

2025 Regular Session

LSLI Disposition Sheet for Title 22

Effective date is August 1, 2025 unless otherwise noted

<u>LSA-R.S.</u>	<u>Effect</u>	<u>Act No.</u>	<u>Section</u>	<u>Sp. Eff. Dt.</u>
√ 22:37	Enact	114	1	
22:41(Intro. Par.)	Amend	182	1	07/01/2026
√ 22:41(9)	Amend	182	1	07/01/2026 ✓
√ 22:439(A)(1)(c)	Enact	79	1	07/01/2026 ✓
√ 22:439(E)	Enact	79	1	07/01/2026 ✓
√ 22:439(F)	Enact	79	1	07/01/2026 ✓
√ 22:550.1 thru 550.32 (Subpt.S, Pt.I, Chpt.2)	Amend	313	2	✓
√ 22:821(B)(2)	Amend	501	1	01/01/2026 ✓
√ 22:821(B)(3)(b)	Amend	501	1	01/01/2026 ✓
√ 22:821(B)(23)(a)	Amend	501	1	01/01/2026 ✓
√ 22:821(B)(23)(b)	Amend	501	1	01/01/2026 ✓
√ 22:821(B)(24)	Amend	501	1	01/01/2026 ✓
√ 22:821(B)(40)	Enact	313	2	✓
√ 22:821(C)	Enact	79	1	07/01/2026 ✓
√ 22:831(C)	Enact	79	1	07/01/2026 ✓
√ 22:836(B)(9)	Amend	368	1	06/20/2025 ✓
√ 22:881.1	Amend	11	1	
√ 22:883(H)	Enact	400	1	
√ 22:883(I)	Enact	400	1	
√ 22:887(A)(Intro.Par.)	Amend	182	1	07/01/2026 ✓
√ 22:887(A)(1)(a)	Amend	182	1	07/01/2026 ✓
√ 22:887(G)(1)	Amend	182	1	07/01/2026 ✓
√ 22:918(B)(1)	Amend	244	1	
√ 22:1028.6	Enact	360	2	✓
√ 22:1059.1	Amend	287	1	
√ 22:1059.6	Enact	190	1	

R	↑	√22:1059.6 ⁷	-----Enact-----	367	-----1-----	See Act ✓
		√22:1060.7(B)(3)	-----Amend-----	362	-----1	
		√22:1060.18	-----Enact-----	112	-----1	
		√22:1076.1	-----Enact-----	388	-----1	
R	↑	√22:1077.4 ⁵	-----Enact-----	227	-----1-----	01/01/2026 ✓
		√22:1077.4	-----Enact-----	410	-----1	
R	↑	√22:1266(A) ⁽⁶⁾	-----Amend-----	182	-----1-----	07/01/2026 ✓
		√22:1266(D)(1)	-----Amend-----	182	-----1-----	07/01/2026 ✓
		√22:1266(E)(1)(Intro.Par.)	-----Amend-----	182	-----1-----	07/01/2026 ✓
		√22:1267(C)(2)(a)	-----Amend-----	182	-----1-----	07/01/2026 ✓
		√22:1267(E)(1)	-----Amend-----	182	-----1-----	07/01/2026 ✓
		√22:1276	-----Enact-----	429	-----1-----	01/01/2026 ✓
		√22:1284.1(A)	-----Amend-----	476	-----1-----	01/01/2026 ✓
		√22:1284.1(B)	-----Repeal-----	476	-----2-----	01/01/2026 ✓
		√22:1284.1(D)	-----Amend-----	476	-----1-----	01/01/2026 ✓
		√22:1286	-----Amend-----	168	-----1	
		√22:1335(A)	-----Amend-----	182	-----1-----	07/01/2026 ✓
		√22:1346.1 thru 1346.6 (Subpt.D-2, Pt.IV, Chpt.4)	-----Enact-----	480	-----1-----	06/30/2025 ✓
		√22:1451(D)	-----Repeal-----	11	-----2-----	✓
IDENT	↑	√22:1452(C)(Intro.Par.)	-----Amend-----	11	-----1	
		√22:1452(C)(Intro.Par.)	-----Amend-----	85	-----1-----	01/01/2026 ✓
		√22:1452(C)(4)	-----Repeal-----	11	-----2-----	✓
		√22:1452(C)(6)	-----Amend-----	11	-----1	
		√22:1452(C)(7)	-----Amend-----	85	-----1-----	01/01/2026 ✓
		√22:1452(C)(9.1)	-----Enact-----	85	-----1-----	01/01/2026 ✓
		√22:1452(C)(15)	-----Repeal-----	11	-----2-----	✓
		√22:1453	-----Repeal-----	11	-----2-----	✓
		√22:1454(A)	-----Amend-----	11	-----1	
		√22:1454(B)(3)	-----Amend-----	85	-----1-----	01/01/2026 ✓
		√22:1454(B)(5)	-----Amend-----	11	-----1	
		√22:1455	-----Repeal-----	11	-----2-----	✓

√ 22:1464(D)	-----Amend-----	11	-----	1	
√ 22:1464.1	-----Enact-----	428	-----	1	-----01/01/2027 ✓
√ 22:1465(A)(1)	-----Amend-----	11	-----	1	
√ 22:1465(A)(4)	-----Amend-----	11	-----	1	
√ 22:1482.2	-----Enact-----	19	-----	1	-----01/01/2026 ✓
√ 22:1483.1(F)	-----Enact-----	32	-----	1	-----06/04/2025 ✓
√ 22:1508	-----Amend-----	465	-----	1	-----07/01/2026 ✓
√ 22:1509	-----Amend-----	465	-----	1	-----07/01/2026 ✓
√ 22:1510	-----Amend-----	465	-----	1	-----07/01/2026 ✓
√ 22:1573(C)	-----Amend-----	29	-----	1	
√ 22:1573(D)	-----Amend-----	29	-----	1	
√ 22:1573(E)	-----Amend-----	29	-----	1	
√ 22:1657.1	-----Repeal-----	474	-----	4	-----06/20/2025 ✓
√ 22:1662(2)(b)	-----Amend-----	29	-----	1	
√ 22:1673(A)	-----Amend-----	29	-----	1	
√ 22:1702(A)	-----Amend-----	29	-----	1	
√ 22:1706(H)(Intro.Par.)	-----Amend-----	144	-----	1	
√ 22:1706(H)(11)	-----Enact-----	144	-----	1	
√ 22:1860.2	-----Repeal-----	474	-----	4	-----06/20/2025 ✓
√ 22:1860.3(E)	-----Repeal-----	474	-----	4	-----06/20/2025 ✓
√ Heading, Subpt.C-1, Pt.II, Chpt.6	-----Amend-----	474	-----	1	-----06/20/2025 ✓
√ 22:1863	-----Amend-----	474	-----	1	-----06/20/2025 ✓
√ 22:1865(Heading)	-----Amend-----	474	-----	1	-----06/20/2025 ✓
√ 22:1867	-----Amend-----	474	-----	1	-----06/20/2025 ✓
√ 22:1868	-----Enact-----	474	-----	1	-----06/20/2025 ✓
√ 22:1868.1	-----Enact-----	474	-----	1	-----06/20/2025 ✓
√ 22:1869	-----Enact-----	474	-----	1	-----06/20/2025 ✓
√ 22:1870	-----Enact-----	474	-----	1	-----06/20/2025 ✓
R √ 22:1871 ^{19, 10.1}	-----Enact-----	474	-----	1	-----06/20/2025 ✓
√ 22:1892(A)(7)	-----Amend-----	500	-----	1	
√ 22:1892(A)(8)	-----Enact-----	500	-----	1	

√ 22:1892(B)(4)	-----Amend-----	500	-----	1
√ 22:1892(B)(5)(Intro.Par.)	-----Amend-----	500	-----	1
√ 22:1892(B)(5)(b)	-----Amend-----	500	-----	1
√ 22:1892.3	-----Enact-----	500	-----	1
√ 22:1923(2)(q)	-----Enact-----	406	-----	1-----07/01/2026 ✓
√ Heading, Chpt.14	-----Amend-----	62	-----	1
√ 22:2271	-----Enact-----	62	-----	1

Approved by MK on 8-13-25
(Attorney)

LW on 9/18/2025
(Revisor)

BY SENATOR KLEINPETER AND REPRESENTATIVES BACALA, BILLINGS,
BROWN, JACKSON, OWEN AND TAYLOR

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

AN ACT

To enact R.S. 22:37, relative to group health insurance for retired employees of district attorneys' offices; to prohibit a health insurance issuer from refusing enrollment based solely on the status of retirement; to prohibit discrimination between active and retired employees for purposes of insurance coverage; to provide for construction of statutory provisions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:37 is hereby enacted to read as follows:

§37. Discrimination prohibited; health insurance coverage; district attorney's office retirees

A. No health insurance issuer shall refuse to accept for enrollment any individual formerly employed by a district attorney's office in this state when all of the following conditions are met:

(1) The health insurance issuer maintains a policy of group health coverage for which the district attorney's office is the group policyholder.

(2) The individual was formerly a certificate holder of a policy for which the district attorney's office was at that time the group policyholder.

(3) The individual is no longer employed by the district attorney's office as a result of retirement.

(4) The individual is not yet eligible for Medicare.

(5) The district attorney's office is funded by a local sales and use tax dedicated to the operations of the office.

B. The health insurance issuer shall not discriminate between an active employee of a district attorney's office and a retired former employee of the same district attorney's office on the basis of active or retired status.

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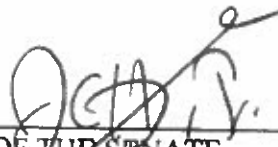
C.(1) This Section does not require a health insurance issuer to provide coverage for a retired former employee under circumstances in which an active employee could lawfully be denied coverage nor requires a health insurance issuer to offer terms, rates, or benefits to a retired former employee that the issuer is not required to offer to an active employee.

(2) Notwithstanding the provisions of this Section, this Section shall not be construed to do any of the following:

(a) Require a district attorney's office to offer health insurance coverage to retired former employees.

(b) Prohibit a district attorney's office from offering health insurance coverage only to active employees.

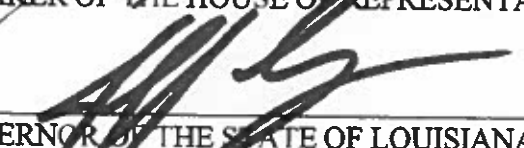
(c) Prohibit a health insurance issuer from offering coverage that complies with an eligibility decision of a district attorney's office.



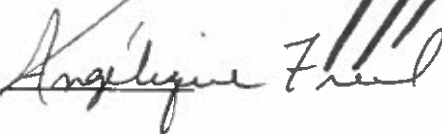
PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 8, 2025

2025 Regular Session

HOUSE BILL NO. 345

BY REPRESENTATIVES WYBLE, BAMBURG, CARLSON, AND MELERINE AND SENATOR BARROW

L.a. State Law Institute
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Edits To: RS 22 Pgs. 2, 4
Note:

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AN ACT

(Intro. Par.) and

To amend and reenact R.S. 22:41(9), 887(A)(introductory paragraph) and (1)(a) and (G)(1), 1266(A)(5), (D)(1), and (E)(1)(introductory paragraph), 1267(C)(2)(a) and (E)(1), and 1335(A), relative to property and casualty insurance; to provide for the nonrenewal or cancellation of residential property insurance policies; to provide relative to required written notices; to provide for technical changes; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

(Intro. Par.) and

Section 1. R.S. 22:41(9), 887(A)(introductory paragraph) and (1)(a) and (G)(1), 1266(A)(5), (D)(1), and (E)(1)(introductory paragraph), 1267(C)(2)(a) and (E)(1), and 1335(A) are hereby amended and reenacted to read as follows:

§41. Policyholder bill of rights

The following items exist in Louisiana statutes and shall serve as standards for a policyholder bill of rights and do not create additional causes of actions or further penalties not otherwise provided under Louisiana statutes:

* * *

(9) Policyholders shall have the right to receive written notice of cancellation or nonrenewal at least ~~thirty~~ sixty days prior to the effective date of the cancellation or nonrenewal, unless the cancellation or nonrenewal is for ~~non-payment~~ nonpayment of premium and shall have the right to protection from improper cancellation or nonrenewal in accordance with R.S. 22:1265 and 1333.

* * *

§887. Cancellation by insurer; changes to homeowner's homeowners insurance policies

A. Cancellation by the insurer of any policy which by its terms may be cancelled at the option of the insurer, or of any binder based on such policy, may be effected ~~affected~~ as to any interest only upon compliance with either of the following:

(1)(a) Written notice of such cancellation ~~must~~ shall be actually delivered or mailed to the insured or to his representative in charge of the subject of the insurance not less than ~~thirty~~ sixty days prior to the effective date of the cancellation except when termination of coverage is for nonpayment of premium. The insurer shall include in the notice the cause for which the insurer is failing to renew the policy.

* * *

G.(1) No insurer shall fail to renew a policy providing property or casualty insurance unless a notice of intention to not renew is mailed or delivered to the named insured at the address shown on the policy at least ~~thirty~~ sixty days prior to the effective date of nonrenewal. An insurer shall include in the notice the cause for which the insurer is failing to renew the policy.

* * *

§1266. Automobile, property, casualty, and liability insurance policies; cancellations

A. As used in this Part:

ALPHABETIZE

(1) → (5)

(2) - (3) = (2) - (3)

(4) → (1)

(5) → (6)

(6) → (4)

~~(5)~~ "Renewal" or "to renew" means the issuance and delivery by an insurer ⁽⁶⁾ of a policy replacing at the end of the policy period a policy previously issued and delivered by the same insurer, or the issuance and delivery of a certificate or notice extending the term of a policy beyond its policy period or term. However, no policy of insurance for a period of less than six months shall be issued by an insurer to any person who has been issued two or more citations for violations of R.S. 32:851 et seq. or ~~R.S. 32:861~~ et seq., and any policy issued to a person receiving two or more citations shall be considered as if written for a policy period or term of six months.

1 Any policy which is written for a term longer than one year or any policy which is
 2 renewed by an insurer shall be for the same term as the original or expired policy,
 3 or any policy with no fixed expiration date shall for the purpose of this Subpart be
 4 considered as if written for successive policy periods or terms of one year. Such a
 5 policy may be terminated at the expiration of any annual period upon giving twenty
 6 days sixty days notice of cancellation prior to such anniversary date. This
 7 cancellation ~~shall not be~~ is not subject to any other provisions of this Subpart.

