To: Judiciary A

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H. B. No. 1083

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By: Representative McLean

HOUSE BILL NO. 1083

1 AN ACT TO CREATE A NEW SECTION TO REQUIRE INSURERS TO 2 EXCHANGE CERTAIN INFORMATION WITH THE MISSISSIPPI DEPARTMENT OF 3 HUMAN SERVICES FOR NONCUSTODIAL PARENTS DELINQUENT IN CHILD SUPPORT; AND FOR RELATED PURPOSES. 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: 6 **SECTION 1.** (1) Except as otherwise provided in subsection 7 (10) of this section, each insurer or insurance company, as defined by Section 83-19-1 and 83-7-1, under the regulatory 8 9 authority of the Mississippi Insurance Department, shall exchange 10 information with the Mississippi Department of Human Services (MDHS) in the manner prescribed by MDHS to verify whether the 11 12 claimant owes debt for the support of one (1) or more children not later than five (5) days after the opening of a claim which seeks 13 an economic benefit for claimant for Five Hundred Dollars 14 (\$500.00) or more. The obligation of an insurer to exchange 15 information with MDHS is discharged upon complying with the 16 17 requirements of this subsection. To the extent feasible, the MDHS shall facilitate a 18

secure electronic process to exchange information with insurers

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- 20 and file liens and levies. When the operation of such data match
- 21 system results in a match for a noncustodial parent who owes
- 22 past-due support, or when a claim is located through any means,
- 23 MDHS (a) shall have the authority to encumber and seize assets
- 24 payable to an obligor and (b) may request and shall receive
- 25 additional financial or other information including account
- 26 numbers, names and Social Security numbers on record for accounts,
- 27 and account balances, from any insurer or insurance company needed
- 28 to establish, modify, or enforce a support order. The insurer or
- 29 insurance company shall not disclose to a claim holder, policy
- 30 holder, or contract beneficiary that the name of such person has
- 31 been received from or furnished to MDHS. The insurer or insurance
- 32 company shall disclose to its account holders or its depositors
- 33 that under the data match system MDHS has the authority to
- 34 request certain identifying information on the account holder's or
- 35 the depositor's accounts.
- 36 (3) Notice of such encumbrance initiated by MDHS shall be
- 37 provided to the insurer, insurance company or any applicable
- 38 commission via electronic means, regular mail or as prescribed in
- 39 Section 71-3-129. Notice shall be delivered to the obligor via
- 40 regular mail at the current mailing address as recorded by MDHS at
- 41 the commencement of the action described herein.
- 42 (4) Except as otherwise provided in subsection (8) of this
- 43 section, if an insurer is notified by MDHS that a claimant owes
- 44 debt for the support of one (1) or more children, the insurer

- 45 shall, upon receipt of a notice issued by the enforcing authority
- 46 identifying the amount of debt owed:
- 47 (a) Not later than five (5) days after receiving notice
- 48 from the enforcing authority, notify the claimant and his or her
- 49 attorney, if known to the insurer, of the debt owed;
- 50 (b) Withhold from claim payments, awards, settlements
- or payments intended to prevent litigation, the amount specified
- 52 in the notice; and
- (c) Remit the amount withheld from payment to the
- 54 enforcing authority within thirty (30) days.
- 55 (5) When an insurer withholds and remits any money to the
- 56 enforcing authority pursuant to subsection (4) of this section,
- 57 the insurer shall notify the claimant and his or her attorney, if
- 58 known to the insurer, of that fact.
- 59 (6) Any amount encumbered and forwarded by the insurer or
- 60 insurance company under this section shall not exceed the
- 61 arrearage owed by the obligor.
- 62 (7) Priority over any withholding of payments pursuant to
- 63 subsection (4) of this section shall be given to (a) attorney's
- 64 fees or costs incurred, if any, and (b) judgment, statutory or
- 65 subrogation liens for medical expenses incurred as a result of the
- 66 injury causing the claim.
- 67 (8) Any information obtained pursuant to this section must
- 68 be used only for the purpose of carrying out the provisions of
- 69 this section. Notwithstanding the provisions of this subsection

- 70 (8), an insurer or an insurance claim data collection organization
- 71 approved by MDHS or other entity that performs the functions
- 72 described in subsection (10) of this section may not be held
- 73 liable in any civil or criminal action under federal or state law
- 74 for any act made in good faith pursuant to this section,
- 75 including, without limitation:
- 76 (a) Any disclosure of information to the MDHS or the
- 77 federal Office of Child Support Enforcement; or
- 78 (b) The withholding of any money from payment on a
- 79 claim or the remittance of such money to the enforcing authority.
- 80 (9) For claims filed prior to July 1, 2022, an insurer shall
- 81 not delay the disbursement of a payment on a claim to comply with
- 82 the requirements of this section. An insurer is not required to
- 83 comply with subsection (4) of this section if the notice issued by
- 84 the enforcing authority is received by the insurer after the
- 85 insurer has disbursed the payment on the claim. In the case of a
- 86 claim that will be paid through periodic payments, the insurer:
- 87 (a) Is not required to comply with the provisions of
- 88 subsection (4) of this section with regard to any payments
- 89 disbursed to the claimant before the notice was received by the
- 90 insurer; and
- 91 (b) Shall comply with the provisions of subsection (4)
- 92 of this section with regard to any payments on the claim
- 93 scheduled to be made after the receipt of the notice.

- 94 (10) The insurer may comply with the requirements of this 95 section by (a) reporting directly to MDHS or its designee, or (b) 96 authorizing the insurance claim data collection organization to 97 provide claimant information to the federal Office of Child 98 Support Enforcement of the United States Department of Health and 99 Human Services.
- 100 (11) Failure to comply with the provisions of this section 101 or the willful rendering of false information shall subject the 102 insurer or insurance company to a fine of not less than One 103 Thousand Dollars (\$1,000.00).
- 104 (12) As used in this section the following terms shall have
 105 the following meanings, unless the context clearly indicates
 106 otherwise:
- 107 "Economic benefit" means a payment in which an (a) 108 individual is paid directly by insurer as the payee or co-payee of 109 a first-party or third-party claim; this term excludes claims for 110 actual repair, replacement or loss of real or personal property; claims for reimbursement to a claimant for payments made by 111 112 claimant to a vendor or repair facility for the actual repair, 113 replacement or loss of use of real or personal property; benefits 114 payable for actual expenses to funeral service provider or 115 facility; medical payments coverage under a motor vehicle liability policy; benefits payable under a limited benefit 116 117 insurance policy for coverage of specified diseases or illnesses, dental or vision benefits, or indemnity coverage; benefits paid in 118

119	accordance	with lone	d term	care	benefit	plan;	benefits	paid	on

- 120 behalf of an individual directly to a retirement plan or an
- 121 accelerated death benefit.
- 122 (b) "First party claim" means a claim made by the
- 123 insured or policyholder under an insurance policy or contract or
- 124 by a beneficiary.
- 125 (c) "Third party claim" means a claim for bodily
- 126 injury, property damage or other damages brought by a third party
- 127 against an insured that is covered by a liability insurance policy
- 128 or contract or by a self-insured.
- 129 (d) "Insurance claim data collection organization"
- 130 means an organization that maintains a centralized database of
- 131 information concerning insurance claims to assist insurers that
- 132 subscribe to the database in processing claims and detecting and
- 133 preventing fraud.
- (e) "Insurer" means a person who holds a certificate of
- 135 authority to transact insurance in this state.
- 136 **SECTION 2.** This act shall take effect and be in force from
- 137 and after July 1, 2022.