

SENATE BILL NO. 2102

Introduced by

Industry, Business and Labor Committee

(At the request of the Insurance Commissioner)

1 A BILL for an Act to create and enact chapter 26.1-53.1 of the North Dakota Century Code,
2 relating to discount plans; and to repeal chapter 26.1-53 of the North Dakota Century Code,
3 relating to discount medical plans.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** Chapter 26.1-53.1 of the North Dakota Century Code is created and enacted
6 as follows:

7 **26.1-53.1-01. Definitions.**

8 For purposes of this chapter, unless the context otherwise requires:

- 9 1. "Affiliate" means a person that directly, or indirectly through one or more
10 intermediaries, controls, or is controlled by, or is under common control with, the
11 person specified.
- 12 2. "Ancillary services" includes audiology, dental, vision, mental health, substance abuse,
13 chiropractic, and podiatry services.
- 14 3. "Control", "controlled by", or "under control with" means the possession, direct or
15 indirect, of the power to direct or cause the direction of the management and policies
16 of a person, whether through the ownership of voting securities, by contract other than
17 a commercial contract for goods or nonmanagement services, or otherwise, unless the
18 power is the result of an official position with or corporate office held by the person.
19 Control is presumed to exist if any person, directly or indirectly, owns, controls, holds
20 with the power to vote, or holds proxies representing ten percent or more of the voting
21 securities of any other person. This presumption may be rebutted by a showing made
22 in the manner provided by section 26.1-10-04, that control does not exist in fact. The
23 commissioner may determine, after furnishing all persons in interest notice and
24 opportunity to be heard and making specific findings of fact to support such

1 determination, that control exists in fact, notwithstanding the absence of a presumption
2 to that effect.

3 4. "Discount plan" means a business arrangement or contract in which a person, in
4 exchange for fees, dues, charges, or other consideration, offers members the access
5 to providers of medical or ancillary services and the right to receive discounts on
6 medical or ancillary services provided under the discount plan from those providers.

7 The term includes a discount prescription drug plan. The term does not include:

8 a. A plan that does not charge a membership, payment, dues, other consideration,
9 or other fee to use the discount plan;

10 b. Any product otherwise regulated under title 26.1;

11 c. A patient access program; or

12 d. A Medicare prescription drug plan.

13 5. "Discount plan organization" means an entity that, in exchange for fees, dues,
14 charges, or other consideration, provides access for discount plan members to
15 providers of medical or ancillary services and the right to receive medical or specialty
16 services from those providers at a discount. It is the organization that contracts with
17 providers, provider networks, or other discount plan organizations to offer access to
18 medical or specialty services at a discount and determines the charge to discount plan
19 members.

20 6. "Discount prescription drug plan" means a business arrangement or contract in which
21 a person, in exchange for fees, dues, charges, or other consideration, provides
22 members the access to providers of pharmacy services and the right to receive
23 discounts on pharmacy services provided under the discount prescription drug plan
24 from those providers.

25 7. "Facility" means an institution providing medical or ancillary services or a health care
26 setting. The term includes:

27 a. A hospital or other licensed inpatient center;

28 b. An ambulatory surgical or treatment center;

29 c. A skilled nursing center;

30 d. A residential treatment center;

31 e. A rehabilitation center; and

- 1 f. A diagnostic, laboratory, or imaging center.
- 2 8. "Health care professional" means a physician, pharmacist, or other health care
3 practitioner who is licensed, accredited, or certified to perform specified medical or
4 ancillary services within the scope of the professional's license, accreditation,
5 certification, or other appropriate authority consistent with state law.
- 6 9. "Health insurer" means an entity subject to the insurance laws and regulations of this
7 state, or subject to the jurisdiction of the commissioner, that contracts or offers to
8 contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health
9 care services, including a sickness and accident insurance company, a health
10 maintenance organization, a nonprofit hospital and health service corporation, or any
11 other entity providing a plan of health insurance, health benefits, or medical or
12 ancillary services.
- 13 10. "Marketer" means a person that markets, promotes, sells, or distributes a discount
14 plan, including a private label entity that places the entity's name on and markets or
15 distributes a discount plan pursuant to a marketing agreement with a discount plan
16 organization.
- 17 11. "Medical services" means any maintenance care of, or preventive care for, the human
18 body, or care, service, or treatment of an illness or dysfunction of, or injury to, the
19 human body. The term includes physician care, inpatient care, hospital surgical
20 services, emergency services, ambulance services, dental care services, vision care
21 services, mental health services, substance abuse services, chiropractic services,
22 podiatric services, laboratory services, medical equipment and supplies, pharmacy
23 services, and ancillary services.
- 24 12. "Medicare prescription drug plan" means a plan that provides Medicare part D
25 prescription drug benefit in accordance with the requirements of the federal Medicare
26 Prescription Drug, Improvement, and Modernization Act of 2003 [Pub. L. 108-173].
- 27 13. "Member" means any individual who pays fees, dues, charges or other consideration
28 for the right to receive the benefits of a discount plan or discount prescription drug
29 plan.
- 30 14. "Patient access program" means a voluntary program sponsored by a pharmaceutical
31 manufacturer, or a consortium of pharmaceutical manufacturers, which provide free or

