17:48E-49

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LAWS OF:

2001

CHAPTER:

131

NJSA:

17:49E-49

(Conversion of a health service corporation)

BILL NO:

S1581

(Substituted for A2739)

SPONSOR(S): Cardinale and Codey

DATE INTRODUCED: September 21, 2000

COMMITTEE:

ASSEMBLY:

Banking and Insurance

SENATE:

Commerce

AMENDED DURING PASSAGE:

Yes

DATE OF PASSAGE:

ASSEMBLY:

March 26, 2001

Re-enacted 6-28-2001

SENATE:

December 18, 2000

Re-enacted 6-21-2001

DATE OF APPROVAL:

June 29, 2001

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Senate Committee Substitute (1R) enacted)

(Amendments during passage denoted by superscript numbers)

S1581

SPONSORS STATEMENT: (Begins on page 9 of original bill)

Yes <u>Yes</u>

COMMITTEE STATEMENT:

ASSEMBLY: SENATE:

Yes

FLOOR AMENDMENT STATEMENTS:

No

LEGISLATIVE FISCAL ESTIMATE:

No

A2739

SPONSORS STATEMENT: (Begins on page 9 of original bill)

Yes

Bill and Sponsors Statement identical to S1581

COMMITTEE STATEMENT:

ASSEMBLY:

SENATE:

<u>Yes</u> No

FLOOR AMENDMENT STATEMENTS:

No

LEGISLATIVE FISCAL ESTIMATE:

No

VETO MESSAGE:

Yes

(continued)

GOVERNOR'S PRESS RELEASE ON SIGNING:	Yes
FOLLOWING WERE PRINTED: To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 633-2111 or mailto:blupp@njstatelib.org	
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KBP

P.L. 2001, CHAPTER 131, approved June 29, 2001 Senate Committee Substitute (First Reprint) for Senate, No. 1581

- 1 AN ACT concerning the conversion of a health service corporation to
- a domestic stock insurer, providing for the establishment of a
- 3 charitable foundation and amending P.L.1992, c.161 and P.L.1992,
- 4 c.162.

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6 **BE IT ENACTED** by the Senate and General Assembly of the State 7 of New Jersey:

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- 9 1. (New section) As used in this act:
- 10 "Affiliate" or "affiliated" has the meaning set forth in subsection a.
- 11 of section 1 of P.L.1970, c.22 (C.17:27A-1).
- 12 "Alternative foundation plan" means the plan submitted to the
- 13 Attorney General and the commissioner pursuant to section 18 of this
- 14 act.
- 15 "Application" means the application for approval of a plan of
- 16 conversion filed with the commissioner pursuant to section 3 of this
- 17 act.
- 18 "Attorney General" means the Attorney General of the State of New
- 19 Jersev.
- 20 "Commissioner" means the Commissioner of Banking and Insurance.
- 21 "Control" has the meaning set forth in subsection c. of section 1 of
- 22 P.L.1970, c.22 (C.17:27A-1).
- 23 "Conversion" means the process by which a health service
- 24 corporation converts to a domestic stock insurer in accordance with
- 25 the provisions of sections 2 through 14 and section 19 of this act.
- 26 "Converted insurer" means the domestic stock insurer into which a
- 27 health service corporation converts in accordance with the provisions
- 28 of sections 2 through 14 and section 19 of this act.
- 29 "Domestic stock insurer" means a for-profit stock insurer authorized
- 30 pursuant to Title 17B of the New Jersey Statutes to transact health
- 31 insurance as defined in N.J.S.17B: 17-4.
- 32 "Effective time" means the date and time at which the conversion of
- a health service corporation is effective, as provided in section 11 of
- 34 this act.
- 35 "Foundation" means the foundation or foundations established under
- 36 section 18 or 19 of this act.

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined \underline{thus} is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate amendments adopted in accordance with Governor's recommendations June 7, 2001.

1 "Foundation plan" means the plan submitted to the Attorney General 2 pursuant to section 19 of this act.

3 "Health service corporation" means a health service corporation 4 established pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.).

5 "Material change in form" means any action or series of actions that effect a fundamental corporate change which involves a transfer of 6 7 ownership or control of assets of the health service corporation or a 8 change of the mission or purpose of the health service corporation, 9 including, without limitation, the purchase, lease, exchange, 10 conversion, restructuring, merger, division, consolidation or transfer 11 of control, bulk reinsurance or other disposition or transfer of a 12 substantial amount of business, line of business, assets or operations 13 of the health service corporation, including the transfer, directly or 14 indirectly, of a substantial amount of the health service corporation's 15 business, line of business, assets or operations to one or more nonconforming affiliates. A material change in form by the transfer, 16 17 directly or indirectly, of a substantial amount of the health service 18 corporation's business, line of business, assets or operations to one or 19 more nonconforming affiliates shall not be deemed to occur so long as, 20 during the most recent four prior consecutive calendar quarters: (1) 21 the aggregate revenues of all nonconforming affiliates do not exceed 22 50 percent of the aggregate revenues for the health service corporation 23 and all affiliates; (2) the aggregate revenues of all nonconforming 24 affiliates derived from providing individual or group health coverage 25 to residents of New Jersey equal or exceed 50 percent of the aggregate 26 revenues from all nonconforming affiliates; and (3) the aggregate 27 assets of all nonconforming affiliates do not exceed 50 percent of the 28 aggregate assets of the health service corporation and all affiliates.

"Nonconforming affiliate" means any affiliate of a health service corporation that: (1) operates on a for-profit basis, or (2) operates on a nonprofit basis and does not have a purpose the same as or substantially similar to that of the health service corporation.

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"Parent corporation" means a stock corporation incorporated under the laws of this State that is or has been organized for the purpose of acquiring, directly or indirectly, control of the converted insurer pursuant to the plan of conversion.

"Petition" means the petition for approval of a foundation plan
submitted to the Attorney General pursuant to subsection a. of section
19 of this act.

"Plan of conversion" means the written plan of conversion adopted by the health service corporation in compliance with section 2 of this act.

"Policy" means an individual or group policy or contract of insurance, including, without limitation, any certificate, rider, endorsement, plan or product offering issued by or binding upon the health service corporation.

"Subscriber" means a person covered by or entitled to benefits under any policy, including, but not limited to, the persons described in 3 subsection k. of section 1 of P.L.1985, c.236 (C.17:48E-1).

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- 5 2. (New section) a. A health service corporation may convert to a domestic stock insurer by complying with the provisions of sections 2 6 7 through 14 and section 19 of this act.
- b. To convert to a domestic stock insurer, the board of directors of 8 9 a health service corporation shall adopt a resolution to become a 10 domestic stock insurer at a meeting of the board by a two-thirds 11 affirmative vote of the total number of directors of the health service 12 corporation. A copy of the minutes of the meeting at which that 13 resolution is adopted shall be filed with the commissioner and with the 14 Attorney General at least 120 days before the proposed effective time 15 of the conversion. The resolution shall include a written plan of conversion to a domestic stock insurer. The plan shall include: 16
- 17 (1) The purposes of the conversion and the manner in which the proposed conversion will occur. 18
- 19 (2) The proposed certificate of incorporation of the converted 20 insurer and any parent corporation.
 - (3) The proposed bylaws of the converted insurer and any parent corporation. The bylaws of the converted insurer shall provide for the appointment of officers, and may provide that the officers of the health service corporation shall serve to the end of the term to which they were appointed under the bylaws of the health service corporation.
- 26 (4) A description of any proposed changes in the converted insurer's 27 mode of operations after conversion.
 - (5) A statement describing the manner in which the plan of conversion provides for the protection of all existing contractual rights of subscribers under the policies in effect at the effective time, including the payment of claims for reimbursement for those services.
 - (6) A statement that the health service corporation's subscribers shall have no right to receive any assets, surplus, capital or other distribution, or to receive any stock or other ownership interest in the converted insurer or parent corporation in connection with the conversion.
- 37 (7) A statement that the legal existence of the health service corporation does not terminate and that the converted insurer is 38 39 subject to all of the liabilities, obligations and relations of whatever 40 kind of the health service corporation and succeeds to all property, 41 assets, rights, interests and relations of the health service corporation.
- 42 (8) An explanation of how policies to be offered by the converted 43 insurer will comply with section 8 of this act.
- 44 (9) The manner and form in which the fair market value of the 45 health service corporation will be transferred, without consideration, 46 to the foundation.

- 1 3. (New section) a. The health service corporation shall file with
- 2 the commissioner an application pursuant to subsection b. of this
- 3 section for approval of, and permission to convert pursuant to, a plan
- 4 of conversion. Concurrent with the filing of the application with the
- 5 commissioner, the health service corporation shall submit a petition to
- 6 the Attorney General pursuant to section 19 of this act and submit a
- 7 copy of the petition to the commissioner. The health service
- 8 corporation shall file a copy of the application with the Attorney
- 9 General at the time the health service corporation files the application
- with the commissioner.
- b. The application shall include the following:
- 12 (1) The plan of conversion and exhibits thereto.
- 13 (2) A business plan of the converted insurer and any parent
- 14 corporation, including five-year financial projections and the number
- 15 of shares of capital stock that the converted insurer and any parent
- 16 corporation is authorized to issue, together with estimates of the
- 17 capital which might be raised by the sales of the capital stock or
- 18 securities convertible into capital stock.
- 19 (3) A certification by the secretary of the health service corporation
- 20 that the plan of conversion has been duly adopted by action of not less
- 21 than two-thirds of the total number of directors of the board of the
- 22 health service corporation. Subscribers of the health service
- corporation shall not have the right to vote on or approve the plan of
- 24 conversion, any amendments to the health service corporation's
- 25 certificate of incorporation or bylaws, or the certificate of
- 26 incorporation or bylaws of the converted insurer or parent
- 27 corporation, notwithstanding any provision to the contrary in the
- 28 certificate of incorporation or bylaws of the health service corporation.
- 29 (4) The proposed forms of the notice of hearing required by 30 subsection e. of this section and any other notices required by the plan
- 31 of conversion or by the commissioner.
- 32 (5) Any information provided to the board of directors of the health
- 33 service corporation in connection with its review and approval of the
- 34 plan of conversion, except materials that are protected by attorney-
- 35 client privilege.
- 36 (6) A comparative premium rate analysis of all the policies of the
- 37 health service corporation, comparing actual premium rates for the
- 38 three-year period preceding the filing of the plan of conversion and
- 39 projected premium rates for the three-year period following the
- proposed conversion. The rate analysis shall address the projected impact, if any, of the proposed conversion upon the cost to subscribers
- 42 as well as the projected impact, if any, of the proposed conversion
- 43 upon the health service corporation's underwriting profit, investment
- 44 income, tax liability and loss and claim reserves, including the effect,
- 45 if any, of adverse market or risk selection on reserves.
- 46 (7) Any conditions, other than approval of the plan of conversion by

- 1 the commissioner, to be fulfilled on or before the effective time.
- 2 (8) Any proposed agreement between or among the foundation and
- 3 the converted insurer or its parent corporation, if applicable, including,
- 4 but not limited to, any agreement relating to the voting or registration
- 5 for sale of any capital stock issued to the foundation by the converted
- 6 insurer or any parent corporation.

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- 7 (9) Any other additional information that the health service 8 corporation believes is necessary.
- 9 (10) Any other additional information that the commissioner in his sole discretion deems appropriate.
- 11 c. If required pursuant to section 6 of this act, the plan of 12 conversion shall include an appraisal of the fair market value, or range 13 of values, of the aggregate equity of the converted insurer to be 14 outstanding upon completion of the plan of conversion and, if a range 15 of values, the methodology for fixing a final value coincident with the 16 completion of the transactions provided for in the plan of conversion.
 - (1) The appraisal shall enable determinations of value of:
 - (a) the amount of cash or other assets that the foundation will be entitled to receive, without consideration, under the provisions of the plan of conversion; and
 - (b) the price of any shares to be issued pursuant to the optional provisions of a plan of conversion permitted by subsection e. of section 6 of this act;
 - (2) The appraisal required by this subsection c. shall be prepared by persons independent of the health service corporation, experienced and expert in the area of corporate appraisals and acceptable to the commissioner. The appraisal shall be in a form and content acceptable to the commissioner and contain a complete and detailed description of the elements that make up the appraisal, justification for the methodology employed and sufficient support for the conclusions reached in the appraisal. The commissioner may also require the appraisal to include an analysis of fair market value based on actuarial considerations, as well as other methods for determining fair market value.
 - (3) To the extent that the appraisal is based on a capitalization of the pro forma income of the converted insurer, the appraisal shall indicate the basis for determination of the income to be derived from any proceeds of the sale of stock and demonstrate the appropriateness of the earnings-multiple used, including assumptions made regarding future earnings growth.
- 41 (4) To the extent that the appraisal is based on the comparison of 42 the capital stock of the converted insurer with outstanding capital 43 stock of existing stock entities offering comparable insurance 44 products, the existing stock entities shall be reasonably comparable to 45 the converted insurer in terms of factors such as size, market area, 46 competitive conditions, profit history and expected future earnings.

1 (5) In those instances in which the commissioner determines that the 2 appraisal is materially deficient or substantially incomplete, the 3 commissioner may declare the entire application materially deficient or 4 substantially incomplete and decline to further process or may reject 5 the application.

