THE INSURANCE CODE OF 1956 (EXCERPT)
Act 218 of 1956

500.1261 Definitions.

Sec. 1261. As used in this chapter:

(a) "Affordable care act" means the patient protection and affordable care act, Public Law 111-148, as amended by the health care and education reconciliation act of 2010, Public Law 111-152.

(b) "Business entity" means a corporation, association, partnership, limited liability company, limited liability partnership, or other legal entity.

(c) "Certificate" means a document issued by the director authorizing a person to act as a navigator or certified application counselor for the qualifications specified in the document. The certificate itself does not create any actual, apparent, or inherent authority in the certificate holder to represent or commit an insurer.

(d) "Certificate holder" means a person issued a certificate under this chapter.

(e) "Certified application counselor" means an individual who is certified as a certified application counselor under this chapter and is authorized by the United States department of health and human services to perform the duties described in 45 CFR 155.225.

(f) "Certified navigator" means a person that is certified as a navigator under this chapter.

(g) "Exchange" means an American health benefits exchange established or operating under the affordable care act.

(h) "Insurance" means any of the kinds of insurance described in chapter 6.

(i) "Insurance producer" means a person required to be licensed under the laws of this state to sell, solicit, or negotiate insurance.

(j) "Navigator" means a person that receives any funding from an exchange or the federal government and is designated or selected by an exchange or the federal government to perform any of the duties described in 42 USC 18031(i)(3).

(k) "Negotiate" means the act of conferring directly with or offering advice directly to a purchaser or prospective purchaser of a particular contract of insurance concerning any of the substantive benefits, terms, or conditions of the contract, provided that the person engaged in that act either sells insurance or obtains insurance from insurers for purchasers.

(l) "Qualified health plan" means that term as defined in section 1301 of the affordable care act.

(m) "Sell" means to exchange a contract of insurance by any means, for money or its equivalent, on behalf of an insurance company.

(n) "Solicit" means attempting to sell insurance or asking or urging a person to apply for a particular kind of insurance from a particular company.

History: Add. 2014, Act 566, Imd. Eff. Jan. 15, 2015.

Compiler's note: Enacting section 1 of Act 566 of 2014 provides:

"Enacting section 1. (1) This amendatory act shall not be construed to do any of the following:

(a) Authorize this state or an agency of this state to conduct or oversee state-level governmental consumer assistance functions for an American health benefit exchange established or operating in this state under the patient protection and affordable care act, Public Law 111-148, as amended by the health care and education reconciliation act of 2010, Public Law 111-152.

(b) Convey any administrative, statutory, rule-making, or other power to this state or an agency of this state to authorize, establish, or operate an American health benefit exchange in this state that did not exist before the effective date of this amendatory act.

(2) It is the intent of this legislature that any consumer assistance functions by or overseen by this state or an agency of this state with regard to an American health benefit exchange shall be conducted in a manner that utilizes and highlights Michigan-based resources, including insurance producers, in order to best serve the residents of this state and to ensure appropriate health care decisions."

Enacting section 2 of Act 566 of 2014 provides:

"Enacting section 2. This amendatory act applies to policies, certificates, or contracts delivered, issued for delivery, or renewed in this state on and after the effective date of this amendatory act."

Popular name: Act 218