* * *

9 D.(1) No notice of cancellation of a policy to which Subsection B or C of this
 10 Section applies shall be effective unless mailed by certified mail or delivered by the
 11 insurer to the named insured at least ~~thirty~~ sixty days prior to the effective date of
 12 cancellation; however, when cancellation is for nonpayment of premium, at least ten
 13 days notice of cancellation accompanied by the reason shall be given. In the event
 14 of nonpayment of premiums for a binder, a ten-day notice of cancellation shall be
 15 required before the cancellation shall be effective. Notice of cancellation for
 16 nonpayment of premiums ~~shall not be~~ is not required to be sent by certified mail.
 17 Unless the reason accompanies the notice of cancellation, the notice of cancellation
 18 shall state or be accompanied by a statement that upon written request of the named
 19 insured, mailed or delivered to the insurer within six months after the effective date
 20 of cancellation, the insurer will specify the reason for such cancellation. This
 21 Subsection ~~shall~~ does not apply to nonrenewal.

* * *

23 E.(1) No insurer shall fail to renew a policy unless it ~~shall mail or deliver~~
 24 mails or delivers to the named insured, at the address shown in the policy, at least
 25 twenty days sixty days advance notice of its intention not to renew. This Subsection
 26 ~~shall~~ does not apply in any of the following circumstances:

* * *

1 §1267. Commercial insurance; cancellation and renewal

2 * * *

3 C.

4 * * *

5 (2)(a) A notice of cancellation of insurance coverage by an insurer shall be
 6 in writing and shall be mailed or delivered to the first-named insured at the mailing
 7 address as shown on the policy. Notices of cancellation based on R.S.
 8 *Subparagraphs* ~~22:1267(c)(1)(b)~~ through (g) *of this Subsection* shall be mailed or delivered at least thirty sixty days
 9 prior to the effective date of the cancellation, ~~notices~~ *Notices* of cancellations based
 10 upon ~~R.S. 22:1267(c)(1)(a)~~ *Subparagraph of this Subsection* shall be mailed or delivered at least ten days prior to the
 11 effective date of cancellation. The notice shall state the effective date of the
 12 cancellation.

13 * * *

14 E.(1) An insurer shall mail or deliver to the named insured at the mailing
 15 address shown on the policy written notice of any rate increase, change in deductible,
 16 or reduction in limits or coverage at least thirty sixty days prior to the expiration date
 17 of the policy. If the insurer fails to provide such ~~thirty-day~~ notice, the coverage
 18 provided to the named insured at the expiring policy's rate, terms, and conditions
 19 shall remain in effect until notice is given or until the effective date of replacement
 20 coverage obtained by the named insured, whichever first occurs. For the purposes
 21 of this Subsection, notice is considered given thirty sixty days following date of
 22 mailing or delivery of the notice. If the insured elects not to renew, any earned
 23 premium for the period of extension of the terminated policy shall be calculated pro
 24 rata at the lower of the current or previous year's rate. If the insured accepts the
 25 renewal, the premium increase, if any, and other changes shall be effective the day
 26 following the prior policy's expiration or anniversary date.

27 * * *

1 §1335. Homeowners' insurance; cancellation; nonrenewal; limited grace period for
2 surviving spouse

3 A. An insurer that has issued a policy of homeowner's insurance shall not fail
4 to renew the policy unless it has mailed or delivered to the named insured, at the
5 address shown in the policy, written notice of its intention not to renew. The notice
6 of nonrenewal shall be mailed or delivered at least ~~thirty~~ sixty days before the
7 expiration date of the policy. If the notice is mailed less than ~~thirty~~ sixty days before
8 expiration, coverage shall remain in effect under the terms and conditions until ~~thirty~~
9 sixty days after the notice is mailed or delivered. The insurer shall include in the
10 notice the cause for which the insurer is failing to renew the policy. Any earned
11 premium for the period of coverage extended beyond the expiration date shall be
12 considered pro rata based upon the rate of the previous year.

13 * * *

14 Section 2. This Act shall become effective on July 1, 2026.

~~_____~~
SPEAKER OF THE HOUSE OF REPRESENTATIVES

~~_____~~
PRESIDENT OF THE SENATE

~~_____~~
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: Angelique Frel June 8, 2025

ACT 79

ENROLLED

2025 Regular Session

HOUSE BILL NO. 329

BY REPRESENTATIVES HEBERT, BAMBURG, CARLSON, CARVER, CHENEVERT,
COATES, DOMANGUE, HENRY, AND MELERINE

La. State Law Institute
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NO EDITS
Classification RS 22

AN ACT

To enact R.S. 22:439(A)(1)(c), (E), and (F), 821(C), and 831(C), relative to revenues collected by the Department of Insurance; to dedicate certain revenues to the Louisiana Fortify Homes Program Fund; to provide with respect to the powers and duties of the commissioner of the Department of Insurance; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:439(A)(1)(c), (E), and (F), 821(C), and 831(C) are hereby enacted to read as follows:

§439. Tax on surplus lines and unauthorized insurance

A.(1) There shall be a tax of four and eighty-five one hundredths of one percent per annum on the gross premium without regard to the location of the covered property, risk, or exposure for all insurance placed through a Louisiana licensed surplus lines broker with a surplus lines insurer or other unauthorized insurer and for which Louisiana is the home state of the policyholder as defined in R.S. 22:46. The commissioner shall collect the tax and deposit it with the state treasurer who shall credit it as follows:

* * *

(c) Each fiscal year, the first five million dollars of the tax collected shall be credited to the Louisiana Fortify Homes Program Fund, established pursuant to R.S. 22:1483.1.

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E.(1) The commissioner may enter into cooperative endeavor agreements or other agreements for the receipt of policy information on surplus lines, directly placed, and other unauthorized insurance subject to the tax imposed by this Section.

(2) An agreement entered into pursuant to this Subsection may provide for any of the following:

(a) The use of a clearinghouse to perform functions required pursuant to the agreement.

(b) The collection of policy data in addition to premium.

(c) The computation of the tax due on the portion of premium attributable to each risk classification.

(d) The assessment of a clearinghouse transaction fee.

(e) The reporting of insurance transactions or policyholders that are exempt from the tax imposed by this Section.

(f) Any other provisions that facilitate the administration or collection of the tax imposed by this Section.

F. The commissioner may promulgate and adopt rules and regulations in accordance with the Administrative Procedure Act for the administration and enforcement of the provisions of this Section, including the assessment of a clearinghouse transaction fee.

* * *

§821. Fees

* * *

C. The treasurer shall deposit into the Louisiana Fortify Homes Program Fund, established pursuant to R.S. 22:1483.1, monies from each of the following fees collected pursuant to the provisions of this Section:

(1) One thousand dollars from each annual financial regulation fee, pursuant to Paragraph (B)(2) of this Section.

(2) Fifteen dollars from each first time applicant fee, each application to add lines fee, each initial company appointment fee, each renewal company appointment

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

of individual fee, each producer renewal fee for one line, and each producer renewal fee for two or more lines, pursuant to Subparagraph (B)(3)(b) of this Section.

(3) Fifteen dollars from each claims adjuster license and registration fee for business entities and residents and nonresidents pursuant to Subparagraphs (B)(23)(a) and (b) of this Section.

(4) Fifteen dollars from each public adjuster license fee for business entities and residents and nonresidents pursuant to Paragraph (B)(24) of this Section.

* * *

§831. Fire, marine, transportation, casualty, surety, or other insurance

* * *

C. Each fiscal year, the treasurer shall deposit into the Louisiana Fortify Homes Program Fund, established pursuant to R.S. 22:1483.1, five million dollars of the taxes collected pursuant to this Section.

Section 2. This Act shall become effective on July 1, 2026.



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 4, 2025

ACT 313

ENROLLED

2025 Regular Session

HOUSE BILL NO. 635

BY REPRESENTATIVE BAMBURG AND SENATOR BASS

L.A. State Law Institute
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Edits To: RS 22 Pgs. 5, 10, 12, 19, 33
Note: - NOTE §1

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AN ACT

To amend and reenact Subpart S of Part I of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 22:550.1 through 550.32 and R.S. 44:4.1(B)(11) and to enact R.S. 22:821^(B)(40), relative to captive insurance companies; to provide for definitions; to provide for application and regulation requirements; to provide for capital and surplus requirements; to provide for confidentiality of certain records; to provide a public records exception for certain records; to provide for examinations; to provide for redomestication; to provide for dormancy; to require for the payment of fees; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Section 2 of this Act amends and reenacts Subpart S of Part I of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950 in its entirety. Due to the length of the Subpart, present law is not included as overstruck text.

Section 2. Subpart S of Part I of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, comprised of R.S. 22:550.1 through 550.32, is hereby amended and reenacted and R.S. 22:821^(B)(40) is hereby enacted to read as follows:

SUBPART S. CAPTIVE INSURANCE COMPANIES

§550.1. Purpose and short title

The purpose of this Subpart is to regulate the formation and operation of domestic captive insurance companies within the state of Louisiana. This Subpart

[NOTE: RS 22:550.1 et seq.]

1 may be known and cited as the "Creating Holistic Options in Coverage for Enterprise
2 and Self-Insurance Law" or "CHOICES Law".

3 §550.2. Definitions

4 As used in this Subpart, unless the context otherwise requires, the following
5 definitions apply:

6 (1) "Affiliated company" means a company in the same corporate system as
7 its parent or a member organization by virtue of common ownership, control,
8 operation, or management.

9 (2) "Association" means any legal association of individuals, corporations,
10 limited liability companies, partnerships, associations, or other entities,
11 independently or in conjunction with some or all of its member organizations, doing
12 any of the following:

13 (a) Owning, controlling, or holding the power to vote all of the outstanding
14 voting securities of an association captive insurance company incorporated as a stock
15 insurer.

16 (b) Having complete voting control over an association captive insurance
17 company incorporated as a mutual insurer.

18 (c) Having complete voting control over an association captive insurance
19 company.

20 (d) Constituting all of the subscribers of an association captive insurance
21 company formed as a reciprocal insurer.

22 (3) "Association captive insurance company" means any company that
23 insures only the risks of the member organizations of the association, affiliated
24 companies of the member organizations, and the risks of the association itself.

25 (4) "Branch captive insurance company" means an alien captive insurance
26 company licensed by the commissioner to transact the business of insurance in this
27 state. For the purposes of this Subpart, a branch captive insurance company is the
28 same as a pure captive insurance company, as defined in this Section, with respect
29 to operations in this state unless otherwise permitted by the commissioner.

1 (5) "Captive insurance company" means any pure captive insurance
2 company, association captive insurance company, risk retention group, or affiliated
3 reinsurance company formed or licensed pursuant to this Subpart.

4 (6) "Cash equivalents" means any short-term, highly liquid investments that
5 are both of the following:

6 (a) Readily convertible to known amounts of cash.

7 (b) So near their maturity that they present insignificant risks of changes in
8 value due to changes in interest rates.

9 (7) "Commissioner" means the commissioner of insurance.

10 (8) "Common ownership and control" means the direct or indirect ownership
11 of fifty-one percent or more of the outstanding voting stock of two or more
12 corporations by the same member or members.

13 (9) "Controlled unaffiliated business" means a business that meets all of the
14 following criteria:

15 (a) It is not in the corporate system of a parent and its affiliated companies,
16 in the case of a pure captive insurance company.

17 (b) It has an existing contractual relationship with a parent or one of its
18 affiliated companies, in the case of a pure captive insurance company.

19 (c) Risks are managed by a pure captive insurance company in accordance
20 with R.S. 22:550.28.

21 (10) "Department" means the Department of Insurance.

22 (11) "Excess workers' compensation insurance" means, in the case of an
23 employer that has insured or self-insured its workers' compensation risks in
24 accordance with applicable state or federal law, insurance in excess of the specified
25 per-incident or aggregate limit established by the commissioner.

26 (12) "Hazardous financial condition" means a present or reasonably
27 anticipated financial condition in which a captive insurance company, although not
28 yet financially impaired or insolvent, is unlikely to be able to do either of the
29 following:

1 (a) Meet obligations to policyholders with respect to known claims and
2 reasonably anticipated claims.

3 (b) Pay other obligations in the normal course of business.

4 (13) "Member organization" means any corporation, partnership, association,
5 or other form of business organization that belongs to an association. Political
6 subdivisions, as defined in Article VI, Section 44 of the Constitution of Louisiana,
7 are not eligible for membership in an association.

8 (14) "Parent" means a corporation, limited liability company, partnership,
9 other entity, or an individual who directly or indirectly owns, controls, or holds the
10 power to vote more than fifty-one percent of the outstanding voting interests in
11 connection with any of the following:

12 (a) Securities of a pure captive insurance company organized as a stock
13 corporation.

14 (b) Membership interests of a pure captive insurance company organized as
15 a nonprofit corporation.

16 (c) Membership interests of a captive insurance company organized as a
17 limited liability company.

18 (15) "Pure captive insurance company" means any company that insures
19 risks of its parent and affiliated companies or controlled unaffiliated businesses.

20 (16) "Risk retention group" means a captive insurance company organized
21 under the laws of this state pursuant to the Liability Risk Retention Act of 1986, 15
22 U.S.C. 3901 et seq., as amended, as a stock corporation, a mutual corporation, a
23 reciprocal, or other limited liability entity.

24 (17) "Stock insurer" means an incorporated insurer with issued and
25 outstanding stock whose capital and surplus is owned by its stockholders.

26 §550.3. Applicability of other provisions

27 A. The terms and conditions set forth in R.S. 22:96 and Chapter 9 of this
28 Title, R.S. 22:2001 et seq., pertaining to rehabilitation, liquidation, conservation,
29 dissolution, and administrative supervision, apply to captive insurance companies
30 licensed pursuant to this Subpart.

1 B. The provisions of R.S. 22:72 regarding stock and mutual conversions
2 apply to captive insurance companies licensed pursuant to this Subpart.

3 C. The provisions of acquisition of control or merger with a domestic insurer
4 provided for in the Insurance Holding Company System Regulatory Law, R.S.
5 22:691.1 et seq., apply to captive insurance companies licensed pursuant to this
6 Subpart.

7 §550.4. Regulations

8 The commissioner may promulgate rules in accordance with the
9 Administrative Procedure Act as are necessary to implement and enforce the
10 provisions of this Subpart.

11 §550.5. Incorporation of a captive insurance company

12 A. A captive insurance company may be incorporated as a stock corporation
13 or a nonstock corporation pursuant to this Title, or may be formed as a limited
14 liability company, partnership, limited partnership, statutory trust, or any lawful form
15 of entity approved by the commissioner.

16 B. A captive insurance company shall prepare articles of incorporation to be
17 approved and recorded in the same manner as provided in Subpart A of Part ^{of this} ~~of this~~
18 Chapter, R.S. 22:61 et seq. In determining whether to grant approval, the
19 commissioner shall consider all of the following:

20 (1) The character, reputation, financial standing, and purposes of the
21 incorporators or organizers.

22 (2) The character, reputation, financial responsibility, experience relating to
23 insurance, and business qualifications of the officers and directors.