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- (6) The health service corporation shall submit to the commissioner information demonstrating to the satisfaction of the commissioner the independence and expertise of any person preparing the appraisal or related materials under this subsection.
- (7) The appraiser shall not serve as an underwriter or selling agent under the plan of conversion. With the prior written approval of the commissioner, an affiliate of the appraiser may act as an underwriter or selling agent if procedures are followed and representations and warranties are made to ensure that the appraiser is separate from the underwriter or selling agent affiliate and the underwriter or selling agent affiliate does not make recommendations or in any way have an impact on the appraisal.
- (8) An appraiser may not receive any other fee except the fee for services rendered in connection with the appraisal.
- d. The commissioner in his sole discretion: (1) shall determine, 20 21 within 60 days of submission of the application, whether the 22 application is complete and, if not, shall specify what additional 23 information is required; and (2) shall further determine when an application is complete. The commissioner may request additional 24 information from the health service corporation which the 25 26 commissioner determines is necessary to review the application and 27 plan of conversion. The commissioner may also conduct an 28 examination under section 37 of P.L.1985, c.236 (C.17:48E-37) to 29 obtain any information the commissioner determines necessary in 30 connection with the application or transaction or series of transactions, 31 that the commissioner determines constitute, or may constitute, a 32 material change in form. The failure of the health service corporation 33 to provide the information or cooperate in the examination, in addition 34 to other applicable penalties, constitutes grounds for denial of the 35 application.
- 36 e. Upon determining that the application is complete and the forms 37 of notice are adequate, the commissioner shall designate a date for a 38 public hearing on the plan of conversion. The public hearing may be 39 held on one or more days, the first commencing within 90 days after 40 the date on which the commissioner determines the application is 41 complete, unless the health service corporation requests, and the 42 commissioner agrees to, a longer period for the purpose of preparing 43 and distributing the notices required by this subsection. The public 44 hearing may, if the commissioner and Attorney General so agree, be 45 conducted jointly as part of the public hearing required under 46 subsection e. of section 19 of this act. The hearing shall be in the

nature of a legislative hearing and shall not constitute or be considered a contested case under the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The health service corporation shall provide the public with at least 45 days' notice of the hearing, the notice to be in the form, and provided in the manner, that the commissioner approves. The health service corporation shall cause notice of the time and place of the public hearing to be published at least two times at intervals of not less than one week, the first publication to be not more than 45 days and the last publication not less than 15 days prior to the public hearing in at least two newspapers of general circulation in New Jersey. The notice of the hearing shall state the purpose thereof and the time and the place where the hearing will occur. The purpose of the hearing shall be to receive comments and information for the purpose of aiding the commissioner in making a decision as to whether to approve the plan of conversion. Persons wishing to make comments and submit information may submit written statements to the commissioner prior to the public hearing and may appear and be heard at the hearing.

f. The hearing shall be conducted by the commissioner or, at the commissioner's discretion, his designee, who shall report to and advise the commissioner on the matter, in which case the determination or order issued by the commissioner shall have the same force and effect as if the commissioner had conducted the hearing personally. The commissioner's order or determination on the application pursuant to section 4 of this act shall be issued within 45 days after the closing of the record of the hearing by the commissioner or his designee, as applicable. The commissioner shall issue a written decision detailing the reasons for the approval or disapproval of the plan of conversion. The commissioner may, for good cause, extend the time within which he shall issue an order or determination on the application.

g. The commissioner may engage the services of advisors and consultants, which may include, but are not limited to, lawyers, actuaries, accountants, investment bankers, compensation and employee benefit plan consultants or any combination thereof, to advise him on any matters related to the conversion. All reasonable costs related to the development and examination of, and deliberations concerning, a plan of conversion and other related matters, including, but not limited to, those reasonable costs attributable to the use by the commissioner of advisors and consultants, shall be paid by the health service corporation that makes the filing or initiates the discussions about a plan of conversion, both for services prior to the effective time and for services after the effective time.

44 4. (New section) a. The commissioner shall approve the plan of 45 conversion and issue a certificate of authority to the converted insurer 46 to transact business in this State as a domestic stock insurer only if the

- 1 commissioner finds all of the following:
- 2 (1) The plan of conversion meets the requirements of sections 2 and 3 of this act.
- 4 (2) Upon conversion, the converted insurer will meet the applicable
- 5 standards and conditions under this section, including applicable
- 6 minimum capital and surplus requirements.
- 7 (3) The plan of conversion adequately protects the existing 8 contractual rights of subscribers.
- 9 (4) The plan of conversion will promote the best interests of the 10 health service corporation.
- 11 (5) The health service corporation has complied with all requirements of sections 2 and 3 of this act.
- 13 (6) The plan of conversion is fair and equitable.
- 14 (7) The plan provides for the enhancement of the operations of the converted insurer.
- 16 (8) The plan provides for the transfer at or before the effective time 17 of the entire fair market value of the health service corporation to the
- 18 foundation in accordance with section 6 of this act.
- 19 (9) The plan is consistent with the foundation plan.
- 20 (10) The plan does not adversely affect the distribution of the health
- 21 service corporation's value to the foundation.
- 22 (11) The plan is not contrary to law.
- 23 (12) The plan promotes the public interest.
- 24 (13) The Attorney General has concurred:
- 25 (a) with any findings of the commissioner pursuant to paragraph (8)
- of this subsection and section 6 of this act; and
- 27 (b) with the actions of the commissioner under subsection c. of 28 section 3 of this act.
- b. The commissioner's order approving or disapproving a plan of conversion under this section shall be a final agency decision subject
- 31 to appeal in accordance with, and within the time periods specified by,
- 32 the Rules Governing the Courts of the State of New Jersey.

- 5. (New section) The order of the commissioner issued pursuant to section 4 of this act shall not take effect unless the commissioner
- 36 issues a subsequent order finding that:
- a. the Superior Court has entered an order pursuant to subsection
- 38 f. of section 19 of this act approving the establishment of the
- 39 foundation; and
- b. the Superior Court has not imposed any terms or conditions that
- 41 are materially inconsistent with the order of the commissioner issued
- 42 pursuant to section 4 of this act.

- 6. (New section) a. At or before the effective time, the entire fair
- 45 market value of the health service corporation, exclusive of any shares
- of the converted insurer or any parent corporation issued pursuant to

subsection e. of this section, shall be transferred to the foundation, 1

- 2 without consideration, in a manner and form acceptable to the
- 3 commissioner. In determining fair market value, consideration shall be
- 4 given to value as a going concern, market value, investment or
- 5 earnings value, net asset value and a control premium, if any.
- b. If the foundation receives, at the effective time, 100 percent of 6
- 7 the shares of the outstanding capital stock of the converted insurer or
- 8 any parent corporation freely transferable and without restriction, the
- 9 foundation is presumed to have acquired the entire fair market value
- 10 of the health service corporation and no appraisal shall be required
- under subsection c. of section 3 of this act, unless the commissioner 12 finds that the proposed capital structure of the converted insurer does
- 13 not represent the fair market value of the health service corporation.
- 14 c. (1) If the foundation receives, at the effective time, 100 percent
- of shares of the outstanding capital stock of the converted insurer or any parent corporation and the shares are subject to restrictions the 16
- 17 commissioner determines are necessary and reasonable to maintain the
- 18 value of the assets of the converted insurer, the foundation is 19 presumed to have acquired the entire fair market value of the health
- 20 service corporation and, subject to paragraph (2) of this subsection, no
- 21 appraisal shall be required under subsection c. of section 3 of this act,
- 22 unless the commissioner finds that the proposed capital structure of
- 23 the converted insurer does not represent the fair market value of the
- health service corporation. 24

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- 25 (2) In determining whether the restrictions are necessary and
- 26 reasonable, the commissioner may require an appraisal of the
- 27 diminution in value of the shares as a result of the restrictions, which 28 appraisal shall take into consideration the increase in value of the
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- shares on account of any registration rights granted to the foundation
- 30 in connection with the shares of capital stock of the converted insurer
- 31 or parent corporation.
- 32 d. If the foundation receives consideration in a form other than as
- described in subsections b. and c. of this section, the plan of 33
- 34 conversion shall include an appraisal of the fair market value of the
- 35 health service corporation that satisfies the requirements of subsection
- c. of section 3 of this act. 36

- 37 e. This section does not prohibit the inclusion in the plan of
- 38 conversion of provisions under which the converted insurer would
- 39 make a simultaneous offering of shares of its authorized but unissued
- 40 capital stock for cash to either (1) the public, or (2) its directors,
- 41 officers and employees as a group, or both, in each case under terms
- 42 and conditions and pursuant to valuation procedures the commissioner
- 43 approves and that do not materially dilute the value of the shares
- distributed to the foundation. In no event may in excess of five 45 percent of the aggregate shares of capital stock to be issued by the
- 46 converted insurer pursuant to the plan of conversion be offered for

purchase by the directors, officers and employees, in the aggregate, of the health service corporation and the shares shall be offered only on terms generally available to the public.

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7. (New section) a. The legal existence of the health service corporation shall not terminate, and the converted insurer shall be a continuation of the health service corporation. The conversion shall only be a change in identity and form of organization. All property, assets, rights, liabilities, obligations, interests and relations of whatever kind of the health service corporation, including, but not limited to, any rights, duties and obligations pursuant to a collective bargaining agreement, shall continue and remain in the converted insurer. All actions and legal proceedings to which the health service corporation was a party prior to conversion shall be unaffected by the conversion. The subscribers of the health service corporation shall have no right to receive any assets, surplus, capital or other distribution, or to receive any stock or other ownership interest in the converted insurer or

parent corporation in connection with the conversion.

b. So long as the foundation owns at least 10 percent of the shares of stock of the converted insurer or the parent corporation issued to the foundation at the effective time, the converted insurer or its parent corporation shall not issue any shares of capital stock or other securities convertible into shares of capital stock of the converted insurer or the parent corporation without the approval of the commissioner, who may approve the sale of additional shares of stock of the converted insurer or its parent corporation if the converted insurer demonstrates to the commissioner's sole satisfaction that the sale would not materially dilute the value of the shares distributed to the foundation and that all shares and other securities sold pursuant to this subsection b. or subsection e. of section 6 of this act are priced in a manner consistent with the fair market value of the aggregate equity of the converted insurer or any parent corporation at the time of the sale. The sale of capital stock of the converted insurer or its parent corporation in a firm commitment underwritten public offering shall be presumed to satisfy the standards set forth in this subsection, as long as the capital stock is of the same class and series as the stock owned by the foundation.

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- 8. (New section) a. The policies of the health service corporation shall be converted to policies of the converted insurer without any further action on the part of the converted insurer.
 - b. Policies of the health service corporation that were issued and remain in force prior to the effective time shall be deemed to comply with laws and regulations applicable to a domestic stock insurer.
- c. Policies of the converted insurer issued on or after the effective time shall comply with all laws and regulations that apply to a

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domestic stock insurer; provided, however, that policies issued on and after the effective time shall, for a period not to exceed six months from the effective time, be deemed to comply with all laws and regulations applicable to a domestic stock insurer if the policies comply with the laws and regulations applicable to a health service corporation.

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8 9. (New section) No director, officer, agent or employee of the 9 health service corporation shall receive any fee, commission or other 10 valuable consideration that is contingent upon the plan of conversion 11 becoming approved or effective or is based upon a director, officer, 12 agent or employee aiding, promoting or assisting in the approval or effectuation of the plan of conversion. Subject to the approval of the 13 14 commissioner, the health service corporation may provide in its plan 15 of conversion for employee benefit and compensation arrangements that are to become effective simultaneously with the plan of 16 17 conversion. Except for stock issued to employee benefit plans 18 generally available to all employees, no member of the board of 19 directors or officer of the converted insurer or parent corporation may 20 receive any compensation involving the use of stock of the converted 21 insurer or parent corporation until after the first anniversary of the 22 effective time.

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- 10. (New section) All applications, reports, plans and other documents to be filed or submitted under section 3 and section 19 shall be public records, except for the following documents, which shall be confidential and not public records:
- a. documents deemed confidential by statute or regulation; and
- b. the business plan, the financial projections and any other information the commissioner and Attorney General jointly determine could result in harm to the health service corporation, harm to the converted insurer or parent corporation, or harm to the public interest, if disclosed.
- The commissioner and Attorney General shall provide the public with prompt and reasonable access to public records relating to the proposed conversion of the health service corporation. The commissioner and Attorney General shall make the public records received pursuant to this act available for inspection at no cost to the public. These public records shall be made available to the public at least 30 days prior to any public hearing to be held pursuant to this act.

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11. (New section) The conversion shall be effective at midnight on the date provided for in the certificate of incorporation of the converted insurer or such other time as the commissioner may agree. On or prior to the effective time of the conversion, the health service

- 1 corporation shall file with the commissioner a certificate stating that:
- a. all the conditions set forth in the order of the commissioner issued
 pursuant to section 4 of this act have been satisfied;
- b. the commissioner has issued the order required under section 5
- 5 of this act and all the conditions set forth in that order have been
- 6 satisfied:
- 7 c. the board of directors of the health service corporation has not
- 8 abandoned or amended the plan of conversion pursuant to section 12
- 9 of this act; and
- d. the foundation has been established in the manner approved by
- 11 the Superior Court pursuant to section 19 of this act and at least a
- 12 majority of the directors of the foundation have been appointed.
- 13
- 14 12. (New section) The health service corporation may, by action of
- 15 not less than two-thirds of its board of directors, abandon or amend
- 16 the plan of conversion at any time before the effective time. No
- 17 amendment made after the public hearing required by subsection e. of
- section 3 of this act shall change the plan in any manner which the
- 19 commissioner determines is material unless a further public hearing is
- 20 held on the plan as amended.
- 21
- 22 13. (New section) The directors and officers of the health service
- 23 corporation, unless otherwise specified in the plan of conversion, shall
- 24 serve as the directors and officers of the converted insurer until new
- 25 directors and officers are duly elected pursuant to the articles of
- 26 incorporation and bylaws of the converted insurer.
- 27
- 28 14. (New section) The Attorney General has the right to participate
- 29 in any proceeding before the commissioner under this act and has the
- 30 right to receive any documents or other information received by the
- 31 commissioner in connection with the proceeding. The Attorney
- 32 General is subject to all confidentiality provisions that apply to the
- 33 commissioner.
- 34
- 35 15. (New section) The commissioner may issue orders as necessary
- 36 to effect the conversion and promulgate rules and regulations to
- 37 implement the provisions of this act pursuant to the "Administrative
- 38 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).
- 39
- 40 16. (New section) a. Nothing in this act shall be construed to limit
- 41 the existing authority of the Attorney General, except that the
- 42 procedures set forth in this act shall be exclusive.
- b. A health service corporation shall reimburse the Attorney General
- 44 and the commissioner for the costs of any advisors and consultants,
- 45 which may include, but are not limited to, lawyers, actuaries,
- 46 accountants and investment bankers or any combination thereof, to

advise either of them in connection with any matter before any court or any administrative agency relating to any matter under this act.

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17. (New section) A health service corporation shall satisfy the requirements of sections 18 and 19 of this act prior to engaging in any actions that constitutes or may constitute a material change in form. Any material change in form shall be subject to the prior review of the Attorney General and commissioner pursuant to the provisions of sections 18 and 19 of this act. The Attorney General shall review these material changes in form in furtherance of his common law responsibilities as protector, supervisor and enforcer of charitable trusts and charitable corporations.

