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Business Interruption Insurance

After the COVID-19 Pandemic:
Two Competing Approaches

Due to the impact of the COVID-19 pandemic, and with the possibility of a second wave, the threat of continued or renewed business shutdowns looms large. With stay-at-home orders designed to reduce the spread of the virus causing some segments of commerce to almost instantly grind to a halt, many businesses, especially small businesses, have looked to their business interruption insurance policies for financial relief.

While many business interruption policies exclude coverage for losses due to viruses, some are silent on that point, and the efforts of insureds to obtain coverage have led to significant coverage disputes. As these policies are litigated across the country, there is growing uncertainty regarding the insurance industry's risk exposure to not only the COVID-19 pandemic, but future pandemics and global health emergencies. There is also a growing concern that this uncertainty will curtail the availability of business interruption insurance in the future and that insurers will withdraw from the business interruption/event cancellation insurance marketplace, causing increased premiums, large gaps in insurance coverage, and the stifling of commerce

As a result, there is renewed interest at the federal level to be prepared for the next global pandemic with respect to business interruption coverage. On May 26, 2020, Representative Carolyn Maloney and twenty co-sponsors introduced the Pandemic Risk Insurance Act of 2020 ("PRIA") in the U.S. House of Representatives. PRIA is modeled after the Terrorism Risk Insurance Act ("TRIA") that was passed almost two decades ago in the wake of 9/11. Under PRIA, insurers would be required to offer business interruption insurance and the federal government would act as reinsurer, or backstop, thereby allowing the federal government and the insurance industry to share the risk of loss from future pandemics or global health emergencies.

Alternatively, on behalf of the insurance industry, the National Association of Mutual Insurance Companies ("NAMIC"), American Property Casualty Insurance Association ("APCIA"), and the Independent Insurance Agents & Brokers of America Inc. ("Big I") are advocating for an alternative to PRIA called

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the “Business Continuity Protection Program” (“BCPP”). These industry groups believe that pandemic risk is different from terrorism risk, in geography, scope and frequency, and therefore, losses for future pandemics should be fully paid by the federal government – not just backstopped. The BCPP, which is modeled after the National Flood Insurance Program (“NFIP”), would provide federal aid to cover up to 80% of a participating businesses’ payroll and other expenses immediately following a federally declared public health emergency.

THERE IS RENEWED INTEREST AT THE FEDERAL LEVEL TO BE PREPARED FOR THE NEXT GLOBAL PANDEMIC WITH RESPECT TO BUSINESS INTERRUPTION COVERAGE

PRIA

PRIA would mandate that insurers that offer business interruption insurance cover losses incurred due to pandemics or global health emergencies and, in exchange, it would establish the Pandemic Risk Reinsurance Program (“PRRP”) administered by the U.S. Department of the Treasury. PRIA would apply to any “outbreak of infectious disease or pandemic” that occurs on or after January 1, 2021 that (i), pursuant to the Public Health Service Act, leads to an emergency declaration and (ii) is certified by the U.S. Secretary of Health and Human Services as a public health emergency.

Under PRIA, an insurer that participates in the PRRP would be required to cover pandemics and public health emergencies under its business interruption policies (including event cancellation policies). For participating insurers, any explicit policy exclusions for such losses that exist when PRIA is enacted would be void and the state form approvals of the exclusions would be preempted. However, these voided exclusions could be reinstated if (a) the insured gives written affirmative authorization to the insurer or (b) for policies in force for less than 5 months, if the insured fails to pay an increased premium for the coverage (limited to a 15% increase) after 30 days’ notice of the reinstatement from the insurer, explaining the premium increase and the insured’s rights.

To reduce the exposure of participating insurers to losses stemming from pandemics or other public health emergencies, federal assistance would be provided through the PRRP. Insurer participation in the PRRP would be voluntary and would need to be renewed annually. The PRRP would provide a system for the sharing of business interruption/event cancellation losses. The PRRP would be triggered when aggregate insured losses for a covered public health emergency exceed \$250 million. For losses under \$250 million, the federal government would

have no obligation to pay for losses. Once this trigger occurs, the federal government would be responsible for 95% of insured losses that exceed the insurer deductible. PRIA sets each participating insurer’s deductible at 5% of the value of the insurer’s direct earned premiums during the preceding calendar year, so each insurer would be required to pay its deductible before the federal government’s commitment to pay losses would be triggered. PRIA would cap federal coverage at \$750 billion. If covered losses were to exceed the cap, PRIA would authorize the Secretary of the Treasury to determine the pro-rata share of compensation beyond the cap. The Secretary would issue regulations setting forth the pro-rata share determination within 90 days of PRIA being enacted. PRIA would not prohibit insurers from purchasing reinsurance coverage in the private reinsurance markets, but it would prohibit double-dipping – if a participating insurer is compensated for covered losses under another federal program, federal coverage under the PRRP would be reduced by that amount. The PRRP would sunset on December 31, 2027.

Under PRIA, the Secretary of the Treasury would have the authority to issue interim final rules or procedures, to prescribe regulations, and to investigate and audit claims. The Secretary would also require participating insurers to submit information relating to insurance coverage for business interruption resulting from pandemics or public health emergencies. Under PRIA, the Secretary would submit reports on an annual basis to Congress regarding the PRRP. PRIA would not affect the jurisdiction or regulatory authority of the state insurance commissioners (or any agency or office performing like functions) over any insurer or other person except as explicitly provided.

After its introduction, PRIA was referred to the House Committee on Financial Services where it still sits as of this publishing. Currently, there is no corresponding Senate bill; however, one may be introduced in the future.

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Business Continuity Protection Program

Under the BCPP, businesses could purchase revenue replacement assistance, for up to 80% of payroll, benefits and operating expenses, for three months in the event of another pandemic. Coverage would be purchased through voluntarily participating state-regulated insurance companies; however, like the NFIP, the aid would come from the Federal Emergency Management Agency (FEMA). Unlike the NFIP, relief payments under the BCPP would be automatically triggered upon a presidential declaration of a public health emergency and no documentation or claims adjustment would be required.

Eligible businesses, which include any firm incorporated in the U.S. (or its territories), including nonprofits, could choose a desired level of protection and apply through a simple process, using a one-page electronic application that includes information directly from the business' previous annual tax returns. Rates would be determined by the program director and be calculated as a percentage of the payroll and applicable expense each participating business seeks to replace. Businesses would need to purchase protection at least 90 days prior to the declaration of a public health emergency. Businesses would also be required to certify that they will (i) use the funds received for retaining employees, (ii) pay necessary operating expenses and (iii) follow federal pandemic guidelines. In addition, the BCPP would require post-relief auditing to monitor businesses' valid use of funds, which would be enforced through fines, required repayment, and criminal penalties. The BCPP would also be able to purchase private reinsurance from payments received under the program to protect federal taxpayers.

