

TITLE 4: ECONOMIC RESOURCES
DIVISION 7: INSURANCE

§ 7604. Remedies of Commissioner for Violations of Chapter.

(a) If the Commissioner has reason to believe that a rate, rating plan, or rating system filed or used by a health insurance issuer or filed by a rating or advisory organization on behalf of an insurer does not comply with the requirements and standards of this chapter, the Commissioner may issue an order directing the insurer or the rating or advisory organization to discontinue or desist from the noncompliance. An order issued under this subsection is subject to the provisions of 4 CMC § 7606.

(b) If the Commissioner holds a hearing on an order issued pursuant to subsection (a) of this section, and the Commissioner finds that the requirements under this chapter or federal law have not been met, the insurer or rating or advisory organization filing or using the rate, rating plan, or rating system shall pay to the Commissioner the just and legitimate costs of the hearing, including actual necessary expenses.

(c) If the Commissioner finds after a hearing pursuant to 4 CMC § 7606 that any rate, rating plan, or rating system violates the provisions of this chapter, the Commissioner may issue an order specifying the violation and stating when, within a reasonable period of time, the further use of such rate, rating plan, or rating system by an insurer or rating or advisory organization shall be prohibited.

(d) If the Commissioner finds after a hearing pursuant to 4 CMC § 7606 that an insurer or rating or advisory organization is in violation of any provision of this chapter other than the provisions dealing with rates, rating plans or rating systems, the Commissioner may issue an order specifying the violation and requiring compliance within a reasonable time.

(e) If the Commissioner finds after a hearing pursuant to 4 CMC § 7606 that the violation of any of the provisions of this chapter applicable to it by any insurer or rating organization that has been the subject of a hearing was willful, the Commissioner may suspend or revoke the certificate of authority of such insurer or the license of such rating organization.

(f) If the Commissioner finds after a hearing that any rating organization has willfully engaged in any fraudulent or dishonest act or practices, the Commissioner may suspend or revoke the license of such organization.

Source: PL 18-34 § 3(7604) (Feb. 14, 2014), modified.

Commission Comment: The Commission corrected the designation of subsections pursuant to 1 CMC § 3806(a). The Commission corrected the capitalization of the words “health insurance issuer” in subsection (a), “rating or advisory organization” in subsection (a), and “chapter” in subsection (b) pursuant to 1 CMC § 3806(f). The Commission inserted a comma after the word “plan” in subsections (a), (b), and (c) pursuant to 1 CMC § 3806(g).