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18. (New section) a. Except for a conversion pursuant to sections 2 through 14 and section 19 of this act, a health service corporation shall notify the Attorney General and the commissioner of the health service corporation's intent to engage in any action that constitutes or may constitute a material change in form at least 120 days prior to engaging in that action, or such shorter time expressly specified by statute or regulation, within which the commissioner is required to issue an approval or disapproval of the action. Upon the Attorney General's or commissioner's determination that the action is a material change in form, notice shall be given to the health service corporation and the Attorney General or commissioner, as applicable.

b. Within 90 days after the Attorney General or commissioner issues a notice of the determination that the action is a material change in form, the health service corporation shall submit to the commissioner and the Attorney General a petition for review of the material change in form if the health service corporation desires to proceed with the proposed action. The petition shall include an alternative foundation plan that contains the provisions set forth in section 19 of this act applicable under the circumstances, together with any additional provisions the Attorney General determines are reasonably required to coordinate the alternative foundation plan with any proceeding instituted or to be instituted by the commissioner in connection with the material change in form. The petition and alternative foundation plan shall be subject to Attorney General review under section 19 of this act and court approval pursuant to subsection f. of section 19 of this act. If the health service corporation does not desire to proceed with the proposed action, the health service corporation shall notify the commissioner and Attorney General and shall withdraw all filings and submissions made with the commissioner and Attorney General and not engage in the proposed action. If the health service corporation fails to comply with this subsection, the commissioner or Attorney General may seek appropriate relief in Superior Court.

c. An action that has been determined to constitute a material

- 1 change in form shall not be consummated unless the Superior Court
- 2 has issued its approval in accordance with subsection f. of section 19
- 3 of this act and the commissioner has issued an order or orders
- 4 approving the material change in form and any related transactions,
- 5 which, if applicable, may include a determination of the fair market
- 6 value arising in connection with the material change in form with the
- 7 concurrence of the Attorney General.
- 8 d. The commissioner may hold proceedings as the commissioner
- 9 determines are necessary to permit him to enter an order or orders
- approving the material change in form and any related transactions.
- 11 If either the commissioner or Attorney General determine that a
- 12 valuation of the health service corporation is necessary, the appraisal
- 13 shall be conducted in accordance with subsection c. of section 3 of this
- 14 act.
- 15 e. Depending on the nature of the material change in form, the
- 16 commissioner and Attorney General may permit or require the health
- 17 service corporation, after complying with this section and
- 18 consummating the material change in form, to continue to operate as
- 19 a health service corporation, partially convert to for-profit form, or
- 20 completely convert to for-profit form.
- 21 f. This section shall not apply to a conversion subject to sections 2
- 22 through 14 and section 19 of this act.
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- 24 19. (New section) a. (1) A health service corporation shall submit
- 25 to the Attorney General a petition for review of a foundation plan at
- 26 the same time that it submits a plan of conversion to the commissioner.
- 27 The petition shall include the foundation plan and any other
- 28 information that the Attorney General requests.
- 29 (2) Within 60 days of the health service corporation's submission of
- 30 the petition to the Attorney General, the Attorney General shall advise
- 31 the health service corporation in writing whether the petition is
- 32 complete, and, if not, shall specify what additional information is
- 33 required.
- 34 (3) The Attorney General shall, upon receipt of the information
- 35 requested, notify the health service corporation in writing of the date
- 36 of completion of the petition.
- b. The Attorney General shall review the petition and may either
- 38 support the proposed foundation plan, with or without any specific
- 39 modifications, or, if he finds that it is not in the public interest, oppose
- 40 the foundation plan in the Superior Court proceeding commenced
- 41 pursuant to subsection f. of this section.
- 42 c. When reviewing the petition, in addition to considering whether
- 43 the foundation plan meets the requirements of subsection d. of this
- 44 section, the Attorney General shall consider whether:
- 45 (1) the health service corporation exercised due diligence in
- deciding to effectuate the conversion, selecting any other party to the

- 1 conversion or related transactions, and negotiating the terms and 2 conditions of the conversion;
- 3 (2) the procedures used by the health service corporation in 4 approving the conversion, including whether expert assistance was 5 used, were appropriate;
- (3) a conflict of interest was disclosed, including, but not limited to,
 conflicts of interest related to board members of, employees of, and
 experts retained by, the health service corporation or any other parties
 to the conversion;
- 10 (4) any management contract under the conversion or any related 11 transaction is for reasonable fair value;
- 12 (5) any proceeds of the conversion will be used solely for purposes 13 of expanding access to affordable, quality health care for underserved 14 individuals and promoting fundamental improvements in the health 15 status of New Jerseyans;
 - (6) the health service corporation established appropriate criteria in deciding to pursue a conversion and considered the proposed conversion as the only alternative or as the best alternative in relation to carrying out its mission and purposes; and
- 20 (7) officers, directors, board members or senior management of the 21 health service corporation will receive contracts in any existing, new 22 or affiliated health service corporation, foundation, the converted 23 insurer, any parent corporation or any affiliate of any of the foregoing.
 - d. The foundation plan shall meet the following requirements:
- 25 (1) The foundation plan shall provide for the establishment of one 26 or more foundations that will receive the fair market value of the 27 health service corporation following its conversion to a domestic stock 28 insurer and that meets the following requirements:
- 29 (a) The foundation shall be a trust or nonprofit corporation formed 30 under the laws of this State, but shall not include the health service 31 corporation or any person controlled by the health service corporation.
- 32 (b) The foundation shall be a charitable entity that qualifies for 33 federal income tax exemption under paragraph (3) of subsection (c) of 34 section 501 of the federal Internal Revenue Code of 1986, 26 U.S.C. 35 s. 501.
- (c) The foundation shall have the sole purposes of expanding access
 to affordable, quality health care for underserved individuals and
 promoting fundamental improvements in the health status of all New
 Jerseyans.
- (d) The foundation, its directors, officers and trustees and the assets of the foundation, including any stock of the converted insurer or a parent corporation, shall be independent of any influence or control by the converted insurer, its parent corporation, any of their subsidiaries or affiliates, any of their respective directors, officers, trustees or employees, except with the prior approval of the Attorney General and
- 46 the commissioner.

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(e) The foundation shall not have more than one of its directors serve as a director of the converted insurer or its parent corporation.

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- 3 (f) The foundation shall not have as a director, officer or senior 4 management any person who has been a director, officer, agent, 5 trustee or employee of the health service corporation, the converted 6 insurer, its parent corporation or any affiliate of any of them during the 7 three-year period preceding the date of appointment as a director,
- 9 (g) The foundation shall have a board of directors that when appointed will comply with section 20 of this act.

officer or senior manager of the foundation.

- 11 (2) The foundation shall provide the Attorney General with an 12 annual report which shall include an audited financial statement and a 13 detailed description of its grant-making and other charitable activities 14 related to its use of the charitable assets received pursuant to the 15 conversion. The annual report shall be made available to the public at both the Attorney General's office and the office of the foundation. 16 17 Nothing contained in this act shall affect the obligations of an entity possessing endowment funds under the "Uniform Management of 18 19 Institutional Funds Act," P.L.1975, c.26 (C.15:18-15 et seq.).
 - (3) The governing body of the foundation shall establish or demonstrate that it has in place, as the case may be, a mechanism to avoid conflicts of interest, including those associated with grant-making activities that may benefit the converted insurer, its affiliates, any person who owns or controls any ownership interest in either the converted insurer or any of its affiliates, and any director or officer of the converted insurer or its affiliates.
- 27 e. The Attorney General shall, during the course of the review of the 28 foundation plan pursuant to this section, hold at least one public 29 hearing in which any person may file written comments and exhibits or appear and make a statement. The public hearing may, if the Attorney 30 31 General and the commissioner so agree, be conducted jointly as part 32 of the public hearing on the conversion required pursuant to subsection e. of section 3 of this act. The Attorney General may 33 subpoena additional information or witnesses, including, but not 34 35 limited to, information about any transaction that is collateral to the proposed conversion and any related documents, require and 36 37 administer oaths, require sworn statements, take depositions and use 38 related discovery procedures for purposes of the hearing and at any 39 time prior to completing the review of the proposed conversion. The 40 hearing shall be in the nature of a legislative hearing and shall not 41 constitute or be considered a contested case under the "Administrative 42 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The public 43 hearing shall be held no later than 90 days after the date that the 44 petition is declared complete by the Attorney General. Public notice 45 of the hearing shall be provided by the health service corporation not 46 more than 45 days and not less than 15 days prior to the public hearing

1 in at least two newspapers of general circulation in New Jersey.

2 f. Upon completion by the Attorney General of the review of the 3 petition, the health service corporation shall apply to the Superior 4 Court for approval of the establishment of the foundation. In that 5 action, which shall proceed in a summary manner, the Attorney General shall advise the court as to whether he supports or opposes 6 7 the foundation plan, with or without any specific modifications, and 8 the basis for that position. In considering whether the foundation plan 9 is in the public interest, the court shall consider whether the 10 requirements of paragraph (1) of subsection d. of this section have 11 been satisfied and may consider the criteria established in subsection 12 c. of this section, as applicable. If the health service corporation fails to comply with this subsection, the Attorney General may seek 13 14 appropriate relief in Superior Court.

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20. (New section) ¹[A foundation established pursuant to this act 16 shall have a board of directors consisting a. There is established in, 17 18 but not of, the Department of Treasury a Health Service Corporation 19 Conversion Temporary Advisory Commission. The commission shall 20 consist¹ of 15 members. Seven members shall be appointed by the 21 Governor, including two public members, one physician licensed to 22 practice medicine in New Jersey, one licensed health care provider 23 other than a physician, one representative of the dental community, 24 one representative of a community based organization that provides or 25 assists in providing health care or health care services to New Jersey 26 residents and one representative of the AFL-CIO. Three members 27 shall be appointed by the President of the Senate, including one public 28 member, one representative of the hospital community and one 29 physician licensed to practice medicine in New Jersey. One public 30 member shall be appointed by the Minority Leader of the Senate. 31 Three members shall be appointed by the Speaker of the General 32 Assembly, including one public member, one representative of the 33 hospital community and one representative of a community based 34 organization that provides or assists in providing health care or health 35 care services to New Jersey residents. One public member shall be appointed by the Minority Leader of the General Assembly. The 36 members shall be appointed for a term of three years. A vacancy in 37 the membership of the ¹[board] commission¹ shall be filled for an 38 39 unexpired term in the same manner provided for the original 40 appointment. Members shall serve without fee or compensation. The 41 foundation shall commence its activities upon appointment of at least 42 a majority of its initial board of directors.

a majority of its initial board of directors.

¹The commission shall, in anticipation of a conversion as authorized under this act, examine issues related to access to affordable, quality health care for underserved individuals and promoting fundamental improvements in the health status of New Jerseyans, and may review

- 1 experiences in other states related to the establishment of foundations
- 2 <u>in other states resulting from the conversion of health care service</u>
- 3 corporations. The commission shall advise the Attorney General and
- 4 <u>Commissioner of Banking and Insurance as to its findings on these</u>
- 5 <u>issues. The Department of Treasury shall provide the commission with</u>
- 6 <u>such assistance as the commission may require in order to perform its</u>
- 7 duties under this act. The commission may engage the services of
- 8 advisors and consultants in order to assist in the performance of its
- 9 duties under this act.
- 10 b. Members of the advisory commission appointed pursuant to 11 subsection a. of this section shall serve as the initial board of directors 12 of a foundation established pursuant to this act until such time as the 13 terms of their appointments expire. The advisory commission 14 established pursuant to subsection a. of this section shall expire upon 15 establishment of a foundation in accordance with this act. A vacancy in the membership of the board shall be filled for an unexpired term in 16 17 the same manner provided for the original appointment. In the event 18 more than one foundation is established pursuant to this act, the board 19 of directors of any such additional foundations shall be appointed in

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22 21. Section 9 of P.L. 1992, c. 161 (C. 17B:27A-10) is amended to 23 read as follows:

compliance with the requirements of subsection a. of this section.¹

- 9. a. There is created the New Jersey Individual Health Coverage Program. All carriers subject to the provisions of this act shall be members of the program.
- 27 b. Within 30 days of the effective date of this act, the commissioner 28 shall give notice to all members of the time and place for the initial 29 organizational meeting, which shall take place within 60 days of the 30 effective date. The board shall consist of nine representatives. The 31 commissioner or his designee shall serve as an ex officio member on 32 the board. Four members of the board shall be appointed by the 33 Governor, with the advice and consent of the Senate: one of whom 34 shall be a representative of an employer, appointed upon the 35 recommendation of a business trade association, who is a person with 36 experience in the management or administration of an employee health 37 benefit plan; one of whom shall be a representative of organized labor, 38 appointed upon the recommendation of the A.F.L.-C.I.O., who is a 39 person with experience in the management or administration of an 40 employee health benefit plan; and two of whom shall be consumers of 41 a health benefits plan who are reflective of the population in the State. 42 Four board members who represent carriers shall be elected by the 43 members, subject to the approval of the commissioner, as follows: to 44 the extent there is one licensed in this State that is willing to have a

representative serve on the board, a representative from each of the

following entities shall be elected:

- 1 (1) a health service corporation or a domestic stock insurer which
- 2 converted from a health service corporation pursuant to the provisions
- of P.L. , c. (C.)(now before the Legislature as this bill) and 3
- 4 is primarily engaged in the business of issuing health benefit plans in
- 5 this State;