The APCIA has scheduled meetings with a number of senior House Financial Services Committee members to advocate for the BCPP, including the ranking Republican, Patrick McHenry (R-NC), and subcommittee chairs and subcommittee ranking members, Emanuel Cleaver (D-MO), Blaine Luetkemeyer (R-MO), Nydia Velázquez (D-NY), Denny Heck (D-WA) and Bill Huizenga (R-MI).

Conclusion

Both PRIA and BCPP are intended to support a business interruption/event cancellation insurance market that will serve the needs of insureds while managing the insurance industry's risk exposure. Both are designed to attempt to reduce the economic risks and consequences associated with pandemics and global health emergencies and restore insurance capacity to the marketplace. Both involve assistance from the federal government, however, they differ in their approach to the federal government's level of involvement. Neither proposal is likely to be adopted this year.

It is clear that, when it comes to the future of business interruption insurance and virus coverage, discussions are only just beginning. ■



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IRES Career Development Seminar in a Virtual Environment



Sir Austen Chamberlain in 1936 and later popularized through a speech by Robert F. Kennedy in 1966 offered the phrase “Like it or not, we live in interesting times,” which certainly applies to our current situation in the midst of the COVID – 19 crisis. As we know, every individual, business and organization is adopting to the “new normal.” Several months ago, and faced with the ever increasing evidence that COVID would not simply disappear, IRES made the difficult decision to cancel this year’s in-person Career Development Seminar (CDS) event in Englewood, Colorado. As a result, the IRES Board of Directors immediately began evaluating potential solutions to offer a virtual option. Fortunately, we identified a dynamic platform, which the Committee is confident will offer members an enjoyable and productive virtual learning experience.

For those of you who attended last year’s CDS, you may remember the Pathable event app, which facilitated information sharing during the Seminar. The Committee was pleased to find Pathable offers an Online Community platform similar to the event app, and it was determined to more than meet the needs to facilitate this year’s CDS. Pathable has partnered with Zoom, through which members and presenters will be able to share and view break-out sessions, Commissioner’s RoundTable, Keynote, Awards and even network.

Live sessions will be offered from August 17, 2020 through August 20, 2020, but recordings for most sessions will be available for a period after CDS, which will afford our members unprecedented flexibility in viewing multiple concurrent sessions. Additionally, continuing education credit will be extended for attendance through August 31, 2020.

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Shelly Schuman



Barry Wells



Sheri Marston

IRES Career Development Seminar in a Virtual Environment *(continued)*

Once you have registered for the virtual CDS, you will receive an email inviting you to join the Community. You may want to add no-reply@pathable.com to your address book to reduce the likelihood that the invitation is marked as spam. When accessing the Community we encourage you to use Chrome or Microsoft Edge. After registering for the Virtual CDS, sign in to the Community to take advantage of what Virtual CDS has to offer including:

- View the most current CDS schedule, including session descriptions and speaker bios
- Build your own personal schedule
- View/download session handouts
- Personalize your attendee profile & see a list of registered attendees
- Send private messages to and/or schedule virtual meetings with other attendees
- Join conversations about topics critical to our industry
- Connect and engage with other attendees

The agenda for the virtual experience will feel quite familiar to CDS of years past. The Commissioner's RoundTable, award presentations, the outgoing and incoming Presidents speeches, breakout sessions from all of the familiar conference tracks and more, will all be part of the virtual CDS. The Committee is also offering Insurance Department Commissioners the opportunity to record a short recording to share information of importance to their state. We believe this will be an interesting and informative option that is uniquely available through the virtual platform.

Additionally, the Committee has not forgotten how much we all love to visit with the sponsors in the halls of CDS! This year sponsors will have individual pages with profiles, pictures and links. You will be able to speak with them one on one in private communications.

We hope you are as excited about this year's CDS as the Committee is and that you will take every opportunity to participate. Jawaharlal Nehru, the first Prime Minister of India, once said "every little thing counts in a crisis" and the CDS Committee has attempted to consider "every little thing" to make this year's CDS a successful experience for our members. We look forward to seeing you in the virtual world! ■

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Ongoing Risk Assessments Assist a Company with Compliance

While we are in these challenging times related to COVID-19, our industry must continue with the high standards stakeholders expect.

An insurance company with an effective compliance framework, will have an ongoing risk assessment program to assist the company in identifying its strengths and/or weaknesses. This article touches on the importance of regulatory compliance and what companies should be doing to be certain they are compliant.

Why Comply?

First let's look at why insurance companies want to comply with state and federal laws and requirements. Granted companies are "required" to comply as we are in a highly regulated industry but let us briefly look past this and the requirements embedded within the federal sentencing guidelines on compliance.¹ People simply do not trust businesses anymore. People trust insurers less than they do many other businesses.

It is important for our industry that we work together to regain that trust. Compliance is not an easy task. Policyholders, beneficiaries, shareholders, and other stakeholders expect it. Regulators want companies to be compliant because it makes their job easier. There is an increased desire today, and for the past several years, by companies to be more proactive than in years past with their regulatory compliance efforts. Companies want to do their best.

In some cases, because of the damaged reputation and large fines from market conduct exams other companies took note of it and in some cases, had their own wake up call. Some companies found they were non-compliant as a policy change or procedure just fell through the cracks and they wanted to address it properly for the long run. Over time management attitude changed and they have employed additional resources to compliance. Today, there is generally someone responsible for compliance and oftentimes compliance appears in their title.

Some of the various stakeholders for insurance companies include the following – each of which has a desire for the company to be compliant:

- Management
- Employees
- Shareholders of any type of entity
- Regulators
- Board of Directors
- Reinsurers
- Rating Agencies
- Policyholders, claimants, and beneficiaries
- Consumer Advocates
- Legislators



Joe Bieniek

An overall positive attitude of compliance beginning with senior management contributes to the overall effectiveness of an insurance company. Generally, whatever the executive team focuses on for the organization, the organization achieves. Compliance is discussed more in the board room today than previously and the mission and vision of many companies includes a focus on compliance. Compliance helps facilitate transparency; an ethical behavior; an avoidance of any conflicts of interest; and, it will provide a verification of anticipated results. It is sometimes difficult for consumers to know they are dealing with a compliant company but over time they do realize whether they are being treated accurately.

A sound compliance framework is needed in every insurance company. A compliance framework helps in many ways and it assists a company in knowing their treatment of policyholders and claimants is on track with the expected results from the insurance departments or the company's expectations. Many of the regulatory items companies need to adhere to do not change often. Policies, procedures, and controls still need to be monitored to be certain they meet expectations. There are also many new requirements affecting every company yearly. In many cases the company needs to adjust to various regulatory changes that need to be implemented effectively. A company cannot continue with the past results or trends. Companies need to be vigilant with compliance, they simply cannot rely on the status quo and they need to be certain underwriters, producers, licensing, adjusters, etc. are still performing as intended. The compliance framework needs to include an element of monitoring of company results for compliance. In this fashion a company can determine if they are maintaining or enhancing regulatory compliance.

