

ASSEMBLY, No. 4972

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED DECEMBER 12, 2022

Sponsored by:

Assemblywoman KIM EULNER

District 11 (Monmouth)

Assemblywoman MARILYN PIPERNO

District 11 (Monmouth)

Co-Sponsored by:

Assemblywoman Sawyer

SYNOPSIS

Broadens scope of information sharing and civil immunity therefor, related to insurance fraud.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/6/2023)

1 AN ACT concerning insurance fraud, amending P.L.1985, c.179,
2 and amending and supplementing P.L.1983, c.320.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. Section 2 of P.L.1985, c.179 (C.17:23A-2) is amended to
8 read as follows:

9 2. **【Definitions.】** As used in **【this act】** P.L.1985, c.179
10 (C.17:23A-1 et seq.):

11 a. "Adverse underwriting decision" means:

12 (1) Any of the following actions with respect to insurance
13 transactions involving insurance coverage which is individually
14 underwritten for an individual:

15 (a) A declination of insurance coverage,

16 (b) A termination of insurance coverage,

17 (c) Failure of an agent to apply for insurance coverage with a
18 specific insurance institution which the agent represents and which
19 is requested by an applicant,

20 (d) In the case of a property or casualty insurance coverage:

21 (i) Placement by an insurance institution or agent of a risk with
22 a residual market mechanism or an unauthorized insurer, or

23 (ii) The charging of a higher rate on the basis of information
24 which differs from that which the applicant or policyholder
25 furnished,

26 (e) In the case of a life, health or disability insurance coverage,
27 an offer to insure at a higher rate than the insurance institution's
28 table of premium rates applicable to the age and class of risk of
29 each person to be covered under that coverage and to the type and
30 amount of insurance provided.

31 (2) Notwithstanding paragraph (1) above, the following actions,
32 if permitted by law, shall not be considered adverse underwriting
33 decisions but the insurance institution or agent responsible for their
34 occurrence shall nevertheless provide the applicant or policyholder
35 with the specific reason or reasons for their occurrence:

36 (a) The termination of an individual policy form on a class or
37 Statewide basis,

38 (b) A declination of insurance coverage solely because such
39 coverage is not available on a class or Statewide basis, or

40 (c) The rescission of a policy.

41 b. "Affiliate" or "affiliated" means a person that directly, or
42 indirectly through one or more intermediaries, controls, is
43 controlled by or is under common control with another person.

44 c. "Agent" means any person defined in chapter 22 of Title 17
45 of the Revised Statutes **【**, chapter 22 of Title 17B of the New Jersey

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 thus is new matter.

- 1 Statutes] and in R.S.17:35-23. "Agent" includes an insurance
2 producer as defined in section 3 of P.L.2001, c.210 (C.17:22A-28).
- 3 d. "Applicant" means a person who seeks to contract for
4 insurance coverage other than a person seeking group insurance that
5 is not individually underwritten.
- 6 e. "Commissioner" means the Commissioner of Banking and
7 Insurance.
- 8 f. "Consumer report" means any written, oral or other
9 communication of information bearing on a natural person's
10 creditworthiness, credit standing, credit capacity, character, general
11 reputation, personal characteristics or mode of living which is used
12 or expected to be used in connection with an insurance transaction.
- 13 g. "Consumer reporting agency" means any person who:
14 (1) Regularly engages, in whole or in part, in the practice of
15 assembling or preparing consumer reports, for a monetary fee,
16 **[and]**
17 (2) Obtains information primarily from sources other than
18 insurance institutions, and
19 (3) Furnishes consumer reports to other persons.
- 20 h. "Control," including the terms "controlled by" or "under
21 common control with," means the possession, direct or indirect, of
22 the power to direct or cause the direction of the management and
23 policies of a person, whether through the ownership of voting
24 securities, by contract other than a commercial contract of goods or
25 nonmanagement services, or otherwise, unless the power is the
26 result of an official position with or corporate office held by the
27 person.
- 28 i. "Declination of insurance coverage" means a denial, in
29 whole or in part, by an insurance institution or agent of requested
30 insurance coverage.
- 31 j. "Individual" means any natural person who:
32 (1) In the case of property or casualty insurance, is a past,
33 present or proposed named insured or certificate holder;
34 (2) In the case of life, health or disability insurance, is a past,
35 present or proposed principal insured or certificate holder;
36 (3) Is a past, present or proposed policy owner;
37 (4) Is a past or present applicant; **[or]**
38 (5) Is a past or present claimant; or
39 (6) Derived, derives or is proposed to derive insurance coverage
40 under an insurance policy or certificate subject to **[this act]**
41 P.L.1985, c.179 (C.17:23A-1 et seq.).
- 42 k. "Institutional source" means any person or governmental
43 entity that provides information about an individual to an agent,
44 insurance institution or insurance support organization, other than:
45 (1) An agent,
46 (2) The individual who is the subject of the information, or
47 (3) A natural person acting in a personal capacity rather than in
48 a business or professional capacity.