- 6 (2) a health maintenance organization;
- 7 (3) an insurer authorized to write health insurance in this State 8 subject to Subtitle 3 of Title 17B of the New Jersey Statutes; and
- 9 (4) a foreign health insurance company authorized to do business 10 in this State.
- 11 In approving the selection of the carrier representatives of the 12 board, the commissioner shall assure that all members of the program 13 are fairly represented.
- 14 Initially, two of the Governor's appointees and two of the carrier 15 representatives shall serve for a term of three years; one of the Governor's appointees and one of the carrier representatives shall 16 17 serve for a term of two years; and one of the Governor's appointees 18 and one of the carrier representatives shall serve for a term of one 19 year. Thereafter, all board members shall serve for a term of three 20 years. Vacancies shall be filled in the same manner as the original 21 appointments.
- 22 c. If the initial carrier representatives to the board are not elected 23 at the organizational meeting, the commissioner shall appoint those members to the initial board within 15 days of the organizational meeting.
- 26 d. Within 90 days after the appointment of the initial board, the 27 board shall submit to the commissioner a plan of operation and 28 thereafter, any amendments to the plan necessary or suitable to assure 29 the fair, reasonable, and equitable administration of the program. The 30 commissioner may disapprove the plan of operation, if the commissioner determines that it is not suitable to assure the fair, 31 32 reasonable, and equitable administration of the program, and that it 33 does not provide for the sharing of program losses on an equitable and 34 proportionate basis in accordance with the provisions of section 11 of 35 this act. The plan of operation or amendments thereto shall become effective unless disapproved in writing by the commissioner within 45 36 37 days of receipt by the commissioner.
- 38 e. If the board fails to submit a suitable plan of operation within 90 39 days after its appointment, the commissioner shall adopt a temporary 40 plan of operation pursuant to section 9 of P.L.1993, c.164 41 (C.17B:27A-16.2). The commissioner shall amend or rescind a temporary plan adopted under this subsection, at the time a plan of 42 43 operation is submitted by the board.
- 44 f. The plan of operation shall establish procedures for:
- 45 (1) the handling and accounting of assets and moneys of the 46 program, and an annual fiscal reporting to the commissioner;

- 1 (2) collecting assessments from members to provide for sharing 2 program losses in accordance with the provisions of section 11 of this 3 act and administrative expenses incurred or estimated to be incurred 4 during the period for which the assessment is made;
- 5 (3) approving the coverage, benefit levels, and contract forms for individual health benefits plans in accordance with the provisions of section 3 of this act;
- 8 (4) the imposition of an interest penalty for late payment of an assessment pursuant to section 11 of this act; and
 - (5) any additional matters at the discretion of the board.
- g. The board shall appoint an insurance producer licensed to sell health insurance pursuant to P.L.1987, c.293 (C.17:22A-1 et seq.) to advise the board on issues related to sales of individual health benefits plans issued pursuant to this act.
- 15 (cf: P.L.1999, c.367, s.1)

elected public members:

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- 17 22. Section 13 of P.L.1992, c.162 (C.17B:27A-29) is amended to 18 read as follows:
- 19 13. a. Within 60 days of the effective date of this act, the commissioner shall give notice to all members of the time and place for 20 21 the initial organizational meeting, which shall take place within 90 days 22 of the effective date. The members shall elect the initial board, subject 23 to the approval of the commissioner. The board shall consist of 10 elected public members and two ex officio members who include the 24 Commissioner of Health and Senior Services and the commissioner or 25 their designees. Initially, three of the public members of the board 26 27 shall be elected for a three-year term, three shall be elected for a 28 two-year term, and three shall be elected for a one-year term. 29 Thereafter, all elected board members shall serve for a term of three
- 32 (1) Three carriers whose principal health insurance business is in 33 the small employer market;
 - (2) One carrier whose principal health insurance business is in the large employer market;

years. The following categories shall be represented among the

- 36 (3) A health service corporation <u>or a domestic stock insurer which</u>
 37 converted from a health service corporation pursuant to the provisions
 38 of P.L., c. (C.)(now before the Legislature as this bill) and is
 39 primarily engaged in the business of issuing health benefit plans in this
 40 State;
- 41 (4) Two health maintenance organizations; and
- 42 (5) (Deleted by amendment, P.L.1995, c.298).
- 43 (6) (Deleted by amendment, P.L.1995, c.298).
- 44 (7) Three persons representing small employers, at least one of 45 whom represents minority small employers.
- No carrier shall have more than one representative on the board.

[1R] SCS for S1581

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1 The board shall hold an election for the two members added 2 pursuant to P.L.1995, c.298 within 90 days of the date of enactment 3 of that act. Initially, one of the two new members shall serve for a 4 term of one year and one of the two new members shall serve for a 5 term of two years. Thereafter, the new members shall serve for a term of three years. The terms of the risk-assuming carrier and reinsuring 6 carrier shall terminate upon the election of the two new members 7 added pursuant to P.L.1995, c.298, notwithstanding the provisions of 8 9 this section to the contrary. 10 In addition to the 10 elected public members, the board shall include 11 six public members appointed by the Governor with the advice and 12 consent of the Senate who shall include: 13 Two insurance producers licensed to sell health insurance pursuant 14 to P.L.1987, c.293 (C.17:22A-1 et seq.); 15 One representative of organized labor; One physician licensed to practice medicine and surgery in this 16 17 State; and Two persons who represent the general public and are not 18 employees of a health benefits plan provider. 19 20 The public members shall be appointed for a term of three years, 21 except that of the members first appointed, two shall be appointed for 22 a term of one year, two for a term of two years and two for a term of 23 three years. A vacancy in the membership of the board shall be filled for an 24 25 unexpired term in the manner provided for the original election or 26 appointment, as appropriate. 27 b. If the initial board is not elected at the organizational meeting, 28 the commissioner shall appoint the public members within 15 days of 29 the organizational meeting, in accordance with the provisions of paragraphs (1) through (7) of subsection a. of this section. 30 31 c. (Deleted by amendment, P.L.1995, c.298). 32 d. All meetings of the board shall be subject to the requirements of the "Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.). 33 34 e. At least two copies of the minutes of every meeting of the board shall be delivered forthwith to the commissioner. 35 (cf: P.L.1999, c.367, s.2) 36 37 38 23. This act shall take effect immediately. 39 40 41 42 43 Provides for the conversion of a health service corporation to a forprofit health insurer and the establishment of a foundation for the 44

45 value of that corporation.

SENATE, No. 1581

STATE OF NEW JERSEY

209th LEGISLATURE

INTRODUCED SEPTEMBER 21, 2000

Sponsored by: Senator GERALD CARDINALE District 39 (Bergen) Senator RICHARD J. CODEY District 27 (Essex)

SYNOPSIS

Allows conversion of a nonprofit health service corporation to a domestic stock health service corporation under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning the conversion of a nonprofit health service 2 corporation to a domestic stock health service corporation. 3 4 BE IT ENACTED by the Senate and General Assembly of the State 5 of New Jersey: 6 7 1. As used in this act: 8 "Attorney General" means the Attorney General of the State of 9 New Jersey. 10 "Commissioner" means the Commissioner of Banking and 11 Insurance. 12 "Conversion" means the conversion of a health service corporation 13 to a domestic stock health service corporation in accordance with the 14 provisions of this act. "Domestic stock health service corporation" means a health service 15 16 corporation that converts to a domestic stock corporation pursuant to 17 this act and which complies, and continues to comply, with the 18 applicable provisions of N.J.S.17B:18-1 et seq. and N.J.S.17B:19-1 et 19 seq. 20 "Foundation" means the foundation established under section 9 of 21 "Successor corporation" means a health service corporation which 22 has converted to a domestic stock health service corporation in 23 24 accordance with the provisions of this act. 25 26 2. a. A health service corporation which is organized pursuant to 27 P.L.1985, c.236 (C.17:48E-1 et seq.) may convert to a domestic stock health service corporation by complying with the provisions of this act. 28 b. The board of directors of a health service corporation shall adopt 29 30 a resolution to become a domestic stock health service corporation at 31 a meeting of the board by a two-thirds affirmative vote of the total number of directors of the health service corporation. A copy of the 32 minutes of the meeting at which that resolution is adopted shall be 33 34 filed with the commissioner and with the Attorney General at least 35 120 days before the proposed date of conversion. The resolution shall 36 include a plan of conversion to a domestic stock health service 37 corporation. The plan shall include: (1) The purposes of the conversion. 38 (2) The proposed certificate of incorporation of the proposed 39 40 successor corporation. 41 (3) The proposed bylaws of the proposed successor corporation. The bylaws shall provide for the appointment of officers, and may 42 43 provide that the officers of the health service corporation shall serve

to the end of the term to which they were appointed under the bylaws

of the health service corporation.

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(4) A description of any changes in the proposed successor corporation's mode of operations after conversion.

- (5) A statement describing the manner in which the plan of conversion provides for the protection of all existing contractual rights of the health service corporation's subscribers and policyholders and to medical, surgical, hospital or dental services or the payment of claims for reimbursement for those services.
- (6) A statement that the health service corporation's subscribers and policyholders shall have no right to receive any assets, surplus, capital or other distribution, or to receive any stock or other ownership interest in the successor corporation in connection with the conversion.
- (7) A statement that the legal existence of the health service corporation does not terminate and that the successor corporation is subject to all of the liabilities, obligations, and relations of whatever kind of the health service corporation and succeeds to all property, assets, rights, interests and relations of the health service corporation.
- (8) Documentation showing that the board of directors of the health service corporation has approved the plan of conversion. It shall not be necessary for the subscribers or policyholders of the health service corporation to vote on or approve the plan of conversion, any amendments to the health service corporation's certificate of incorporation or bylaws, or the certificate of incorporation or the bylaws of the successor corporation, notwithstanding any provision to the contrary in this section or in the certificate of incorporation or bylaws of the health service corporation.
- (9) The business plan of the successor corporation, including, but not limited to, a comparative premium rate analysis of the successor corporation's major plans and product offerings that, among other things, compares actual premium rates for the three-year period before the filing of the plan for conversion and forecasted premium rates for a three-year period following the proposed conversion. This rate analysis shall address the forecasted effect, if any, of the proposed conversion on the cost to policyholders and subscribers of the successor corporation and on the successor corporation's underwriting profit, investment income and loss and claim reserves, including the effect, if any, of adverse market or risk selection upon these reserves. The information provided under this paragraph (9) shall be confidential.
- 40 (10) Any conditions, other than approval of the plan of conversion 41 by the commissioner, to be fulfilled by a proposed date upon which the 42 conversion would become effective.
- 43 (11) Any proposed agreement between the foundation and the 44 successor corporation, including, but not limited to, any agreement 45 relating to the voting or registration for sale of any capital stock to be 46 issued by the successor corporation to the foundation.

- c. Within 20 days of receiving a plan of conversion under this section, the commissioner shall publish a notice in one or more newspapers of general circulation in the health service corporation's service area describing the name of the health service corporation, the nature of the plan filed and the date of receipt of the plan. The notice shall indicate that the commissioner will solicit public comments and hold a public hearing on the plan. The public hearings shall be completed within 60 days of the filing of the plan of conversion. The written public comment period shall be held open until 10 days after the last public hearing. For good cause, the commissioner may extend these deadlines once for a maximum of 30 days. The commissioner shall provide copies of all written public comments to the Attorney General.
 - d. All applications, reports, plans and other documents under this section are public records except as otherwise provided in this act. The commissioner shall provide the public with prompt and reasonable access to public records relating to the proposed conversion of the health service corporation. Access to public records covered by this section shall be made available for at least 30 days before the end of the public comment period.

- 3. The commissioner shall approve the plan of conversion and issue a certificate of authority to the successor corporation to transact business in this State as a domestic stock health service corporation only if the commissioner finds all of the following:
- a. The plan of conversion meets the requirements of section 2 of this act.
- b. Upon conversion, the successor corporation will meet the applicable standards and conditions under this section, including applicable minimum capital and surplus requirements.
- c. The plan of conversion adequately protects the existing contractual rights of the health service corporation's policyholders and subscribers to medical, surgical, hospital or dental services and payment of claims for reimbursement for those services.
- d. No director, officer or employee of the health service corporation shall receive any fee, commission, compensation or other valuable consideration for aiding, promoting or assisting in the conversion of the health service corporation, other than compensation paid to any director, officer or employee of the health service corporation in the ordinary course of business or any distribution of the assets, surplus, capital or capital stock of the successor corporation as part of a conversion.
- e. The health service corporation has complied with all material requirements of this section.
- f. The plan of conversion is fair and equitable and not prejudicial to the contractual rights of the policyholders and subscribers of the

1 successor corporation.

- g. The plan of conversion is in the public interest.
- (1) The plan shall be in the public interest if it provides that consideration equal to 100% of the fair market value of the health service corporation will be conveyed or issued to the foundation by the health service corporation at the time the successor corporation files its articles of incorporation. If the consideration to be conveyed is all of the common stock of the successor corporation that is issued and outstanding at the time of conversion, and there is no other capital stock of any other type or nature then outstanding, it is conclusively presumed that the foundation shall possess 100% of the fair market value of the health service corporation.
- (2) At any time after the conversion, the successor corporation may, for its own benefit, issue, in a public offering or a private placement, additional shares of common stock of the same class and having the same voting, dividend and other rights as that transferred to the foundation, subject to the applicable provisions of N.J.S.17B:18-47 and any voting and registration agreements.
- h. The plan of conversion contains a proposed voting agreement and a proposed registration agreement between the foundation and the successor corporation that meets the requirements of subsection e. of section 9 of this act.
- i. The Attorney General has given approval pursuant to subsection f. of section 9 of this act.

- 4. a. After issuance of the certificate of authority as provided in section 3 of this act, the successor corporation shall remain a health service corporation subject to P.L.1985, c.236 (C.17:48E-1 et seq.) except that subsection b. of section 2 of P.L.1985, c.236 (C.17:48E-2), subsection a. of section 3 of P.L.1985, c.236 (C.17:48E-3), sections 5 through 9, 11 and 41 of P.L.1985, c.236 (C.17:48E-5, 17:48E-6, 17:48E-7, 17:48E-8, 17:48E-9, 17:48E-11 and 17:48E-41), subsections a. and b. of section 17 of P.L.1985, c.236 (C.17:48E-17), section 5 of P.L.1988, c.71 (C.17:48E-17.1), and section 8 of P.L.1993, c.235 (C.17:48E-17.2) shall not apply.
- b. The successor corporation shall be subject to the provisions of chapters 18 and 19 of Title 17B of the New Jersey Statutes, but to no other provision of Title 17B of the New Jersey Statutes, except as specifically provided in P.L.1985, c.236 (C.17:48E-1 et seq.).
- c. The legal existence of the health service corporation shall not terminate, and the successor corporation is a continuation of the health service corporation. The conversion shall only be a change in identity and form of organization. Except as provided in subsection g. of section 3 of this act, all property, assets, rights, liabilities, obligations, interests and relations of whatever kind of the health service corporation shall continue and remain in the successor health service

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1 corporation. All actions and legal proceedings to which the health 2 service corporation was a party prior to conversion shall be unaffected 3 by the conversion.

d. The successor corporation may merge with a stock insurer authorized to issue health insurance, as such is defined in N.J.S.17B:17-4. The resulting corporation shall then no longer be subject to P.L.1985, c.236 (C.17:48E-1 et seq.), but shall be subject to the provisions of Title 17B of the New Jersey Statutes. The voting agreement described in section 9 of this act, if then still in effect, shall survive the merger.