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¹Section 8 Part B 2 includes determinations for an Effective Compliance and Ethics Program in the United States Sentencing Commission Guidelines Manual 2018. <https://www.ussc.gov/guidelines>. Last accessed on August 3, 2020.

Ongoing Risk Assessments Assist a Company with Compliance *(continued)*

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Proactive Measures

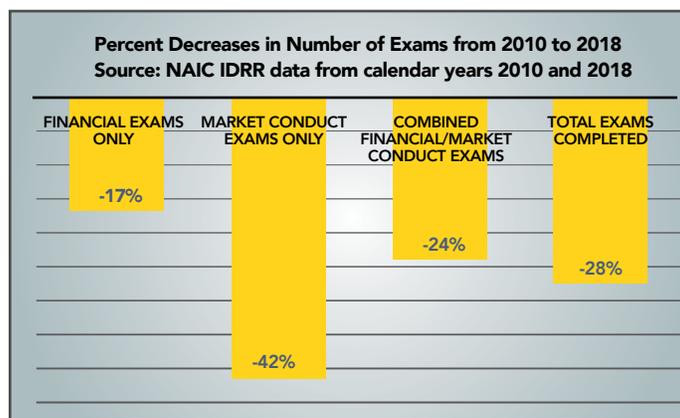
The state insurance department regulators are under more pressure to successfully regulate more uniformly and effectively. Although there is a downward trend in the number of examinations regulators are performing as shown in Table A and Figure A, regulators will continue to ask about compliance programs and its effectiveness. There are several reasons for fewer exams being performed which I am not addressing here but it is important to understand that insurance departments are developing new tools for both examinations and market analysis. And, if they are doing that, what are insurance companies doing to stay on top of the situation? State insurance departments are coordinating their activities and collaborating more than in the past. The regulators are doing things differently and there are more data calls and financial examiners asking about compliance programs. Also, from Figure A, in 2018 we see where 8% of all exams were combined financial and market conduct exams; 34% of the exams were market conduct exams only. A total of 42% of all exams completed included regulators monitoring compliance efforts related to market conduct.² An insurance company needs to be proactive and monitor their own results for compliance.

Table A

Information from Table 14 of the Insurance Department Resources Report	2010	2018	Variance	Percent Change
Financial Exams Only	1,251	1,035	-216	-17%
Market Conduct Exams Only	1,026	598	-428	-42%
Combined Financial/Market Conduct Exams	198	150	-48	-24%
Total Exams Completed	2,475	1,783	-692	-28%
Excluding Financial Exams Only				
Market Conduct Exams Only	1,026	598	-428	-42%
Combined Financial/Market Conduct Exams	198	150	-48	-24%
Total: Market Conduct and Financial/Market Conduct	1,224	748	-476	-39%

Source: National Association of Insurance Commissioners (NAIC) Insurance Department Resources Report (IDRR). Data from calendar years 2010 and 2018

Figure A



CONTINUED ON PAGE 8

²National Association of Insurance Commissioners Insurance Department Resources Report. 2018 is the most recent year available.

Ongoing Risk Assessments Assist a Company with Compliance *(continued)*

How to Ensure Compliance

When compliance matters to a company, the company wants to be certain they are compliant. There are many opportunities for a company to determine if they are compliant. A company should review their compliance like a regulator would and concentrate on operations/management; complaint handling; marketing and sales; producer licensing; policyholder service; underwriting and rating; and, claims³. A company must determine their controls are effective and continuing.

No matter what term is used, it all comes down to ensuring compliance by reviewing what regulators expect and determining if the results match the requirements. Various terms are used to do this. Some terms used are testing, audit, review, self-audit, risk assessment or mock market conduct exam. I will use the term risk assessment. The process companies perform these risk assessments varies. Insurance regulators have a genuine structure they follow with the NAIC Market Regulation Handbook. A good approach for a company is to look at themselves in the same manner a regulator will. A company does not have to do this for every aspect of their business but there are many ways a company can evaluate their performance. The best approach and best practices indicate that companies that have good compliant practices are using a combination of different techniques to ensure they are compliant. An ongoing risk assessment program assists a company in identifying its strengths and/or weaknesses and knows how it is performing in the marketplace.

The following are a few examples of risk assessments a company should be performing on an ongoing basis based on regulatory requirements. Examples for different types of carriers are included.

- Life company – to disclose to policyholders that coverage is being offered through a Trust and that their contracts are subject to the terms of the trust and the underlying group policy
- P&C personal lines – timely file all individually rated risks
- P&C commercial lines – maintain documentation for reducing schedule rating AKA individual risk premium modification
- Health company – in Delaware to pay the proper assessment for the 2020 plan year policies, both individual and group related

Although an example above was for a law change affecting a health company, law changes impact every carrier every year. Every company needs to institute sound policies and procedures that are communicated effectively for every type of law change affecting their business. Updating and managing regulatory and compliance requirements is no easy feat. Part of the process needs to include an ongoing risk assessment program within the company's compliance framework to ensure compliance. A company cannot simply institute new or revised policies and procedures and walk away, they still need to be certain they are compliant. It is important that controls be put into place and monitoring continues.

After a market conduct exam is performed, a regulator may have informed the company they had a deficiency and they need to take corrective action. In this case the company needs to voluntarily perform a risk assessment to be sure their intended controls were appropriate for ensuring ongoing compliance. This may include items from remedial actions or stipulation and consent orders.

When a company has a remedial action, it is an indication they had a deficiency and the regulator requires them to take corrective measures to be compliant. Additionally, the company may need to review each file/claim/item that fell into a category the regulator deemed deficient. In many cases with stipulation and consent orders entered between an entity and a regulator, the company may need to inform the regulator of the policy and procedure changes they instituted, and the company may need to prove they are complying. For any deficiencies found by regulators, the company should perform a risk assessment to ensure compliance. The risk assessments for these regulator-determined deficiencies should be performed in the same manner the regulator did to uncover the deficiency.

A company should have written policies and procedures in place for their various activities. These are used to provide direction, train individuals, conduct business accurately and timely. In a risk assessment, a review of the policies and procedures need to be conducted. Whomever is conducting the review, and if the item involves a regulatory requirement, the person needs to verify the policy and procedure matches the minimum requirement. As mentioned above with a law change, the policy and procedure should have been updated accordingly. At this point the person can determine if compliance is being adhered to and to begin their sampling to determine compliance accuracy.