1 discounted health care products directly to low-income or uninsured individuals either
2 through a discount card or direct shipment.

3 15. "Person" means an individual, a corporation, a partnership, an association, a joint
4 venture, a joint stock company, a trust, an unincorporated organization, any similar
5 entity, or any combination of the foregoing.

6 16. "Pharmacy services" includes pharmaceutical supplies and prescription drugs.

7 17. "Provider" means any health care professional or facility that has contracted, directly
8 or indirectly, with a discount plan organization to provide medical or ancillary services
9 to members.

10 18. "Provider network" means an entity that negotiates, directly or indirectly, with a
11 discount plan organization on behalf of more than one provider to provide medical or
12 ancillary services to members.

13 **26.1-53.1-02. Application.**

14 1. This chapter applies to all discount plan organizations conducting business in this
15 state.

16 2. A discount plan organization that is a health insurer licensed pursuant to title 26.1:

17 a. Is not required to be registered as a discount plan organization. However, any of
18 the organization's affiliates that operate as a discount plan organization in this
19 state shall comply with all provisions of this chapter and must be registered as a
20 discount plan organization.

21 b. Is required to comply with sections 26.1-53.1-14 through 26.1-53.1-21.

22 **26.1-53.1-03. Registration requirements for a discount plan organization - Fees.**

23 1. Before doing business in or from this state as a discount plan organization, a discount
24 plan organization:

25 a. Must be authorized to transact business in this state through the secretary of
26 state; and

27 b. Must be registered by the commissioner to operate as a discount plan
28 organization.

29 2. An application for registration under this chapter must be filed with the commissioner
30 on a form prescribed by the commissioner.

31 3. The application must demonstrate, set forth, or be accompanied by the following:

- 1 a. The five hundred dollar application fee;
- 2 b. A list of the names, addresses, official positions, and biographical information of
- 3 each individual responsible for conducting the applicant's affairs, including each:
- 4 (1) Member of the board of directors, board of trustees, executive committee, or
- 5 other governing board or committee;
- 6 (2) Officer;
- 7 c. A copy of the form of any contract made or arrangement to be made between the
- 8 applicant and any individual listed in subdivision b;
- 9 d. All marketing materials to be used in connection with marketing a discount plan in
- 10 this state;
- 11 e. A description of member complaint procedures to be established and maintained
- 12 by the applicant;
- 13 f. A copy of the applicant's cancellation and refund policy;
- 14 g. The name and address of the applicant's agent for service of process, notice, or
- 15 demand, or if not domiciled in this state, a duly executed instrument appointing
- 16 the commissioner and the commissioner's successors, the applicant's attorney
- 17 upon whom all process in any action or proceeding against the applicant may be
- 18 served; and
- 19 h. Any other information the commissioner may reasonably require.
- 20 4. The department may request a copy of the form of all contracts to be made or sold in
- 21 this state or to be made between the applicant and any providers or provider networks
- 22 regarding provision of medical or ancillary services to members.
- 23 5. The department may request a copy of the form of any contract between the applicant
- 24 and any person or other entity for the performance on the applicant's behalf of any
- 25 function, including marketing, administration, enrollment, investment management,
- 26 and contracting for the provision of medical or ancillary services to cardholders.
- 27 6. After the receipt of an application filed pursuant to this section, the commissioner shall
- 28 review the application and notify the applicant of any deficiencies in the application.
- 29 7. After receipt of a completed application, the commissioner shall:
- 30 a. Register the applicant as a discount plan if the commissioner is satisfied the
- 31 applicant has met the following:

- 1 (1) The requirements of this section; and
2 (2) The ownership, control, and management of the applicant are competent
3 and trustworthy and possess managerial experience that would make the
4 proposed operation of the discount plan organization beneficial to discount
5 plan members; or

6 b. Deny the registration application and state the grounds for denial.

