**PET INSURANCE MODEL ACT**

***New Model*** *-**Draft: 8/4/21*

*Adopted by Pet Insurance (C) Working Group*

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**Section 1 Short Title**

This Act shall be known as the “Pet Insurance Act.”

**Section 2 Scope and Purpose**

A. The purpose of this Act is to promote the public welfare by creating a comprehensive legal framework within which Pet Insurance may be sold in this state.

B. The requirements of this Act shall apply to Pet Insurance policies that are issued to any resident of this state, and are sold, solicited, negotiated, or offered in this state, and policies or certificates that are delivered or issued for delivery in this state.

C. All other applicable provisions of this state’s insurance laws shall continue to apply to Pet Insurance except that the specific provisions of this Act shall supersede any general provisions of law that would otherwise be applicable to Pet Insurance.

**Section 3 Definitions**

If an insurer uses any of the terms in this Act in a policy of pet insurance, the insurer shall use the definition of each of those terms as set forth herein and include the definition of the term(s) in the policy. The insurer shall also make the definition available through a clear and conspicuous link on the main page of the insurer or insurer’s program administrator’s website.

Nothing in this Act shall in any way prohibit or limit the types of exclusions insurers may use in their policies or require insurers to have any of the limitations or exclusions defined below.

As used in this Act:

1. “Chronic condition” means a condition that can be treated or managed, but not cured.

“Congenital anomaly or disorder” means a condition that is present from birth, whether inherited or caused by the environment, which may cause or contribute to illness or disease.

D. “Hereditary disorder” means an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.

E. “Pet insurance” means a property insurance policy that provides coverage for accidents and illnesses of pets.

F. “Preexisting condition” means any condition for which any of the following are true prior to the effective date of a pet insurance policy or during any waiting period:

1. A veterinarian provided medical advice;
2. The pet received previous treatment; or
3. Based on information from verifiable sources, the pet had signs or symptoms directly related to the condition for which a claim is being made.

A condition for which coverage is afforded on a policy cannot be considered a preexisting condition on any renewal of the policy.

G. “Veterinarian” means an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which he or she practices.

H. “Veterinary expenses” means the costs associated with medical advice, diagnosis, care, or treatment provided by a veterinarian, including, but not limited to, the cost of drugs prescribed by a veterinarian.

1. “Waiting period” means the period of time specified in a pet insurance policy that is required to transpire before some or all of the coverage in the policy can begin. Waiting periods may not be applied to renewals of existing coverage.

J. “Renewal” means to issue and deliver at the end of an insurance policy period a policy which supersedes a policy previously issued and delivered by the same insurer or affiliated insurer and which provides types and limits of coverage substantially similar to those contained in the policy being superseded.

K. “Orthopedic” refers to conditions affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints. It includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial cruciate ligaments. It does not include cancers or metabolic, hemopoietic, or autoimmune diseases.

L. “Wellness program” means a subscription or reimbursement-based program that is separate from an insurance policy that provides goods and services to promote the general health, safety, or wellbeing of the pet. These goods and services include wellness exams, fecal tests, blood tests, vaccinations/titers, preventive medications for fleas, ticks, and heartworm, dental cleaning, spay and neuter procedures, nail trimming, grooming, and licensing tags. If any wellness program [insert language from state statute or regulation that defines the trigger for insurance contracts, which might include language such as: [undertakes to indemnify another], or [pays a specified amount upon determinable contingencies] or [provides coverage for a fortuitous event]], it is transacting in the business of insurance and is subject to the insurance code.  This definition is not intended to classify a contract directly between a service provider and a pet owner that only involves the two parties as being “the business of insurance,” unless other indications of insurance also exist.

**Section 4 Disclosures**

1. An insurer transacting pet insurance shall disclose all of the following to consumers:
2. If the policy excludes coverage due to any of the following:
3. A preexisting condition;
4. A hereditary disorder;
5. A congenital anomaly or disorder; or
6. A chronic condition.
7. If the policy includes any other exclusions, the following statement: “Other exclusions may apply. Please refer to the exclusions section of the policy for more information.”
8. Any policy provision that limits coverage through a waiting or affiliation period, a deductible, coinsurance, or an annual or lifetime policy limit.
9. Whether the insurer reduces coverage or increases premiums based on the insured’s claim history, the age of the covered pet or a change in the geographic location of the insured.
10. If the underwriting company differs from the brand name used to market and sell the product.

B. Preexisting condition.

C. Waiting Period.

D. Right of Return.

(1) Pet insurance applicants shall have the right to return the policy, certificate or rider to the company or an agent/insurance producer of the company within fifteen (15) days of its receipt and to have the premium refunded if, after examination of the policy, certificate or rider, the applicant is not satisfied for any reason,

(2) Pet insurance policies, certificates and riders shall have a notice prominently printed on the first page or attached thereto including specific instructions to accomplish a return. The following free look statement or language substantially similar shall be included:

 “You have 15 days from the day you receive this policy, certificate or rider to review it and return it to the company if you decide not to keep it. You do not have to tell the company why you are returning it. If you decide not to keep it, simply return it to the company at its administrative office or you may return it to the agent/insurance producer that you bought it from. You must return it within 15 days of the day you first received it. The company will refund the full amount of any premium paid within 30 days after it receives the returned policy, certificate or rider. The premium refund will be sent directly to the person who paid it. The policy, certificate or rider will be void as if it had never been issued.”