Monitoring

When a risk assessment is performed the person or team involved in performing the assessment should document the results; good or bad. The documentation may be used as a benchmark. Future risk assessments can be compared to previous periods of time. Depending on the company structure and item(s) being audited, the company can benchmark results. Perhaps an audit conducted in

³ This list is from Chapter 20—General Examination Standards of the NAIC Market Regulation Handbook that all regulators utilize in market conduct examinations.



Ongoing Risk Assessments Assist a Company with Compliance *(continued)*

one area or state can be used to implement effective policies and procedures in another area or state. The documentation may be specifically required if there was a remedial action. Some companies may not want to document their results as the results may be used against the company by a regulator or perhaps in litigation. In this case the chief legal officer of the company needs to be involved. In some states a self-evaluative privilege may alleviate the documentation concerns.

The monitoring of an entity's business including results of a risk assessment, whether documentation is kept or not, are used by the company to:

- Verify the proper controls are in place, or
- Indicate changes in policies, procedures or controls are needed to be compliant, or
- Training is needed on the policies and procedures are needed to be compliant, or
- Implement follow-up activities to ensure compliance, or
- Any combination of the above items and many more can be added to the list.

The results of risk assessments need to be communicated to management. Communication helps to evaluate the compliance program effectiveness. Management needs to know how the company is performing and management can reemploy resources as may be needed for compliance. Performing routine risk assessments helps a company know they are treating consumers accurately and fairly and in the best interests of its own values, those of regulators, and other stakeholders. ■

³ This list is from Chapter 20—General Examination Standards of the NAIC Market Regulation Handbook that all regulators utilize in market conduct examinations.

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Kathy Donovan

Zoning In

NORTHEAST ZONE

Connecticut

Department Notice dated July 6, 2020 provides guidance for carriers developing paid family and medical leave products that may be offered to employers to satisfy coverage standards established by the Paid Family and Medical Leave Insurance Authority (Authority). The Connecticut Insurance Department (CID) indicates that it "has worked closely with the

Authority to develop this guidance that will explain how to file products with the CID so that the Authority may be made aware that carriers have satisfied Authority standards." The Notice further addresses the following subjects in detail: Declaration of Insurance issues, Form Filings and Acknowledgement of Declaration of Insurance Filings.

District of Columbia

An emergency regulation, 26A DCMR 5002, was adopted effective June 12, 2020 with an expiration date of Oct. 10, 2020. This regulation applies to property and casualty insurers and requires these carriers to promptly investigate and resolve claims filed on or after May 30, 2020, for damage to personal and real property, following recent mass demonstrations. Included in the emergency rule are provisions which establish:

- Fixed time periods for insurers to investigate and resolve insurance claims; and
- With respect to any claim filed on or after May 30, 2020, for a loss resulting from the consequences of the mass gatherings and protests in the District, that insurers must:
 - Reimburse policyholders for reasonable expenses incurred without prior approval to secure real property to protect the public safety and welfare,
 - Accept photographs and video recordings as evidence of proof of loss, and
 - File weekly reports regarding any such claim not resolved within the time periods provided in these rules.

Maryland

SB 99 requires insurers, nonprofit health service plans, and HMOs, as well as Medicaid managed care organizations (MCOs) and pharmacy benefits managers (PBMs) that contract with MCOs, to print on a health insurance benefit card or prescription benefit card the acronym used for the state agency that regulates the policy or contract. A carrier, MCO, or PBM is not precluded from including any other information on a card. The bill applies to all policies or contracts issued, delivered, or renewed in the state on or after the effective date of Jan. 1, 2021.

New Hampshire

Bulletin INS 20-033-AB, dated June 8, 2020, addresses the prohibition of gender identity discrimination in accident and health policies. This Department of Insurance Bulletin specifically indicates that, in accordance with HB 608, which previously amended RSA 415:15 and RSA 417:4, VIII(b), insurers are prohibited from denying, excluding, or otherwise limiting coverage for medically necessary services, based on an individual's gender identity. Additionally, "any offered services, medications, supplies, or durable medical equipment in a health insurance policy or contract must be provided to all individuals for whom a medical provider, in consultation with the individual patient, has determined that the services are medically necessary, consistent with RSA 420-J." The Bulletin also indicated that insurers should base coverage decisions on medical necessity rather than a person's gender identity and that it "considers any blanket policy exclusions for health care services related to gender transition or any other form of gender dysphoria treatment as a violation of RSA 417:4, VIII(b) and RSA 415:15 in that such exclusions discriminate on the basis of gender identity."

New York

Section 11 NYCRR 52.75, effective July 28, 2020, establishes a prohibition on discrimination based on sexual orientation, gender identity or expression, or transgender status. Specific prohibitions include: An insurer shall not discriminate based on an insured's or prospective insured's actual or perceived sexual orientation, gender identity or expression, or transgender status. Discrimination prohibited by this section includes any of the following:

- 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;
- Denying, limiting, or otherwise excluding medically necessary services or treatment otherwise covered by a policy on the basis that the treatment is for gender dysphoria; provided further that an insurer shall provide an insured with the utilization review appeal rights required by Insurance Law and Public Health Law Articles 49 for gender dysphoria treatment that is denied based on medical necessity;
- 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; or
- Denying a claim from an insured of one gender or sex for a service that is typically or exclusively provided to an individual of another gender or sex unless the insurer has taken reasonable steps, including requesting additional information, to determine whether the insured is eligible for the services prior to denial of such claim.

Circular Letter 2020-13, dated June 28, 2020, also provides additional information on prohibitions relating to discrimination based on sexual orientation, gender identity or expression, and transgender status and coverage for preventive care and screenings.

Zoning In *(continued)*

SOUTHEAST ZONE

Alabama

Bulletin 2020-11, issued May 5, 2020, addresses the treatment of returning armed services personnel and automobile coverage and provides suggestion to insurers. Insurers are requested to "not deny reinstatement, refuse to write, raise premium or apply a surcharge for members of the Armed Forces who are returning from active service and who may have discontinued or otherwise had a gap in their automobile insurance coverage while in or due to deployed status." Additional requests of insurers include: (1) companies waiving underwriting or rating requirements relating to continuous insurance coverage for returning deployed members; (2) providing a full credit or pro rata premium refund (rather than a short rate penalty) for the period of suspension or removal of coverage and reinstating full coverage without penalty when the policyholder returns from deployment; and (3) refraining from non-renewing policies of insureds in deployment status who keep premium payments current.