1 l. "Insurance institution" means any corporation, association,
2 partnership, reciprocal exchange, interinsurer, Lloyd's insurer,
3 fraternal benefit society or other person engaged in the business of
4 insurance, including health maintenance organizations, medical
5 service corporations, hospital service corporations, health service
6 corporations, dental service corporations, dental plan organizations
7 and automobile insurance plans **【and the New Jersey Automobile**
8 **Full Insurance Underwriting Association】**, as defined in section 2
9 of P.L.1973, c.337 (C.26:2J-2), section 1 of P.L.1940, c.74
10 (C.17:48A-1), section 1 of P.L.1960, c.1 (C.17:48B-1), section 1 of
11 P.L.1938, c.366 (C.17:48-1), section 1 of P.L.1985, c.236
12 (C.17:48E-1), section 2 of P.L.1968, c.305 (C.17:48C-2), section 2
13 of P.L.1979, c.478 (C.17:48D-2), and P.L.1970, c.215 (C.17:29D-1
14 et seq.) **【and P.L.1983, c.65 (C.17:29A-33 et al.)】**, respectively.
15 "Insurance institution" shall not include agents or insurance-support
16 organizations.

17 m. "Insurance-support organization" means:

18 (1) Any person who regularly engages, in whole or in part, in
19 the practice of assembling or collecting information about **【natural】**
20 persons for the primary purpose of providing the information to an
21 insurance institution or agent for insurance transactions, including:

22 (a) The furnishing of consumer reports or investigative
23 consumer reports to an insurance institution or agent for use in
24 connection with an insurance transaction, or

25 (b) The collection of **【personal】** information from insurance
26 institutions, agents or other insurance-support organizations for the
27 purpose of detecting or preventing fraud, material misrepresentation
28 or material nondisclosure in connection with insurance underwriting
29 or insurance claim activity.

30 (2) Notwithstanding paragraph (1) of this subsection, the
31 following persons shall not be considered "insurance-support
32 organizations" for the purposes of **【this act】** P.L.1985, c.179
33 (C.17:23A-1 et seq.): agents, government institutions, insurance
34 institutions, medical-care institutions, medical professionals and
35 rating organizations as defined in section 1 of P.L.1944, c.27
36 (C.17:29A-1).

37 n. "Insurance transaction" means any transaction involving
38 insurance primarily for personal, family or household needs rather
39 than business or professional needs which entails:

40 (1) The determination of an individual's eligibility for an
41 insurance coverage, benefit or payment, or

42 (2) The servicing of an insurance application, policy, contract or
43 certificate.

44 o. "Investigative consumer report" means a consumer report or
45 portion thereof in which information about a natural person's
46 character, general reputation, personal characteristics or mode of
47 living is obtained through personal interviews with the person's

1 neighbors, friends, associates, acquaintances or others who may
2 have knowledge concerning those items of information.