24 (3) The competence of any person who, pursuant to a contract with the
25 captive insurance company, will manage the affairs of the company.

26 (4) The competence, reputation, and experience of the company's legal
27 counsel relating to the regulation of insurance.

28 (5) The company's business plan.

29 (6) Such other aspects as the commissioner deems advisable.

1 C. The articles of incorporation or bylaws of a captive insurance company
2 shall require that a quorum of the board of directors consists of not less than one-half
3 of the number of directors prescribed by the articles of incorporation or bylaws.

4 D. The capital stock of a captive insurance company shall be issued at not
5 less than par value.

6 §550.6. Certificate of authority required to transact insurance

7 A captive insurance company shall not transact the business of insurance in
8 this state unless the captive insurance company first obtains a certificate of authority
9 from the commissioner.

10 §550.7. Application requirements: confidential information

11 A. After incorporation, a captive insurance company shall apply to the
12 commissioner for a certificate of authority. The application shall be certified by the
13 initial board of directors of the captive insurance company and be accompanied by
14 the fee as set forth in R.S. 22:821. Before receiving a certificate of authority, a
15 captive insurance company shall file an application including all of the following:

16 (1) A copy of its bylaws, organizational documents, and any other statements
17 or documents required by the commissioner.

18 (2) A financial statement that has been certified by two principal officers.

19 (3) Biographical background information, on a form prescribed by the
20 commissioner, for each person who controls, directly or indirectly, ten percent or
21 more of the captive insurance company and for each director and officer in
22 accordance with the requirements set forth in R.S. 22:41.3.

23 (4) A plan of operation which clearly indicates the method of operation
24 including all of the following items:

25 (a) The types and limits of insurance that will be provided.

26 (b) Pro forma financial statements for a period covering three years,
27 including a balance sheet, income statement, and cash flow statement.

28 (c) The amount and liquidity of assets relative to the risks to be assumed.

29 (d) The expertise, experience, and character of the persons who will manage
30 the company.

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- (e) A description of the reinsurance program.
 - (f) A description of the underwriting policy, including who will perform such functions.
 - (g) A description of the claims handling procedures, including who will perform such functions.
 - (h) A description of the investment policy.
 - (i) A description of its ratemaking policies and procedures.
 - (j) The adequacy of its programs providing for loss prevention by its parent or member organizations.
 - (k) The overall soundness of the plan of operation.
 - (5) A feasibility study or other analysis prepared by a qualified actuary.
 - (6)(a) A description of the coverages, deductibles, coverage limits, and rates, together with such additional information as the commissioner may reasonably require.
 - (b) If there is a subsequent material change in any item in the description, the company shall submit an appropriate revision for approval and shall not offer any additional kinds of insurance until a revision of the description is approved by the commissioner. The company shall inform the adoption of such change.
 - (7) Evidence of its beneficial ownership, sponsorship, or membership.
 - (8) Such other factors deemed relevant by the commissioner in ascertaining whether the proposed captive insurance company will be able to meet its policy obligations.
- B. Each applicant shall pay to the commissioner nonrefundable fees in application for an initial certificate of authority and for actuarial review pursuant to R.S. 22:821. The commissioner may retain legal, financial, and examination services from outside the department and may charge the reasonable cost of services to the applicant. The provisions of Chapter 8 of this Title, R.S. 22:1981 et seq., apply to examinations, investigations, and processing conducted pursuant to this Subsection.
- C.(1) In accordance with confidentiality provisions provided for in this Title, information submitted pursuant to this Subsection, including any subsequent updates,

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1 amendments, or revisions of or to such information, is confidential and shall not be
2 made public by the commissioner or an employee or agent of the commissioner
3 without the written consent of the company, except that the commissioner may
4 disclose, publish, or authorize the disclosure or publication of certain information for
5 the following purposes:

6 (a) In furtherance of legal or regulatory proceedings brought as a part of the
7 commissioner's official duties.

8 (b) To provide information to criminal law enforcement authorities for use
9 in the exercise of the commissioner's duties and authorities.

10 (c) To provide information to a public officer having jurisdiction over the
11 regulation of insurance with other state, federal, or international agencies, under the
12 following circumstances:

13 (i) The receiving public official shall agree in writing to maintain the
14 confidentiality of the information.

15 (ii) The laws of the state or foreign government in which the public official
16 serves require the information to be and to remain confidential.

17 (2)(a) Information submitted pursuant to this Section remains confidential
18 and shall not be made public by the commissioner or an employee or agent of the
19 commissioner without the written consent of the captive insurance company, except
20 as otherwise provided in this Subsection.

21 (b) The information may be discoverable by a party in a civil action or
22 contested case to which the captive insurance company that submitted the
23 information is a party, and the party seeking to discover the information shows all
24 of the following:

25 (i) The information sought is relevant to and necessary for the furtherance
26 of the action or case.

27 (ii) The information sought is unavailable from other nonconfidential
28 sources.

29 (iii) A subpoena issued by a judicial or administrative officer of competent
30 jurisdiction has been submitted to the commissioner.

1 D. Neither the commissioner nor any person who receives documents,
2 material, or information pursuant to this Section while acting under the authority of
3 the commissioner is required or permitted to testify in any private civil action
4 concerning confidential documents, material, or information.

5 E. Nothing in this Section shall be construed to excuse the applicant from
6 making any required disclosure pursuant to this Subpart.

7 §550.8. Initial examination and issuance of certificate of authority

8 Upon receipt of the application for certificate of authority, the commissioner
9 shall cause an initial examination to be made of the captive insurance company. If
10 in the opinion of the commissioner, the examination shows the corporation to be duly
11 organized with adequate capital and surplus to meet its policyholder obligations, and
12 in compliance with all requirements of law, he shall notify the applicant and issue
13 a certificate of authority.

14 §550.9. Change of information submitted with application

15 A captive insurance company shall notify the commissioner of any change
16 to the plan of operation or other information submitted with the application within
17 thirty days of the adoption of the change.

18 §550.10. Capital and surplus requirements

19 A. Prior to issuing policies of insurance or entering into any contracts of
20 reinsurance, each pure captive insurance company shall possess and thereafter
21 maintain unimpaired paid-in capital and surplus of not less than two hundred fifty
22 thousand dollars and any additional capital or surplus required pursuant to
23 Subsection F of this Section.

24 B. Prior to issuing any policies of insurance or entering into any contracts
25 of reinsurance, each association captive insurance company shall possess and
26 thereafter maintain unimpaired paid-in capital and surplus of not less than five
27 hundred thousand dollars and any additional capital or surplus required pursuant to
28 Subsection F of this Section.

29 C. Prior to issuing any policies of insurance or entering into any contracts
30 of reinsurance, each risk retention group shall possess and thereafter maintain

1 unimpaired paid-in capital and surplus of not less than one million dollars and any
2 additional capital or surplus required pursuant to Subsection F of this Section.

3 D. A branch captive insurance company shall maintain at all times an
4 unimpaired paid-in capital and surplus requirement of two hundred and fifty
5 thousand dollars or an amount determined by the commissioner pursuant to
6 Subsection F of this Section. Additionally, as security for the payment of liabilities
7 attributable to branch operations, the commissioner may require that a trust fund,
8 funded by an irrevocable letter of credit or other acceptable asset, be established and
9 maintained in the United States for the benefit of United States policyholders and
10 ceding insurers. The amount of security required shall not be less than the capital
11 and surplus requirement and the reserves on the insurance policies or reinsurance
12 contracts.

13 E. Except as otherwise provided by the commissioner pursuant to Subsection
14 F of this Section, the capital required to be maintained pursuant to this Section shall
15 be in the form of cash, cash equivalents, bonds, marketable securities, a trust
16 approved by the commissioner and pledged to the commissioner, or evidences of
17 indebtedness which are direct general obligations of the government of the United
18 States.

19 F. The commissioner may prescribe additional requirements relating to
20 capital and surplus based on the type, volume, and nature of the insurance business
21 that is transacted by the captive insurance company.

22 §550.11. Deposit required of association captive insurance companies

23 Before receiving a certificate of authority, all association captive insurance
24 companies shall deposit with the commissioner a safekeeping or trust receipt from
25 a bank located in the state and doing business within the state or from a savings and
26 loan association chartered to do business in this state indicating that the association
27 captive insurance company has deposited one hundred thousand dollars in money or
28 bonds of the United States, the state of Louisiana, or any political subdivision
29 thereof, of the par value of not less than one hundred thousand dollars. All securities
30 deposited pursuant to this Section shall be held in trust for the benefit and protection

1 of and as security for all policyholders of the association captive insurance company
2 making the deposit.

3 §550.12. Suspension or revocation of certificate of authority; hearings

4 A. The commissioner may refuse, suspend, or revoke the certificate of
5 authority of a captive insurance company if, after an examination, the commissioner
6 determines that the captive insurance company meets any one of the following
7 conditions:

8 (1) Is insolvent or has impaired its required capital or surplus.

9 (2) Is in such condition that its further transaction of business in this state
10 would be hazardous to the policyholders, creditors, or the public.

11 (3) Has failed to meet a requirement of R.S. 22:550.10.

12 (4) Has refused or failed to submit an annual report, as required by R.S.
13 22:550.21, or any other report or statement required by law or by order of the
14 commissioner.

15 (5) Has failed to comply with the provisions of its charter or bylaws.

16 (6) Has failed to submit to an examination or has refused or failed to pay the
17 cost of an examination required pursuant to R.S. 22:550.22.

18 (7) Has used any method in transacting the business of insurance pursuant
19 to this Subpart which is detrimental to the operation of the captive insurance
20 company or would make its condition unsound with respect to its policyholders or
21 the general public.

22 (8) Has failed otherwise to comply with the laws of this state.

23 (9) Suspension or revocation of the certificate of authority of the captive
24 insurance company is in the best interest of its policyholders or the general public.

25 B. A captive insurance company whose certificate of authority has been
26 suspended, revoked, or refused shall not be subsequently authorized unless the
27 grounds for such suspension, revocation, or refusal no longer exist and the captive
28 insurance company is otherwise fully qualified.

1 C. An aggrieved party affected by the commissioner's decision, act, or order
 2 pursuant to this Section may demand a hearing in accordance with Chapter 12 of this
 3 Title, R.S. 22:2191 et seq.

4 §550.13. Authorized and prohibited types of insurance

5 A. Except as otherwise provided in this Section, a captive insurance
 6 company licensed pursuant to this Subpart may transact any form of insurance
 7 classified in R.S. 22:47.

8 B. A captive insurance company licensed pursuant to this Subpart shall
 9 comply with all of the following:

10 (1) The insurer shall not directly provide insurance classified as life; health
 11 and accident; title; credit life, health, and accident; credit property and casualty; or
 12 annuity as described in R.S. 22:47.

13 (2) The insurer shall not directly provide personal motor vehicle,
 14 homeowners' insurance coverage, or any other noncommercial line of coverage.

15 (3) The insurer shall not directly provide workers' compensation or
 16 employers' liability insurance coverage, except in connection with a self-funded
 17 insurance program as prescribed in this Section.

18 (4) The insurer shall not accept or cede reinsurance, except as otherwise
 19 provided in R.S. 22:550.17.

20 (5) The insurer may provide excess workers' compensation insurance to its
 21 parent and affiliated companies, unless otherwise prohibited by the laws of the state
 22 in which the insurance is transacted. Any captive insurance company, unless
 23 prohibited by federal law, may reinsure workers' compensation of a qualified
 24 self-insured plan of its parent or affiliated companies.

25 (6) The insurer may reinsure workers' compensation insurance provided
 26 pursuant to a program of self-funded insurance of its parent and affiliated companies
 27 if either one of the following applies:

28 (a) The parent or affiliated company providing the self-funded insurance is
 29 certified as a self-insured employer by the Louisiana ^{WORKS} Workforce Commission, if the
 30 insurance is being transacted in this state.

1 **(b) The program of self-funded insurance is otherwise qualified pursuant to,**
2 **or in compliance with, the laws of the state in which the insurance is transacted.**

3 **(7) A risk retention group shall not insure any risks other than those of its**
4 **members and owners.**

5 **(8) Any captive insurance company may provide excess workers'**
6 **compensation insurance to its parent and affiliated companies, unless prohibited by**
7 **federal law or laws of the state having jurisdiction over the transaction. Any captive**
8 **insurance company, unless prohibited by federal law, may reinsure workers'**
9 **compensation of a qualified self-insured plan of its parent or affiliated companies.**

10 **C. A pure captive insurance company shall not insure any risks other than**
11 **those of its parent and affiliated companies or controlled unaffiliated businesses.**

12 **D. An association captive insurance company shall not insure any risks other**
13 **than those of the member organizations of its association and the affiliated**
14 **companies of the member organizations.**

15 **E. An association captive insurance company shall not expose itself to loss**
16 **on any one risk in an amount which exceeds ten percent of the captive insurance**
17 **company's capital and surplus. A risk, or any portion thereof, which has been**
18 **reinsured shall be deducted in determining the limitation of risk prescribed in this**
19 **Section.**

20 **F. An association captive insurance company shall maintain a ratio of actual**
21 **annual premiums written, net of reinsurance, to current capital and surplus less than**
22 **or equal to four to one.**

23 **G. Notwithstanding the provisions of this Section, a captive insurance**
24 **company may obtain a certificate of authority to provide coverage for unrelated risks**
25 **if the commissioner deems that extraordinary circumstances exist which make the**
26 **provision of this coverage by a captive insurance company appropriate and in the**
27 **best interest of the public. In determining whether such extraordinary circumstances**
28 **exist, the commissioner shall consider all of the following factors:**

29 **(1) The extent to which the particular coverage is available in the voluntary**
30 **market.**

1 (2) The existence of a relationship between the parent of the captive
2 insurance company and the proposed policyholders other than that of insurer to
3 insured.

4 (3) Whether the captive insurance company has sufficient capital and surplus
5 to insure the proposed risks.

6 (4) Any other factors which the commissioner deems appropriate.

7 §550.14. Formation and meetings of board of directors; additional requirements to
8 transact insurance

9 A. The board of directors of a captive insurance company shall meet in
10 accordance with the following standards:

11 (1) The captive insurance company shall maintain its books and records in
12 accordance with R.S. 22:68.

13 (2) Prior to transacting insurance in this state, a captive insurance company
14 shall do all of the following:

15 (a) Make adequate arrangements with a bank located in this state that is
16 authorized pursuant to state or federal law to transfer money.

17 (b) Employ or enter into a contract with a natural person or business
18 organization to manage the affairs of the captive insurance company that meets the
19 standards of competence and experience satisfactory to the commissioner.

20 (c) Employ or enter into a contract with a qualified and experienced certified
21 public accountant that is approved by the commissioner or a firm of certified public
22 accountants that is nationally recognized.

