnity for loss of life will be
282 payable in accordance with the beneficiary designation and the
283 provisions respecting such payment which may be prescribed herein
284 and effective at the time of payment. If no such designation or
285 provision is then effective, such indemnity shall be payable to
286 the estate of the insured. Any other accrued indemnities unpaid
287 at the insured's death may, at the option of the insurer, be paid
288 either to such beneficiary or to such estate. All other
289 indemnities will be payable to the insured. When payments of
290 benefits are made to an insured directly for medical care or
291 services rendered by a health care provider, the health care
292 provider shall be notified of such payment. The notification
293 requirement shall not apply to a fixed-indemnity policy, a limited
294 benefit health insurance policy, medical payment coverage or
295 personal injury protection coverage in a motor vehicle policy,

296 coverage issued as a supplement to liability insurance or workers'
297 compensation. If the insured provides the insurer with written
298 direction that all or a portion of any indemnities or benefits
299 provided by this policy shall be paid to a licensed health care
300 provider rendering hospital, nursing, medical or surgical
301 services, then the insurer shall pay directly the licensed health
302 care provider rendering such services.

303 (The following provisions, or either of them, may be included
304 with the foregoing provision at the option of the insurer: "If
305 any indemnity of this policy shall be payable to the estate of the
306 insured, or to an insured or beneficiary who is a minor or
307 otherwise not competent to give a valid release, the insurer may
308 pay such indemnity, up to an amount not exceeding \$_____,
309 (insert an amount which must not exceed One Thousand Dollars
310 (\$1,000.00)) to any relative by blood or connection by marriage of
311 the insured or beneficiary who is deemed by the insurer to be
312 equitably entitled thereto. Any payment made by the insurer in
313 good faith pursuant to this provision shall fully discharge the
314 insurer to the extent of such payment.

315 "Subject to any written direction of the insured in the
316 application or otherwise, all or a portion of any indemnities
317 provided by this policy on account of hospital, nursing, medical
318 or surgical services may, at the insurer's option and unless the
319 insured requests otherwise in writing not later than the time of
320 filing proofs of such loss, be paid directly to the hospital or
321 person rendering such services; but it is not required that the
322 service be rendered by a particular hospital or person.")

323 (j) A provision as follows:

324 Physical examinations: The insurer at his own expense shall
325 have the right and opportunity to examine the person of the
326 insured when and as often as it may reasonably require during the
327 pendency of a claim hereunder.

328 (k) A provision as follows:

329 Legal actions: No action at law or in equity shall be
330 brought to recover on this policy prior to the expiration of sixty
331 (60) days after written proof of loss has been furnished in
332 accordance with the requirements of this policy. No such action
333 shall be brought after the expiration of three (3) years after the
334 time written proof of loss is required to be furnished.

335 (1) A provision as follows:

336 Change of beneficiary: Unless the insured makes an
337 irrevocable designation of beneficiary, the right to change the
338 beneficiary is reserved to the insured, and the consent of the
339 beneficiary or beneficiaries shall not be requisite to surrender
340 or assignment of this policy, or to any change of beneficiary or
341 beneficiaries, or to any other changes in this policy.

342 (The first clause of this provision, relating to the
343 irrevocable designation of beneficiary, may be omitted at the
344 insurer's option.)

345 (2) Other provisions. Except as provided in subsection (3)
346 of this section, no such policy delivered or issued for delivery
347 to any person in this state shall contain provisions respecting
348 the matters set forth below unless such provisions are in the
349 words in which the same appear in this section. However, the
350 insurer may, at its option, use in lieu of any such provision a
351 corresponding provision of different wording approved by the
352 commissioner which is not less favorable in any respect to the
353 insured or the beneficiary. Any such provision contained in the
354 policy shall be preceded individually by the appropriate caption
355 appearing in this subsection or, at the option of the insurer, by
356 such appropriate individual or group captions or subcaptions as
357 the commissioner may approve.