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5. The commissioner's final decision and order regarding the plan of conversion shall include findings of fact and conclusions of law. Findings of fact shall be based upon and supported by substantial evidence, including evidence submitted with the plan by the health service corporation and evidence obtained at hearings held by the commissioner. The failure of the commissioner or the Attorney General to approve the plan of conversion as submitted within 270 days after submission to the commissioner shall be deemed a disapproval thereof, subject to review by the Superior Court in a proceeding in lieu of prerogative writ pursuant to N.J.S.17:48E-43.

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The contracts of the health service corporation shall be converted to contracts of the successor corporation without any further action on the part of the successor corporation.

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7. The conversion of a health service corporation to a domestic stock health service corporation shall not cause any individual health benefits plan issued prior to November 30, 1992 and still in effect on the effective date of this act to be subject to the provisions of sections 3 through 8 of P.L. 1992, c.161 (C.17B:27A-4 through 17B:27A-9), except as specified in those sections, or any small employer health benefits plan issued prior to November 30, 1992 and still in effect on the effective date of this act to be subject to the provisions of section 3 of P.L.1992, c.162 (C.17B:27A-19).

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8. The informational filing made by the health service corporation to the New Jersey Individual Health Coverage Program Board shall be deemed to be the filing of the successor corporation.

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- 9. a. A foundation shall be created by the health service corporation to receive the fair market value of the health service 42 corporation when the health service corporation converts to a domestic stock health service corporation. 44
- 45 b. The charitable purpose of the foundation shall be to promote the health of the people of New Jersey. The foundation may not 46

- 1 establish or operate any entity licensed pursuant to Title 17B of the
- 2 New Jersey Statutes, P.L.1979, c.478 (C.17:48D-1 et seq.), P.L.1985,
- 3 c.236 (C.17:48E-1 et seq.) or P.L.1973, c.337 (C.26:2J-1 et seq.) that
- 4 would compete with the successor corporation or any of its
- 5 subsidiaries.
- 6 c. The board of directors of the foundation shall consist of 15
- 7 members appointed by the Governor, including two public members
- 8 chosen by the Governor; two public members selected by the Speaker
- 9 of the General Assembly; two public members selected by the
- 10 President of the Senate; one public member selected by the Minority
- 11 Leader of the Senate; one public member selected by the Minority
- 12 Leader of the General Assembly; two representatives of the hospital
- 13 community selected upon the recommendation of the New Jersey
- 14 Hospital Association; two representatives of the medical community
- 15 selected upon the recommendation of the New Jersey Medical Society;
- two representatives of the dental community selected upon the 16
- 17 recommendation of the New Jersey Dental Association; and a member
- selected upon the recommendation of the AFL-CIO. The members 18
- 19 shall be appointed for a term of three years. A vacancy in the
- 20 membership of the board shall be filled for an unexpired term in the
- 21 same manner provided for the original appointment. Members shall
- 22 serve without fee or compensation.
- 23 d. The foundation and its directors, officers and employees shall be
- and remain independent of the successor corporation and its affiliates. 24
- 25 No director, officer or employee of the foundation shall serve as a
- 26 director, officer or employee of the successor corporation or any of its
- 27 affiliates. No director, officer or employee of the successor 28 corporation or any of its affiliates shall serve as a director, officer or
- 29 employee of the foundation. The provisions of this subsection shall
- 30
- expire 10 years following the effective date of a conversion pursuant 31 to this act or the divestment by the foundation of at least 95 percent
- 32 of the stock of the successor corporation received pursuant to
- 33 subsection g. of section 3 of this act, whichever occurs later.
- 34 e. The foundation and the successor corporation shall operate
- 35 under a voting agreement and a stock registration agreement,
- approved by the commissioner and the Attorney General, that provides 36
- 37 at least the following:
- 38 (1) The foundation shall vote the common stock in the successor
- 39 corporation for election of the directors of the successor corporation
- 40 nominated by the board of directors of the successor corporation to
- 41 the extent provided by the terms of the voting agreement;
- 42 (2) The voting restrictions shall not apply to any common stock
- 43 of the successor corporation sold by the foundation; and
- 44 (3) The board of directors of the successor corporation shall
- 45 determine the timing of any initial public offering of the successor
- corporation's common stock, either by the successor corporation or by 46

the foundation, and the foundation shall have demand registration rights and optional "piggy-back" or "incidental" registration rights in connection with any offerings of the successor corporation's common stock by the successor corporation, on the terms and conditions set forth in a registration rights agreement.

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The voting agreement may contain additional terms, including voting and ownership restrictions, with regard to the common stock of the successor corporation and provisions for the voting or registration for sale of any common stock to be issued to the foundation by the successor corporation.

f. Before the commissioner approves a plan of conversion pursuant to section 3 of this act, the Attorney General, on behalf of the public and charitable interests in this State, shall assure that 100% of the issued and outstanding stock of the successor corporation shall be conveyed or issued to the foundation as provided in section 3 of this act and approve the certificate of incorporation and bylaws of the foundation and all proposed agreements between the successor corporation and the foundation, including stock voting or registration agreements.

Within 20 days of receiving a plan of conversion, the Attorney General shall publish a notice in one or more newspapers of general circulation in the health service corporation's service area briefly describing the health service corporation's proposal to transfer to the foundation the health service corporation's fair market value as provided under section 3 of this act, the foundation's purposes and all proposed stock voting or registration agreements. The notice shall indicate that the Attorney General will solicit public comments and hold a public hearing on the proposal. The public hearings shall be completed within 60 days of the filing of the plan of conversion. The written public comment period shall be held open until 10 days after the last public hearing. For good cause, the Attorney General may extend these deadlines once for a maximum of 30 days. The Attorney General may seek advice on these matters from consultants, investment bankers, and other professional advisors engaged by the Attorney General incident to review of the proposal.

- g. The proposed certificate of incorporation of the foundation shall provide for all of the following:
- (1) That the foundation is organized and operated exclusively for charitable purposes and for the promotion of social welfare;
- (2) That no part of the net earnings of the foundation shall inure to the benefit of any private shareholder or individual;
- (3) That the foundation shall not engage in any political campaign activity or the making of political contributions;
- (4) That the foundation shall not pay or incur any amount that, if paid by an organization classified as a "private foundation" under section 509(a) of the Internal Revenue Code of 1986 (26 U.S.C. 509

- 1 (a)), would constitute a "taxable expenditure" as defined by section 2 4945(d)(1) and (2) of the Internal Revenue Code of 1986 (26 U.S.C. 3 4945(d)(1) and (2));
 - (5) That the foundation shall not engage in any self-dealing for the benefit of its directors, officers or employees;
 - (6) Provide for an ongoing community advisory committee to offer broad public input to the foundation concerning its operations and activities;
 - (7) Provide that the foundation, after its first three years of operation, shall pay out the lesser of: (a) "qualifying distributions" of "distributable amounts," as those terms are defined in section 4942 of the Internal Revenue Code of 1986 (26 U.S.C. 4942), as if the foundation were classified as a private foundation subject to the distribution requirements, but not the taxes imposed, under that section; or (b) substantially all of its income, less qualifying expenses. In no event shall the foundation be required to invade its corpus to meet the distribution requirements under this paragraph (7);
 - (8) That the provisions in the certificate of incorporation that are either required by subsection f. of this section, or designated by the Attorney General, cannot be amended without the prior written approval of the Attorney General.
 - h. Within 120 days of the end of its fiscal year, the foundation shall provide the Attorney General and the commissioner with its State and federal tax returns for the preceding fiscal year and advise the Legislature of its accomplishments during that year and its plans for the current fiscal year. The tax returns shall be made available for public inspection.

10. This act shall take effect immediately.

STATEMENT

This bill allows a nonprofit health service corporation to convert to a domestic stock health service corporation if its plan of conversion is approved by the Commissioner of Banking and Insurance and 100% of the fair market value of the health service corporation, in stock of the corporation, is conveyed to a foundation established pursuant to the bill to promote the health of the people of New Jersey. The Attorney General shall assure that 100% of the value of the health service corporation is transferred to the foundation.

The plan of conversion shall adequately protect the existing contractual rights of the health service corporation's policyholders and subscribers and payment of claims for reimbursement for health care services. In addition, the plan of conversion shall be fair and equitable and not prejudicial to the contractual rights of the policyholders and

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1 subscribers of the new domestic stock health service corporation.

2 The foundation created by the health service corporation will have a board of directors consisting of 15 members appointed by the 3 4 Governor: two public members chosen by the Governor; two public 5 members selected by the Speaker of the General Assembly; two public members selected by the President of the Senate; one public member 6 selected by the Minority Leader of the Senate; one public member 7 selected by the Minority Leader of the General Assembly; two 8 representatives of the hospital community selected upon the 9 10 recommendation of the New Jersey Hospital Association; two representatives of the medical community selected upon the 11 recommendation of the New Jersey Medical Society; 12 13 representatives of the dental community selected upon the recommendation of the New Jersey Dental Association; and a member 14 15 selected upon the recommendation of the AFL-CIO.

No director, officer or employee of the foundation shall serve as a director, officer or employee of the new domestic stock health service corporation and vice versa. The foundation shall be organized and operated exclusively for charitable purposes and for the promotion of social welfare and must pay out most of its income to accomplish these goals.

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SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR SENATE, No. 1581

STATE OF NEW JERSEY

DATED: DECEMBER 14, 2000

The Senate Commerce Committee reports favorably Senate Committee Substitute for Senate Bill No. 1581.

This bill, a Senate Committee Substitute for Senate, No. 1581, allows an existing health service corporation (Horizon Blue Cross/Blue Shield of New Jersey), or any health service corporation formed in the future, to convert from a non-profit health service corporation to a for-profit domestic stock health insurer. As a condition of this conversion, the corporation is required to establish a charitable foundation and contribute to it the fair market value of the health service corporation (most likely 100 percent of the converted insurer's stock issued and outstanding) at the time of the conversion to satisfy the charitable obligations of the converting corporation to the people of the State of New Jersey.

The bill requires the converting health service corporation's board of directors, when it decides to convert, to adopt a resolution by a two-thirds affirmative vote of the total number of directors. This resolution and a plan of conversion must be filed with the Commissioner of Banking and Insurance and with the Attorney General at least 120 days before the proposed conversion date. The plan of conversion must include, among other items: the purpose of the conversion and the manner in which the proposed conversion will occur; the proposed certificate of incorporation; the proposed bylaws of the converted insurer and any parent corporation; a description of any proposed changes in the mode of operations after conversion; a description of how current subscribers will be protected in the conversion; a statement that current subscribers have no right to any assets or stock in the converted insurer or parent corporation; a statement that the legal existence of the health service corporation does not terminate and that the converted insurer is subject to all of the liabilities and obligations of the former corporation and succeeds to all the property and assets of the former corporation; an explanation of how policies to be offered by the converted insurer will comply with current law; and the manner in which the fair market value of the health service corporation will be transferred to the foundation.

The health service corporation must also file with the

commissioner an application for approval of a plan of conversion and, at the same time, file a petition with the Attorney General for review of the foundation plan. The application must include, among other items: the plan of conversion; a business plan of the converted insurer and any parent corporation, including five-year financial projections; information that the board of directors of the health service corporation reviewed in approving the plan of conversion; a comparative premium rate analysis of all policies in the three years prior to filing the plan of conversion and three years after the filing; any conditions to be fulfilled on or before the conversion; any proposed agreement between or among the foundation and the converted insurer or its parent corporation; and any additional information that the health service corporation wants to present or that the commissioner requests.

Upon determining that the application is complete, the commissioner must hold a public hearing within 90 days on the plan of conversion. Notice of the hearing must be made twice in at least two newspapers of general circulation in New Jersey. The commissioner may engage the services of advisors and consultants to advise him on the conversion and those services are to be paid by the converting health service corporation. The public hearing may, if the commissioner and Attorney General agree, be conducted jointly as part of the public hearing on the foundation plan required of the Attorney General.

To approve the plan of conversion and issue a certificate of authority to a converted insurer, the commissioner must find, among other items, that: the converted insurer will meet applicable capital and surplus requirements; the plan adequately protects existing contract rights of subscribers; the plan of conversion is fair and equitable; the plan enhances the operations of the converted insurer; the plan provides for the transfer of the entire fair market value of the health service corporation to the foundation; the plan is consistent with the foundation plan; the plan promotes the public interest; and the Attorney General has concurred. If the foundation receives 100 percent of the shares of the converted insurer or any parent, freely transferable and without restriction at the time of conversion, the foundation is presumed to have acquired the entire fair market value of the health service corporation and no appraisal is required, unless the commissioner finds that the proposed capital structure of the converted insurer does not represent the fair market value. If the foundation receives at the conversion 100 percent of the shares of the outstanding capital stock of the converted insurer or parent corporation and the shares are subject to restrictions the commissioner determines are necessary and reasonable to maintain the value of the assets of the converted insurer, the foundation is presumed to have acquired the entire fair market value of the health service corporation and no appraisal shall be required unless the commissioner finds that the proposed capital structure of the converted insurer does not

represent the fair market value of the health service corporation. In determining whether the restrictions are necessary and reasonable, the commissioner may require an appraisal of the diminution in value of the shares as a result of the restrictions, which appraisal shall take into consideration the increase in value of the shares on account of any registration rights granted to the foundation. If the foundation receives consideration in another form, the plan of conversion must include an appraisal of the fair market value of the health service corporation. The appraisal must be prepared by persons independent of the health service corporation, experienced and expert in the area of corporate appraisals and acceptable to the commissioner. This appraisal may be based on various methodologies, such as value on a going concern, market value, investment or earning value, net asset value or a control premium. The health service corporation may abandon or amend the plan of conversion at any time before the conversion. If the amendment to the plan results in a material change, a public hearing must be held.