E. An insurer shall clearly disclose a summary description of the basis or formula on which the insurer determines claim payments under a pet insurance policy within the policy itself, prior to policy issuance and through a clear and conspicuous link on the main page of the insurer or insurer’s program administrator’s website.

F.An insurer that uses a benefit schedule to determine claim payment under a pet insurance policy shall do both of the following:

1. Clearly disclose the applicable benefit schedule in the policy.
2. Disclose all benefit schedules used by the insurer under its pet insurance policies through a clear and conspicuous link on the main page of the insurer or insurer’s program administrator’s website.

G.An insurer that determines claim payments under a pet insurance policy based on usual and customary fees, or any other reimbursement limitation based on prevailing veterinary service provider charges, shall do both of the following:

1. Include a usual and customary fee limitation provision in the policy that clearly describes the insurer’s basis for determining usual and customary fees and how that basis is applied in calculating claim payments.
2. Disclose the insurer’s basis for determining usual and customary fees through a clear and conspicuous link on the main page of the insurer or insurer’s program administrator’s website.

HThe insurer shall include a summary of all policy provisions required in subsections (A) through (D), inclusive, in a separate document titled “Insurer Disclosure of Important Policy Provisions.”

I.The insurer shall post the “Insurer Disclosure of Important Policy Provisions” document required in subsection (E) through a clear and conspicuous link on the main page of the insurer or insurer’s program administrator’s website.

J.In connection with the issuance of a new pet insurance policy, the insurer shall provide the consumer with a copy of the “Insurer Disclosure of Important Policy Provisions” document required pursuant to subsection (E) in at least 12-point type when it delivers the policy.

K.

L.At the time a pet insurance policy is issued or delivered to a policyholder, the insurer shall include a written disclosure with all of the following information, printed in 12-point boldface type:

(1) The department’s mailing address, toll-free telephone number and internet website address.

(2) The address and customer service telephone number of the insurer or the agent or broker of record.

(3) If the policy was issued or delivered by an agent or broker, a statement advising the policyholder to contact the broker or agent for assistance.

M.If any medical examination by a licensed veterinarian is required to effectuate coverage, the insurer shall clearly and conspicuously disclose the required aspects of the examination prior to purchase and disclose that examination documentation may result in a preexisting condition exclusion.N.Waiting periods and the requirements applicable to them, must be clearly and prominently disclosed to consumers prior to the policy purchase.

O.The disclosures required in this section shall be in addition to any other disclosure requirements required by law or regulation.

**Section** **5 Violations**

Violations of this Act shall be subject to penalties pursuant to [insert state administrative code].

**Section 6 Policy Conditions**

A. A pet insurer may issue policies that exclude coverage on the basis of one or more preexisting conditions with appropriate disclosure to the consumer. The insurer has the burden of proving that the preexisting condition exclusion applies to the condition for which a claim is being made.

B. A pet insurer may issue policies that impose waiting periods upon effectuation of the policy that do not exceed 30 days for illnesses or “orthopedic: conditions not resulting from an accident.

(1) An insurer utilizing a waiting period permitted in Subsection 6B shall include a provision in its contract that allows the waiting periods to be waived upon completion of a medical examination. Insurers may require the examination to be conducted by a licensed veterinarian after the purchase of the policy.

(a) A medical examination under Subsection 6B(1) shall be paid for by the policyholder, unless the policy specifies that the insurer will pay for the examination.

(b) An insurer can specify elements to be included as part of the examination and require documentation thereof, provided the specifications do not unreasonably restrict a consumer’s ability to waive the waiting periods in section Subsection 6B.

(2) Waiting periods and the requirements applicable to them, must be clearly and prominently disclosed to consumers prior to the policy purchase.

(3) An insurer shall disclose that examination documentation may result in a preexisting condition exclusion.

C. A pet insurer must not require a veterinary examination of the covered pet for the insured to have their policy renewed.

D. If a pet insurer includes any prescriptive, wellness, or non-insurance benefits in the policy form, then it is made part of the policy contract and must follow all applicable laws and regulations in the insurance code.

E. An insured’s eligibility to purchase a pet insurance policy must not be based on participation, or lack of participation, in a separate wellness program.

**Section 7 Sales Practices for Wellness Programs**

1. A wellness program may be marketed and sold alongside a pet insurance policy by a licensed insurance entity as long as:
2. The purchase of the wellness program is not a requirement to the purchase of pet insurance;
3. The costs for each wellness program are separate and identifiable;
4. The terms and conditions for the wellness program are separate from the policy;
5. The wellness program does not duplicate products available through the pet insurance policy that is marketed and sold alongside such wellness program; and

(5) The advertising of the wellness program is not misleading and in accordance with Subsection 7B of this Model.

(B) In addition to the *Unfair Trade Practices Act* (#880) at [insert reference to NAIC model *Unfair Trade Practices Act* (#880)], the following marketing practices apply to wellness programs marketed and sold alongside a pet insurance policy by a licensed insurance entity:

1. Advertising must distinguish between the offered pet insurance and the wellness program, so that the consumer can clearly understand which product is insurance, and which product is not insurance.
2. For advertisements that include costs:
3. The advertisement must clearly disclose whether the cost includes pet insurance; and
4. The cost of the insurance premium must be clearly disclosed prior to enrollment.

**Section** **8 Regulations**

The commissioner may adopt reasonable rules and regulations, as are necessary to administer this part.