7 8. Registration is effective for one year, unless before expiration the registration is
8 renewed in accordance with this subsection or suspended or revoked in accordance
9 with section 26.1-53.1-12.

10 9. Not later than March first of each year, the discount plan organization shall submit:

11 a. Updated information to anything provided pursuant to subsections 3, 4, and 5
12 and section 26.1-53.1-23; and

13 b. The renewal fee of two hundred fifty dollars.

14 10. The commissioner shall renew the registration of each discount plan organization that
15 meets the requirements of this chapter and pays the appropriate renewal fee.

16 **26.1-53.1-04. Exception to registration for providers giving discounts to own patients.**

17 A provider that provides discounts to the provider's own patients, without any cost or fee of
18 any kind to the patient, is not required to obtain and maintain registration under this chapter as
19 a discount plan organization.

20 **26.1-53.1-05. Surety bond.**

21 Each registered discount plan organization shall maintain in force a surety bond in the
22 organization's own name in an amount not less than thirty-five thousand dollars to be used in
23 the discretion of the commissioner to protect the financial interest of members. The bond must
24 be issued by an insurance company licensed to do business in this state. Initially, a copy of the
25 bond or a statement identifying the depository, trustee, and account number of the surety
26 account, and for renewal proof of annual renewal of the bond or maintenance of the surety
27 account, must be filed with the commissioner.

28 **26.1-53.1-06. Surety bonds not subject to levy by claimants.**

29 Except for the commissioner, the assets or securities held in this state as a deposit
30 pursuant to section 26.1-53.1-05 are not subject to levy by a judgment creditor or other claimant
31 of the discount plan organization.

1 **26.1-53.1-07. Internet website to be established.**

2 Before registration by the commissioner, each discount plan organization shall establish an
3 internet website. The internet website must have an up-to-date list of names and addresses of
4 the providers with which the organization has contracted directly or through a provider network.
5 The internet website address must be displayed prominently on all of the discount plan
6 organization's advertisements, marketing materials, brochures, and discount plan cards.

7 **26.1-53.1-08. Investigation by commissioner.**

8 Within a reasonable time after receipt of a properly completed application for registration
9 under this chapter, the commissioner may conduct investigations and propound interrogatories
10 concerning the applicant's qualifications, residence, business affiliations, and any other matter
11 the commissioner believes necessary or advisable to determine compliance with this chapter or
12 for the protection of the public.

13 **26.1-53.1-09. Reporting of actions.**

14 A discount plan organization shall report to the commissioner any administrative action
15 taken against the organization in another jurisdiction or by another governmental agency in this
16 state within thirty days of the final disposition of the matter. This report must include a copy of
17 the order, consent to order, or other relevant legal documents.

18 **26.1-53.1-10. Nonrenewal, suspension, or revocation.**

19 The commissioner may suspend the authority of a discount plan organization to enroll new
20 members or refuse to renew, suspend, or revoke a discount plan organization's registration if,
21 after notice to the registrant and hearing, the commissioner finds that any of the following
22 conditions exist:

- 23 1. The discount plan organization is not operating in compliance with this chapter;
- 24 2. The discount plan organization has advertised, merchandised, or attempted to
25 merchandise the organization's services in such a manner as to misrepresent the
26 organization's services or capacity for service or has engaged in deceptive,
27 misleading, or unfair practices with respect to advertising or merchandising;
- 28 3. The discount plan organization is not fulfilling the organization's obligations as a
29 discount plan organization; or
- 30 4. The continued operation of the discount plan organization would be hazardous to the
31 organization's members.

1 **26.1-53.1-11. Winding up of affairs.**

2 If the registration of a discount plan organization is surrendered, revoked, or not renewed,
3 the discount plan organization shall proceed, immediately following surrender, or the effective
4 date of the order of revocation or, in the case of a nonrenewal, the date of expiration of the
5 registration, to wind up the organization's affairs transacted under the registration. The discount
6 plan organization may not engage in any further advertising, solicitation, collecting of fees, or
7 renewal of contracts.