358 (a) A provision as follows:

359 Change of occupation: If the insured be injured or contract
360 sickness after having changed his occupation to one classified by
361 the insurer as more hazardous than that stated in this policy or

362 while doing for compensation anything pertaining to an occupation
363 so classified, the insurer will pay only such portion of the
364 indemnities provided in this policy as the premium paid would have
365 purchased at the rates and within the limits fixed by the insurer
366 for such more hazardous occupation. If the insured changes his
367 occupation to one classified by the insurer as less hazardous than
368 that stated in this policy, the insurer, upon receipt of proof of
369 such change of occupation, will reduce the premium rate
370 accordingly, and will return the excess pro rata unearned premium
371 from the date of change of occupation or from the policy
372 anniversary date immediately preceding receipt of such proof,
373 whichever is the most recent. In applying this provision, the
374 classification of occupational risk and the premium rates shall be
375 such as have been last filed by the insurer prior to the
376 occurrence of the loss for which the insurer is liable, or prior
377 to date of proof of change in occupation, with the state official
378 having supervision of insurance in the state where the insured
379 resided at the time this policy was issued; but if such filing was
380 not required, then the classification of occupational risk and the
381 premium rates shall be those last made effective by the insurer in
382 such state prior to the occurrence of the loss or prior to the
383 date of proof of change in occupation.

384 (b) A provision as follows:

385 Misstatement of age: If the age of the insured has been
386 misstated, all amounts payable under this policy shall be such as
387 the premium paid would have purchased at the correct age.

388 (c) A provision as follows:

389 Relation of earnings to issuance: If the total monthly
390 amount of loss of time benefits promised for the same loss under
391 all valid loss of time coverage upon the insured, whether payable
392 on a weekly or monthly basis, shall exceed the monthly earnings of
393 the insured at the time disability commenced or his average
394 monthly earnings for the period of two (2) years immediately

395 preceding a disability for which claim is made, whichever is the
396 greater, the insurer will be liable only for such proportionate
397 amount of such benefits under this policy as the amount of such
398 monthly earnings or such average monthly earnings of the insured
399 bears to the total amount of monthly benefits for the same loss
400 under all such coverage upon the insured at the time such
401 disability commences and for the return of such part of the
402 premiums paid during such two (2) years as shall exceed the pro
403 rata amount of the premiums for the benefits actually paid
404 hereunder; but this shall not operate to reduce the total monthly
405 amount of benefits payable under all such coverage upon the
406 insured below the sum of Two Hundred Dollars (\$200.00) or the sum
407 of the monthly benefits specified in such coverages, whichever is
408 the lesser, nor shall it operate to reduce benefits other than
409 those payable for loss of time.

410 (The foregoing policy provision may be inserted only in a
411 policy which the insured has the right to continue in force
412 subject to its terms by the timely payment of premiums (1) until
413 at least age fifty (50) or, (2) in the case of a policy issued
414 after age forty-four (44), for at least five (5) years from its
415 date of issue. The insurer may, at its option, include in this
416 provision a definition of "valid loss of time coverage," approved
417 as to form by the commissioner, which definition shall be limited
418 in subject matter to coverage provided by governmental agencies or
419 by organizations subject to regulations by insurance law or by
420 insurance authorities of this or any other state of the United
421 States or any province of Canada, or to any other coverage the
422 inclusion of which may be approved by the commissioner, or any
423 combination of such coverages. In the absence of such definition,
424 such term shall not include any coverage provided for such insured
425 pursuant to any compulsory benefit statute (including any
426 workmen's compensation or employer's liability statute), or
427 benefits provided by union welfare plans or by employer or

428 employee benefit organizations.)

429 (d) A provision as follows:

430 Unpaid premium: Upon the payment of a claim under this
431 policy, any premium then due and unpaid or covered by any note or
432 written order may be deducted therefrom.