Mississippi

SB 2709 requires that commercial property be included in the insurance premium discount or rate reduction for hurricane or windstorm damage mitigation. Key provisions include the following:

- New commercial insurable property: Not later than July 1, 2021, insurance companies must also provide a premium discount or insurance rate reduction for new commercial insurable property. Insurance companies may also offer additional adjustments, which must be available under the terms specified in this section to any owner who builds or locates a new commercial insurable property to resist loss due to hurricane, tornado or other catastrophic windstorm events in any county located in Mississippi (§ 83-75-1).
- Retrofits of existing commercial insurable property: Not later than July 1, 2021, insurance companies must provide a premium discount or insurance rate reduction in a certain amount and manner. Insurance companies may also offer additional adjustments, which must be available under the terms specified in this section to any owner who retrofits existing commercial insurable property to resist loss due to tornado or other catastrophic windstorm events in any county located in Mississippi (§ 83-75-3.)

MIDWEST ZONE

Michigan

Bulletin 2020-29-INS, issued July 2, 2020, reminds producers of their obligations in advising consumers under the no-fault law. Significant changes from Public Acts 21 and 22 (2019) provide Michigan drivers with additional choices including those involving what level of personal injury protection (PIP) medical coverage and bodily injury liability coverage to purchase. Key areas addressed in this Bulletin are as follows:

- Producers are prohibited from attempting to channel an eligible person away from an insurer or insurance coverage with the purpose or effect of avoiding a producer's obligation to submit an application or an insurer's obligation to accept an eligible person.
- A producer who fails to present and explain a person's insurance choices, especially when the person has asked for clarification, will be considered to be attempting to channel that person away from coverage.
- Producers who tell customers that they only place unlimited or the lowest level of PIP insurance, or who insist that all policyholders need an umbrella policy, are not acting in a manner consistent with the purpose of Public Acts 21 and 22 (2019).
- Any misrepresentations or deceptive practices in assisting consumers with their no-fault coverage will lead to administrative action.
- The bill also provides for various standards and requirements applicable to critical tasks such as cybersecurity event notifications, investigations and records retention.

Missouri

Bulletin 20-18, issued June 26, 2020, addresses surprise billing and arbitration under § 376.690. The Bulletin provides information on the required procedural steps including the following: "Prior to commencing arbitration proceedings, a health carrier or health care professional must provide written notice of such intent to the Department Director. This notice must include the name and contact information for the health carrier and the health care professional, the billed amount for the service that is the subject of the dispute, the amount and date of the final offer made by each party, and an attestation that the information provided is true and accurate. In addition, both parties must demonstrate they have completed the negotiation period described in § 376.690, RSMo. The health carrier and health care professional participating in arbitration are responsible for paying all costs associated with the arbitration. The costs must be shared equally and will be billed directly to the health carrier and health care provider. The final decision of the arbitrator is binding on all parties, and a copy of the decision must be provided to the Director." An FAQ list is also provided that covers claims and arbitration-related topics. Jan. 1, 2021.

WESTERN ZONE

Alaska

Effective July 1, 2020, SB 106 adds a new prohibited reason for nonrenewal of a homeowner's insurance policy. Amended § 21.36.240 states that an insurer may not fail to renew a homeowner's insurance policy based solely on the earliest claim made by the insured within the three-year period immediately preceding the policy's annual anniversary if the claim arises from a criminal act committed by a third party.

Zoning In *(continued)*

California

A Department Notice dated June 15, 2020, serves to remind California health insurers that the recent federal rule, “Nondiscrimination in Health and Education Programs or Activities, Delegation of Authority” (RIN 0945-AA11), does not preempt state law and that insurers must continue to comply with the existing antidiscrimination standards in California law. The Notice provides specific information and citation references for these antidiscrimination requirements which apply to various insurer operational areas including underwriting, marketing, rating, policyholder service and claims.

Colorado

HB 1290 enacted a new provision in the insurance code concerning the ability of an insurer to use a failure-to-cooperate defense in an action in which the insured has made a claim under insurance coverage for an incident. Effective Sept. 14, 2020, § 10-3-1118 specifies the various conditions that must be met before such a defense is asserted in a court of law or an arbitration. This defense is further identified as one that “acts as a defense to the portion of the claim materially and substantially prejudiced to the extent the insurer could not evaluate or pay that portion of the claim.” Some additional provisions address policy provisions and liability issues.

Oregon

The Memorandum dated June 18, 2020 addresses nondiscrimination of gender identity in insurance and reminds insurers of current Oregon mandates including its prohibition of insurers discriminating on the basis of a person’s gender identity, or on the basis the person is transgender. The

Division of Financial Regulation further reminds all insurers that unfair discrimination exists if an insurer does any of the following:

- Denies, cancels, limits, or refuses to issue or renew any insurance policy on the basis of a person’s actual or perceived gender identity.
- Imposes additional requirements related to a person’s gender identity that a person must meet or comply with in order to obtain an insurance policy.
- Demands or requires a payment or premium that is based in whole or in part on the insurer’s perceived gender identity of a person rather than the gender identity of the person.

Insurers are also reminded about Bulletin 2016-01 which addresses nondiscrimination related to transgender people in terms of health insurance coverage, as well as SB 250, effective Jan. 1, 2020, which prohibits discrimination by health benefit plans on the basis of actual or perceived race, color, national origin, sex, sexual orientation, gender identity, age, or disability

COVID-19 – Update

Insurance department notices, bulletins, orders, directives and emergency rules, along with gubernatorial emergency declarations and executive orders, continue to be issued across “all zones.” Many of these regulatory actions provide declarations of supplemental states of emergency, extensions of previously mandated or suggested actions by insurers and additional or updated details concerning regulatory agency operations. ■

ABOUT THE AUTHOR:

Kathy Donovan is Senior Compliance Counsel, Insurance with Wolters Kluwer Financial Services. Kathy has more than two decades of experience in insurance compliance. Her expert commentary on legal and regulatory issues affecting the insurance industry is widely published and she is a regular presenter at various industry events.

Outgoing President's Remarks



Randy A. Helder

I remember clearly my conversation with two former IRES Presidents during the New Designees reception at the Spokane CDS last year. They congratulated me and I expressed reservations about my ability to be President and whether the congratulations should be condolences.

"Being President of IRES will be one of the best experiences you have ever had", they said.

"You'll have a great year", they said.

In August, 2019, how could my two friends know that in August, 2020, that we would all be working from home because of a global pandemic and not traveling to Denver for CDS. Ok, they are not great prognosticators, but they were, nevertheless, exactly right. This was one of the best experiences of my life and, not to minimize any of the turmoil of 2020, it was a great year.

What made it so great has absolutely nothing to do with anything I have or haven't accomplished over the last 12 months, and everything to do with the opportunity to be involved with and observe the dedication of so many IRES members. When I made my remarks in Spokane after becoming President, I thought it would be a good idea to speak about service and I urged each of us to consider how we can be involved in IRES; where each of us can serve. That was a wasted speech. All of you are so willing to volunteer and serve in any capacity you are asked to serve. You needed no encouragement.

What a great Society IRES is!

