HOUSE COMMITTEE AMENDMENTS

2020 Regular Session

Amendments proposed by House Committee on Insurance to Engrossed Senate Bill No. 373 by Senator Cloud

1 AMENDMENT NO. 1

On page 1, line 2, delete "R.S. 22:1964(20)(a) and (b)," and insert in lieu thereof "R.S.
22:1964(20) through (28) and to enact R.S. 22:1964(29),"

4 AMENDMENT NO. 2

- 5 On page 1, line 3, delete "insurance;" and insert "insurance for personal lines and 6 commercial lines;"
- 7 AMENDMENT NO. 3
- 8 On page 1, line 8, delete "R.S. 22:1964(20)(a) and (b)" and insert in lieu thereof "R.S.
 9 22:1964(20) through (28)"
- 10 <u>AMENDMENT NO. 4</u>
- 11 On page 1, line 8, after "reenacted" and before "to" insert "and R.S. 22:1964(29) is hereby 12 enacted"
- 13 AMENDMENT NO. 5

14 On page 1, delete lines 14 through 17 in their entirety and delete page 2 in its entirety and 15 insert in lieu thereof the following:

- 16 "(20)(a) Failure to provide claims history- personal lines.
- (a)(i) Loss information property and casualty. Failure of a company issuing
 property and casualty insurance to provide the following loss information for the
 three previous policy years to the first named insured within thirty days of receipt of
 the first named insured's written request:
- 21 (i)(aa) On all claims, date, and description of occurrence, and total amount
 22 of payments.
- 23 (ii)(bb) For any occurrence not included in Item (i) Subitem (aa) of this
 24 Subparagraph Item, the date and description of occurrence.

25 (b)(ii) Should the first named insured be requested by a prospective insurer 26 to provide detailed loss information in addition to that required under Subparagraph 27 (a) Item (i) of this Paragraph Subparagraph, the first named insured may mail or 28 deliver a written request to the insurer for the additional information. No prospective 29 insurer shall request more detailed loss information than reasonably required to 30 underwrite the same line or class of insurance. The insurer shall provide information 31 under this Subparagraph to the first named insured as soon as possible, but in no 32 event later than twenty days of receipt of the written request. Notwithstanding any 33 other provision of this Section, no insurer shall be required to provide loss reserve 34 information, and no prospective insurer may refuse to insure an applicant solely 35 because the prospective insurer is unable to obtain loss reserve information.

36 (c)(iii) The commissioner may promulgate regulations to exclude the
 37 providing of the loss information as outlined in Subparagraph (a) Item (i) of this

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1 Paragraph Subparagraph for any line or class of insurance where it can be shown 2 that the information is not needed for that line or class of insurance or where the 3 provision of loss information otherwise is required by law. 4 (d)(iv) Information provided under Subparagraph (b) Item (ii) of this 5 Paragraph Subparagraph shall not be subject to discovery by any party other than 6 the insured, the insurer, and the prospective insurer. 7 (b) The provisions of this Paragraph shall apply exclusively to personal 8 lines. 9 (21)(a) Failure to provide claims history - commercial lines. 10 (i) Loss information - property and casualty. Failure of a company issuing property and casualty insurance to provide the following loss 11 12 information, by mail and, if the request was not submitted by mail, by the same 13 means the request was submitted, for the five previous policy years to the first 14 named insured within ten business days of receipt of the first named insured's 15 written request submitted by mail, fax, or email: 16 (aa) On all claims, date, and description of occurrence, and total amount 17 of payments. 18 (bb) For any occurrence not included in Subitem (aa) of this Item, the 19 date and description of occurrence. (ii) If the first named insured is requested by a prospective insurer to 20 21 provide detailed loss information in addition to that required under Item (i) of 22 this Subparagraph, the first named insured may mail, fax, email, or deliver a 23 written request to the insurer for the additional information. No prospective 24 insurer shall request more detailed loss information than reasonably required 25 to underwrite the same line or class of insurance. The insurer shall provide 26 information pursuant to this Item, by mail and, if the request was not submitted 27 by mail, by the same means the request was submitted, to the first named 28 insured as soon as possible, but in no event later than ten business days of 29 receipt of the written request. Notwithstanding any other provision of this 30 Section, no insurer shall be required to provide loss reserve information, and 31 no prospective insurer may refuse to insure an applicant solely because the 32 prospective insurer is unable to obtain loss reserve information. 33 (iii) The commissioner may promulgate regulations to exclude the 34 providing of the loss information as outlined in Item (i) of this Subparagraph 35 for any line or class of insurance where it can be shown that the information is 36 not needed for that line or class of insurance or where the provision of loss 37 information otherwise is required by law. 38 (iv) Information provided pursuant to Item (ii) of this Subparagraph 39 shall not be subject to discovery by any party other than the insured, the 40 insurer, and the prospective insurer. 41 (b) The provisions of this Paragraph shall apply exclusively to 42 commercial lines. 43 (21)(22) The issuance of any line of health insurance in the state by an 44 insurer, self-insurer, or other entity that provides health and accident insurance 45 policies or plans within five years after the entity has ceased writing insurance or 46 issuing plans in the state.

