### **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

- 2 On page 1, line 2, delete "R.S. 22:1964(20)(a) and (b)," and insert in lieu thereof "R.S.
- 3 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 AMENDMENT NO. 4

- On page 1, line 8, after "reenacted" and before "to" insert "and R.S. 22:1964(29) is hereby
- 12 enacted"

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## 13 AMENDMENT NO. 5

- On page 1, after line 13, delete the remainder of the page and delete page 2 in its entirety and
- insert in lieu thereof the following:
- 16 "(20)(a) Failure to provide claims history—personal lines.
- 17 (a)(i) Loss information property and casualty. Failure of a company issuing
  18 property and casualty insurance to provide the following loss information for the
  19 three previous policy years to the first named insured within thirty days of receipt of
  20 the first named insured's written request:
- 21 (i)(aa) On all claims, date, and description of occurrence, and total amount of payments.
- 23 (ii)(bb) For any occurrence not included in Item (i) Subitem (aa) of this Subparagraph Item, the date and description of occurrence.
  - (b)(ii) Should the first named insured be requested by a prospective insurer to provide detailed loss information in addition to that required under Subparagraph (a) Item (i) of this Paragraph Subparagraph, the first named insured may mail or deliver a written request to the insurer for the additional information. No prospective insurer shall request more detailed loss information than reasonably required to underwrite the same line or class of insurance. The insurer shall provide information under this Subparagraph to the first named insured as soon as possible, but in no event later than twenty days of receipt of the written request. Notwithstanding any other provision of this Section, no insurer shall be required to provide loss reserve information, and no prospective insurer may refuse to insure an applicant solely because the prospective insurer is unable to obtain loss reserve information.
- 36 (c)(iii) The commissioner may promulgate regulations to exclude the providing of the loss information as outlined in Subparagraph (a) Item (i) of this

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

(22)(23) 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 prenatal test. (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.

(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 limited benefit or supplemental benefit plans, including attempting to enforce a provision of a sales representative agreement, a sales agent agreement, a nonsolicitation agreement, or a noncompetition agreement against such a producer which would result in limiting the information that the producer provides to consumers on limited benefit or supplemental benefit plans. Failure to comply with 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 the producer and shall not be subject to the penalties provided for in R.S. 22:1969.

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

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

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

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