3 p. "Medical-care institution" means a facility or institution that
4 is licensed to provide health care services to natural persons,
5 including but not limited to hospitals, skilled nursing facilities,
6 nursing facilities, home-health agencies, medical clinics,
7 rehabilitation agencies, public health agencies or health
8 maintenance organizations.

9 q. "Medical professional" means any person providing health
10 care services to natural persons, including but not limited to a
11 physician, podiatrist, dentist, nurse, optometrist, chiropractor,
12 physical therapist, occupational therapist, pharmacist, psychologist,
13 dietitian, psychiatric social worker or speech therapist.

14 r. "Medical-record information" means personal information
15 which:

16 (1) Relates to an individual's physical or mental condition,
17 medical history or medical treatment, and

18 (2) Is obtained from a medical professional or medical-care
19 institution, from the individual, or from the individual's spouse,
20 parent or legal guardian.

21 s. "Person" means any natural person, corporation, association,
22 partnership or other legal entity.

23 t. "Personal information" means any individually identifiable
24 information gathered in connection with an insurance transaction
25 from which judgments can be made about an individual's character,
26 habits, avocations, finances, occupation, general reputation, credit,
27 health or any other personal characteristics. "Personal information"
28 includes an individual's name and address and medical-record
29 information but does not include privileged information.

30 u. "Policyholder" means any person who:

31 (1) In the case of individual property or casualty insurance, is a
32 present named insured;

33 (2) In the case of individual life, health or disability insurance,
34 is a present policy owner; or

35 (3) In the case of group insurance which is individually
36 underwritten, is a present group certificate holder.

37 v. "Pretext interview" means an interview whereby a person, in
38 an attempt to obtain information about a natural person, performs
39 one or more of the following acts:

40 (1) Pretends to be someone he is not,

41 (2) Pretends to represent a person he is not in fact representing,

42 (3) Misrepresents the true purpose of the interview, or

43 (4) Refuses to identify himself upon request.

44 w. "Privileged information" means any individually identifiable
45 information that:

46 (1) Relates to a claim for insurance benefits or a civil or
47 criminal proceeding involving **【an individual】** any person
48 concerning an insurance transaction, and

(2) Is collected in connection with or in reasonable anticipation of a claim for insurance benefits or civil or criminal proceeding involving **an individual** any person concerning an insurance transaction; except that information otherwise meeting the requirements of this subsection shall nevertheless be considered personal information under **this act** P.L.1985, c.179 (C.17:23A-1 et seq.) if it is disclosed in violation of section 13 of **this act** P.L.1985, c.179 (C.17:23A-13).

x. "Residual market mechanism" means any insurance pooling mechanism, joint underwriting association, or reinsurance facility created pursuant to law or regulation which provides insurance coverage for any risk that is not insurable in the voluntary market.

y. "Termination of insurance coverage" or "termination of an insurance policy" means either a cancellation or nonrenewal of an insurance policy, in whole or in part, for any reason other than the failure to pay a premium as required by the policy.

z. "Unauthorized insurer" means an insurance institution that has not been granted a certificate of authority by the commissioner to transact the business of insurance in this State.

(cf: P.L.1985, c.179, s.2)

2. Section 13 of P.L.1985, c.179 (C.17:23A-13) is amended to read as follows:

13. **Disclosure limitations and conditions.** An insurance institution, agent or insurance-support organization shall not disclose any personal or privileged information **about an individual** collected or received in connection with, or in reasonable anticipation of, an insurance transaction, unless the disclosure is:

a. With the written authorization of the individual to whom the information relates, provided:

(1) If the authorization is submitted by another insurance institution, agent or insurance-support organization, the authorization meets the requirements of section 6 of **this act** P.L.1985, c.179 (C.17:23A-6), or

(2) If the authorization is submitted by a person other than an insurance institution, agent or insurance-support organization, the authorization is:

(a) Dated,

(b) Signed by the individual, and

(c) Obtained one year or less prior to the date a disclosure is sought pursuant to this subsection;

b. To a person other than an insurance institution, agent or insurance-support organization, provided the disclosure is reasonably necessary:

(1) To enable the person to perform a business, professional or insurance function for the disclosing insurance institution, agent or

1 insurance-support organization, and the person agrees not to
2 disclose the information further without the individual's written
3 authorization unless the further disclosure:

4 (a) Would otherwise be permitted by this section if made by an
5 insurance institution, agent or insurance-support organization, or

6 (b) Is reasonably necessary for the person to perform its
7 function for the disclosing insurance institution, agent or insurance-
8 support organization; or

9 (2) To enable the person to provide information to the disclosing
10 insurance institution, agent or insurance-support organization for
11 the purpose of:

12 (a) Determining an individual's eligibility for an insurance
13 benefit or payment, or

14 (b) Detecting or preventing criminal activity, fraud, material
15 misrepresentation or material nondisclosure in connection with, or
16 in reasonable anticipation of, an insurance transaction;

17 c. To an insurance institution, agent, insurance-support
18 organization or self-insurer, if the information disclosed is limited
19 to that which is reasonably necessary:

20 (1) To detect or prevent criminal activity, fraud, material
21 misrepresentation or material nondisclosure in connection with, or
22 in reasonable anticipation of, insurance transactions, or

23 (2) For either the disclosing or receiving insurance institution,
24 agent or insurance-support organization to perform its functions in
25 connection with an insurance transaction involving the individual;

26 d. To a medical-care institution or medical professional for the
27 purpose of:

28 (1) Verifying insurance coverage or benefits;

29 (2) Informing an individual of a medical problem of which the
30 individual may not be aware; or

31 (3) Conducting an operations or services audit, provided only
32 that information is disclosed as is reasonably necessary to
33 accomplish the foregoing purposes; **[or]**

34 e. To an insurance regulatory authority; **[or]**

35 f. To a law enforcement or other governmental authority:

36 (1) To protect the interests of the insurance institution, agent or
37 insurance-support organization in preventing or prosecuting the
38 perpetration of fraud upon it, or

39 (2) If the insurance institution, agent or insurance-support
40 organization reasonably believes that illegal activities have been
41 conducted by **[the individual]** any person;

42 g. Otherwise permitted or required by law;

43 h. In response to a facially valid administrative or judicial
44 order, including a search warrant or subpoena;

45 i. Made for the purpose of conducting actuarial or research
46 studies, provided:

47 (1) No individual may be identified in any actuarial or research
48 report,

- 1 (2) Materials allowing the individual to be identified are
2 returned or destroyed as soon as they are no longer needed, and
- 3 (3) The actuarial or research organization agrees not to disclose
4 the information unless the disclosure would otherwise be permitted
5 by this section if made by an insurance institution, agent or
6 insurance-support organization;
- 7 j. To a party or a representative of a party to a proposed or
8 consummated sale, transfer, merger or consolidation of all or part of
9 the business of the insurance institution, agent or insurance-support
10 organization, except that:
- 11 (1) Prior to the consummation of the sale, transfer, merger or
12 consolidation only such information is disclosed as is reasonably
13 necessary to enable the recipient to make business decisions about
14 the purchase, transfer, merger or consolidation, and
- 15 (2) The recipient agrees not to disclose the information unless
16 the disclosure would otherwise be permitted by this section if made
17 by an insurance institution, agent or insurance-support organization;
- 18 k. To a person whose only use of such information will be in
19 connection with the marketing of a product or service, if:
- 20 (1) No medical-record information, privileged information, or
21 personal information relating to an individual's character, personal
22 habits, mode of living or general reputation is disclosed, and no
23 classification derived from that information is disclosed,
- 24 (2) The individual has been given an opportunity to indicate that
25 he does not want personal information disclosed for marketing
26 purposes and has given no indication that he does not want the
27 information disclosed, and
- 28 (3) The person receiving the information agrees not to use it
29 except in connection with the marketing of a product or service;
- 30 l. To an affiliate whose only use of the information will be in
31 connection with an audit of the insurance institution or agent or the
32 marketing of an insurance product or service, if the affiliate agrees
33 not to disclose the information for any other purpose or to
34 unaffiliated persons;
- 35 m. By a consumer reporting agency, if the disclosure is to a
36 person other than an insurance institution or agent;
- 37 n. To a group policyholder for the purpose of reporting claims
38 experience or conducting an audit of the insurance institution's or
39 agent's operations or services, if the information disclosed is
40 reasonably necessary for the recipient to conduct the review or
41 audit;
- 42 o. To a professional peer review organization for the purpose
43 of reviewing the services or conduct of a medical-care institution or
44 medical professional;
- 45 p. To a governmental authority for the purpose of determining
46 the individual's eligibility for health benefits for which the
47 governmental authority may be liable;