433 (e) A provision as follows:

434 Cancellation: The insurer may cancel this policy at any time
435 by written notice delivered to the insured, or mailed to his last
436 address as shown by the records of the insurer, stating when, not
437 less than five (5) days thereafter, such cancellation shall be
438 effective; and after the policy has been continued beyond its
439 original term, the insured may cancel this policy at any time by
440 written notice delivered or mailed to the insurer, effective upon
441 receipt or on such later date as may be specified in such notice.
442 In the event of cancellation, the insurer will return promptly the
443 unearned portion of any premium paid. If the insured cancels, the
444 earned premium shall be computed by the use of the short-rate
445 table last filed with the state official having supervision of
446 insurance in the state where the insured resided when the policy
447 was issued. If the insurer cancels, the earned premium shall be
448 computed pro rata. Cancellation shall be without prejudice to any
449 claim originating prior to the effective date of cancellation.

450 (f) A provision as follows:

451 Conformity with state statutes: Any provision of this policy
452 which, on its effective date, is in conflict with the statutes of
453 the state in which the insured resides on such date is hereby
454 amended to conform to the minimum requirements of such statutes.

455 (g) A provision as follows:

456 Illegal occupation: The insurer shall not be liable for any
457 loss to which a contributing cause was the insured's commission of
458 or attempt to commit a felony or to which a contributing cause was
459 the insured's being engaged in an illegal occupation.

460 (h) A provision as follows:

461 Intoxicants and narcotics: The insurer shall not be liable
462 for any loss sustained or contracted in consequence of the
463 insured's being intoxicated or under the influence of any narcotic
464 unless administered on the advice of a physician.

465 (3) Inapplicable or inconsistent provisions. If any
466 provision of this section is in whole or in part inapplicable to
467 or inconsistent with the coverage provided by a particular form of
468 policy, the insurer, with the approval of the commissioner, shall
469 omit from such policy any inapplicable provision or part of a
470 provision, and shall modify any inconsistent provision or part of
471 the provision in such manner as to make the provision as contained
472 in the policy consistent with the coverage provided by the policy.

473 (4) Order of certain policy provisions. The provisions
474 which are the subject of subsections (1) and (2) of this section,
475 or any corresponding provisions which are used in lieu thereof in
476 accordance with such subsections, shall be printed in the
477 consecutive order of the provisions in such subsections or, at the
478 option of the insurer, any such provision may appear as a unit in
479 any part of the policy, with other provisions to which it may be
480 logically related, provided the resulting policy shall not be in
481 whole or in part unintelligible, uncertain, ambiguous, abstruse or
482 likely to mislead a person to whom the policy is offered,
483 delivered or issued.

484 (5) Third-party ownership. The word "insured," as used in
485 Sections 83-9-1 through 83-9-21, Mississippi Code of 1972, shall
486 not be construed as preventing a person other than the insured
487 with a proper insurable interest from making application for and
488 owning a policy covering the insured, or from being entitled under
489 such a policy to any indemnities, benefits and rights provided
490 therein.

491 (6) Requirements of other jurisdictions.

492 (a) Any policy of a foreign or alien insurer, when
493 delivered or issued for delivery to any person in this state, may

494 contain any provision which is not less favorable to the insured
495 or the beneficiary than the provisions of Sections 83-9-1 through
496 83-9-21, Mississippi Code of 1972, and which is prescribed or
497 required by the law of the state under which the insurer is
498 organized.

499 (b) Any policy of a domestic insurer may, when issued
500 for delivery in any other state or country, contain any provision
501 permitted or required by the laws of such other state or country.

502 (7) Filing procedure. The commissioner may make such
503 reasonable rules and regulations concerning the procedure for the
504 filing or submission of policies subject to the cited sections as
505 are necessary, proper or advisable to the administration of said
506 sections. This provision shall not abridge any other authority
507 granted the commissioner by law.

508 SECTION 3. This act shall take effect and be in force from
509 and after July 1, 2000.