The bill requires the establishment of a charitable foundation or foundations by the health service corporation, to receive the fair market value of the health service corporation, when it converts to a domestic stock health insurer. A health service corporation must submit a petition to the Attorney General for approval of a foundation plan at the same time that it submits a plan of conversion to the commissioner. The Attorney General must hold a public hearing on the foundation plan. The Attorney General may engage the services of advisors and consultants to advise him on the conversion and the cost of those services are to be paid by the converting health service corporation. The funds of the foundation must be used solely for purposes of expanding access to affordable, quality health care for underserved individuals and promoting fundamental improvements in the health status of residents of this State. The foundation or foundations must be a trust or nonprofit corporation and a charitable entity. Numerous provisions in the bill prohibit conflicts of interest by and between the foundation and the converted insurer. Upon the completion of the Attorney General's review of the petition, the health service corporation must apply to the Superior Court for approval of the foundation plan and the Attorney General shall advise the court on whether he supports or opposes the foundation plan. The plan of conversion is not effective unless the Superior Court has approved the foundation plan.

So long as the foundation owns at least 10 percent of the shares of stock of the converted insurer or parent corporation issued to the foundation, any sale of shares of capital stock of the converted insurer by the insurer must be approved by the commissioner to ensure that the sale does not materially dilute the value of the shares distributed to the foundation.

The bill provides that the board of directors of the foundation shall consist of 15 members. Seven members are to be appointed by the

Governor, including two public members, one physician, one licensed health care provider other than a physician, one representative of the dental community, one representative of a community based organization that provides health care services and one representative of the AFL-CIO. Three members are to be appointed by the President of the Senate, including one public member, one representative of the hospital community and one physician. One public member shall be appointed by the Minority Leader of the Senate. Three members are to be appointed by the Speaker of the General Assembly, including one public member, one representative of the hospital community and one representative of a community based organization that provides health care services. One public member shall be appointed by the Minority Leader of the General Assembly. The members shall be appointed for a term of three years.

Finally, the bill (section 18 in particular) provides for the regulation of "creeping conversion." "Creeping conversion" occurs when the health service corporation has a material change in form, which is any action that effects a fundamental corporate change involving a transfer of ownership or control of assets of the health service corporation or a change of mission or purpose of the health service corporation. A material change in form has not occurred if: (1) the aggregate revenues of all nonconforming affiliates (affiliates which are for-profit or don't have the same purpose as the health service corporation) do not exceed 50 percent of the aggregate revenues for the health service corporation and all affiliates; (2) the aggregate revenues of all nonconforming affiliates derived from providing individual or group health coverage to residents of New Jersey equal or exceed 50% of the aggregate revenues from all nonconforming affiliates; and (3) the aggregate assets of all nonconforming affiliates do not exceed 50% of the aggregate assets of the health service corporation and all affiliates.

A health service corporation must notify the Attorney General and the commissioner of the health service corporation's intent to engage in any action that constitutes a material change in form at least 120 days prior to engaging in that action. If determined to be a material change in form (eg. a "creeping conversion"), the health service corporation must submit a petition, which contains an alternative foundation plan, for review of the material change in form. For the material change in form to occur, it must be approved by the commissioner and the alternative foundation plan must be approved by the Attorney General and the court.

ASSEMBLY BANKING AND INSURANCE COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR SENATE, No. 1581

STATE OF NEW JERSEY

DATED: JANUARY 18, 2001

The Assembly Banking and Insurance Committee reports favorably the SCS for Senate Bill No. 1581.

This bill, a SCS for Senate Bill No. 1581, allows an existing health service corporation (Horizon Blue Cross/Blue Shield of New Jersey), or any health service corporation formed in the future, to convert from a non-profit health service corporation to a for-profit domestic stock health insurer. As a condition of this conversion, the corporation is required to establish a charitable foundation and contribute to it the fair market value of the health service corporation (most likely 100 percent of the converted insurer's stock issued and outstanding) at the time of the conversion to satisfy the charitable obligations of the converting corporation to the people of the State of New Jersey.

The bill requires the converting health service corporation's board of directors, when it decides to convert, to adopt a resolution by a two-thirds affirmative vote of the total number of directors. This resolution and a plan of conversion must be filed with the Commissioner of Banking and Insurance and with the Attorney General at least 120 days before the proposed conversion date. The plan of conversion must include, among other items: the purpose of the conversion and the manner in which the proposed conversion will occur; the proposed certificate of incorporation; the proposed bylaws of the converted insurer and any parent corporation; a description of any proposed changes in the mode of operations after conversion; a description of how current subscribers will be protected in the conversion; a statement that current subscribers have no right to any assets or stock in the converted insurer or parent corporation; a statement that the legal existence of the health service corporation does not terminate and that the converted insurer is subject to all of the liabilities and obligations of the former corporation and succeeds to all the property and assets of the former corporation; an explanation of how policies to be offered by the converted insurer will comply with current law; and the manner in which the fair market value of the health service corporation will be transferred to the foundation.

The health service corporation must also file with the commissioner an application for approval of a plan of conversion and, at the same time, file a petition with the Attorney General for review of the foundation plan. The application must include, among other items: the plan of conversion; a business plan of the converted insurer and any parent corporation, including five-year financial projections; information that the board of directors of the health service corporation reviewed in approving the plan of conversion; a comparative premium rate analysis of all policies in the three years prior to filing the plan of conversion and three years after the filing; any conditions to be fulfilled on or before the conversion; any proposed agreement between or among the foundation and the converted insurer or its parent corporation; and any additional information that the health service corporation wants to present or that the commissioner requests.

Within 90 days of determining that the application is complete, the commissioner must hold a public hearing on the plan of conversion. Notice of the hearing must be made twice in at least two newspapers of general circulation in New Jersey. The commissioner may engage the services of advisors and consultants to advise him on the conversion and those services are to be paid by the converting health service corporation. The public hearing may, if the commissioner and Attorney General agree, be conducted jointly as part of the public hearing on the foundation plan required of the Attorney General.

To approve the plan of conversion and issue a certificate of authority to a converted insurer, the commissioner must find, among other items, that: the converted insurer will meet applicable capital and surplus requirements; the plan adequately protects existing contract rights of subscribers; the plan of conversion is fair and equitable; the plan enhances the operations of the converted insurer; the plan provides for the transfer of the entire fair market value of the health service corporation to the foundation; the plan is consistent with the foundation plan; the plan promotes the public interest; and the Attorney General has concurred. If the foundation receives 100 percent of the shares of the converted insurer or any parent, freely transferable and without restriction at the time of conversion, the foundation is presumed to have acquired the entire fair market value of the health service corporation and no appraisal is required, unless the commissioner finds that the proposed capital structure of the converted insurer does not represent the fair market value. If the foundation receives at the conversion 100 percent of the shares of the outstanding capital stock of the converted insurer or parent corporation and the shares are subject to restrictions the commissioner determines are necessary and reasonable to maintain the value of the assets of the converted insurer, the foundation is presumed to have acquired the entire fair market value of the health service corporation and no appraisal shall be required unless the commissioner finds that the proposed capital structure of the converted insurer does not

represent the fair market value of the health service corporation. In determining whether the restrictions are necessary and reasonable, the commissioner may require an appraisal of the diminution in value of the shares as a result of the restrictions, which appraisal shall take into consideration the increase in value of the shares on account of any registration rights granted to the foundation. If the foundation receives consideration in another form, the plan of conversion must include an appraisal of the fair market value of the health service corporation. The appraisal must be prepared by persons independent of the health service corporation, experienced and expert in the area of corporate appraisals and acceptable to the commissioner. This appraisal may be based on various methodologies, such as value on a going concern, market value, investment or earning value, net asset value or a control premium. The health service corporation may abandon or amend the plan of conversion at any time before the conversion. If the amendment to the plan results in a material change, a public hearing must be held.

The bill requires the establishment of a charitable foundation or foundations by the health service corporation, to receive the fair market value of the health service corporation, when it converts to a domestic stock health insurer. A health service corporation must submit a petition to the Attorney General for approval of a foundation plan at the same time that it submits a plan of conversion to the commissioner. The Attorney General must hold a public hearing on the foundation plan. The Attorney General may engage the services of advisors and consultants to advise him on the conversion and the cost of those services are to be paid by the converting health service corporation. The funds of the foundation must be used solely for purposes of expanding access to affordable, quality health care for underserved individuals and promoting fundamental improvements in the health status of residents of this State. The foundation or foundations must be a trust or nonprofit corporation and a charitable entity. Numerous provisions in the bill prohibit conflicts of interest by and between the foundation and the converted insurer. Upon the completion of the Attorney General's review of the petition, the health service corporation must apply to the Superior Court for approval of the foundation plan and the Attorney General shall advise the court on whether he supports or opposes the foundation plan. The plan of conversion is not effective unless the Superior Court has approved the foundation plan.

So long as the foundation owns at least 10 percent of the shares of stock of the converted insurer or parent corporation issued to the foundation, any sale of shares of capital stock of the converted insurer by the insurer must be approved by the commissioner to ensure that the sale does not materially dilute the value of the shares distributed to the foundation.

The bill provides that the board of directors of the foundation shall consist of 15 members. Seven members are to be appointed by the

Governor, including two public members, one physician, one licensed health care provider other than a physician, one representative of the dental community, one representative of a community based organization that provides health care services and one representative of the AFL-CIO. Three members are to be appointed by the President of the Senate, including one public member, one representative of the hospital community and one physician. One public member shall be appointed by the Minority Leader of the Senate. Three members are to be appointed by the Speaker of the General Assembly, including one public member, one representative of the hospital community and one representative of a community based organization that provides health care services. One public member shall be appointed by the Minority Leader of the General Assembly. The members shall be appointed for a term of three years.

Finally, the bill (section 18 in particular) provides for the regulation of "creeping conversion." "Creeping conversion" occurs when the health service corporation has a material change in form, which is any action that effects a fundamental corporate change involving a transfer of ownership or control of assets of the health service corporation or a change of mission or purpose of the health service corporation. A material change in form has not occurred if: (1) the aggregate revenues of all nonconforming affiliates (affiliates which are for-profit or don't have the same purpose as the health service corporation) do not exceed 50 percent of the aggregate revenues for the health service corporation and all affiliates; (2) the aggregate revenues of all nonconforming affiliates derived from providing individual or group health coverage to residents of New Jersey equal or exceed 50% of the aggregate revenues from all nonconforming affiliates; and (3) the aggregate assets of all nonconforming affiliates do not exceed 50% of the aggregate assets of the health service corporation and all affiliates.

A health service corporation must notify the Attorney General and the commissioner of the health service corporation's intent to engage in any action that constitutes a material change in form at least 120 days prior to engaging in that action. If determined to be a material change in form (eg. a "creeping conversion"), the health service corporation must submit a petition, which contains an alternative foundation plan, for review of the material change in form. For the material change in form to occur, it must be approved by the commissioner and the alternative foundation plan must be approved by the Attorney General and the court.

As reported by the committee, this bill is identical to the Assembly Committee Substitute for Assembly Bill No. 2739.

ASSEMBLY, No. 2739

STATE OF NEW JERSEY

209th LEGISLATURE

INTRODUCED SEPTEMBER 25, 2000

Sponsored by:

Assemblyman CHRISTOPHER "KIP" BATEMAN District 16 (Morris and Somerset) Assemblyman JOSEPH V. DORIA, JR. District 31 (Hudson)

Co-Sponsored by:

Assemblyman Caraballo

SYNOPSIS

Allows conversion of a nonprofit health service corporation to a domestic stock health service corporation under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



1 2	AN ACT concerning the conversion of a nonprofit health service
3	corporation to a domestic stock health service corporation.
4	BE IT ENACTED by the Senate and General Assembly of the State
5	of New Jersey:
6	of them bersey.
7	1. As used in this act:
8	"Attorney General" means the Attorney General of the State of
9	New Jersey.
10	"Commissioner" means the Commissioner of Banking and
11	Insurance.
12	"Conversion" means the conversion of a health service corporation
13	to a domestic stock health service corporation in accordance with the
14	provisions of this act.
15	"Domestic stock health service corporation" means a health service
16	corporation that converts to a domestic stock corporation pursuant to
17	this act and which complies, and continues to comply, with the
18	applicable provisions of N.J.S. 17B:18-1 et seq. and N.J.S. 17B:19-1
19	et seq.
20	"Foundation" means the foundation established under section 9 of
21	this act.
22	"Successor corporation" means a health service corporation which
23	has converted to a domestic stock health service corporation in
24	accordance with the provisions of this act.
25	
26	2. a. A health service corporation which is organized pursuant to
27	P.L.1985, c.236 (C.17:48E-1 et seq.) may convert to a domestic stock
28	health service corporation by complying with the provisions of this act.
29	b. The board of directors of a health service corporation shall adopt
30	a resolution to become a domestic stock health service corporation at
31	a meeting of the board by a two-thirds affirmative vote of the total
32 33	number of directors of the health service corporation. A copy of the
34	minutes of the meeting at which that resolution is adopted shall be filed with the commissioner and with the Attorney General at least 120
35	days before the proposed date of conversion. The resolution shall
36	include a plan of conversion to a domestic stock health service
37	corporation. The plan shall include:
38	(1) The purposes of the conversion.
39	(2) The proposed certificate of incorporation of the proposed
40	successor corporation.
41	(3) The proposed bylaws of the proposed successor corporation.
42	The bylaws shall provide for the appointment of officers, and may
43	provide that the officers of the health service corporation shall serve

44 to the end of the term to which they were appointed under the bylaws

of the health service corporation.

