State Corporation Commission

Senate Bill 1219 (2021)

Paid Family Leave

"An Act to direct the Bureau of Insurance to review and make recommendations regarding paid family and medical leave"

> Bureau of Insurance November 30, 2021

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November 30, 2021

The Honorable Richard L. Saslaw, Chair Committee on Commerce and Labor Virginia Senate

The Honorable Jeion A. Ward, Chair Committee on Labor and Commerce Virginia House of Delegates The Honorable Janet D. Howell, Chair Committee on Finance and Appropriations Virginia Senate

The Honorable Luke E. Torian, Chair Committee on Appropriations Virginia House of Delegates

This report has been prepared in response to the charges given to the Bureau of Insurance (Bureau) in Senate Bill 1219¹, which was introduced in the regular session of the 2021 Virginia General Assembly and became law during the 2021 Special Session I. Senate Bill 1219 requires the Bureau to:

- 1. Make recommendations regarding any necessary statutory changes that would permit the sale of private insurance plans that would help meet the policy goals identified in the "Paid Family and Medical Leave Study" published by the Offices of the Secretary of Commerce and Trade and the Chief Workforce Development Advisor in September 2020 and coexist as part of a statewide paid family and medical leave program, administered by the Commonwealth, as outlined in such study.
- 2. Convene a stakeholder group to participate in the process, which shall include representatives from the insurance industry, the business community, including small and mid-size businesses that have had difficulty purchasing private insurance in the past, labor organizations, advocates for paid family leave and medical leave, and other interested parties.

This report outlines the efforts of the Bureau and the stakeholders and the Bureau's recommendations for legislation necessary to permit private insurers to write paid family leave coverage in Virginia.

On behalf of the Bureau, attached is its report.

Respectfully submitted,

Scott A. White

¹ A copy of Senate Bill 1219 may be found in Appendix A.

Executive Summary

Senate Bill 1219 (SB1219) allows the Bureau of Insurance (Bureau) to convene a stakeholder group to make recommendations as to statutory changes necessary to permit private insurers to provide family leave coverage in Virginia. The Bureau drafted proposed legislation for the stakeholder group to review and comment upon. The stakeholder group approved the draft legislative proposal, which may be found in Appendix B. The new line of authority allows insurers to write group policies offering paid family leave. The proposed draft legislation closely adheres to the language in the federal Family and Medical Leave Act, "to eliminate confusion of eligibility, leave time and administration."²

Background

Insurers who are interested in writing paid family leave coverage are not currently permitted to do so, as there is no such line of authority presently in Title 38.2 of the Code of Virginia (Virginia Insurance Code), nor does paid family leave coverage fall under any of the existing lines of authority.

Nationally, paid family leave coverage is most often offered with short-term disability income protection coverage (DI). The Virginia Insurance Code permits insurers to offer DI coverage under the definition of "accident and sickness coverage." The Bureau has been contacted by several insurers wanting to write both coverages as they are typically offered together in other jurisdictions.

Stakeholder Process

Thirty-six persons participated in the stakeholder group, including representatives from the insurance industry and the business community, advocates for paid family leave, and other interested parties.³

The stakeholder group held its first meeting on May 11, 2021. The Bureau provided the group with an overview of paid family leave programs in other states. The group thereafter discussed the various characteristics of an ideal public paid family and medical leave program. The group noted that in other states, private paid family leave programs are almost always offered in conjunction with, or as part of, a public family leave program. The group determined that it would focus on language for proposed legislation authorizing the sale of group family leave plans in Virginia. Any such proposal was to be broadly drafted to compliment, and not conflict with, any public program that might be enacted by the General Assembly in the future.

While SB1219 required the group to address "the policy goals identified in the 'Paid Family and Medical Leave Study" published by the administration that includes paid *medical* leave, the Bureau noted that there is currently authority in the Virginia Insurance Code that permits insurers to write the paid *medical* leave coverage. Therefore, the stakeholder group limited its efforts to paid *family* leave. The stakeholder group also focused on group policies, as this coverage is not

² Item #10 of the considerations offered in the "<u>Paid Family and Medical Leave Study</u>" published in September 2020 by the Offices of the Secretary of Commerce and Trade and the Chief Workforce Development Advisor.

³ A list of participants may be found in Appendix C.

often written on an individual basis. The group agreed that the Bureau would draft language providing authority in the Virginia Insurance Code to permit insurers to write paid family leave coverage. On July 8, 2021, the Bureau sent the stakeholders a copy of the draft legislative language for their review.

On July 27, 2021, the stakeholder group held its second meeting to discuss the proposed legislative language. The Bureau reiterated that, as discussed above, the draft language only addressed "paid family leave" as opposed to the "paid family and medical leave" that was previously addressed by the General Assembly and by the administration in its "Paid Family and Medical Leave Study." The Bureau noted that leave due to a medical event of the insured is provided under DI coverage, which insurers licensed to write accident and sickness coverage may currently write. The stakeholder group approved of the proposed language to create a line of authority in the Virginia Insurance Code for paid family leave coverage.