8 **26.1-53.1-12. Duration of suspension - Conditions for reinstatement.**

9 The commissioner shall, in the commissioner's order suspending the authority of the
10 discount plan organization to enroll new members, specify the period during which the
11 suspension is to be in effect and the conditions, if any, that must be met by the discount plan
12 organization before reinstatement of the organization's registration to enroll members. The
13 commissioner may rescind or modify the order of suspension before the expiration of the
14 suspension period. Registration of a discount plan organization may not be reinstated unless
15 requested by the discount plan organization. The commissioner may not grant the request for
16 reinstatement if the commissioner finds the circumstances for which the suspension occurred
17 still exist or are likely to continue.

18 **26.1-53.1-13. Examination or investigation of discount plan organization - Expenses.**

19 The commissioner may examine or investigate the business and affairs of any discount plan
20 organization to protect the interests of the residents of this state for any potential violations of
21 this chapter or as the commissioner deemed necessary. The discount plan organization shall
22 produce any requested information and documentation within twenty days of such request. The
23 discount plan organization that is the subject of the examination or investigation shall pay the
24 expenses incurred in conducting the examination or investigation. Failure by the discount plan
25 organization to pay the expenses is grounds for denial of registration or revocation of
26 registration to operate as a discount plan organization. The discount plan organization is subject
27 to the provisions of section 26.1-04-03 and nothing in this chapter may be construed to
28 discharge any requirements imposed by section 26.1-04-03.

29 **26.1-53.1-14. Charges and fees - Refund requirements.**

30 1. A discount plan organization may charge a periodic charge as well as a reasonable
31 one-time processing fee for a discount plan.

- 1 2. If a member cancels the member's membership in the discount plan organization
- 2 within the first thirty days after the date of receipt of the signed consumer contract or
- 3 agreement, the member shall receive a reimbursement of all periodic charges.
- 4 3. If the discount plan organization cancels a membership for any reason other than
- 5 nonpayment of charges by the member, the discount plan organization shall make a
- 6 pro rata reimbursement of all periodic charges to the member.

7 **26.1-53.1-15. Bundled products.**

- 8 1. If a discount plan is bundled with other products, the bundled product must clearly
- 9 identify the discount plan component separately from each other component.
- 10 2. A discount plan organization that is a health insurer licensed pursuant to title 26.1
- 11 which provides a discount plan product that is incidental to the insured product is not
- 12 subject to this section.
- 13 3. If a discount plan is bundled with an insurance product, the discount plan organization
- 14 or marketer selling such product must be licensed pursuant to chapter 26.1-26.

15 **26.1-53.1-16. Provider agreements.**

- 16 1. A discount plan organization must have a written provider agreement with all providers
- 17 offering medical or ancillary services to the organization's members. The written
- 18 provider agreement may be entered directly with the provider or indirectly with a
- 19 provider network to which the provider belongs.
- 20 2. A provider agreement between a discount plan organization and a provider must
- 21 provide the following:
 - 22 a. A list of the medical or ancillary services and products to be provided at a
 - 23 discount;
 - 24 b. The amount or amounts of the discounts or, alternatively, a fee schedule that
 - 25 reflects the provider's discounted rates; and
 - 26 c. That the provider will not charge members more than the discounted rates.
- 27 3. A provider agreement between a discount plan organization and a provider network
- 28 must require that the provider network have written agreements with the provider
- 29 network's providers which:
 - 30 a. Contain the provisions described in subsection 2;

1 b. Authorize the provider network to contract with the discount plan organization on
2 behalf of the provider; and

3 c. Require the provider network to maintain an up-to-date list of the provider
4 network's contracted providers and to provide the list on a monthly basis to the
5 discount plan organization.

6 4. A provider agreement between a discount plan organization and an entity that
7 contracts with a provider network must require that the entity, in the entity's contract
8 with the provider network, require the provider network to have written agreements
9 with the provider network's providers which comply with subsection 3.

10 5. The discount plan organization shall maintain a copy of each active provider
11 agreement into which the organization has entered.

12 **26.1-53.1-17. Marketing requirements.**

13 1. A discount plan organization may market directly or contract with other marketers for
14 the distribution of the organization's product.

15 2. The discount plan organization must have an executed written agreement with a
16 marketer before the marketer's marketing, promoting, selling, or distributing the
17 discount plan.