23 (d) Employ or enter into a contract with qualified, experienced actuaries who
24 are approved by the commissioner to perform reviews and evaluations of the
25 operations of the captive insurance company.

26 B. A captive insurance company shall not engage in any insurance business
27 in this state unless it complies with all of the following:

28 (1) It first obtains from the commissioner a certificate of authority
29 authorizing it to do business in this state.

1 (2) Its board of directors, committee of managers, or, in the case of a
2 reciprocal insurer, its subscribers' advisory committee holds at least one meeting
3 each year in this state, except for an association captive insurance company, whose
4 board of directors shall meet at least quarterly each year.

5 (3) It maintains its principal place of business in this state.

6 (4) It appoints a registered agent to accept service of process and to
7 otherwise act on its behalf in this state, provided that whenever the registered agent
8 cannot with reasonable diligence be found at the registered office of the captive
9 insurance company, the commissioner shall be an agent of the captive insurance
10 company upon whom any process, notice, or demand may be delivered as authorized
11 service of process.

12 §550.15. Payment of dividends

13 A captive insurance company shall not pay dividends out of, or make any
14 other distribution with respect to its capital or surplus, or both, unless the captive
15 insurance company has obtained the prior approval of the commissioner to make
16 such a payment or distribution.

17 §550.16. Investments; loan to parent or affiliated company in certain circumstances

18 A. Except as otherwise provided in this Section, an association captive
19 insurance company shall comply with the requirements relating to domestic insurer
20 investments as set forth in Subpart B-1 of Part III of this Chapter, R.S. 22:601.1 et
21 seq.

22 B. A pure captive insurance company is not subject to any restrictions on
23 allowable investments, except that the commissioner may prohibit or limit any
24 investment that threatens the solvency or liquidity of the pure captive insurance
25 company.

26 C. A pure captive insurance company may make a loan to its parent or
27 affiliated company if the loan meets each of the following requirements:

28 (1) The loan is first approved in writing by the commissioner.

29 (2) The loan is evidenced by a note that is in a form approved by the
30 commissioner.

1 (3) The loan does not include any money that has been set aside as capital
2 or surplus as required by R.S. 22:550.10.

3 §550.17. Reinsurance: credit for reserves on risks or portions of risks in certain
4 circumstances; plan for workers' compensation deemed reinsurance in certain
5 circumstances

6 A. A captive insurance company shall not provide reinsurance on risks ceded
7 by any other insurer without prior written approval of the commissioner.

8 B. A captive insurance company may take credit for reserves on risks or
9 portions of risks ceded to a reinsurer, as authorized for domestic insurance
10 companies, and shall be in compliance with Subpart E of Part III of this Chapter,
11 R.S. 22:651 et seq.

12 C. Subject to the approval of the commissioner, a captive insurance company
13 may take credit for reserves on risks or portions of risks ceded to a reinsurer, or to
14 a pool, an exchange, or an association acting as a reinsurer, that does not comply
15 with the requirements of Subsection B of this Section. The commissioner may
16 require such documents, financial information, or other evidence as he determines
17 necessary to show that such reinsurer, pool, exchange, or association will be able to
18 provide adequate security for its financial obligations. The commissioner may deny
19 authorization or impose any limitations on the activities of such reinsurer, pool,
20 exchange, or association that, in his judgment, are necessary and proper to provide
21 adequate security for the ceding captive insurance company and for the protection
22 and benefit of the general public.

23 D. For the purposes of this Subpart, insurance provided by a captive
24 insurance company of any plan for workers' compensation of its parent and affiliated
25 companies which is certified or otherwise qualified in the state in which the
26 insurance is provided as a self-insurance plan shall be deemed to be reinsurance.

27 §550.18. Captive insurance company prohibited from joining or contributing to risk-
28 sharing plan, risk pool, or insurance insolvency guaranty fund

29 A. A captive insurance company shall not join or contribute financially to
30 any risk-sharing plan, risk pool, or insurance insolvency guaranty fund in this state.

1 A captive insurance company or its insured, its parent or an affiliated company, or
2 any member organization of its association shall not receive any benefit from such
3 a plan, pool, or fund for claims arising out of the operations of the captive insurance
4 company.

5 B. Any policy issued by an association captive insurance company shall
6 contain in at least fourteen-point boldface capital letters on the front page and the
7 declaration page, the following notice:

8 "NOTICE

9 THIS POLICY IS ISSUED BY A CAPTIVE INSURANCE COMPANY. YOUR CAPTIVE
10 INSURANCE COMPANY MAY NOT BE SUBJECT TO ALL OF THE INSURANCE
11 LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY
12 GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR CAPTIVE INSURANCE
13 COMPANY."

14 §550.19. Prohibited acts regarding solicitation or sale

15 A captive insurance company shall not engage in either of the following:

16 (1) The solicitation or sale of insurance by an association captive insurance
17 company to any person who is not eligible for membership in such association.

18 (2) The solicitation or sale of insurance by, or operation of, a captive
19 insurance company that is in a hazardous financial condition or is financially
20 impaired.

21 §550.20. Prohibition on ownership by an insurance company

22 A captive insurance company shall not do business in this state if an
23 insurance company is directly or indirectly a member or owner of such captive
24 insurance company, except when the members of the captive insurance company are
25 all insurance companies.

26 §550.21. Annual report of financial condition to commissioner; regulations
27 designating form; alternative date to file annual report

28 Every captive insurance company licensed in this state shall file each of the
29 following with the department:

1 (1) Annually on or before March first, a statement of its financial condition
2 for the year ending December thirty-first immediately preceding, and any
3 amendment to the plan of operation at last year-end, verified by the oath of at least
4 two of its executive officers. The statement shall be in the form prescribed by the
5 commissioner.

6 (2) Annually on or before June thirtieth, an audited statement of its financial
7 condition prepared in accordance with generally accepted accounting principles in
8 the United States for the year ending December thirty-first immediately preceding,
9 including all of the following:

10 (a) Report of an independent certified public accountant.

11 (b) Balance sheet.

12 (c) Income statement.

13 (d) Statement of cash flows.

14 (e) Statement of changes in capital and surplus.

15 (f) Notes to financial statements.

16 (g) Report of evaluation of internal controls.

17 (h) Accountant's letter.

18 (i) Actuarial analysis application.

19 (3) An annual actuarial certification of loss reserves and loss expense
20 reserves which includes an opinion of the adequacy of the loss reserves and loss
21 expense reserves of the captive insurance company, in a format acceptable to the
22 commissioner. The person that certifies the reserves shall be approved by the
23 commissioner and shall be a qualified actuary as defined in the National Association
24 of Insurance Commissioners Quarterly and Annual Statement
25 Instructions—Property/Casualty.

26 §550.22. Examination by commissioner

27 A. If the commissioner determines it to be prudent, but not less frequently
28 than once every five years, the commissioner shall cause an examination of each
29 captive insurance company under the provisions of Chapter 8 of this Title, R.S.
30 22:1981 et seq. The company or companies examined pursuant to R.S. 22:1981 et

1 seq. shall pay the expenses and charges of the examination to the commissioner. The
2 Louisiana Public Records Law, R.S. 44:1 et seq., and confidentiality provisions in
3 this Title apply to all documents, materials, information, privileged documents,
4 examination reports, preliminary examination reports or results, working papers,
5 recorded information and copies thereof, or other information that is produced by,
6 obtained by, or disclosed to the commissioner or any other person in the course of
7 an examination made pursuant to this Subpart.

8 B. In furtherance of the commissioner's duties, the commissioner may share
9 and receive documents, materials, or other information pursuant to R.S. 22:2 and
10 R.S. 22:1981 et seq.

11 §550.23. Taxes on premiums and assessments

12 A. Each captive insurance company shall pay to the commissioner on or
13 before March first of each year a tax at the rate of fifteen-hundredths of one percent
14 on the direct premiums collected or contracted for on policies or contracts of
15 insurance written by the captive insurance company during the year ending the prior
16 December thirty-first, after deducting from the direct premiums subject to the tax the
17 amounts paid to policyholders as return premiums which shall include dividends on
18 unabsorbed premiums or premium deposits returned or credited to policyholders.

19 B. Each captive insurance company shall pay to the commissioner on or
20 before March first of each year a tax at the rate of two hundred fourteen-thousandths
21 of one percent on the first twenty million dollars of assumed reinsurance premium,
22 one hundred forty-three-thousandths of one percent on the next twenty million
23 dollars, forty-eight-thousandths of one percent on the next twenty million dollars,
24 and twenty-four-thousandths of one percent on each dollar thereafter. However, no
25 reinsurance tax applies to premiums for risks or portions of risks that are subject to
26 taxation on a direct basis pursuant to Subsection A of this Section. No reinsurance
27 premium tax shall be payable in connection with the receipt of assets in exchange for
28 the assumption of loss reserves and other liabilities of another insurer under common
29 ownership and control if such transaction is part of a plan to discontinue the
30 operations of such other insurer, and if the intent of the parties to such transaction

1 is to renew or maintain such business with the captive insurance company. No
2 reinsurance premium tax shall be payable in connection with the receipt of assets in
3 exchange for the assumption of loss reserves and other liabilities of a captive
4 insurance company's parent or affiliates if the intent of such exchange is to renew or
5 maintain such business with the captive insurance company.

6 C. The annual minimum aggregate tax to be paid by a captive insurance
7 company calculated pursuant to Subsections A and B of this Section is seven
8 thousand five hundred dollars. The annual maximum aggregate tax to be paid by a
9 captive insurance company calculated pursuant to Subsections A and B of this
10 Section is two hundred thousand dollars.

11 D. The reduction of tax in accordance with R.S. 22:832 does not apply to
12 captive insurance companies.

13 E. A captive insurance company failing to make returns as required by this
14 Section or failing to pay within the time required for all taxes assessed pursuant to
15 this Section shall be subject to the provisions of R.S. 22:846.

16 F. Subject to the provisions of Subsection C of this Section, two or more
17 captive insurance companies under common ownership and control shall be taxed
18 as though they are a single captive insurance company.

19 G. The tax provided for in this Section constitutes all taxes collectible under
20 the laws of this state from any captive insurance company, and no other occupation
21 tax or other taxes shall be levied or collected from any captive insurance company
22 by the state or any parish, city, or municipality within this state, except meals and
23 rooms taxes, sales and use taxes, and ad valorem taxes on real and personal property
24 used in the production of income.

25 H. The premium tax revenues collected pursuant to this Section shall be
26 transferred annually to the department for the regulation of captive insurance
27 companies pursuant to this Subpart.

28 I. The tax provided for in this Section shall be calculated on an annual basis,
29 notwithstanding policies or contracts of insurance or contracts of reinsurance issued

1 on a multi-year basis. In the case of multi-year policies or contracts, the premium
2 shall be prorated for purposes of determining the tax pursuant to this Section.

3 J. As used in this Section, the following terms have the following meanings:

4 (1) "Common ownership and control" means ownership and control of two
5 or more captive insurance companies by the same person or group of persons.

6 (2) "Ownership and control" means the following:

7 (a) In the case of a stock corporation, the direct or indirect ownership of
8 eighty percent or more of the outstanding voting stock of the corporation.

9 (b) In the case of a mutual or nonprofit corporation, the direct or indirect
10 ownership of eighty percent or more of the surplus and the voting power of such
11 corporation.

12 (c) In the case of a limited liability company, the direct or indirect ownership
13 of eighty percent or more of the membership interests in the limited liability
14 company.

15 §550.24. Rates

16 A. Each captive insurance company shall file rates for property and casualty
17 lines of insurance in accordance with Subpart O of Part IV of Chapter 4 of this Title,
18 R.S. 22:1451 et seq., on an actuarially justified basis with the department and may
19 use the rates forty-five days after filing, unless the department disapproves the use
20 of rates within the forty-five-day period. For all other lines of insurance, captive
21 insurance companies shall file rates on an actuarially justified basis with the
22 department and may use the rates within the forty-five-day period.

23 B. A captive insurance company shall not be required to join a rating
24 organization.

25 §550.25. Policy forms

26 A. A captive insurance company shall not issue, deliver, or use a policy form
27 unless it has been filed with and approved by the commissioner.

28 B. Every such filing shall be made not less than forty-five days in advance
29 for any lines of insurance of any such issuance, delivery, or use. At the expiration
30 of forty-five days, the filed form shall be deemed approved unless prior thereto it has

1 been affirmatively approved or disapproved by order of the commissioner. The
2 commissioner may extend by not more than an additional fifteen days the period
3 within which he may affirmatively approve or disapprove a form by giving notice
4 of the extension before expiration of the initial forty-five-day period. At the
5 expiration of any extended period, and in the absence of prior affirmative approval
6 or disapproval, a form shall be deemed approved. The commissioner may withdraw
7 approval at any time for cause. Approval of a form by the commissioner constitutes
8 a waiver of any unexpired portion of the initial fifteen-day waiting period.

9 §550.26. Conflict of interest

10 Each captive insurance company shall adopt a conflict of interest policy
11 whereby officers, directors, and key personnel annually file a conflict of interest
12 disclosure statement with the board of directors.

13 §550.27. Redomestication

14 A. Any foreign or alien insurer that qualifies for licensure as a captive
15 insurance company in this state may redomesticate to this state by complying with
16 all of the requirements of R.S. 22:550.5(B). A redomesticating captive insurance
17 company shall ensure that its articles of incorporation, amendments, charter, and
18 other organizational documents comply with R.S. 22:550.5(B) and any other
19 applicable state law, and shall provide a certificate of compliance issued by the
20 commissioner and a filing fee of ten dollars for each request. An insurer becoming
21 a domestic captive insurance company through the redomestication process pursuant
22 to this Section shall pay to the commissioner the fees as would otherwise be payable
23 by a captive insurance company in accordance with R.S. 22:821 for organizing and
24 becoming licensed or transacting business in this state. The commissioner may issue
25 a conditional certificate of authority prior to the effective date of the redomestication
26 in order to facilitate the transaction and provide notice of approval of the transaction
27 to the outgoing jurisdiction.

28 B. Upon the approval of and compliance with conditions as may be imposed
29 by the commissioner, any domestic captive insurance company may transfer its
30 domicile, in accordance with the laws thereof, to any other state or jurisdiction and

1 upon such a transfer, shall cease to be a domestic captive insurance company, and
2 its corporate or other legal existence in this state shall cease upon the filing of
3 articles of incorporation with the commissioner, or upon a later date if a delayed
4 effective date is specified in the articles of incorporation, accompanied by a
5 certificate of approval of redomestication issued by the commissioner or analogous
6 officer of the jurisdiction to which the captive insurance company is redomesticating,
7 and upon payment of a filing fee to the commissioner. The redomesticating entity
8 shall include, at a minimum, all of the following in its articles of incorporation:

9 (1) The name, organizational form, date of formation, and jurisdiction of
10 formation of the redomesticating entity.