As directed by SB1219, the Bureau drafted this report outlining the group's efforts in addressing paid family leave insurance coverage in the Commonwealth. The report was sent to stakeholders for their comments. Members of the stakeholder group approved the report.

Appendix A virginia acts of assembly -- 2021 special session i

CHAPTER 512

An Act to direct the Bureau of Insurance to review and make recommendations regarding paid family and medical leave.

[S 1219]

Approved March 31, 2021

Be it enacted by the General Assembly of Virginia:

1. § 1. The State Corporation Commission's Bureau of Insurance (the Bureau) shall make recommendations regarding any necessary statutory changes that would permit the sale of private insurance plans that would help meet the policy goals identified in the "Paid Family and Medical Leave Study" published by the Offices of the Secretary of Commerce and Trade and the Chief Workforce Development Advisor in September 2020 and coexist as part of a statewide paid family and medical leave program, administered by the Commonwealth, as outlined in such study. In conducting its review, the Bureau shall convene a stakeholder group to participate in the process, which shall include representatives from the insurance industry, the business community, including small and mid-size businesses that have had difficulty purchasing private insurance in the past, labor organizations, advocates for paid family leave and medical leave, and other interested parties. The Bureau shall report its findings and recommendations to the Senate Committees on Commerce and Labor and Finance and Appropriations and the House Committees on Labor and Commerce and Appropriations by November 30, 2021.

1 § <u>38.2-107.2. Paid family leave.</u>

2 Paid family leave insurance means a policy issued to an employer related to a benefit program

3 provided to employees to pay for employees' income loss due to (i) the birth of a child or adoption

- 4 of a child by the employee, (ii) placement of a child with the employee for foster care; (iii) care of
- 5 a family member of the employee who has a serious health condition; or (iv) circumstances arising

6 out of the fact that the employee's family member who is a military member is on active duty or

7 has been called to active duty status. Paid family leave coverage may be written as an

8 amendment to a group disability income policy, included in a group disability income policy, or as

9 <u>a separate group policy purchased by an employer.</u>

10 § 38.2-135. Classes of insurance companies may be licensed to write.

11 Except as otherwise provided in this title and subject to any conditions and restrictions imposed 12 therein, any insurer licensed to transact the business of insurance in this Commonwealth, other 13 than life insurers and title insurers, may be licensed to write one or more of the classes of 14 insurance enumerated in Article 2 (§ 38.2-101 et seq.) of this chapter that it is authorized under 15 its charter to write, except life insurance, industrial life insurance, credit life insurance, variable life 16 insurance, modified guaranteed life insurance, annuities, variable annuities, modified guaranteed 17 annuities, and title insurance. An insurer licensed to write life insurance shall not be licensed to 18 write any additional class of insurance except modified guaranteed life insurance, variable life 19 insurance, annuities, modified guaranteed annuities, variable annuities, credit life insurance, 20 credit accident and sickness insurance, accident and sickness insurance, and industrial life 21 insurance, and paid family leave insurance. An insurer licensed to write title insurance shall not 22 be licensed to write any additional class of insurance. However, any life insurer that has been 23 licensed to write and has been actively engaged in writing life insurance and any additional class 24 of insurance set out in Article 2 (§ 38.2-101 et seq.) of this chapter continuously during a period 25 of twenty years immediately preceding July 1, 1952, may continue to be licensed to write those

classes of insurance. No company shall write any class of insurance unless it has a current annual
license from the Commission to do so.

§ 38.2-316. Policy forms to be filed with Commission; notice of approval or disapproval; exceptions.

30 A. No policy of life insurance, industrial life insurance, variable life insurance, modified guaranteed 31 life insurance, group life insurance, paid family leave insurance, accident and sickness insurance, 32 or group accident and sickness insurance; no annuity, modified guaranteed annuity, pure 33 endowment, variable annuity, group annuity, group modified guaranteed annuity, or group 34 variable annuity contract; no health services plan, legal services plan, dental or optometric 35 services plan, or health maintenance organization contract; no dental plan organization dental 36 benefit contract; and no fraternal benefit certificate nor any certificate or evidence of coverage 37 issued in connection with such policy, contract, or plan issued or issued for delivery in Virginia 38 shall be delivered or issued for delivery in this Commonwealth unless a copy of the form has been 39 filed with the Commission. In addition to the above requirement, no policy of accident and sickness 40 insurance or paid family leave insurance shall be delivered or issued for delivery in this 41 Commonwealth unless the rate manual showing rates, rules, and classification of risks applicable 42 thereto has been filed with the Commission.