18 3. The agreement between the discount plan organization and the marketer must prohibit
19 the marketer from using advertising, marketing materials, brochures, and discount
20 plan cards without the discount plan organization's approval in writing.

21 4. The discount plan organization must be bound by and responsible for the activities of
22 a marketer which are within the scope of the marketer's agency relationship with the
23 organization, or are otherwise approved by or under the direction and control of the
24 organization.

25 5. Before use, a discount plan shall approve in writing any advertisements, marketing
26 materials, brochures, and discount cards used by marketers to market, promote, sell
27 or distribute the discount plan.

28 **26.1-53.1-18. Advertisements to be truthful and not misleading.**

29 Any advertisements, marketing materials, brochures, discount plan cards, and any other
30 communications of a discount plan organization provided to prospective members and
31 members must be truthful and not misleading in fact or implication. An advertisement, marketing

1 material, brochure, discount plan card, or other communication is misleading in fact or in
2 implication if the communication has a capacity or tendency to mislead or deceive based on the
3 overall impression the communication is reasonably expected to create within the segment of
4 the public to which the communication is directed.

5 **26.1-53.1-19. Prohibited conduct.**

6 A discount plan organization may not:

- 7 1. Except as otherwise provided in this chapter, or as a disclaimer of any relationship
8 between discount plan benefits and insurance, or as a description of an insurance
9 product connected with a discount plan, use the term "insurance" in any
10 advertisement, marketing material, brochure, or discount plan cards;
- 11 2. Use in any advertisements, marketing materials, brochures, or discount plan cards the
12 terms "health plan", "coverage", "copay", "copayments", "deductible", "preexisting
13 conditions", "guaranteed issue", "premium", "PPO", "preferred provider organization",
14 or other terms in a manner that could reasonably mislead an individual into believing
15 the discount plan is health insurance;
- 16 3. Use language in any advertisements, marketing materials, brochures, or discount plan
17 cards with respect to being licensed or registered by the state insurance department in
18 a manner that could reasonably mislead an individual into believing the discount plan
19 is insurance or has been endorsed by the state;
- 20 4. Make misleading, deceptive, or fraudulent representations regarding the discount or
21 range of discounts offered by the discount plan;
- 22 5. Have restrictions on access to discount plan providers, including, except for hospital
23 services, waiting periods and notifications periods; or
- 24 6. Pay providers any fees for medical or ancillary services or collect or accept money
25 from a member to pay a provider for medical or ancillary services provided, unless the
26 discount plan organization has an active certificate of authority to act as a third-party
27 administrator in accordance with chapter 26.1-27.

28 **26.1-53.1-20. Required disclosures.**

- 29 1. A discount plan organization or marketer shall disclose clearly and conspicuously in
30 writing to any prospective member and on any advertisements, marketing materials, or
31 brochures relating to a discount plan:

- 1 a. The plan is a discount plan and is not insurance coverage;
- 2 b. The range of discounts for medical or ancillary services provided under the plan
- 3 will vary depending on the type of provider and medical or ancillary service
- 4 received;
- 5 c. Unless the discount plan organization has an active certificate of authority to act
- 6 as a third-party administrator as described in subsection 6 of 26.1-53.1-19, that
- 7 the plan does not make payments to providers for the medical or ancillary
- 8 services received under the discount plan;
- 9 d. The plan member is obligated to pay for all medical or ancillary services, but will
- 10 receive a discount from those providers that have contracted with the discount
- 11 plan organization; and
- 12 e. The toll-free telephone number and internet website address for the registered
- 13 discount plan organization for prospective members and members to obtain
- 14 additional information about and assistance on the discount plan and up-to-date
- 15 lists of providers participating in the discount plan.
- 16 2. If the initial contact with a prospective member is by telephone, the disclosures
- 17 required under subsection 1 must be made orally and be included in the initial written
- 18 materials that describe the benefits under the discount plan provided to the
- 19 prospective or new member.
- 20 3. In addition to the disclosures required under subsection 1, each discount plan
- 21 organization or marketer shall provide to each prospective member, at the time of
- 22 enrollment, information that describes the terms and conditions of the discount plan,
- 23 including any limitations or restrictions on the refund of any processing fees or periodic
- 24 charges associated with the discount plan.