- (4) A description of any changes in the proposed successor corporation's mode of operations after conversion.
- (5) A statement describing the manner in which the plan of conversion provides for the protection of all existing contractual rights of the health service corporation's subscribers and policyholders and to medical, surgical, hospital or dental services or the payment of claims for reimbursement for those services.
- (6) A statement that the health service corporation's subscribers and policyholders shall have no right to receive any assets, surplus, capital or other distribution, or to receive any stock or other ownership interest in the successor corporation in connection with the conversion.
- (7) A statement that the legal existence of the health service corporation does not terminate and that the successor corporation is subject to all of the liabilities, obligations, and relations of whatever kind of the health service corporation and succeeds to all property, assets, rights, interests and relations of the health service corporation.
- (8) Documentation showing that the board of directors of the health service corporation has approved the plan of conversion. It shall not be necessary for the subscribers or policyholders of the health service corporation to vote on or approve the plan of conversion, any amendments to the health service corporation's certificate of incorporation or bylaws, or the certificate of incorporation or the bylaws of the successor corporation, notwithstanding any provision to the contrary in this section or in the certificate of incorporation or bylaws of the health service corporation.
- (9) The business plan of the successor corporation, including, but not limited to, a comparative premium rate analysis of the successor corporation's major plans and product offerings that, among other things, compares actual premium rates for the three-year period before the filing of the plan for conversion and forecasted premium rates for a three-year period following the proposed conversion. This rate analysis shall address the forecasted effect, if any, of the proposed conversion on the cost to policyholders and subscribers of the successor corporation and on the successor corporation's underwriting profit, investment income and loss and claim reserves, including the effect, if any, of adverse market or risk selection upon these reserves. The information provided under this paragraph (9) shall be confidential.
- (10) Any conditions, other than approval of the plan of conversion by the commissioner, to be fulfilled by a proposed date upon which the conversion would become effective.
- 43 (11) Any proposed agreement between the foundation and the 44 successor corporation, including, but not limited to, any agreement 45 relating to the voting or registration for sale of any capital stock to be 46 issued by the successor corporation to the foundation.

- c. Within 20 days of receiving a plan of conversion under this section, the commissioner shall publish a notice in one or more newspapers of general circulation in the health service corporation's service area describing the name of the health service corporation, the nature of the plan filed and the date of receipt of the plan. The notice shall indicate that the commissioner will solicit public comments and hold a public hearing on the plan. The public hearings shall be completed within 60 days of the filing of the plan of conversion. The written public comment period shall be held open until 10 days after the last public hearing. For good cause, the commissioner may extend these deadlines once for a maximum of 30 days. The commissioner shall provide copies of all written public comments to the Attorney General.
 - d. All applications, reports, plans and other documents under this section are public records except as otherwise provided in this act. The commissioner shall provide the public with prompt and reasonable access to public records relating to the proposed conversion of the health service corporation. Access to public records covered by this section shall be made available for at least 30 days before the end of the public comment period.

- 3. The commissioner shall approve the plan of conversion and issue a certificate of authority to the successor corporation to transact business in this State as a domestic stock health service corporation only if the commissioner finds all of the following:
- a. The plan of conversion meets the requirements of section 2 of this act.
- b. Upon conversion, the successor corporation will meet the applicable standards and conditions under this section, including applicable minimum capital and surplus requirements.
- c. The plan of conversion adequately protects the existing contractual rights of the health service corporation's policyholders and subscribers to medical, surgical, hospital or dental services and payment of claims for reimbursement for those services.
- d. No director, officer or employee of the health service corporation shall receive any fee, commission, compensation or other valuable consideration for aiding, promoting or assisting in the conversion of the health service corporation, other than compensation paid to any director, officer or employee of the health service corporation in the ordinary course of business or any distribution of the assets, surplus, capital or capital stock of the successor corporation as part of a conversion.
- e. The health service corporation has complied with all material requirements of this section.
- f. The plan of conversion is fair and equitable and not prejudicial to the contractual rights of the policyholders and subscribers of the

1 successor corporation.

- g. The plan of conversion is in the public interest.
- (1) The plan shall be in the public interest if it provides that consideration equal to 100% of the fair market value of the health service corporation will be conveyed or issued to the foundation by the health service corporation at the time the successor corporation files its articles of incorporation. If the consideration to be conveyed is all of the common stock of the successor corporation that is issued and outstanding at the time of conversion, and there is no other capital stock of any other type or nature then outstanding, it is conclusively presumed that the foundation shall possess 100% of the fair market value of the health service corporation.
- (2) At any time after the conversion, the successor corporation may, for its own benefit, issue, in a public offering or a private placement, additional shares of common stock of the same class and having the same voting, dividend and other rights as that transferred to the foundation, subject to the applicable provisions of N.J.S. 17B:18-47 and any voting and registration agreements.
- h. The plan of conversion contains a proposed voting agreement and a proposed registration agreement between the foundation and the successor corporation that meets the requirements of subsection e. of section 9 of this act.
- i. The Attorney General has given approval pursuant to subsection f. of section 9 of this act.

- 4. a. After issuance of the certificate of authority as provided in section 3 of this act, the successor corporation shall remain a health service corporation subject to P.L.1985, c.236 (C.17:48E-1 et seq.) except that subsection b. of section 2 of P.L.1985, c.236 (C.17:48E-2), subsection a. of section 3 of P.L.1985, c.236 (C.17:48E-3), sections 5 through 9, 11 and 41 of P.L.1985, c.236 (C.17:48E-5, 17:48E-6, 17:48E-7, 17:48E-8, 17:48E-9, 17:48E-11 and 17:48E-41), subsections a. and b. of section 17 of P.L.1985, c.236 (C.17:48E-17), section 5 of P.L.1988, c.71 (C.17:48E-17.1), and section 8 of P.L.1993, c.235 (C.17:48E-17.2) shall not apply.
- b. The successor corporation shall be subject to the provisions of chapters 18 and 19 of Title 17B of the New Jersey Statutes, but to no other provision of Title 17B of the New Jersey Statutes, except as specifically provided in P.L.1985, c.236 (C.17:48E-1 et seq.).
- c. The legal existence of the health service corporation shall not terminate, and the successor corporation is a continuation of the health service corporation. The conversion shall only be a change in identity and form of organization. Except as provided in subsection g. of section 3 of this act, all property, assets, rights, liabilities,

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obligations, interests and relations of whatever kind of the health service corporation shall continue and remain in the successor health service corporation. All actions and legal proceedings to which the health service corporation was a party prior to conversion shall be unaffected by the conversion.

d. The successor corporation may merge with a stock insurer authorized to issue health insurance, as such is defined in N.J.S. 17B:17-4. The resulting corporation shall then no longer be subject to P.L.1985, c.236 (C.17:48E-1 et seq.), but shall be subject to the provisions of Title 17B of the New Jersey Statutes. The voting agreement described in section 9 of this act, if then still in effect, shall survive the merger.

5. The commissioner's final decision and order regarding the plan of conversion shall include findings of fact and conclusions of law. Findings of fact shall be based upon and supported by substantial evidence, including evidence submitted with the plan by the health service corporation and evidence obtained at hearings held by the commissioner. The failure of the commissioner or the Attorney General to approve the plan of conversion as submitted within 270 days after submission to the commissioner shall be deemed a disapproval thereof, subject to review by the Superior Court in a proceeding in lieu of prerogative writ pursuant to N.J.S. 17:48E-43.

6. The contracts of the health service corporation shall be converted to contracts of the successor corporation without any further action on the part of the successor corporation.

7. The conversion of a health service corporation to a domestic stock health service corporation shall not cause any individual health benefits plan issued prior to November 30, 1992 and still in effect on the effective date of this act to be subject to the provisions of sections 3 through 8 of P.L.1992, c.161 (C.17B:27A-4 through 17B:27A-9), except as specified in those sections, or any small employer health benefits plan issued prior to November 30, 1992 and still in effect on the effective date of this act to be subject to the provisions of section 3 of P.L.1992, c.162 (C. 17B:27A-19).

8. The informational filing made by the health service corporation to the New Jersey Individual Health Coverage Program Board shall be deemed to be the filing of the successor corporation.

9. a. A foundation shall be created by the health service corporation to receive the fair market value of the health service corporation when the health service corporation converts to a domestic stock health service corporation.

- b. The charitable purpose of the foundation shall be to promote the health of the people of New Jersey. The foundation may not establish or operate any entity licensed pursuant to Title 17B of the New Jersey Statutes, P.L.1979, c.478 (C.17:48D-1 et seq.), P.L.1985, c.236 (C.17:48E-1 et seq.) or P.L.1973, c.337 (C.26:2J-1 et seq.) that would compete with the successor corporation or any of its subsidiaries.
- 8 c. The board of directors of the foundation shall consist of 15 9 members appointed by the Governor, including two public members 10 chosen by the Governor; two public members selected by the Speaker 11 of the General Assembly; two public members selected by the 12 President of the Senate; one public member selected by the Minority 13 Leader of the Senate; one public member selected by the Minority 14 Leader of the General Assembly; two representatives of the hospital 15 community selected upon the recommendation of the New Jersey Hospital Association; two representatives of the medical community 16 17 selected upon the recommendation of the New Jersey Medical Society; 18 two representatives of the dental community selected upon the 19 recommendation of the New Jersey Dental Association; and a member 20 selected upon the recommendation of the AFL-CIO. The members 21 shall be appointed for a term of three years. A vacancy in the 22 membership of the board shall be filled for an unexpired term in the 23 same manner provided for the original appointment. Members shall 24 serve without fee or compensation.
 - d. The foundation and its directors, officers and employees shall be and remain independent of the successor corporation and its affiliates. No director, officer or employee of the foundation shall serve as a director, officer or employee of the successor corporation or any of its affiliates. No director, officer or employee of the successor corporation or any of its affiliates shall serve as a director, officer or employee of the foundation. The provisions of this subsection shall expire 10 years following the effective date of a conversion pursuant to this act or the divestment by the foundation of at least 95 percent of the stock of the successor corporation received pursuant to subsection g. of section 3 of this act, whichever occurs later.

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- e. The foundation and the successor corporation shall operate under a voting agreement and a stock registration agreement, approved by the commissioner and the Attorney General, that provides at least the following:
- (1) The foundation shall vote the common stock in the successor corporation for election of the directors of the successor corporation nominated by the board of directors of the successor corporation to the extent provided by the terms of the voting agreement;
- (2) The voting restrictions shall not apply to any common stock of the successor corporation sold by the foundation; and
- (3) The board of directors of the successor corporation shall

- 1 determine the timing of any initial public offering of the successor
- 2 corporation's common stock, either by the successor corporation or by
- 3 the foundation, and the foundation shall have demand registration
- 4 rights and optional "piggy-back" or "incidental" registration rights in
- 5 connection with any offerings of the successor corporation's common
- 6 stock by the successor corporation, on the terms and conditions set
- 7 forth in a registration rights agreement.

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The voting agreement may contain additional terms, including voting and ownership restrictions, with regard to the common stock of the successor corporation and provisions for the voting or registration for sale of any common stock to be issued to the foundation by the successor corporation.

f. Before the commissioner approves a plan of conversion pursuant to section 3 of this act, the Attorney General, on behalf of the public and charitable interests in this State, shall assure that 100% of the issued and outstanding stock of the successor corporation shall be conveyed or issued to the foundation as provided in section 3 of this act and approve the certificate of incorporation and bylaws of the foundation and all proposed agreements between the successor corporation and the foundation, including stock voting or registration agreements.

Within 20 days of receiving a plan of conversion, the Attorney General shall publish a notice in one or more newspapers of general circulation in the health service corporation's service area briefly describing the health service corporation's proposal to transfer to the foundation the health service corporation's fair market value as provided under section 3 of this act, the foundation's purposes and all proposed stock voting or registration agreements. The notice shall indicate that the Attorney General will solicit public comments and hold a public hearing on the proposal. The public hearings shall be completed within 60 days of the filing of the plan of conversion. The written public comment period shall be held open until 10 days after the last public hearing. For good cause, the Attorney General may extend these deadlines once for a maximum of 30 days. The Attorney General may seek advice on these matters from consultants, investment bankers, and other professional advisors engaged by the Attorney General incident to review of the proposal.

- g. The proposed certificate of incorporation of the foundation shall provide for all of the following:
- (1) That the foundation is organized and operated exclusively for charitable purposes and for the promotion of social welfare;
- (2) That no part of the net earnings of the foundation shall inure to the benefit of any private shareholder or individual;
- (3) That the foundation shall not engage in any political campaign activity or the making of political contributions;
- (4) That the foundation shall not pay or incur any amount that, if

- paid by an organization classified as a "private foundation" under section 509(a) of the Internal Revenue Code of 1986 (26 U.S.C. 509 (a)), would constitute a "taxable expenditure" as defined by section 4945(d)(1) and (2) of the Internal Revenue Code of 1986 (26 U.S.C. 4945(d)(1) and (2));
 - (5) That the foundation shall not engage in any self-dealing for the benefit of its directors, officers or employees;
 - (6) Provide for an ongoing community advisory committee to offer broad public input to the foundation concerning its operations and activities;
 - (7) Provide that the foundation, after its first three years of operation, shall pay out the lesser of: (a) "qualifying distributions" of "distributable amounts," as those terms are defined in section 4942 of the Internal Revenue Code of 1986 (26 U.S.C. 4942), as if the foundation were classified as a private foundation subject to the distribution requirements, but not the taxes imposed, under that section; or (b) substantially all of its income, less qualifying expenses. In no event shall the foundation be required to invade its corpus to meet the distribution requirements under this paragraph (7);
 - (8) That the provisions in the certificate of incorporation that are either required by subsection f. of this section, or designated by the Attorney General, cannot be amended without the prior written approval of the Attorney General.
 - h. Within 120 days of the end of its fiscal year, the foundation shall provide the Attorney General and the commissioner with its State and federal tax returns for the preceding fiscal year and advise the Legislature of its accomplishments during that year and its plans for the current fiscal year. The tax returns shall be made available for public inspection.

10. This act shall take effect immediately.

STATEMENT

This bill allows a nonprofit health service corporation to convert to a domestic stock health service corporation if its plan of conversion is approved by the Commissioner of Banking and Insurance and 100% of the fair market value of the health service corporation, in stock of the corporation, is conveyed to a foundation established pursuant to the bill to promote the health of the people of New Jersey. The Attorney General shall assure that 100% of the value of the health service corporation is transferred to the foundation.

The plan of conversion shall adequately protect the existing contractual rights of the health service corporation's policyholders and subscribers and payment of claims for reimbursement for health care

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services. In addition, the plan of conversion shall be fair and equitable and not prejudicial to the contractual rights of the policyholders and subscribers of the new domestic stock health service corporation.