1 (22)(23) The discrimination against an insured, enrollee, or beneficiary in 2 the issuance, payment of benefits, withholding of coverage, cancellation, or 3 nonrenewal of a policy, contract, plan, or program based upon the results of a 4 prenatal test.

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(23)(24) The discrimination against an insured, enrollee, or beneficiary in the issuance, payment of benefits, withholding of coverage, cancellation or nonrenewal of a policy, contract, plan, or program based upon the results of a genetic test or receipt of genetic information. Actions of an insurer or third parties dealing with an insurer taken in the ordinary course of business in connection with the sale, issuance or administration of a life, disability income, or long-term care insurance policy are exempt from the provisions of this Paragraph.

12 (24)(25) Requiring a producer or offering any incentive for a producer who represents more than one company to limit information provided to consumers on 13 14 limited benefit or supplemental benefit plans, including attempting to enforce a 15 provision of a sales representative agreement, a sales agent agreement, a nonsolicitation agreement, or a noncompetition agreement against such a producer 16 17 which would result in limiting the information that the producer provides to 18 consumers on limited benefit or supplemental benefit plans. Failure to comply with 19 the provisions of this Paragraph shall subject the insurer to a penalty, of not less than two thousand five hundred dollars nor more than five thousand dollars, payable to 20 21 the producer and shall not be subject to the penalties provided for in R.S. 22:1969.

22 (25)(26) Requiring a producer or offering any incentive for a producer who 23 represents more than one insurance company to limit the number of other insurance 24 companies such a producer may represent, including attempting to enforce a 25 provision of a sales representative agreement, a sales agent agreement, a 26 nonsolicitation agreement, or a noncompetition agreement against such a producer 27 which would result in limiting the number of other insurance companies that the 28 producer may represent. Failure to comply with the provisions of this Paragraph 29 shall subject the insurer to a penalty up to ten thousand dollars and shall not be 30 subject to the penalties provided for in R.S. 22:1969.

31 (26)(27) Failure by an organization that negotiates with a pharmacy or
 32 pharmacies, or an organization that represents an independent pharmacy or a group
 33 of independent pharmacies, to provide to a pharmacy a contract, agreement, or other
 34 documentation relative to the pharmacy's network participation with a third-party
 35 payor as required in R.S. 22:1857.1.

36 (27)(28) Deliberate use of misrepresentations or false statements for the
 37 purpose of convincing a customer to replace a limited benefit insurance policy. The
 38 commissioner shall promulgate regulations which address the replacement of limited
 39 benefit insurance policies as defined in R.S. 22:47(2)(c).

40 (28)(29) Failure by an admitted insurer upon renewal or issuance of any 41 policy or contract of insurance which includes a provision that the policy or contract 42 contains defense costs within the limit of liability to provide notice of such provision 43 through a separate notice or inclusion on the declaration page of the insurance policy 44 or contract. Failure to comply with the provisions of this Paragraph shall not subject 45 the insurer to the penalties provided in R.S. 22:1969."