11 (2) The jurisdiction to which the redomesticating entity will be transferring
12 its domicile and its name following the redomestication date.

13 (3) The registered office and agent of the redomesticating entity following
14 the redomestication date.

15 (4) A statement that the redomestication has been approved by the
16 appropriate vote of the shareholders or other owners of the redomesticating entity.

17 C. Upon redomestication in accordance with this Section, the foreign or alien
18 insurer shall become a domestic captive insurance company organized under the
19 laws of this state with all rights, privileges, immunities, and powers to continue its
20 business and transact business in this state, and is subject to all applicable laws,
21 duties, and liabilities of a domestic captive insurance company in this state. The
22 redomesticated captive insurance company possesses all rights that were obtained
23 prior to the redomestication to the extent permitted by the laws of this state and is
24 responsible and liable for all liabilities and obligations that were obtained prior to the
25 redomestication. The certificate of authority, agents, appointments and licenses,
26 rates, and other items that the commissioner allows, in his discretion, that are in
27 existence at the time any insurer transfers its corporate domicile to this or any other
28 state or jurisdiction by redomestication pursuant to this Section, shall continue in full
29 force and effect upon the transfer. All outstanding policies of any transferring
30 insurer shall remain in full force and effect.

1 §550.28. Rules for controlled unaffiliated businesses

2 The commissioner may adopt rules establishing standards to ensure that a
3 parent or its affiliated company is able to exercise control of the risk management
4 function of any controlled unaffiliated business to be insured by a pure captive
5 insurance company, provided that until such time as rules pursuant to this Section
6 are adopted by the commissioner, the commissioner may approve the coverage of
7 such risks by a pure captive insurance company.

8 §550.29. Branch captive insurance companies

9 A. As used in this Section, unless the context requires otherwise, the
10 following definitions apply:

11 (1) "Alien captive insurance company" means any insurance company
12 formed to write insurance business for its parents and affiliates and licensed pursuant
13 to the laws of an alien jurisdiction which imposes statutory or regulatory standards
14 in a form acceptable to the commissioner on companies transacting the business of
15 insurance in such jurisdiction.

16 (2) "Branch business" means any insurance business transacted by a branch
17 captive insurance company in this state.

18 (3) "Branch captive insurance company" means any alien captive insurance
19 company that has obtained a certificate of authority from the commissioner to
20 transact the business of insurance in this state through a business unit with a
21 principal place of business in this state.

22 (4) "Branch operations" mean any business operations of a branch captive
23 insurance company in this state.

24 B. In the case of a branch captive insurance company, as security for the
25 payment of liabilities attributable to the branch operations, the commissioner shall
26 require that either a trust fund funded by assets acceptable to the commissioner or
27 an irrevocable letter of credit be established and maintained in the United States for
28 the benefit of United States policyholders and United States ceding insurers under
29 insurance policies issued or reinsurance contracts issued or assumed by the branch
30 captive insurance company through its branch operations. The amount of such

1 security shall be no less than the amount set forth in R.S. 22:550.10 and the reserves
2 on such insurance policies or reinsurance contracts, including reserves for losses,
3 allocated loss adjustment expenses, incurred but not reported losses, and unearned
4 premiums with regard to business written through the branch operations; however,
5 the commissioner may permit a branch captive insurance company that is required
6 to post security for loss reserves on branch business by its reinsurer to reduce the
7 funds in the trust account or the amount payable under the irrevocable letter of credit
8 described in Subsection E of this Section by the same amount if the security remains
9 posted with the reinsurer. If the form of security selected is a letter of credit, the
10 letter of credit shall be established, issued, or confirmed by a bank chartered in this
11 state or a member bank of the Federal Reserve System.

12 C. A branch captive insurance company shall not be issued a certificate of
13 authority unless it possesses and thereafter maintains, as security for the payment of
14 liabilities attributable to the branch operations, both of the following:

15 (1) An amount equal to the amount set forth in R.S. 22:550.10 as the
16 minimum capital requirement for a pure captive insurance company.

17 (2) Reserves on such insurance policies or such reinsurance contracts as may
18 be issued or assumed by the branch captive insurance company through its branch
19 operations, including reserves for losses, allocated loss adjustment expenses,
20 incurred but not reported losses, and unearned premiums with regard to business
21 written through the branch operations; however, the commissioner may permit a
22 branch captive insurance company to credit against any such reserve requirement any
23 security for loss reserves that the branch captive insurance company may post with
24 a ceding insurer or that may be posted by a reinsurer with the branch captive
25 insurance company, in either case as long as such security remains posted.

26 D. A branch captive insurance company is considered a pure captive
27 insurance company with respect to operations in this state.

28 E. Subject to the prior approval of the commissioner, the amounts required
29 in Subsection B of this Section may be held in the form of any of the following:

1 (1) A trust formed under a trust agreement and funded by assets acceptable
2 to the commissioner.

3 (2) An irrevocable letter of credit issued or confirmed by a bank in this state
4 and approved by the commissioner.

5 (3) With respect to the amounts required in Subsection B of this Section
6 only, cash on deposit with the commissioner.

7 (4) Any combination of the funds prescribed in this Subsection.

8 F. Prior to March first of each year, or by March fifteenth after its fiscal year
9 end with the approval of the commissioner, a branch captive insurance company
10 shall file with the commissioner a copy of all reports and statements required to be
11 filed under the laws of the jurisdiction in which the alien captive insurance company
12 is formed, verified by oath of two of its executive officers. If the commissioner is
13 satisfied that the annual report filed by the alien captive insurance company in its
14 domiciliary jurisdiction provides adequate information concerning the financial
15 condition of the alien captive insurance company, the commissioner may waive the
16 requirement for completion of the captive annual statement for business written in
17 the alien jurisdiction.

18 G.(1) The examination of a branch captive insurance company pursuant to
19 R.S. 22:550.22 shall be of branch business and branch operations only, as long as the
20 branch captive insurance company provides annually to the commissioner a
21 certificate of compliance, or its equivalent, issued by or filed with the licensing
22 authority of the jurisdiction in which the branch captive insurance company is
23 formed, and demonstrates to the commissioner's satisfaction that it is operating in
24 sound financial condition in accordance with all applicable laws and regulations of
25 such jurisdiction.

26 (2) As a condition of licensure, the alien captive insurance company shall
27 grant authority to the commissioner for examination of the affairs of the alien captive
28 insurance company in the jurisdiction in which the alien captive insurance company
29 is formed.

1 H. In the case of a branch captive insurance company, the tax provided for
2 in R.S. 22:550.23 applies only to the branch business of the company.

3 I. All documents, materials, or other information, including confidential and
4 privileged documents, examination reports, preliminary examination reports or
5 results, working papers, recorded information, and copies thereof that are produced
6 or obtained by, or disclosed to the commissioner or any other person in the course
7 of an examination pursuant to this Subpart, are confidential and privileged in
8 accordance with the Louisiana Public Records Law, R.S. 44:1 et seq., examinations
9 pursuant to Chapter 8 of this Title, R.S. 22:1981 et seq., and confidentiality
10 provisions in this Title.

11 J. In furtherance of the commissioner's duties, the commissioner may share
12 and receive documents, materials, or other information pursuant to Louisiana Public
13 Records Law, R.S. 44:1 et seq., examinations pursuant to Chapter 8 of this Title, R.S.
14 22:1981 et seq., and confidentiality provisions in this Title.

15 §550.30. Affiliated reinsurance companies

16 A. An affiliated reinsurance company is subject to the provisions of this
17 Subpart and applicable department rules and regulations. If there is a conflict
18 between the provisions of this Subpart and the provisions of this Section, the
19 provisions of this Section shall control.

20 B. As used in this Section, the following definitions apply:

21 (1) "Affiliated reinsurance company" means a company licensed by the
22 commissioner pursuant to this Subpart to reinsure risks ceded by one or more ceding
23 insurers that are affiliated companies. Subject to the prior approval of the
24 commissioner, not more than ten percent of the risks reinsured may be ceded by
25 ceding insurers that are not affiliated companies.

26 (2) "Ceding insurer" means an insurance company approved by the
27 commissioner and licensed or otherwise authorized to transact the business of
28 insurance or reinsurance in its state or country of domicile, which cedes risk to an
29 affiliated reinsurance company pursuant to a reinsurance contract.

1 (3) "Organizational documents" means the affiliated reinsurance company's
2 articles of incorporation and bylaws and such other documents subject to approval
3 by the commissioner.

4 (4) "Reinsurance contract" means a contract between an affiliated reinsurance
5 company and a ceding insurer in which the affiliated reinsurance company agrees to
6 provide reinsurance to the ceding insurer.

7 C.(1) An affiliated reinsurance company shall only reinsure the risks of a
8 ceding insurer. An affiliated reinsurance company may cede the risks assumed under
9 a reinsurance contract to another reinsurer, subject to the prior approval of the
10 commissioner.

11 (2) In conjunction with the issuance of a certificate of authority to an
12 affiliated reinsurance company, the commissioner may issue an order that includes
13 any provisions, terms, and conditions regarding the organization, licensing, and
14 operation of the affiliated reinsurance company that are deemed appropriate by the
15 commissioner and that are not inconsistent with the provisions of this Subpart.

16 (3) To qualify for a certificate of authority, an affiliated reinsurance company
17 is subject to, in addition to the requirements of R.S. 22:550.5, 550.7, 550.13, and
18 550.14, disclosing of all of the following:

19 (a) The source and form of the affiliated reinsurance company's capital and
20 surplus.

21 (b) The investment policy of the affiliated reinsurance company, which shall
22 provide for a diversified investment portfolio both as to type and issue and shall
23 include a requirement for liquidity and for the reasonable preservation,
24 administration, and management of such assets with respect to the risks associated
25 with any reinsurance transactions.

26 (c) Copies of all agreements and documentation, including reinsurance
27 agreements unless otherwise approved by the commissioner, and any other
28 statements or documents required by the commissioner to evaluate the affiliated
29 reinsurance company's application for a certificate of authority.

1 D.(1) An affiliated reinsurance company may be incorporated as a stock
2 insurer with its capital divided into shares, or in such other organizational form as
3 may be approved by the commissioner.

4 (2) An affiliated reinsurance company's organizational documents shall limit
5 the affiliated reinsurance company's authority to the transaction of the business of
6 insurance or reinsurance and to those activities that the affiliated reinsurance
7 company conducts to accomplish its purposes as expressed in this Subpart.

8 E. An affiliated reinsurance company shall not be issued a certificate of
9 authority unless it possesses and thereafter maintains unimpaired paid-in capital and
10 surplus of not less than five million dollars. The commissioner may prescribe
11 additional capital and surplus based upon the type, volume, and nature of reinsurance
12 business transacted. Except as otherwise provided in this Section, the provisions of
13 risk-based capital provided for in Subpart C of Part III of this Chapter, R.S. 22:611
14 et seq., apply in full to an affiliated reinsurance company.

15 F.(1) An affiliated reinsurance company shall only reinsure the risks of a
16 ceding insurer, pursuant to a reinsurance contract. An affiliated reinsurance company
17 shall not issue a contract of insurance or a contract for assumption of risk or
18 indemnification of loss other than a reinsurance contract.

19 (2) The reinsurance contract shall contain all provisions reasonably required
20 or approved by the commissioner, which requirements shall take into account the
21 laws applicable to the ceding insurer in this Title regarding the ceding insurer's
22 taking credit for the reinsurance provided under the reinsurance contract.

23 (3) An affiliated reinsurance company may cede risks assumed through a
24 reinsurance contract to one or more reinsurers through the purchase of reinsurance,
25 subject to the prior approval of the commissioner. Except as otherwise provided in
26 this Section, the provisions for reinsurance of risks apply in full to an affiliated
27 reinsurance company.

28 (4) Unless otherwise approved in advance by the commissioner, a reinsurance
29 contract shall not contain any provision for payment by the affiliated reinsurance

1 company in discharge of its obligations under the reinsurance contract to any person
2 other than the ceding insurer or any receiver of the ceding insurer.

3 (5) An affiliated reinsurance company shall notify the commissioner
4 immediately of any action by a ceding insurer or any other person to foreclose on or
5 otherwise take possession of collateral provided by the affiliated reinsurance
6 company to secure any obligation of the affiliated reinsurance company.

7 G.(1) The assets of an affiliated reinsurance company shall be preserved and
8 administered by or on behalf of the affiliated reinsurance company to satisfy the
9 liabilities and obligations of the affiliated reinsurance company incident to the
10 reinsurance contract and other related agreements.

11 (2) The commissioner may prohibit or limit any investment that threatens the
12 solvency or liquidity of the affiliated reinsurance company unless the investment is
13 otherwise approved in its plan of operation or in an order issued to the affiliated
14 reinsurance company pursuant to Subsection C of this Section.

15 H.(1) For the purposes of R.S. 22:550.21, both of the following apply:

16 (a) Each affiliated reinsurance company shall file its report in the form
17 required by examinations and reports in this Title, and each affiliated reinsurance
18 company shall comply with the requirements set forth in National Association of
19 Insurance Commissioners filing requirements provided for in this Title.

20 (b) An affiliated reinsurance company shall report using statutory accounting
21 principles in accordance with the National Association of Insurance Commissioner's
22 Accounting Practices and Procedures Manual. Reporting shall be in the general form
23 and context, as approved by, and shall contain any other information required by, the
24 National Association of Insurance Commissioners, with any useful or necessary
25 modifications or adaptations thereof approved or accepted by the commissioner for the
26 type of insurance and kinds of insurers to be reported upon, and as supplemented by
27 additional information required by the commissioner.

28 (2) Unless otherwise approved in advance by the commissioner, an affiliated
29 reinsurance company shall maintain its books, records, documents, accounts,
30 vouchers, and agreements in this state. An affiliated reinsurance company shall make

1 its books, records, documents, accounts, vouchers, and agreements available for
2 inspection by the commissioner at any time. An affiliated reinsurance company shall
3 keep its books and records in a manner that its financial condition, affairs, and
4 operations can be readily ascertained so that the commissioner may readily verify its
5 financial statements and determine its compliance with this Subpart.

6 (3) Unless otherwise approved in advance by the commissioner, all books,
7 records, documents, accounts, vouchers, and agreements shall be preserved and kept
8 available in this state for the purpose of examination and inspection and until such
9 time as the commissioner approves the destruction or other disposition of such
10 books, records, documents, accounts, vouchers, and agreements. If the commissioner
11 approves the keeping outside this state of the items listed in this Paragraph, the
12 affiliated reinsurance company shall maintain in this state a complete and true copy
13 of each such item. Books, records, documents, accounts, vouchers, and agreements
14 may be photographed, reproduced on film, or electronically stored and reproduced.