I am convinced the insurance regulatory community is one of the most dedicated and compassionate group of professionals. It was a gift to me to be able to observe this firsthand day-after-day.

Just two examples:

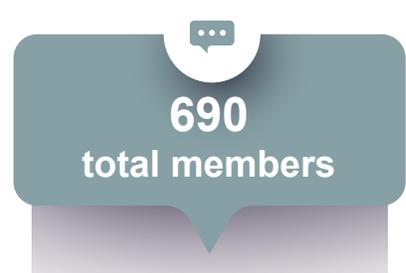
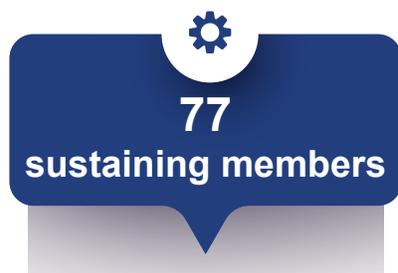
The very fact that we are having a Career Development Seminar in 2020 is testimony to that dedication and the cooperation of dozens of volunteers who have spent hundreds of hours to put this together and contribute their talents, wisdom and knowledge. At one point, earlier in the year, it was a possibility that not only would there be no CDS, but we would have a cancellation penalty to pay. What could have been a loss for IRES was transformed into a gain, professionally and financially. And we have a virtual MCM class for the first time, to boot. That was no mean feat. I am thankful for our CDS Committee, volunteers, and our CDS sponsors who maintained their support in the virtual environment.

As you know, many similar conferences, this year, have had to cancel and for various have been unable to be held virtually. Conscientious members, wanting to earn continuing education credits, reached out to the Executive Committee concerned about how they would accomplish this in a year where CE credits would be difficult to earn due to the cancellations. Within a week, IRES' Accreditation and Ethics Committee met and drafted CE guidelines specific to 2020, and the Education Committee ramped up efforts to produce more training webinars. Again, this was the effort of dozens of members who value the mission of IRES to develop educational and training programs on a continuing basis modeled toward the specialized field of insurance regulation.

I do not have the room to thank everyone who, in one way or another, contributed to make this one of my favorite experiences. Please know I am grateful to all of you.

LeAnn Crow was one of the many people who helped make this such a great year. I am happy to turn the reins over to LeAnn and I hope I can help her as much as she helped me.

And LeAnn, this will be one of the best experiences you will ever have. You will have a great year. ■



Incoming President's Remarks



LeAnn Crow

Greetings IRES members! I am honored to be the President of this great organization for the 2020-2021 term. When I first joined IRES as a fairly new regulator, I could not have predicted the impact IRES would have on my career. After attending my first Career Development Seminar & Regulatory Skills Workshop (CDS/RSW), and learning more about the organization, I felt I needed to get involved with this group.

My first leadership opportunity was serving as the State Chair Chairperson under the Membership and Benefits Committee. This role allowed me to gain more knowledge about IRES and meet other members throughout the States. From there, I was asked to assist Sam Binnun with the 2016 CDS as his Co-Chair. Wow! That is when I saw the full impact this organization has for those in our profession and how caring its members are. I truly enjoyed working on the CDS with Sam, and when asked to Chair the 2017 CDS in Providence, Rhode Island, which also coincided with IRES's 30th anniversary, I jumped at the opportunity. Two great people graciously agreed to Co-Chair that event with me, Shelly Schuman and Barry Wells. We kept that momentum going through CDS years 2018 and 2019, which were all successful events.

This past year, I have been chairing the Meetings & Elections Committee, along with Co-Chairs, Kallie Somme and Ben Darnell. This Committee has allowed me to gain additional insight to much of the "background" work that goes on with IRES. There are so many people, from the Executive Committee, the Board of Directors, and all the Committee Chairs and Co-Chairs that make me proud to be an IRES member and excited to be the IRES President.

I want to thank the outgoing Board of Directors for their gift of time, talent and treasure to IRES. I have gotten to know you all through the years and can say that your work and dedication to IRES have not gone unnoticed. For that, I sincerely thank you and our IRES membership thanks you!

I also want to acknowledge the CDS Committee for its hard work and dedication. They quickly had to transition from our annual in-person CDS meeting to an all-virtual event. This was quite the task and the CDS Committee, chaired by Shelly Schuman, Barry Wells and Sheri Marston, went above and beyond to ensure our event continued forward with fantastic results. Thank you to the CDS Committee! Additionally, I would like to thank the CDS Sponsors for their support of the virtual event.

Speaking of Committees...I encourage you to join an IRES Committee. The Committees work with the goal of having IRES be the best it can be. Take a few minutes and visit our website and read about the different IRES Committee's and the work they do, and then join one! This is a great way to get involved and provide the organization with new thoughts and ideas!

I would like to mention an IRES mentor to me, Gary Domer (Past President 1994-1995). After I joined IRES and began chairing IRES Committees, he has always had an "open telephone" for me. Even if I have the simplest IRES question, I know I can always pick up the phone and call Gary. Gary, thank you for being a great mentor to me and I am proud to be following in your footsteps as an IRES President.

Finally, for those of you that know me, I tend to talk a lot. I mention this, as I want you, the members, to feel free to contact me or any members of the Board of Directors or Executive Committee to discuss any questions or concerns you have. We may not always have an answer right away, or an answer you may agree with; however, we will take the time to listen and hear your concern. ■

Until next time,

LeAnn M. Crow, AMCM, CICSR

IRES Featured Member

Damion Hughes

Tell us about yourself.

I'm originally from Pennsylvania, and that is where most of my immediate family still lives. My professional career started in 2000 when I began working for the Department of Defense's TRICARE Northeast program within the Office of the Lead Agent in Washington DC. I served as a compliance officer responsible for performing compliance audits. At the time there were nine TRICARE regions, which were ultimately consolidated into four. When the consolidation occurred I was left looking for a new opportunity, which led me to the great state of Colorado.

I moved from DC to Colorado in 2004, and was fortunate to obtain a position working for the Colorado Division of Insurance in 2005. I began my career at the Division as a market analyst. I was initially brought on to assist with the Market Conduct Annual Statement, back when it was computer disks and Access databases.

I learned the regulatory ropes, and how to be a market analyst, from the late, great, Carol O'Bryan. Over the years I focused on developing my skills as a market analyst and regulator and, in 2016, was able to move from market analyst into the role of Director of Market Regulation for the Division.

Tell us about your involvement with IRES?

I became an IRES member in December 2014. I decided to join IRES to help expand my knowledge and abilities as a regulator. I had spent most of my regulatory career up to that point as a market analyst, and I wanted to learn more about the market conduct examination process. I obtained my MCM designation in 2017. The MCM training was very useful in my role as Director of Market Regulation as I was now working on market conduct exams more frequently.