25 **26.1-53.1-21. Written agreement with member.**

26 Each new member must be provided a written document that contains the terms and

27 conditions of the discount plan that clearly provides:

- 28 1. The name of the member;
- 29 2. The benefits to be provided under the discount plan;

- 1 3. Any processing fees and periodic charges associated with the discount plan, including
- 2 any limitations or restrictions on the refund of any processing fees and periodic
- 3 charges:
- 4 4. The mode of payment of any processing fees and period charges, such as monthly or
- 5 quarterly, and procedures for changing the mode of payment:
- 6 5. Any limitations, exclusions, or exceptions regarding the receipt of discount plan
- 7 benefits:
- 8 6. Any waiting periods for certain medical or ancillary services under the discount plan;
- 9 7. Procedures for obtaining discounts under the discount plan, such as requiring
- 10 members to contact the discount plan organization to make an appointment with a
- 11 provider on the member's behalf;
- 12 8. Cancellation procedures, including information on the member's thirty-day cancellation
- 13 rights and refund requirements and procedures for obtaining refunds;
- 14 9. Renewal, termination, and cancellation terms and conditions;
- 15 10. Procedures for adding new members to a family discount plan, if applicable;
- 16 11. Procedures for filing complaints under the discount plan organization's complaint
- 17 system and information that, if the member remains dissatisfied after completing the
- 18 organization's complaint system, the plan member may contact the plan member's
- 19 state insurance department; and
- 20 12. The name and mailing address of the registered discount plan organization where the
- 21 member can make inquiries about the plan, send cancellation notices, and file
- 22 complaints.

23 **26.1-53.1-22. Notice of change in name or address.**

24 Each discount plan organization shall provide the commissioner at least thirty days'
25 advance notice of any change in the discount plan organization's name, principal business
26 address, mailing address, or internet website address.

27 **26.1-53.1-23. Annual reports.**

- 28 1. A discount plan organization shall file an annual report with the commissioner in the
- 29 form prescribed by the commissioner no later than March first.
- 30 2. The report must include:

- 1 a. If different from the initial application for registration or at the time of renewal of
2 registration or the last annual report, as appropriate, a list of the names and
3 residence addresses of all persons responsible for the conduct of the
4 organization's affairs, together with a disclosure of the extent and nature of any
5 contracts or arrangements with these persons and the discount plan
6 organization, including any possible conflict of interest;
7 b. The number of discount plan members in the state; and
8 c. Any other information relating to the performance of the discount plan
9 organization which the commissioner may require.
10 3. Any discount plan organization that fails to file an annual report in the form and within
11 the time required by this section:
12 a. Accrues monetary penalties of:
13 (1) Up to five hundred dollars each day for the first ten days during which the
14 violation continues; and
15 (2) Up to one thousand dollars each day after the first ten days during which the
16 violation continues; and
17 b. Upon notice by the commissioner, lose the organization's authority to enroll new
18 members or do business in this state while the violation continues.

19 **26.1-53.1-24. Civil penalties for violation of chapter.**

20 In addition to or in lieu of any applicable denial, suspension, or revocation of registration,
21 any person violating this chapter may, after hearing, be subject to a civil fine not to exceed ten
22 thousand dollars for each violation. The fine may be collected and recovered in an action
23 brought in the name of the state.

24 **26.1-53.1-25. Designation of compliance officer.**

25 Each discount plan organization shall designate and provide the commissioner with the
26 name, address, and telephone number of the discount plan organization's compliance officer
27 responsible for ensuring compliance with this chapter.

28 **26.1-53.1-26. Record filing and retention requirements.**

- 29 1. Upon demand by the commissioner, a discount plan organization shall file with the
30 commissioner a list of prospective member fees and charges associated with the
31 discount plan.

1 2. A copy of every form to be used by a discount plan organization, including the form for
2 the written document demonstrating membership in the plan and all advertising,
3 marketing materials and brochures, must be retained by such organization and
4 available for inspection by the commissioner for at least five years from the date on
5 which the form was last used.

6 **26.1-53.1-27. Rulemaking.**

7 The commissioner may adopt rules for the implementation and administration of this
8 chapter.

9 **26.1-53.1-28. Application to existing discount plan organizations.**

10 A person doing business in this state as a discount plan organization on or before the
11 effective date of this chapter has six months following the effective date of this Act to come into
12 compliance with the requirements of this chapter.

13 **SECTION 2. REPEAL.** Chapter 26.1-53 of the North Dakota Century Code is repealed.