15 (4) The provisions of annual financial reporting and qualified accountants of
16 this Title apply in full to an affiliated reinsurance company in accordance with this
17 Subpart.

18 I. Except as otherwise provided in this Section, the provisions of holding
19 companies and subsidiaries in this Title apply in full to an affiliated reinsurance
20 company.

21 J. Except as otherwise provided in this Section, the provisions of corporate
22 governance and disclosure in this Title apply in full to an affiliated reinsurance
23 company.

24 K. Except as otherwise provided in this Section, the provisions of own risk
25 and solvency assessment in this Title apply in full to an affiliated reinsurance
26 company.

27 L. Except as otherwise provided in this Section, the provisions of
28 requirements for actuarial opinions in this Title apply in full to an affiliated
29 reinsurance company.

1 statutes and codes of this state. Therefore, the following exceptions, exemptions, and
2 limitations are hereby continued in effect by incorporation into this Chapter by
3 citation:

4 * * *

5 (11) R.S. ~~22:2, 14, 31, 42.1, 88, 244, 263, 265, 461, 550.7, 550.22, 550.29,~~
6 550.30, 571, 572, 572.1, 572.2, 574, 601.3, 618, 639, 691.4, 691.5, 691.6, 691.7,
7 691.8, 691.9, 691.9.1, 691.10, 691.38, 691.56, 732, 752, 753, 771, 834, 972(D), 976,
8 1008, 1019.2, 1203, 1460, 1464, 1466, 1483.1, 1488, 1546, 1559, 1566(D), 1644,
9 1656, 1657.1, 1660.7, 1723, 1796, 1801, 1808.3, 1927, 1929, 1983, 1984, 2036,
10 2045, 2056, 2085, 2091, 2293, 2303, 2508

11 * * *



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

ACT 501

ENROLLED

2025 Regular Session

HOUSE BILL NO. 441

BY REPRESENTATIVE HENRY

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Classification RS 22

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AN ACT

To amend and reenact R.S. 22:821(B)(2), (3)(b), (23)(a) and (b), and (24), relative to fees collected by the commissioner of insurance; to provide for fees relative to producers, claims adjusters, public adjusters, and the financial regulation of certain entities; to increase fees; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:821(B)(2), (3)(b), (23)(a) and (b), and (24) are hereby amended and reenacted to read as follows:

§821. Fees

* * *

B. The commissioner shall collect the following fees in advance:

* * *

(2) An annual financial regulation fee from every health maintenance organization, domestic and foreign company, vehicle mechanical breakdown insurer, and property residual value insurer for examination and analysis of its financial condition. ~~\$1,000.00~~ \$2,000.00

(3) For producers' licenses:

* * *

(b) All other lines:

First time applicant.	\$75.00
Application to add lines.	\$50.00 <u>\$75.00</u>
Initial company appointment	\$30.00 <u>\$45.00</u>
Renewal company appointment of individual (yearly by January 1).	\$20.00 <u>\$35.00</u>
Initial company appointment of business entity.	\$100.00
Renewal company appointment of business entity (yearly by August 1).	\$100.00

CODING: Words in struck through type are deletions from existing law; words underscored are additions.

ENROLLED

Producer renewal fee (every two years)..... ~~\$75.00~~ \$75.00

~~(i) One line..... \$50.00~~

~~(ii) Two or more lines..... \$55.00~~

* * *

(23) For claims adjuster licenses and registrations:

(a) Business entity

First time applicant..... ~~\$55.00~~ \$75.00

Renewal fee (every two years)..... ~~\$50.00~~ \$75.00

(b) Resident and nonresident

First time applicant..... ~~\$55.00~~ \$75.00

Renewal fee (every two years)..... ~~\$50.00~~ \$75.00

* * *

(24) For public adjuster licenses:

(a) Business entity

First time applicant..... ~~\$55.00~~ \$75.00

Renewal fee (every two years)..... ~~\$50.00~~ \$75.00

(b) Resident and nonresident

First time applicant..... ~~\$55.00~~ \$75.00

Renewal fee (every two years)..... ~~\$50.00~~ \$75.00

* * *

Section 2. This Act shall become effective on January 1, 2026.

~~PLA R. [Signature]~~
SPEAKER OF THE HOUSE OF REPRESENTATIVES

~~[Signature]~~
PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

ACT 368

ENROLLED

2025 Regular Session

HOUSE BILL NO. 475

BY REPRESENTATIVE FIRMENT

**La. State Law Institute
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Classification RS 22**

AN ACT

To amend and reenact R.S. ~~22:836(B)(9)~~, relative to insurance premium tax credits; to extend the termination date of the credit; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:836(B)(9) is hereby amended and reenacted to read as follows:

§836. Retaliatory taxes and fees; insurance premium tax credits for retaliatory taxes paid by certain domestic insurers


* * *

B.

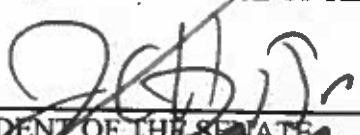
* * *

(9) No credit authorized pursuant to the provisions of this Subsection shall be granted for retaliatory taxes based upon insurance premiums written in other states after ~~December 31, 2029~~ December 31, 2031.

Section 2. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 

June 20, 2025

ACT 11

ENROLLED

2025 Regular Session

HOUSE BILL NO. 148

BY REPRESENTATIVES WILEY AND BROWN

L.A. State Law Institute
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Edits To: RS 22 Pgs. 2-3

Note:

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AN ACT

To amend and reenact R.S. ~~22:881.1~~, 1452(C)(introductory paragraph) and (6), 1454(A) and (B)(5), 1464(D), and 1465(A)(1) and (4) and to repeal R.S. 22:1451(D), 1452(C)(4) and (15), 1453, and 1455, relative to the powers and duties of the commissioner of insurance; to provide with respect to rate filings and methods; to modify relative to excessive rates; to provide for disapproval of rates by the commissioner of insurance; to repeal relative to competitive and noncompetitive markets; to provide relative to insurers; to provide relative to homeowners' and private passenger motor vehicle insurance; to require insurers to provide the prior premium amount with renewals; to provide for public inspection with respect to rates and supporting information; to require the commissioner of insurance to determine if information is confidential, trade secret, or proprietary relative to public inspection; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:881.1, 1452(C)(introductory paragraph) and (6), 1454(A) and (B)(5), 1464(D), and 1465(A)(1) and (4) are hereby amended and reenacted to read as follows:

§881.1. Discounts; disclosure requirements; renewals and prior premiums; homeowners' and motor vehicle policies

A. Every insurer that writes homeowners' or private passenger motor vehicle insurance policies in this state shall, in writing that is not less than twelve-point font,

1 disclose all discounts that the insurer offers that may reduce the homeowners' or
 2 motor vehicle insurance premium of a policyholder or prospective policyholder.
 3 Insurers shall ensure that the disclosure is delivered by electronic means as defined
 4 in R.S. 22:2461 or submit the disclosure within the written materials of a new policy
 5 delivered to the policyholder and at each subsequent renewal. For purposes of this
 6 Section, "discounts" means premium credits advertised by an insurer to
 7 policyholders who meet certain criteria defined by the insurer. An insurer's failure
 8 to comply with this Section does not create a cause of action.

9 B. If an insurer issues a renewal policy of homeowners' or private passenger
 10 motor vehicle insurance in this state, the insurer shall provide the premium for the
 11 policy last issued by the insurer with the respective renewal policy and shall ensure
 12 the prior premium is prominently displayed in close proximity to the renewal
 13 premium.

14 B. C. This Section shall does not apply to excess and surplus lines.

15 * * *

16 §1452. Purpose of rate regulation; construction; definitions

17 * * *

18 C. As used in this Subpart, the following definitions shall be applicable
 19 apply:

20 * * *

21 (6) "Excessive" means a rate that is likely to produce a long-term profit that
 22 is unreasonably high for the insurance provided. ~~No rate in a competitive market~~
 23 ~~shall be considered excessive.~~ a profit that is unreasonably high for the insurance
 24 provided or the expense provision included therein is unreasonably high in relation
 25 to the services rendered.

26 * * *

27 §1454. Rating standards and methods

28 A. ~~Rates shall not be inadequate or unfairly discriminatory in a competitive~~
 29 ~~market.~~ Rates shall not be excessive, inadequate, or unfairly discriminatory, in a

IDENTICAL TO ACT 85

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(3) Nothing in this Subsection precludes the public examination or reproduction of any record or part of a record which is not confidential, proprietary, or trade secret.

* * *

§1465. Disapproval of filings; rates; procedures

A.(1) ~~The commissioner shall disapprove a rate in a competitive market only if he determines that the rate is inadequate or unfairly discriminatory.~~ The commissioner shall disapprove a rate for use in a noncompetitive market only if he determines that the rate is excessive, inadequate, or unfairly discriminatory.

* * *


(4) If a rate filing is determined to be excessive, inadequate, or unfairly discriminatory pursuant to the provisions of this Subpart, the commissioner may direct the insurer to collect additional premiums to ensure that the rate is adequate or to require a refund of any sums deemed to be discriminatory or excessive.

* * *

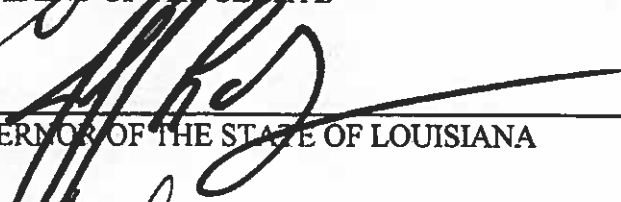
Section 2. R.S. 22:1451(D), 1452(C)(4) and (15), 1453, and 1455 are hereby repealed in their entirety.



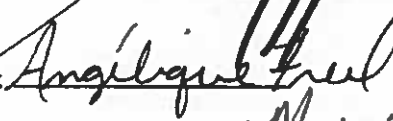
SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 
May 28, 2025

ACT 85

ENROLLED

2025 Regular Session

HOUSE BILL NO. 438

BY REPRESENTATIVES FIRMENT, ADAMS, BACALA, BAGLEY, BOYER, BUTLER, CARLSON, CARRIER, ROBBY CARTER, CHENEVERT, DEVILLIER, DEWITT, DICKERSON, EDMONSTON, EGAN, EMERSON, GADBERRY, HENRY, HILFERTY, HORTON, MIKE JOHNSON, LACOMBE, OWEN, SCHAMERHORN, STAGNI, VENTRELLA, AND WYBLE

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Classification RS 22

AN ACT

To amend and reenact R.S. 22:1452(C)(introductory paragraph) and (7) and 1454(B)(3) and to enact R.S. 22:1452(C)(9.1), relative to expenses of insurers; to provide for definitions; to prohibit the use of certain expenses in setting rates; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1452(C)(introductory paragraph) and (7) and 1454(B)(3) are hereby amended and reenacted and R.S. 22:1452(C)(9.1) is hereby enacted to read as follows:

§1452. Purpose of rate regulation; construction; definitions

* * *

C. As used in this Subpart, the following definitions shall be applicable apply:

* * *

(7) "Expenses" means that portion of a rate attributable to acquisition, field supervision, collection expenses, general expenses, taxes, licenses, and fees and does not include loss adjustment expenses or institutional advertising expenses.

* * *

(9.1) "Institutional advertising expenses" means advertising not aimed at obtaining business for a specific insurer nor providing consumers with information pertinent to the decision as to whether to purchase an insurance product.

* * *

[IDENTICAL TO ACT 11]

§1454. Rating standards and methods

* * *

B. In determining whether rates are excessive, inadequate, or unfairly discriminatory, consideration may be given to the following items:

* * *

(3) Expenses. The expense provisions shall reflect the operating methods of the insurer, the past expense experience of the insurer, and anticipated future expenses. However, an insurer shall not consider its institutional advertising expenses for the purpose of setting rates.

* * *

Section 2. This Act shall become effective on January 1, 2026.



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 4, 2025

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AN ACT

To enact R.S. 22:883(H) and (I), relative to health stop-loss insurance; to provide for the issuance of health stop-loss insurance coverage; to provide for criteria for health stop-loss plans issued to small employers; to provide for disclosure of certain information; to provide for policy applicability; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:883(H) and (I) are hereby enacted to read as follows:

§883. Stop-loss insurance coverage

* * *

H.(1) Health stop-loss insurance issued in connection with an employee benefit plan of a small employer as defined in R.S. 22:1061 shall be issued on or after January 1, 2026, only if the insurance policy satisfies all of the following:

(a) Is not subject to renewal rate increases exceeding the percentage change in the medical care index of the consumer price index over the duration of the previous plan year plus fifty percent, unless an increase greater than fifty percent is actuarially justified.

(b) Has a contract term with guaranteed rates for at least twelve months, without adjustment, unless there is a change in the benefits provided under the small employer's health plan during the contract period or the number of employees covered under the plan increases or decreases by more than fifteen percent.

(c) Includes either a specific attachment point or an aggregate attachment point in a contract, or both if the parties contract for both.

(d) Aligns stop-loss plan benefit limitations and exclusions with a small employer's health plan benefit limitations and exclusions, including any annual

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or lifetime limits in the employer's health plan except to the extent that the plan benefit or limitation is otherwise covered by the employer through other insurance.

(e) Pays stop-loss claims incurred during the contract period and paid within twenty-four months after the expiration date of the contract.

(f) Includes provisions to cover eligible plan claims regardless of the termination of the plan prior to the end of the contract period, subject to the stop-loss contract's minimum attachment points.

(2) No health stop-loss insurance issued in connection with an employee benefit plan of an employer with less than five employees shall be issued on or after January 1, 2026, if the insurance policy contains a provision permitting or authorizing the adjustment of specific deductibles or attachment points of a plan member or of specific diseases or conditions.

(3) The provisions of this Subsection shall not apply to any policy in effect prior to January 1, 2026.

1.(1) Any health stop-loss policy issued after January 1, 2026, shall include a separate disclosure form explaining the limitations of coverage, potential employer risk, and impact of claims on renewals. The employer shall sign the disclosure form prior to purchasing the policy.

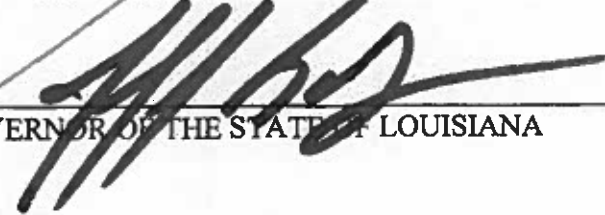
(2) The commissioner of insurance shall develop a standardized disclosure form no later than January 1, 2026.



PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 
June 20, 2025

ACT 244

ENROLLED

2025 Regular Session

HOUSE BILL NO. 125

BY REPRESENTATIVE HORTON

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Classification RS 22

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Edits To: RS 51 Pgs. 3,4
Note: - NOTE § 3

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AN ACT

To amend and reenact R.S. ~~22:918(B)(1)~~ and to enact Chapter 59-B of Title 51 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. ~~51:3181~~ through 3185, relative to protecting an individual's genomic information; to provide for definitions; to prohibit the use of certain genetic sequencers and software; to limit storage locations and remote access to genomic information; to provide for penalties; to provide for fines and damages; to provide for information derived from genetic research; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. ~~22:918(B)(1)~~ is hereby amended and reenacted to read as follows:

§918. Prohibited discrimination; genetic information derived from participation in genetic research or testing or clinical research; definitions

* * *

B. An insurer, in determining eligibility for coverage, establishing premiums, limiting coverage, or making any other underwriting decisions, shall not do either of the following:

(1) Take into consideration the fact that an individual or a family member of the individual participated in genetic research or testing, including any request for or receipt of genetic services or participation by an individual or family member in clinical research or testing that includes genetic services, unless the results of that

1 genetic research or test are ~~included in the individual's medical record or provided~~
2 by the individual for consideration by the insurer.

3 * * *

4 Section 2. Chapter 59-B of Title 51 of the Louisiana Revised Statutes of 1950,
5 comprised of R.S. 51:3181 through 3185, is hereby enacted to read as follows:

6 CHAPTER 59-B. HUMAN GENOMIC SECURITY

7 §3181. Short title; purpose; legislative intent

8 A. This Chapter may be cited as the "Louisiana Human Genomic Security
9 Act of 2025".

10 B.(1) The purpose of this Chapter is to ensure that blacklisted adversary
11 military companies do not gain access to American human genetic information.

12 (2) It is declared the policy of this state to oppose the collection and analysis
13 of human genetic information for use by the military and surveillance state of the
14 People's Republic of China and other foreign adversaries. It is furthermore declared
15 the policy of this state to support sanctions imposed by the United States Department
16 of Commerce and the United States Department of Defense upon companies engaged
17 in the collection and analysis of human genetic information for use by the military
18 and surveillance state of the People's Republic of China and other foreign
19 adversaries.

20 §3182. Definitions

21 As used in this Chapter, the following definitions apply:

22 (1) "Company" means a for-profit sole proprietorship, organization,
23 association, corporation, partnership, joint venture, limited partnership, limited
24 liability partnership, or limited liability company, including a wholly owned
25 subsidiary, majority-owned subsidiary, or parent company of those entities or
26 business associations that exists to make a profit; or a nonprofit organization.

27 (2) "Domicile" means any of the following:

28 (a) The country where a company is registered and headquartered.

29 (b) The country where a company's affairs are primarily completed.

30 (c) The country where a majority ownership of the company is held.

1 (3) "Foreign adversary" means any of the following nations:

2 (a) The People's Republic of China including the Hong Kong Special
3 Administrative Region.

4 (b) Republic of Cuba.

5 (c) Islamic Republic of Iran.

6 (d) Democratic People's Republic of Korea.

7 (e) Russian Federation.

8 (4) "Foreign adversary company" means any company, other than a United
9 States person or United States subsidiary as defined in 15 CFR 772.1, that is any of
10 the following:

11 (a) Domiciled, incorporated, issued, or listed in a foreign adversary country.

12 (b) Headquartered in a foreign adversary country.

13 (c) Has its principal place of business in a foreign adversary country.

14 (d) Controlled by the government of the People's Republic of China, the
15 Chinese Communist Party, the Chinese military, or any instrumentality thereof,
16 including the State-owned Assets Supervision and Administration Commission of
17 the State Council or the National Social Security Fund.

18 (e) Is majority-owned by an entity controlled by the government of the
19 People's Republic of China, the Chinese Communist Party, the Chinese military, or
20 any instrumentality thereof, including the State-owned Assets Supervision and
21 Administration Commission of the State Council or the National Social Security
22 Fund.

23 (f) Itself receives or is the subsidiary of a parent company which receives
24 more than fifty percent of its total annual revenue from a foreign adversary country.

25 (5) "Human genetic sequencer" means a device or platform used to conduct
26 human genetic sequencing, resequencing, isolation, or other genetic research.

27 (6) "Human genetic sequencing" means any method to determine the identity
28 and order of nucleotide bases in the human genome.

29 (8) ~~(7)~~ "Human genomic research facility" means a facility that conducts
30 research on, with, or relating to genetic sequencing or the human genome.

1 ~~(7)~~(8) "Human genome" means the complete set of deoxyribonucleic acid
2 instructions found within a human cell encompassing all the genetic information
3 needed for an individual to develop and function.

4 (9) "Medical facility" means either of the following:

5 (a) A facility for the delivery of healthcare services that receives state
6 monies including interagency pass-through appropriations from the federal
7 government.

8 (b) A facility licensed or certified by this state to provide healthcare services.

9 (10) "Operational and research software" means a computer program used
10 for the operation, control, analysis, or other necessary functions of human genetic
11 sequencing or human genetic sequencers.

12 §3183. Prohibition on certain genetic sequencers and genetic sequencing
13 technologies

14 A medical facility or research facility in this state shall not put into service
15 within this state any new or additional human genetic sequencers or operational and
16 research software used for human genetic analysis produced by any of the following:

17 (1) The government of a foreign adversary.

18 (2) A state-owned company of a foreign adversary.

19 (3) A foreign adversary company.

20 §3184. Requirements for the storage of genetic information

21 A. A medical facility, human genomic research facility, or company shall
22 restrict the storage of human genetic sequencing data to geographic locations outside
23 of a foreign adversary country. Remote access to data storage, other than open data,
24 from a foreign adversary country is prohibited.

25 B. A medical facility, human genomic research facility, or company storing
26 human genetic sequencing data, including through contracts with third-party data
27 storage companies, shall ensure the security of human genetic sequencing data by
28 using reasonable encryption methods, restrictions on access, and other cybersecurity
29 best practices.

§3185. Penalties: powers of the attorney general

A.(1) A medical facility or human genomic research facility that violates the provisions of this Chapter shall be fined ten thousand dollars per violation. A violation means each unique instance of an individual's genome having undergone genetic sequencing or analysis using a prohibited human genetic sequencer or a prohibited operational or research software.

(2) A medical facility, human genomic research facility, or company that knowingly violates the provisions of this Chapter by storing human genetic sequencing data in a foreign adversary country shall be fined ten thousand dollars per violation.

B. The attorney general has the sole authority to investigate allegations of violations of this Chapter and to enforce violations of R.S. 51:3183 and 3184.

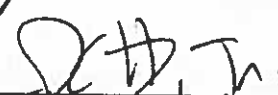
Section 3. The provisions of R.S. 51:3183 as enacted by Section 2 of this Act are effective upon signature of the governor and shall have prospective application only.

(Acts 2025, No. 244)

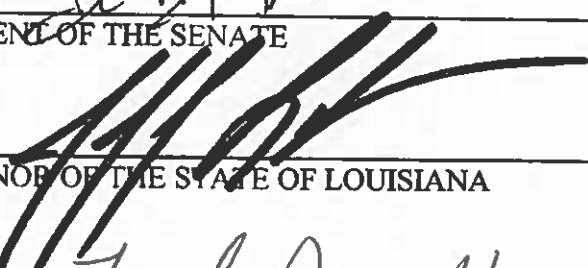
NOTE: RS 51:3183



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 11, 2025

2025 Regular Session

HOUSE BILL NO. 408

BY REPRESENTATIVES DICKERSON, BAMBURG, BAYHAM, BERAULT, BILLINGS, BOYD, BOYER, BRAUD, BUTLER, CARRIER, WILFORD CARTER, CARVER, CHASSION, CHENEVERT, COX, DAVIS, EDMONSTON, EGAN, FIRMENT, FREIBERG, GLORIOSO, HORTON, MIKE JOHNSON, KERNER, KNOX, LACOMBE, LAFLEUR, MANDIE LANDRY, LARVADAIN, LYONS, MCMAKIN, MENA, MILLER, MOORE, NEWELL, PHELPS, SCHLEGEL, SPELL, ST. BLANC, STAGNI, TAYLOR, THOMPSON, WALTERS, AND WYBLE AND SENATORS BARROW, BASS, DUPLESSIS, EDMONDS, FOIL, MYERS, TALBOT, AND WHEAT

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Edits To: RS 22 Pgs. 3

Note: - NOTE §§ 1 & 3

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AN ACT

To enact R.S. 22:1028.6, relative to health insurance; to require coverage of therapies and treatments for pediatric acute-onset neuropsychiatric syndrome and related types of autoimmune encephalitis; to provide for legislative findings; to provide for definitions; to provide for applicability; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. The legislature hereby finds and affirms the following:

(1) Symptoms of PANS, PANDAS, and other types of AE cause disruption to a child's neurological functioning and may appear in episodes of anxiety, incontinence, seizures, confusion, depression, tics, personality changes, declines in school performance, and changes in sensory sensitivities. The symptoms may worsen or extend with each episode.

(2) Younger children are often misdiagnosed as having autism and many affected children meet criteria for state disability services because their symptoms are not solely attributable to mental illness.

(3) Studies have found several therapies and treatments to be effective in resolving symptoms, including but not limited to antibiotic therapy, intravenous

NOTE @ RS 22:1028.6

1 immunoglobulin treatments, antidepressant medications, cognitive behavioral
2 therapies, and plasma exchange.

3 (4) Early treatment is important to prevent permanent brain injury and
4 nervous system damage, cognitive decline, and mental illness that may persist into
5 adulthood and death because the conditions are potentially fatal.

6 Section 2. R.S. 22:1028.6 is hereby enacted to read as follows:

7 §1028.6. Required coverage for pediatric acute-onset neuropsychiatric syndrome
8 (PANS); pediatric autoimmune neuropsychiatric disorders associated with
9 streptococcal infections (PANDAS); types of autoimmune encephalitis (AE)

10 A. Every health coverage plan renewed, delivered, or issued for delivery in
11 this state shall provide coverage for PANS, PANDAS, and other types of AE,
12 including but not limited to the use of intravenous immunoglobulin therapy. The
13 coverage provided in this Section may be subject to annual deductibles, coinsurance,
14 and copayment provisions as are consistent and established under the health
15 coverage plan.

16 B.(1) In making determinations of coverage for PANDAS, PANS, and other
17 types of AE, insurers may consider but not require strict adherence to other treatment
18 options or recommendations developed by a medical professional consortium
19 convened for the purposes of researching, identifying, and publishing best practice
20 standards for diagnosis and treatment of these disorders, such as the PANDAS
21 Physician Network. The treatment should be based on evidence of positive patient
22 outcomes.

23 (2) A health coverage plan may limit intravenous immunoglobulin treatments
24 to no more than three monthly courses of treatment, unless additional treatment is
25 deemed medically necessary based on a clinical review using such guidelines.

26 C. For the purposes of this Section, the following terms apply:

27 (1) "Autoimmune encephalitis" or "AE" means any type of post infectious
28 encephalitis where the immune system attacks the brain.

29 (2) "Health coverage plan" means any hospital, health, or medical expense
30 insurance policy, hospital or medical service contract, employee welfare benefit plan.

contract, or other agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type in this state, including a group insurance plan and a self-insurance plan. "Health coverage plan" does not include the Office of Group Benefits programs, a plan providing coverage for excepted benefits as defined in R.S. 22:1061, limited benefits health insurance plans, or short-term policies that have a term of less than twelve months.

(1)(3) "Pediatric acute-onset neuropsychiatric syndrome" or "PANS" means a condition defined by the sudden onset of obsessive-compulsive symptoms or severe eating restrictions, along with at least two other cognitive, behavioral, or neurological symptoms.

(3)(4) "Pediatric acute-onset neuropsychiatric disorders associated with streptococcal infections" or "PANDAS" means a condition where there is evidence of an abnormal autoimmune or inflammatory response in the brain following streptococcal infections.

D. This Section shall be known and may be cited as the "The Gillian Guiffreda Act"

Section 3. The provisions of this Act apply to any new policy, contract, or health coverage plan issued on or after January 1, 2026. Any policy, contract, or health coverage plan in effect prior to January 1, 2026, shall convert to conform to the provisions of this Act on or before the renewal date, but no later than January 1, 2027.

[NOTE: R.S. 22:1028.6]

[Acts 2025, No. 360]

[Signature]
SPEAKER OF THE HOUSE OF REPRESENTATIVES

[Signature]
PRESIDENT OF THE SENATE

[Signature]
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: [Signature]
June 20, 2025

ACT 287

ENROLLED

2025 Regular Session

HOUSE BILL NO. 514

BY REPRESENTATIVE WILLARD

La. State Law Institute
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Classification RS 22

AN ACT

To amend and reenact R.S. 22:1059.1, relative to the Louisiana Doula Registry Board; to provide for board composition; to provide with respect to the regulatory authority of the Louisiana Doula Registry Board and the Louisiana Department of Health; to provide relative to administrative staff and further rulemaking requirements of the Louisiana Department of Health; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1059.1 is hereby amended and reenacted to read as follows:

§1059.1. ~~Legislative findings;~~ Louisiana Doula Registry Board; purpose; composition; duties of the board; administrative staff; rulemaking authority

A.(1) ~~The legislature hereby finds and declares that research indicates maternal mortality, severe maternal morbidity, infant mortality, preterm birth, and unexpected outcomes of pregnancy and birth resulting in significant health consequences are rising in the United States, and that these outcomes occur more frequently in Louisiana than in other states. Louisiana has the highest maternal death rate in the nation and the second highest infant death rate in the nation.~~

(2) ~~The benefits of doula care have been documented in numerous studies including the 2017 Cochrane Review of twenty-six trials of continuous labor support and doula care involving over fifteen thousand women in seventeen different~~

1 ~~countries. The numerous benefits of doula care include decreased cesarean sections,~~
 2 ~~increased spontaneous vaginal births, shortened duration of birth, increased maternal~~
 3 ~~satisfaction postpartum, improved breastfeeding rates, and lower rates of preterm~~
 4 ~~labor and low birth weight.~~

5 B.(1)(a) The legislature hereby creates within the Louisiana Department of
 6 Health the Louisiana Doula Registry Board, hereafter referred to in this Section as
 7 the "doula registry board", for the purpose of reviewing and approving doula
 8 registration to allow for health insurance reimbursement of doula services.

9 (b) In consultation with the Louisiana Department of Health, ~~the~~ The doula
 10 registry board shall ~~create~~ establish the criteria for the registration application,
 11 implement guidelines for the registration process, review submitted doula
 12 registration applications, and grant registration status to doulas seeking health
 13 insurance reimbursement to promote safe and equitable care for every mother and
 14 every birth in this state.