1 q. To a certificateholder or policyholder for the purpose of
2 providing information regarding the status of an insurance
3 transaction; or

4 r. To a lienholder, mortgagee, assignee, lessor or other person
5 shown on the records of an insurance institution or agent as having
6 a legal or beneficial interest in a policy of insurance, provided:

7 (1) No medical-record information is disclosed unless the
8 disclosure would otherwise be permitted by this section **of this**
9 **act**; and

10 (2) The information disclosed is limited to that reasonably
11 necessary to permit the person to protect its interests in the policy.
12 (cf: P.L.1985, c.179, s.13)

13
14 3. Section 20 of P.L.1985, c.179 (C.17:23A-20) is amended to
15 read as follows:

16 20. **Individual remedies.** a. If any insurance institution,
17 agent or insurance-support organization fails to comply with section
18 8, 9 or 10 of **this act** P.L.1985, c.179 (C.17:23A-8, 17:23A-9 or
19 17:23A-10) with respect to the rights granted under those sections,
20 any person whose rights are violated may apply to the Superior
21 Court of this State, or any other court of competent jurisdiction, for
22 appropriate equitable relief.

23 b. An insurance institution, agent or insurance-support
24 organization which discloses information in violation of section 13
25 of **this act** P.L.1985, c.179 (C.17:23A-13) shall be liable for
26 damages sustained by the **individual** person about whom the
27 information relates; except that no **individual** person shall be
28 entitled to a monetary award which exceeds the actual damages
29 sustained by the **individual** person as a result of a violation of
30 section 13 of **this act** P.L.1985, c.179 (C.17:23A-13).

31 c. In any action brought pursuant to this section, the court may
32 award the costs of the action and reasonable attorney's fees to the
33 prevailing party.

34 d. An action under this section shall be brought within two
35 years from the date the alleged violation is or should have been
36 discovered.

37 e. Except as specifically provided in this section, there shall be
38 no remedy or recovery available to **individuals** persons, in law or
39 in equity, for occurrences constituting a violation of any provision
40 of **this act** P.L.1985, c.179 (C.17:23A-1 et seq.).

41 (cf: P.L.1985, c.179, s.20)

42
43 4. Section 21 of P.L.1985, c.179 (C.17:23A-21) is amended to
44 read as follows:

45 21. **Immunity.** No civil liability shall be imposed and no
46 cause of action **in the** of any nature **of defamation, invasion of**
47 **privacy or negligence** shall arise against any person for disclosing

1 personal or privileged information in accordance with **【this act, nor**
2 **shall such a cause of action arise】** P.L.1985, c.179 (C.17:23A-1 et
3 seq.) or against any person for furnishing personal or privileged
4 information to an insurance institution, agent or insurance-support
5 organization; except this section shall provide no immunity for
6 disclosing or furnishing false information with malice or willful
7 intent to injure any person.
8 (cf: P.L.1985, c.179, s.21)

9
10 5. Section 9 of P.L.1983, c.320 (C.17:33A-9) is amended to
11 read as follows:

12 9. a. (1) Any person who believes that a violation of **【this act】**
13 P.L.1983, c.320 (C.17:33A-1 et seq.) has been or is being made
14 shall notify the bureau and the Office of the Insurance Fraud
15 Prosecutor immediately after discovery of the alleged violation of
16 **【this act】** P.L.1983, c.320 (C.17:33A-1 et seq.) and shall send to
17 the bureau and office, on a form and in a manner jointly prescribed
18 by the commissioner and the Insurance Fraud Prosecutor, the
19 information requested and such additional information relative to
20 the alleged violation as the bureau or office may require. The
21 bureau and the office shall jointly review the reports and select
22 those alleged violations as may require further investigation by the
23 office for possible criminal prosecution, and those that may warrant
24 investigation and possible civil action or enforcement proceeding
25 by the bureau in lieu of or in addition to criminal prosecution. The
26 bureau and office may consult, as necessary, the Department of
27 Labor and Workforce Development to assist with the investigation
28 of the failure to properly classify employees in violation of any
29 provision of State wage, benefit and tax laws as defined in section 1
30 of P.L.2009, c.194 (C.34:1A-1.11) for the purpose of wrongfully
31 obtaining the benefits or of evading the full payment of the
32 insurance benefits or insurance premiums. The Insurance Fraud
33 Prosecutor and the assistant commissioner shall meet monthly to
34 ensure that reports are handled in an expedited fashion.

35 (2) Whenever the Bureau of Fraud Deterrence or any employee
36 of the bureau obtains information or evidence of a reasonable
37 possibility of criminal wrongdoing not previously known or
38 disclosed to the Office of the Insurance Fraud Prosecutor, the
39 bureau shall immediately refer that information or evidence to that
40 office. In determining whether a referral to the office is appropriate,
41 the bureau shall utilize appropriate levels of internal review, which
42 shall include but not be limited to approval at the assistant
43 commissioner level. Upon referral, the bureau shall provide the
44 office with all documents related to the referral consistent with
45 section 39 of P.L.1998, c.21 (C.17:33A-23).

46 b. No person shall be subject to civil liability **【for libel,**
47 **violation of privacy or otherwise】** or to a cause of action of any

1 nature by virtue of the filing of reports or furnishing of other
2 information, in good faith and without malice, required by this
3 section or required by the bureau or the Office of the Insurance
4 Fraud Prosecutor as a result of the authority conferred upon it by
5 law.

6 c. The commissioner may, by regulation, require insurance
7 companies licensed to do business in this State to keep such records
8 and other information as he deems necessary for the effective
9 enforcement of **【this act】** P.L.1983, c.320 (C.17:33A-1 et seq.).
10 (cf: P.L.2021, c.167, s.4)
11

12 6. (New section) a. In addition to the civil immunity
13 provided to a person by subsection b. of section 9 of P.L.1983,
14 c.320 (C.17:33A-9), a person shall also be immune from any civil
15 liability and not subject to a cause of action of any nature for
16 making a report or otherwise providing information to, or receiving
17 information from, any of the following, when any party involved in
18 the information sharing believes that a violation of the “New Jersey
19 Insurance Fraud Prevention Act,” P.L.1983, c.320 (C.17:33A-
20 1 et seq.), has been or is being made:

21 (1) the commissioner, or any employee, agent, or representative
22 of the commissioner, including the Bureau of Fraud Deterrence;

23 (2) federal, State, or local law enforcement, including the Office
24 of the Insurance Fraud Prosecutor, or other governmental authority;

25 (3) any person performing a business, professional, or insurance
26 function concerning the detection or prevention of criminal activity,
27 fraud, material misrepresentation, or material nondisclosure which
28 violates the provisions of the “New Jersey Insurance Fraud
29 Prevention Act,” P.L.1983, c.320 (C.17:33A-1 et seq.);

30 (4) the National Association of Insurance Commissioners, or its
31 successor organization, and its affiliates or subsidiaries, or any
32 agency or committee thereof; or

33 (5) the National Insurance Crime Bureau, or its successor
34 organization, and its affiliates or subsidiaries, or any agency or
35 committee thereof.