Do you have any wise words/tips for new IRES members or those that are new to insurance regulation?

My recommendation is to get involved with your fellow regulators and IRES members as much as possible. Whether its participating in a training class, a conference, or other industry event I've found that meeting and interacting with other insurance regulators can help fine tune your skills as a regulator. My experience has been that this allows you to step back from your normal day to day and helps you to see the bigger picture as it relates to insurance regulation. Insurance is so broad that obtaining differing perspectives, opinions, and viewpoints will help you see how the different areas and aspects of insurance regulation impact each other.



Damion Hughes

When you are not working, what are your passions/hobbies?

When I'm not working I like to run and hit the gym as much as possible. As long as my body cooperates I'll continue to try to keep adding on the miles. I've run a couple half marathons, and hope to run a few more before my running career is over. I also enjoy long hikes with my wife and my dog where we can get out and enjoy beautiful Colorado. I'm a huge Philadelphia Eagles fan, and am really hoping the NFL season is a go for 2020.

What do you see as your biggest accomplishment?

I feel that my greatest accomplishment has been the move to Colorado. I'm proud that I was able to move across the country to a new state, get into a great organization, and eventually move up to Director. I'm looking forward to what the future holds both personally and professionally. ■



MCM® VIRTUAL COURSE, AUGUST 2020

IRES is now offering a new Virtual MCM® Program! The program will still offer certification at the end, as well as 15 CE credits for earning the designation upon passing the exam.

MCM COURSE LOCATION - Online via Microsoft Teams

PROGRAM DATES
August 26, 2020 - August 28, 2020

VIRTUAL MCM® FEES
IRES MEMBERS:
\$395 General Members | \$695 Sustaining Members
NON-MEMBERS:
\$495 Regulator | \$975 Non-Regulator

register now

[Check our website for more details on the course!](#)

Scholarship Award Recognition

AI Gross/Jim Long Rookie of the Year Scholarship Award Winners

Northeast Zone

Nicole McClain, Pennsylvania

Nicole has been a Market Conduct Examiner with the Pennsylvania Insurance Department for 1.5 years. Prior to joining the PID, Nicole gained valuable industry experience as an Insurance Producer and later as a Claims Adjuster. She is passionate about Health Care Regulation attending as many webinars and trainings on the topic as possible. In addition to writing columns about her first few months as an examiner for the Winter and Spring 2019 issues of the Regulator, Nicole has helped create webinars and market conduct reporting tools including best practices PA regulators have found through their exam processes.



Nicole McClain

Western Zone

Matthew Newell, Oregon

I have a long history of auditing. My first "audit" job was a night audit position at a hotel. When I was studying International Business at the University of Nevada Las Vegas, I had the privilege of opening the Bellagio Resort as a Food & Beverage Auditor. More recently I had the amazing experience of working for the Department of Defense in Garmisch, Germany, as the lead income auditor. My regulatory background includes working for the Colorado Division of Gaming (not the animals), as an Enforcement Auditor, and before I came to the Oregon Division of Financial Regulation (DFR) I worked for 3 years as a Performance Auditor in Workers Compensation.

Currently, I have worked at the Oregon Department of Consumer and Business Services (DCBS) for more than 4 years, and the DFR for more than one year. Recently, I led Oregon's first Reinsurance Program compliance audit team. Start to finish, I created the initial sample procedures audit review process and call letters, I also conducted the exams, communicated with insurers, quickly identified errors, and finalized the project. I was able to create and complete an entirely new exam process in less than three months. Personally, I like to ride my motorcycle every day to work thanks to the mild Oregon weather. You can find me most weekends on the river, fishing in my kayak, or taking my family (wife and 3 daughters) to our favorite "Pie Place" for slice of Raspberry Rhubarb.



Matthew Newell

Midwest Zone -

Shannon McNally, Wisconsin

It's truly an honor to be selected as the IRES Rookie of the Year for the Midwest Region. I have been working as an Insurance Examiner at the Office of the Commissioner of Insurance in Wisconsin since 2018. I began in our Health section, have since moved to the Life section, and am now the team lead. I have thoroughly enjoyed learning the industry in-depth and studying its intricacies. It's also exciting to be witnessing the developments that technology is inspiring in insurance and I look forward to watching those continue to evolve over time.

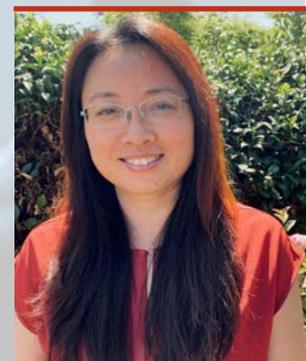


Shannon McNally

Thomas L Reents Memorial Scholarship Winner

Shuqian Guan, California Department of Insurance

Shuqian Guan, CPCU, PIR, AIDA, CYB is a Senior Insurance Rate Analyst for the California Department of Insurance (CDI). She joined the department in December of 2015. In her first year with the CDI, she completed the eight (8)-course sequence for her CPCU designation. Shuqian's continued study of insurance in 2018 and 2019 earned her the Profession in Insurance Regulation (PIR) designation along with the Insurance Data Analytics (AIDA) designation and the Cyber Risk Management designation. She is also the 2017 recipient of the AI Gross/Jim Long Rookie of the Year Scholarship. ■



Shuqian Guan

Education Corner

Summer 2020

This issue, we resume our series of articles about the National IRES Continuing Education (NICE) Program. In the Winter 2020 issue, we provided tips on how to complete the continuing education (CE) submission form on the IRES website.

In this article, we are going to cover what constitutes proof of completion in order to earn CE credit under the NICE Program. Please note, that the information below does not consider the special flexibilities instituted for the 2019-2020 compliance period. Please see the Spring 2020 issue for more information on these temporary flexibilities.

Future issues will cover topics such as what qualifies for CE credit, how to determine how much credit has been earned, avoiding common submission mistakes, and how to read your CE transcript on the IRES website.

The article wraps up with information about upcoming CE deadlines, an update on IRES designation curriculum requirements, and some imported news from LOMA.

Proof of Completion Requirement

The National IRES Continuing Education (NICE) Program grants credit for qualifying educational events provided documentation to support proof of completion can be provided. Under the program, credit can be earned by attending more traditional education events where certificates of attendance are provided. But it also grants credit for other types of educational events where a certificate of attendance is not typically provided. What constitutes proof of completion varies depending on the type of qualifying education event completed.