B. Except as provided in this section, no application form shall be used with the policy or contract and no rider or endorsement shall be attached to or printed or stamped upon the policy or contract unless the form of such application, rider or endorsement has been filed with the Commission. No individual certificate and no enrollment form shall be used in connection with any group life insurance policy, group accident and sickness insurance policy, group annuity contract, or group variable annuity contract, or group paid family leave insurance policy unless the form for the certificate and enrollment form have been filed with the Commission.

C. 1. None of the policies, contracts, and certificates specified in subsection A of this section shall
be delivered or issued for delivery in this Commonwealth and no applications, enrollment forms,

riders, and endorsements shall be used in connection with the policies, contracts, and certificates
unless the forms thereof have been approved in writing by the Commission as conforming to the
requirements of this title and not inconsistent with law.

2. In addition to the above requirement, no premium rate change applicable to individual accident and sickness insurance policies, subscriber contracts of health services plans, dental or optometric services plans, or fraternal benefit contracts providing individual accident and sickness coverage as authorized in § 38.2-4116 shall be used unless the premium rate change has been approved in writing by the Commission. No premium rate change applicable to individual or group Medicare supplement policies shall be used unless the premium rate change has been approved in writing by the Commission.

D. The Commission may disapprove or withdraw approval of the form of any policy, contract or
 certificate specified in subsection A of this section, or of any application, enrollment form, rider or
 endorsement, if the form:

1. Does not comply with the laws of this Commonwealth;

66 2. Has any title, heading, backing or other indication of the contents of any or all of its provisions67 that is likely to mislead the policyholder, contract holder or certificate holder; or

68 3. Contains any provisions that encourage misrepresentation or are misleading, deceptive or69 contrary to the public policy of this Commonwealth.

70 E. Within 30 days after the filing of any form requiring approval, the Commission shall notify the 71 organization filing the form of its approval or disapproval of the form which has been filed, and, in 72 the event of disapproval, its reason therefor. The Commission, at its discretion, may extend for 73 up to an additional 30 days the period within which it shall approve or disapprove the form. Any 74 form received but neither approved nor disapproved by the Commission shall be deemed 75 approved at the expiration of the 30 days if the period is not extended, or at the expiration of the 76 extended period, if any; however, no organization shall use a form deemed approved under the 77 provisions of this section until the organization has filed with the Commission a written notice of

its intent to use the form together with a copy of the form and the original transmittal letter thereof.
The notice shall be filed in the offices of the Commission at least 10 days prior to the organization's
use of the form.

F. If the Commission proposes to withdraw approval previously given or deemed given to the form of any policy, contract or certificate, or of any application, rider or endorsement, it shall notify the insurer in writing at least 15 days prior to the proposed effective date of withdrawal giving its reasons for withdrawal.

G. Any insurer or fraternal benefit society aggrieved by the disapproval or withdrawal of approval
of any form may proceed as indicated in § 38.2-1926.

H. This section shall not apply to any special rider or endorsement on any policy, except an
accident and sickness insurance policy that relates only to the manner of distribution of benefits
or to the reservation of rights and benefits under such policy, and that is used at the request of
the individual policyholder, contract holder or certificate holder.

91 I. The Commission may exempt any categories of such policies, contracts, and certificates and 92 any applicable rate manuals from (i) the filing requirements, (ii) the approval requirements of this 93 section, or (iii) both such requirements. The Commission may modify such requirements, subject 94 to such limitations and conditions which the Commission finds appropriate. In promulgating an 95 exemption, the Commission may consider the nature of the coverage, the person or persons to 96 be insured or covered, the competence of the buyer or other parties to the contract, and other 97 criteria the Commission considers relevant.

J. In lieu of complying with the requirements of subsections A, B, and C, any legal services organization operating, conducting, or administering a legal services plan may provide the Commission with an informational filing regarding a subscription contract, enrollment form, rider, or endorsement used by the legal services organization in connection with a legal services plan offered in the Commonwealth together with written notice of its intent to use the form. Upon providing such informational filing and notice, the legal services organization may use the

subscription contract, enrollment form, rider, or endorsement without its prior approval by the Commission. This subsection shall not limit the authority of the Commission to review a legal services plan and any subscription contract, enrollment form, rider, or endorsement used in connection therewith and to disapprove the use of such form for any of the grounds set forth in subsection D.

- 109 K. Pursuant to the authority granted by § 38.2-223, the Commission may promulgate such rules
- and regulations as it may deem necessary to set standards for policy and other form submissions
- 111 required by this section or § 38.2-3501.

APPENDIX C

Senate Bill 1219 Paid Family Leave Stakeholder Group Members

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APPENDIX C

Senate Bill 1219 Paid Family Leave Stakeholder Group Members

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|---------------------------------|---|--|-----------------------------------|---|
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