36 b. (1) This section shall not abrogate or modify any existing
37 statutory or common law privilege or immunity enjoyed by any
38 person described in subsection a. of this section.

39 (2) This section shall not provide any immunity to any person
40 for disclosing or furnishing false information with malice or willful
41 intent to injure another person.
42

43 7. This act shall take effect on the first day of the fourth month
44 next following enactment, except that the Commissioner of Banking
45 and Insurance may take any anticipatory administrative action in
46 advance thereof as shall be necessary for the implementation of this
47 act.

STATEMENT

This bill broadens the scope of information a person or entity, such as an insurance carrier, may disclose to other parties related to actual or potential insurance fraud, and the scope of the related civil immunity covering the person's or entity's distribution of that information. Based upon recommended legislative reforms set forth in the 2006 Annual Report of the New Jersey Office of the Insurance Fraud Prosecutor (pages 62-65), the bill concerns information disclosure practices related to insurance fraud, with the intent of strengthening State and insurance industry efforts to hamper fraudulent activities.

To that end, the bill amends and supplements the State statutes governing insurance information practices, P.L.1985, c.179 (C.17:23A-1 et seq.), popularly referred to as the "Insurance Information Practices Act," and the "New Jersey Insurance Fraud Prevention Act," P.L.1983, c.320 (C.17:33A-1 et seq.). Specifically, the bill:

- Expands the definition of "insurance-support organization" regarding insurance information practices, to permit any such organization to collect and report information about any person or entity in connection with an insurance transaction, going beyond the current scope as expressed in the definition, which focuses only on information collecting and reporting concerning an individual insured, applicant, or claimant;

- Similarly expands the definition of "privileged information" regarding insurance information practices, to indicate that such information may relate to any person or entity concerning an insurance transaction;

- Modifies the scope of permitted information disclosures with respect to insurance information practices, so that an insurance carrier, among other insurance institutions, or an agent or insurance-support organization may disclose privileged information (as defined above) about a person or entity in connection with, or in reasonable anticipation of, an insurance transaction, to: 1) another insurance institution, agent, or insurance-support organization; 2) any other person or entity involved in detecting or preventing criminal activity or insurance fraud; or 3) a law enforcement or other governmental authority;

- Expands the existing immunity provided to any person or entity for disclosing information, as well as the existing immunity associated with the mandatory reporting requirements and information furnishings set forth under the "New Jersey Insurance Fraud Prevention Act," to apply to a cause of action "of any nature," instead of the current law's more limited immunity against causes of action in the nature of defamation, invasion of privacy, or other related actions; and

1 -Establishes a new, similarly expansive immunity under the
2 “New Jersey Insurance Fraud Prevention Act” relating to making
3 reports to, or providing information to, or receiving information
4 from: 1) the Commissioner of Banking and Insurance, or any
5 employee, agent, or representative of the commissioner, including
6 the Bureau of Fraud Deterrence; 2) federal, State, or local law
7 enforcement, including the Office of the Insurance Fraud
8 Prosecutor, or other governmental authority; 3) any person
9 performing a business, professional, or insurance function
10 concerning the detection or prevention of criminal activity, fraud,
11 material misrepresentation, or material nondisclosure which violates
12 the provisions of the “New Jersey Insurance Fraud Prevention Act”;
13 4) the National Association of Insurance Commissioners, a national
14 nonprofit organization which assists state insurance regulators,
15 individually and collectively, in serving the public interest and
16 achieving insurance regulatory and market goals; or 5) the National
17 Insurance Crime Bureau, a national nonprofit organization
18 dedicated to preventing, detecting, and eliminating insurance fraud.

19 By establishing a legal framework for the greater flow of
20 information between the insurance industry and law enforcement, as
21 well as among various parties within the insurance industry, the bill
22 intends to strengthen the efforts of the Office of the Insurance Fraud
23 Prosecutor and the insurance industry to thwart fraudulent
24 activities.