When determining what you need to provide to support proof of completion, keep in mind that IRES needs to support that the educational event was actually attended. In addition, IRES needs to ascertain certain information about the event to ensure proper credit is granted. Generally speaking, the documentation included with your submission should provide the following information about the event:

- Who attended
- Who sponsored it
- When it was held
- How long it was
- What it was about

Often a certificate of attendance for completing an educational event is provided and that certificate of attendance can be used as proof of completion. Ideally, the certificate of attendance will include the following information:

- IRES member's name
- Name of course or seminar
- Dates of course
- Actual hours attended or CE credit granted
- Instructor's/Sponsor's signature

CONTINUED ON PAGE 18



Jo LeDuc



Education Corner *(continued)*

However, sometimes a certificate of attendance does not contain all of the information needed and additional documentation to support your credit submission is required. One good source of supplement documentation is the educational event’s agenda. Agendas often contain important information such as the day/time of the event and the sponsors name. Registration confirmation notices can also contain the additional information needed to round out your CE submission when the certificate of attendance lacks all the details.

Many educational events that qualify for CE credit under the NICE Program do not offer certificates of attendance, either because the sponsor did not provide one or it is not feasible for one to be issued due to the type of education event. The key in determining what needs to be included as proof of completion is to keep in mind the information that IRES needs to ascertain from your documentation. Making sure that your supporting documentation includes the necessary information will help IRES process your submission quickly.

Here are some examples of what constitutes proof of completion when a certificate of attendance is not provided for some of the more popular education event types submitted by our members:

- College/University Insurance Courses – name and description of the course and a transcript showing the date the course was successfully completion.
- Designation Related Course – notification from the provider that lists the course name and the date the course was completed.
- Published Articles – publication name, issue date, and a copy of the article.
- NAIC National Meetings – dates of the meeting, proof of registration/attendance, and documentation of meetings attended such as a copy of the agenda indicating which meetings were attended.
- Speaking Engagements – a copy of the agenda that includes a list of the speakers.
- Webinars – name and description of the webinar, date/time the webinar took place and confirmation of attendance. Note: Registration confirmation for webinar does not qualify as proof of attendance. Support that the webinar was attended must be provided.

As always, if you are unsure about whether your course documentation is sufficient please contact the IRES office.

Important CE Deadlines Approaching Quickly

It is that time of the year again and National IRES Continuing Education (NICE) Program deadlines are quickly approaching.

THE DEADLINE TO:

Complete your continuing education is August 31, 2020 | Submit your continuing education credits is September 30, 2020

How many credits do I need?	The NICE Program requires 15 hours of qualifying continuing education (CE) credit to be earned and reported each year. Courses submitted for credit must be completed during the current compliance period September 1, 2019 to August 31, 2020.
How can I submit credits or check to see how many CE credits I already have this compliance period?	You can check your CE credits any time online. Just visit the IRES website, log-in to your account and select the Professional Development tab of your user profile. While on the Journal Entries tab, you will be able to see how many credits have been submitted and their status. You can all submit credits by clicking on the +Add Entry button.
What if I am a few CE credits short?	The NICE program allows members to ‘reach back’ and use excess CE credits from the prior year that were not previously used to satisfy your CE requirement. You may ‘reach back’ only one year and you must report the ‘reach back’ CE credits for this reporting period. IRES does not automatically apply excess hours from the prior year to the current reporting period.
What if I am not able to complete my CE by August 31, 2020, even using the ‘reach back’ option?	One-year extensions to complete and report your CE are available to members when circumstances prevent you from completing the required CE. Extensions are not automatic and must be requested prior to September 1, 2020. To request an extension, visit the IRES website, log-in to your accounts and complete the Extension Request Form .

FOR MORE INFORMATION ON THE NICE PROGRAM, SEE THE NICE PROGRAM MANUAL AVAILABLE ONLINE AT WWW.GO-IRES.ORG.

Education Corner *(continued)*

IRES Designation Curriculum Updates

AIE® – Property-Casualty Educational Path

The current designation curriculum under the P&C education for an AIE® includes the option to complete the AIAF 111 - Statutory Accounting for Property Casualty Insurance (AIAF 111) course offered by The Institutes. This course has been discontinued by The Institutes and replaced with AIAF 114 - Insurer Accounting Management (AIAF 114). During its February 2020 meeting, the Accreditation & Ethics (A&E) Committee voted to update the designation curriculum by replacing AIAF 111 with AIAF 114. Individuals that successfully completed AIAF prior to it being discontinued by The Institutes may continue to use that course to satisfy the curriculum requirement.

The A&E Committee was also alerted to an issue related to the substitution options available under the AINS 23 – Commercial Insurance (AINS 23) option. The curriculum allowed those seeking an AIE® to pass AINS 23 or substitute any one of three courses, including CPCU 553 – Survey of Personal Insurance and Financial Planning (CPCU 553). The A&E Committee determined that the inclusion of CPCU 553 as a substitute option under the AINS 23 curriculum option was an error. This decision was based on the fact that AINS 23 is meant to allow designee candidates to expand their knowledge of commercial insurance. CPCU 553 is focused on personal insurance, not commercial insurance. Furthermore, CPCU 553 is a substitution option under the AINS 22 – Personal Insurance curriculum option. Since a course can only be used to satisfy one requirement, the inclusion of CPCU 553 as an acceptable substitute for more than one requirement was not appropriate.

News from LOMA

Due to COVID-19, all of LOMA associates are working remotely. This has delayed printing and mailing of LOMA designation certificates to students. As they start to move toward a return to office, they will resume shipping as quickly as possible.

In addition, LOMA announced a new process for ordering printed copies of LOMA textbooks effective February 1, 2020. Almost all LOMA courses make study materials available electronically for free with enrollment in the course. However, if you would prefer a printed copy of the text to study from or to use as a desk reference, you may be able to purchase a printed copy through the Learning Catalog in LOMA's learning system. A list of available printed books can be found by filtering for course type "Printed Textbook."

For more information on which courses have printed study material available for purchase and how to place an order, please visit the [Study Materials](#) page of the [LOMA website](#).

You can also contact LOMABooks@loma.org or call 770-984-3767 for more information. ■

CONGRATULATIONS TO OUR NEW MEMBERS

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- Maybeth Moses, *Minnesota*
- Sonja Sellmeyer, *Iowa*
- Joshua Gehring *Risk & Regulatory Consulting, LLC*
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- Howard A. Kunst, *CoreLogic*

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Stephanie Duchene is a partner in Mayer Brown's Los Angeles office and a member of the Insurance group. She focuses her practice on representing insurance companies, producers and other insurance licensees and insurance-related service providers in complex and sensitive regulatory matters, including negotiating and resolving significant single and multi-state examinations and investigations, counseling clients on compliance with licensing, claims handling, marketing and advertising rules, and advising clients on the development of new insurance products from initial concept through regulatory approval and into the market. She advises clients on all lines of insurance, including accident, life and health, property and casualty, as well as surplus and excess lines. Additionally, she regularly counsels insurtech companies, traditional carriers and non-insurance entities on the intersection of insurance law and innovation in the industry.



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