

Abstracts of Significant Cases Bearing on the Regulation of Insurance

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United States Court of Appeals

Oklahoma

Pharm. Care Mgmt. Ass'n v. Mulready, 78 F.4th 1183 (10th Cir. Aug. 15, 2023)

Pharmaceutical Care Management Association (PCMA) challenged an Oklahoma law regulating pharmacy benefit managers (PBMs) arguing that it established minimum and uniform access to a provider and standards and prohibitions on restrictions of a patient's right to choose a pharmacist provider. *Id.* at _____. PCMA argued that the Employee Retirement Income Security Act of 1974 (ERISA) and Medicare Part D

State Court

California

*Myers v. State Bd. of Equalization, No. B307981,
2023 WL 3050778, at *1 (Cal. Ct. App. Apr. 24, 2023)*

Myers (Appellant) filed suit to compel the California State Board of Equalization, the Insurance Commissioner of the State of California, and the Controller of the State of California (Respondents) to collect the gross premium amount imposed by California law from certain health care service plans, which are regulated by the Department of Managed Health Care under a different regulatory scheme than insurers. In *Myers*, the California Court of Appeals adopted a standard for deciding whether health care service plans are insurers for all purposes. The standard requires balancing the indemnification aspects of the business against the direct service aspects in relation to determining whether indemnification constitutes a significant financial proportion of the business. Appellant contended that the trial court incorrectly understood the meaning of indemnification under the standard and that it should have applied a different test to

The Washington Supreme Court held that NY Life's claim regarding lack of insurable interest was not barred because Washington law requires an individual procuring a life insurance policy on another to have an insurable interest in the insured at the inception of the insurance contract. *Id.* at 100. The court further held that insurance contracts lacking the requisite insurable interest are void as they are against public policy. *Id.* The court held that an insurance policy may be considered after the one-year period if there is evidence that someone other than the insured signed the application, using the name of the insured, in violation of the law to do so and in violation of the insured's consent. *Id.* at 100-101. The court further held that fraud vitiates the contract as to the insured after the one-year period, but courts have held that the inconclusiveness clause does not apply to impose fraud and Washington has codified the imposition of fraud rule. *Id.* at 101. The court said that NY Life can consider the policy on the ground that Loren did not consent to enter into a contract in writing or make the application himself. *Id.* at 101. Regarding the incapacity question, the court held that the policy cannot

Cases in Which the NAIC Filed as *Amicus Curiae*

Delaware Dep't of Ins. v. United States, 144 S.Ct. 422 (2023)

The United States Supreme Court denied a petition for writ of certiorari to review the decision of the United States Court of Appeals for the Third Circuit in the case of *United States of America v. State of Delaware Department of Insurance*, 2023 WL 1111111 (3rd Cir. 2023). The NAIC filed an amicus brief in support of a petition for writ of certiorari led by Delaware Insurance Commissioner Trinidad Navarro. The Delaware Department of Insurance (Department) refused to provide documents and testimony responsive to an Internal Revenue Service (IRS) summons regarding the licensure of micro-capital insurance companies formed under Internal Revenue Code (b). Compliance with the summons would have constituted Section D of the Delaware Insurance Code which prohibits the condemnation of such materials unless the recipient agrees to keep the information confidential. The Third Circuit Court of Appeals found that the Department did not meet the test for reverse-preemption under Section of the McCarran-Ferguson Act and that the challenged condition did not involve the business of insurance. Other courts have interpreted McCarran-Ferguson to require three elements before reverse-preemption is appropriate: () whether the state law is enacted for the purpose of regulating the business of insurance; () whether the federal law does not specifically relate to the business of insurance; and () whether the federal law would invalidate, impair, or supersede the state law. However, the Third Circuit instead imposed a threshold question that courts must assess before analyzing the other reverse-preemption requirements: i.e., whether the challenged condition broadly constitutes the business of insurance in the first place. The Supreme Court left in place the Third Circuit's holding that the condition at issue (i.e., the refusal by the Department to produce summoned documents in which the IRS was signing a confidentiality agreement) did not constitute the business of insurance within the meaning of McCarran-Ferguson because the condition did not relate to the relationship between insurer and insured, the scope of policy issued, or its reliability, interpretation, and enforcement.