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4 The foundation created by the health service corporation will have 5 a board of directors consisting of 15 members appointed by the Governor: two public members chosen by the Governor; two public 6 members selected by the Speaker of the General Assembly; two public 7 8 members selected by the President of the Senate; one public member 9 selected by the Minority Leader of the Senate; one public member 10 selected by the Minority Leader of the General Assembly; two representatives of the hospital community selected upon the 11 recommendation of the New Jersey Hospital Association; two 12 representatives of the medical community selected upon the 13 recommendation of the New Jersey Medical Society; 14 two 15 representatives of the dental community selected upon the recommendation of the New Jersey Dental Association; and a member 16 17 selected upon the recommendation of the AFL-CIO.

No director, officer or employee of the foundation shall serve as a director, officer or employee of the new domestic stock health service corporation and vice versa. The foundation shall be organized and operated exclusively for charitable purposes and for the promotion of social welfare and must pay out most of its income to accomplish these goals.

ASSEMBLY BANKING AND INSURANCE COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 2739

STATE OF NEW JERSEY

DATED: JANUARY 18, 2001

The Assembly Banking and Insurance Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 2739.

This bill, an Assembly Committee Substitute for Assembly Bill No. 2739, allows a health service corporation (Horizon Blue Cross/Blue Shield of New Jersey), or any health service corporation formed in the future, to convert from a non-profit health service corporation to a for-profit domestic stock health insurer. As a condition of this conversion, the corporation is required to establish a charitable foundation and contribute to it the fair market value of the health service corporation (most likely 100 percent of the converted insurer's stock issued and outstanding) at the time of the conversion to satisfy the charitable obligations of the converting corporation to the people of the State of New Jersey.

The bill requires the converting health service corporation's board of directors, when it decides to convert, to adopt a resolution by a two-thirds affirmative vote of the total number of directors. This resolution and a plan of conversion must be filed with the Commissioner of Banking and Insurance and with the Attorney General at least 120 days before the proposed conversion date. The plan of conversion must include, among other items: the purpose of the conversion and the manner in which the proposed conversion will occur; the proposed certificate of incorporation; the proposed bylaws of the converted insurer and any parent corporation; a description of any proposed changes in the mode of operations after conversion; a description of how current subscribers will be protected in the conversion; a statement that current subscribers have no right to any assets or stock in the converted insurer or parent corporation; a statement that the legal existence of the health service corporation does not terminate and that the converted insurer is subject to all of the liabilities and obligations of the former corporation and succeeds to all the property and assets of the former corporation; an explanation of how policies to be offered by the converted insurer will comply with current law; and the manner in which the fair market value of the health service corporation will be transferred to the foundation.

The health service corporation must also file with the

commissioner an application for approval of a plan of conversion and, at the same time, file a petition with the Attorney General for review of the foundation plan. The application must include, among other items: the plan of conversion; a business plan of the converted insurer and any parent corporation including five-year financial projections; information that the board of directors of the health service corporation reviewed in approving the plan of conversion; a comparative premium rate analysis of all policies in the three years prior to filing the plan of conversion and three years after the filing; any conditions to be fulfilled on or before the conversion; any proposed agreement between or among the foundation and the converted insurer or its parent corporation; and any additional information that the health service corporation wants to present or that the commissioner requests.

Within 90 days of determining that the application is complete, the commissioner must hold a public hearing on the plan of conversion. Notice of the hearing must be made twice in at least two newspapers of general circulation in New Jersey. The commissioner may engage the services of advisors and consultants to advise him on the conversion and those services are to be paid by the converting health service corporation. The public hearing may, if the commissioner and Attorney General agree, be conducted jointly as part of the public hearing on the foundation plan required of the Attorney General.

To approve the plan of conversion and issue a certificate of authority to a converted insurer, the commissioner must find, among other items, that: the converted insurer will meet applicable capital and surplus requirements; the plan adequately protects existing contract rights of subscribers; the plan of conversion is fair and equitable; the plan enhances the operations of the converted insurer; the plan provides for the transfer of the entire fair market value of the health service corporation to the foundation; the plan is consistent with the foundation plan; the plan promotes the public interest; and the Attorney General has concurred. If the foundation receives 100 percent of the shares of the converted insurer or any parent, freely transferable and without restriction at the time of conversion, the foundation is presumed to have acquired the entire fair market value of the health service corporation and no appraisal is required, unless the commissioner finds that the proposed capital structure of the converted insurer does not represent the fair market value. If the foundation receives at the conversion 100 percent of the shares of the outstanding capital stock of the converted insurer or parent corporation and the shares are subject to restrictions the commissioner determines are necessary and reasonable to maintain the value of the assets of the converted insurer, the foundation is presumed to have acquired the entire fair market value of the health service corporation and no appraisal shall be required unless the commissioner finds that the proposed capital structure of the converted insurer does not represent the fair market value of the health service corporation. In

determining whether the restrictions are necessary and reasonable, the commissioner may require an appraisal of the diminution in value of the shares as a result of the restrictions, which appraisal shall take into consideration the increase in value of the shares on account of any registration rights granted to the foundation. If the foundation receives consideration in another form, the plan of conversion must include an appraisal of the fair market value of the health service corporation. The appraisal must be prepared by persons independent of the health service corporation, experienced and expert in the area of corporate appraisals and acceptable to the commissioner. This appraisal may be based on various methodologies, such as value on a going concern, market value, investment or earning value, net asset value or a control premium. The health service corporation may abandon or amend the plan of conversion at any time before the conversion. If the amendment to the plan results in a material change, a public hearing must be held.

The bill requires the establishment of a charitable foundation or foundations by the health service corporation, to receive the fair market value of the health service corporation, when it converts to a domestic stock health insurer. A health service corporation must submit a petition to the Attorney General for approval of a foundation plan at the same time that it submits a plan of conversion to the commissioner. The Attorney General must hold a public hearing on the foundation plan. The Attorney General may engage the services of advisors and consultants to advise him on the conversion and the cost of those services are to be paid by the converting health service corporation. The funds of the foundation must be used solely for purposes of expanding access to affordable, quality health care for underserved individuals and promoting fundamental improvements in the health status of residents of this State. The foundation or foundations must be a trust or nonprofit corporation and a charitable entity. Numerous provisions in the bill prohibit conflicts of interest by and between the foundation and the converted insurer. Upon the completion of the Attorney General's review of the petition, the health service corporation must apply to the Superior Court for approval of the foundation plan and the Attorney General shall advise the court on whether he supports or opposes the foundation plan. The plan of conversion is not effective unless the Superior Court has approved the foundation plan.

So long as the foundation owns at least 10 percent of the shares of stock of the converted insurer or parent corporation issued to the foundation, any sale of shares of capital stock of the converted insurer by the insurer must be approved by the commissioner to ensure that the sale does not materially dilute the value of the shares distributed to the foundation.

The bill provides that the board of directors of the foundation shall consist of 15 members. Seven member are to be appointed by the Governor including two public members, one physician, one licensed

health care provider other than a physician, one representative of the dental community, one representative of a community based organization that provides health care services and one representative of the AFL-CIO. Three members are to be appointed by the President of the Senate, including one public member, one representative of the hospital community and one physician. One public member shall be appointed by the Minority Leader of the Senate. Three members are to be appointed by the Speaker of the General Assembly, including one public member, one representative of the hospital community and one representative of a community based organization that provides health care services. One public member shall be appointed by the Minority Leader of the General Assembly. The members shall be appointed for a term of three years.

Finally, the bill (section 18 in particular) provides for the regulation of "creeping conversion." "Creeping conversion" occurs when the health service corporation has a material change in form, which is any action that effects a fundamental corporate change involving a transfer of ownership or control of assets of the health service corporation or a change of mission or purpose of the health service corporation. A material change in form has not occurred if: (1) the aggregate revenues of all nonconforming affiliates (affiliates which are for-profit or don't have the same purpose as the health service corporation) do not exceed 50 percent of the aggregate revenues for the health service corporation and all affiliates; (2) the aggregate revenues of all nonconforming affiliates derived from providing individual or group health coverage to residents of New Jersey equal or exceed 50 percent of the aggregate revenues from all nonconforming affiliates; and (3) the aggregate assets of all nonconforming affiliates do not exceed 50 percent of the aggregate assets of the health service corporation and all affiliates.

A health service corporation must notify the Attorney General and the commissioner of the health service corporation's intent to engage in any action that constitutes a material change in form at least 120 days prior to engaging in that action. If determined to be a material change in form (e.g., a "creeping conversion"), the health service corporation must submit a petition, which contains an alternative foundation plan, for review of the material change in form. For the material change in form to occur, it must be approved by the commissioner and the alternative foundation plan must be approved by the Attorney General and the court.

As reported by the committee, this bill is identical to the Senate Committee Substitute for Senate Bill No. 1581.

SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 1581

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Committee Substitute for Senate Bill No. 1581 with my recommendations for reconsideration.

A.Summary of Bill

This bill allows an existing health service corporation, or any health service corporation formed in the future, to convert from a non-profit health service corporation to a for-profit domestic stock health insurer. As a condition of this conversion, the corporation is required to establish a charitable foundation and contribute to it the fair market value of the health service corporation at the time of the conversion to satisfy the charitable obligations of the converting corporation to the people of the State of New Jersey.

The bill requires the converting health service corporation's board of directors, when it decides to convert, to adopt a resolution by a two-thirds affirmative vote of the total number of directors. The health service corporation must also file with the commissioner an application for approval of a plan of conversion and, at the same time, file a petition with the Attorney General for review of the foundation plan. Within 90 days of determining that the application is complete, the commissioner must hold a public hearing on the plan of conversion.

In addition, the bill requires the establishment of a charitable foundation or foundations by the health service corporation, to receive the fair market value of the health service corporation. The bill provides that the board of directors of the foundation shall consist of 15 members.

B. Recommended Action

I support this bill and the intent of the sponsors in establishing a reasonable compromise that adequately protects the public while, at the same time, allows a health service corporation the flexibility to structure its business operations and the timing of conversion process. However, I believe one additional safeguard is necessary to protect

the public interest. Specifically, I believe that the legislation should establish a commission to serve in an advisory capacity to the Attorney General and the Commissioner of the Department of Banking and Insurance prior to the submission of a conversion plan filed pursuant to this legislation.

Therefore, I herewith return Senate Committee Substitute for Senate Bill No. 1581 and recommend that it be amended as follows:

Page 18, Section 20, Lines 9-10:

After "(New Section)" insert "a." delete "A foundation established pursuant to this act shall have a board of directors consisting" insert "There is established in, but not of, the Department of Treasury a Health Service Corporation Conversion Temporary Advisory Commission. The commission shall consist"_

Page 18, Section 20, Line 28:

Delete "board" insert "commission"

Page 18, Section 20, Line 33:

Insert "The commission shall, in anticipation of a conversion as authorized under this act, examine issues related to access to affordable, quality health care for underserved individuals and promoting fundamental improvements in the health status of New Jerseyans, and may review experiences in other states related to the establishment of foundations in other states resulting from the conversion of health care service corporations. The commission shall advise the Attorney General and Commissioner of Banking and Insurance as to its findings on these issues. The Department of Treasury shall provide the commission with such assistance as the commission may require in order to perform its duties under this act. The commission may engage the services of advisors and consultants in order to assist in the performance of its duties under this act.

b. Members of the advisory commission appointed pursuant to subsection a. of this section shall serve as the initial board of directors of a foundation established pursuant to this act until such time as the terms of their appointments expire. The advisory commission established pursuant to subsection a. of this section shall expire upon establishment of a foundation in accordance with this act. A vacancy in the membership of the board shall be filled for an unexpired term in the same manner provided for the original appointment. In the event more than one foundation is established pursuant to this act, the board of directors of any such additional

foundations shall be appointed in compliance with the requirements of subsection a. of this section."

Respectfully,

/s/ Donald T. DiFrancesco

Acting Governor

[seal]

Attest:

/s/ James A. Harkness

Chief Counsel to the Governor

PO BOX 004 TRENTON, NJ 08625

Office of the Governor NEWS RELEASE

CONTACT: Rae Hutton 609-777-2600

RELEASE: June 29, 2001

Acting Governor Donald T. DiFrancesco signed the following legislation today:

S-2450, sponsored by Senators Peter Inverso (R-Mercer/Middlesex) and John Matheussen(R-Camden/Gloucester) and Assemblymembers Nicholas Asselta (R-Cape May/Atlantic/Cumberland) and Joseph Azzolina (R-Middlesex/Monmouth), increases the retirement benefits under the Teachers' Pension and Annuity Fund (TPAF) and The Public Employees' Retirement System (PERS) for service, deferred and early retirement by changing the formula from 1/70 to 1/64 to final compensation for each year of Class A service and from 1/60 to 1/55 of final compensation for each year of Class B service.

The bill also increases the retirement benefit for TPAF and PERS veteran members with 35 or more years of service and reduces the age qualification from 60 to 55.

The bill also provides for a reduction in TPAF member contributions.

S-2465, sponsored by Assemblyman Joseph Malone (R-Burlington/Monmouth/Ocean) and Senator Walter Kavanaugh (R-Morris/Somerset), requires providers of goods and services to the State and its agencies or to casino licensees, and any subcontractor under those State and casino contracts, to register their businesses with the Division of Revenue.

S-1581, sponsored by Senators Gerald Cardinale (R-Bergen) and Richard Codey (R-Essex) and Assemblymen Kip Bateman (R-Morris/Somerset) and Joseph Doria (D-Hudson), allows an existing health service corporation, or any health corporation formed in the future, to convert from a non-profit health service to a for-profit domestic stock health insurer. As a condition of this conversion, the corporation is required to establish a charitable foundation and contribute to it the fair market value of the health service corporation at the time of the conversion to satisfy the charitable obligations of the converting corporation to the people of the State of New Jersey.

S-2298, sponsored by Senators Martha Bark (R-Atlantic/Burlington/Camden) and Bernard Kenny (D-Hudson) and Assemblymembers Paul DiGaetano (R-Bergen/Essex/Passaic) and Joseph Doria (D-Hudson), increases the membership of the Board of Public Utilities (BPU) from three to five members, no more than three of whom are to be of the same political party.

A-3045, sponsored by Senator Anthony Bucco (R-Morris) and Assemblyman Guy Gregg (R-Sussex/Hunterdon/Morris), closes a gap in the administration of the taxes imposed on the owners of limited partnerships and limited liability companies.