15 (2) For purposes of this Section, "doula" means an individual who has been
 16 trained to provide physical, emotional, and educational support, but not medical or
 17 midwifery care, to pregnant and birthing women and their families before, during,
 18 and after childbirth.

19 ~~C. B.~~ B. The doula registry board shall perform all of the following tasks,
 20 subject to promulgated rules and established guidelines:

21 (1) Review applications for doulas to register to receive health insurance
 22 reimbursement in Louisiana.

23 (2) Approve applications to designate registered doula status.

24 (3) Notify applicants of approval or denial of doula registration status.

25 (4) Maintain a statewide registry of doulas approved for health insurance
 26 reimbursement in Louisiana.

27 ~~D. C.~~ C.(1) The doula registry board shall be composed of the following
 28 fourteen members:

29 (a) ~~One representative of an organization providing doula services for people~~
 30 ~~giving birth in Louisiana in Region 1 appointed by the medical director of the~~

1 Louisiana Perinatal Quality Collaborative Nine individuals who serve as a doula
2 from all nine of Louisiana's geographic regions or a designee appointed by the
3 medical director of the Louisiana Perinatal Quality Collaborative or his designee.

4 ~~(b) One representative of an organization providing doula services for people~~
5 ~~giving birth in Louisiana in Region 2 appointed by the medical director of the~~
6 ~~Louisiana Perinatal Quality Collaborative.~~

7 ~~(c) One representative of an organization providing doula services for people~~
8 ~~giving birth in Region 3 appointed by the medical director of the Louisiana Perinatal~~
9 ~~Quality Collaborative.~~

10 ~~(d) One representative of an organization providing doula services for people~~
11 ~~giving birth in Louisiana in Region 4 appointed by the medical director of the~~
12 ~~Louisiana Perinatal Quality Collaborative.~~

13 ~~(e) One representative of an organization providing doula services for people~~
14 ~~giving birth in Louisiana in Region 5 appointed by the medical director of the~~
15 ~~Louisiana Perinatal Quality Collaborative.~~

16 ~~(f) One representative of an organization providing doula services for people~~
17 ~~giving birth in Louisiana in Region 6 appointed by the medical director of the~~
18 ~~Louisiana Perinatal Quality Collaborative.~~

19 ~~(g) One representative of an organization providing doula services for people~~
20 ~~giving birth in Louisiana in Region 7 appointed by the medical director of the~~
21 ~~Louisiana Perinatal Quality Collaborative.~~

22 ~~(h) One representative of an organization providing doula services for people~~
23 ~~giving birth in Louisiana in Region 8 appointed by the medical director of the~~
24 ~~Louisiana Perinatal Quality Collaborative.~~

25 ~~(i) One representative of an organization providing doula services for people~~
26 ~~giving birth in Louisiana in Region 9 appointed by the medical director of the~~
27 ~~Louisiana Perinatal Quality Collaborative.~~

28 ~~(j)~~ (b) One woman with lived experience of birth under doula care in this
29 state appointed by the medical director of Louisiana Perinatal Quality Collaborative.

1 ~~or his designee. One person with lived experience having used doula services for at~~
 2 ~~least two births.~~

3 ~~(k) (c)~~ (c) One doula with lactation training appointed by the medical director
 4 of Louisiana Perinatal Quality Collaborative or his designee.

5 ~~(f) (d)~~ (d) One representative from Sista Midwife Productions.

6 ~~(m) One representative from Community Birth Companion.~~

7 ~~(n) (e)~~ (e) One representative from Birthmark Doula Collective.

8 ~~(o) (f)~~ (f) One representative from H.E.R. Institute.

9 (2) Members of the doula registry board shall be appointed by the medical
 10 director of the Louisiana Perinatal Quality Collaborative or a designee.

11 ~~(2) (3)~~ (3) The doula registry board shall elect from among its members a
 12 practicing doula as chairperson. In addition, the doula registry board may designate
 13 any other officers it deems necessary from its membership.

14 ~~(3) (4)~~ (4) Members of the doula registry board shall serve ~~without~~
 15 ~~compensation for up to~~ for a term of two years with the option for reappointment.
 16 Members of the doula registry board shall receive no salary for their services but
 17 may be reimbursed for travel approved by the secretary of the Louisiana Department
 18 of Health in accordance with travel regulations of the division of administration.

19 ~~(4) (5)~~ (5) The doula registry board shall hold quarterly public meetings unless
 20 otherwise provided by vote of the doula registry board or by order of the chairperson.
 21 The chairperson shall dismiss from the board any members who are absent from
 22 more than three in-person meetings within a calendar year.

23 ~~(5) (6)~~ (6) The doula registry board may establish subcommittees and appoint
 24 persons to those subcommittees, including persons who are not board members, nor
 25 voting members, as it deems necessary and appropriate to accomplish its goals.

26 ~~E. D.~~ D. Members of the nonvoting subcommittee shall include and are not
 27 limited to all of the following:

28 (1) One representative of New Orleans Breastfeeding Center.

29 (2) One representative of March of Dimes.

30 (3) One representative of National Birth Equity Collaborative.

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- (4) One representative of Institute of Women & Ethnic Studies.
- (5) One obstetrician with demonstrated work rooted in community, health equity, and training in equitable practices.
- (6) One certified professional midwife.
- (7) One certified nurse midwife.
- (8) One community nurse practitioner.
- (9) One representative from Louisiana Medicaid.
- (10) One representative from Louisiana Hospital Association.
- (11) One representative from each private health insurer in Louisiana as determined by the doula registry board.

(12) The assistant secretary of the Louisiana Department of Health, office of public health or his designee.

~~F. The regional representatives described in Paragraph (D)(1) of this Section shall be appointed from the regions specified on the Administrative Regions and Districts map of the Louisiana Department of Health, hereinafter referred to as the "department".~~

G. E. The department Louisiana Department of Health, hereafter referred to in this Section as the "department", shall promulgate and adopt all such rules in accordance with the Administrative Procedure Act as are necessary to implement the provisions of this Section.

~~H. F.~~ The department shall provide ~~staff support~~ administrative staff to support the doula registry board. Assigned staff shall be responsible for the following:

- (1) Facilitate the process for registration of doulas per promulgated rules and established guidelines.
- (2) Provide logistical support in processing applications.
- (3) Issue notifications of approval or denial of doula registration status upon decision by the doula registry board in accordance with promulgated rules and established guidelines.

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

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F. G. Nothing in this Section prohibits any person from practicing as a doula in this state, regardless of whether such person is registered in accordance with the provisions of this Section.

~~_____~~
SPEAKER OF THE HOUSE OF REPRESENTATIVES

~~_____~~
PRESIDENT OF THE SENATE

~~_____~~
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: Angélique Frel June 11, 2025

ACT 190

ENROLLED

2025 Regular Session

HOUSE BILL NO. 382

BY REPRESENTATIVE BAYHAM

La. State Law Institute
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Classification RS 22

- NOTE § 2

AN ACT

To enact R.S. 22:1059.6, relative to health insurance; to require coverage for home visiting services provided after the birth of a child; to provide for legislative findings; to provide for definitions; to authorize methods for reimbursement of expenses; to provide for effectiveness; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1059.6 is hereby enacted to read as follows:

§1059.6. Required coverage for home visiting services; newborns and young children; legislative findings; reimbursement methods; definitions

A. The legislature hereby finds and affirms all of the following:

(1) Home visiting services are evidence-based deliveries of services to families of newborns, or families expecting newborns, provided by trained professionals in the home that begin anywhere from before the twenty-eighth week of pregnancy and up to six weeks after the birth of a child and continuing from up to two to five years after childbirth.

(2) Leading professional societies such as the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, and federal agencies such as the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services, have recognized the well-established benefits of pre- and postpartum support services provided by voluntary home visiting programs.

(3) Research demonstrates that support from home visiting programs is associated with reduction of unnecessary emergency department visits and decreased use of public assistance programs such as Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program, and Medicaid; fewer children in social welfare, mental health, and juvenile corrections systems; and positive impacts

1 on indicators related to cognitive development and behavior, including higher
2 intelligence quotients, language scores, grade-point averages, achievement scores,
3 and graduation rates.

4 (4) As Louisiana currently ranks as a state with one of the highest maternal
5 and infant mortality rates in the United States, this state has a compelling interest in
6 and an obligation to promote practices that improve maternal and infant health
7 outcomes.

8 B.(1) A health coverage plan delivered or issued for delivery in this state that
9 provides benefits for maternity services shall include coverage for voluntary home
10 visiting services provided through a home visiting program that includes at least one
11 visit during a newborn's first three months of life, with the opportunity for the family
12 to choose follow-up visits, and at least one follow-up visit no later than three months
13 after the last visit. A health coverage plan may limit the total number of visits to a
14 maximum of five visits from birth to age three.

15 (2) The coverage required pursuant to this Section may be subject to annual
16 deductibles, coinsurance, and copayment provisions as are consistent with those
17 established under the health coverage plan. The coverage may also be subject to a
18 limit per pregnancy or childbirth of not less than one thousand five hundred dollars.

19 (3)(a) The requirements established by a health coverage plan to insure the
20 support services provided by a home visiting program before, during, and after
21 childbirth shall not preclude a home visiting program from operating in this state.

22 (b) A home visiting program may opt to practice in this state and forego any
23 eligible reimbursement via a health coverage plan; however, if the program aligns
24 with an evidence-based home visiting program model, it may provide services within
25 the state to whichever client or population desires its services.

26 (c) A health insurance issuer or health coverage plan may establish
27 additional criteria for approved home visiting services if the criteria allow at least
28 one provider to be covered by the plan.

29 (d) A health insurance issuer or health coverage plan, in its discretion, may
30 determine its method for reimbursement for expenses incurred for services provided

1 pursuant to this Section, including but not limited to utilization of any of the
2 following:

3 (i) A value-based payment methodology.

4 (ii) An invoice claim process.

5 (iii) A capitated payment arrangement.

6 (iv) A payment methodology that considers the need for an agency or
7 organization providing services under the program to expand its capacity to provide
8 services and address health disparities.

9 (v) Any other payment arrangement agreed to by the insurer and an agency
10 or organization providing services under the program.

11 C. For the purposes of this Section, the following definitions apply:

12 (1) "Evidence-based home visiting program" means a home visiting program
13 model that meets the criteria of the United States Department of Health and Human
14 Services for evidence-based early childhood home visiting service delivery models
15 as listed on the Home Visiting Evidence of Effectiveness registry.

16 (2) "Health coverage plan" means the same as the term is defined in R.S.
17 22:1059.

18 Section 2. The provisions of this Act ^[Acts 2025, No. 190] apply to any new policy, contract, or health
19 coverage plan issued on and after January 1, 2027. Any policy, contract, or health coverage
20 plan in effect prior to January 1, 2027, shall convert to conform to the provisions of this Act
21 on or before the renewal date, but no later than January 1, 2028.

[NOTE: RS 22:1059.6]

[Signature]
SPEAKER OF THE HOUSE OF REPRESENTATIVES

[Signature]
PRESIDENT OF THE SENATE

[Signature]
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: Angilique Frenel June 8, 2025

ACT 367

ENROLLED

2025 Regular Session

HOUSE BILL NO. 467

BY REPRESENTATIVES HILFERTY AND MANDIE LANDRY AND SENATORS
BARROW, EDMONDS, MYERS, SEABAUGH, TALBOT, AND WHEAT

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Edits To: RS 22 Pgs. 1

Note: - NOTE §§ 3-5(A)

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Classification RS 40

- NOTE §§ 3-5(A)

AN ACT

To enact R.S. ~~22:1059.6~~ and R.S. ~~40:1081.13~~, relative to health insurance coverage; to require coverage for amino acid-based elemental formulas for infants and children when medically necessary; to provide application to Medicaid coverage; to provide for application to coverage plans; to provide for effectiveness; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1059.6 is hereby enacted to read as follows:

§1059.6. Required coverage for amino acid-based elemental formulas

A. A health insurance issuer offering health coverage plans in this state that provides benefits for maternity services shall provide coverage for amino acid-based elemental formulas, regardless of the formula delivery method, to treat a child aged two years or younger. Coverage applies pursuant to this Section if the child has been diagnosed by a board-certified allergist or board-certified gastroenterologist and the treating physician issues a written order stating that the amino acid-based elemental formula is medically necessary to treat the child for any of the following:

- (1) Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins.
- (2) Severe food protein-induced enterocolitis syndrome.
- (3) Eosinophilic disorders, as evidenced by the results of a biopsy.
- (4) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract.

1 B. Coverage pursuant to this Section may be subject to annual deductibles,
 2 coinsurance, and copayments consistent with those established under the health
 3 coverage plan.

4 C.(1) A health coverage plan shall provide coverage pursuant to this Section
 5 on a basis no less favorable than the basis on which prescription drugs and other
 6 medications and related services are covered by the plan, and to the same extent that
 7 the plan provides coverage for drugs that are available only on the orders of a
 8 physician.

9 (2) A utilization review agent acting on behalf of a health coverage plan
 10 issuer may review a treating physician's determination of the medical necessity of
 11 the use of an amino acid-based elemental formula for the treatment of a covered
 12 infant or child who is diagnosed with a disease or disorder listed in Subsection A of
 13 this Section.

14 ~~Section 2. R.S. 40:1081.13 is hereby enacted to read as follows:~~

15 §1081.13. Medicaid coverage; amino acid-based elemental formulas

16 A. The Louisiana Department of Health shall make available to persons who
 17 are eligible for Medicaid benefits under Title XIX of the Social Security Act, 42
 18 U.S.C. 1396 et seq., coverage for amino acid-based elemental formulas, regardless
 19 of the formula delivery method, to treat a child aged two years or younger. Coverage
 20 applies pursuant to this Section if the child has been diagnosed by a board-certified
 21 allergist or board-certified gastroenterologist and the treating physician issues a
 22 written order stating that the amino acid-based elemental formula is medically
 23 necessary to treat the child for any of the following:

24 (1) Immunoglobulin E and non-immunoglobulin E mediated allergies to
 25 multiple food proteins.

26 (2) Severe food protein-induced enterocolitis syndrome.

27 (3) Eosinophilic disorders, as evidenced by the results of a biopsy.

28 (4) Impaired absorption of nutrients caused by disorders affecting the
 29 absorptive surface, functional length, and motility of the gastrointestinal tract.

1 B. Coverage provided pursuant to this Section may be subject to
2 copayments, deductibles, or other cost-sharing mechanisms.

3 C.(1) A health maintenance organization, health insurance organization, or
4 managed care organization that contracts with the state to provide or coordinate
5 healthcare services to any person eligible for Medicaid shall provide coverage on a
6 basis no less favorable than the basis on which prescription drugs and other
7 medications and related services are covered by the organization, and to the same
8 extent that the organization provides coverage for drugs that are available only on
9 the orders of a physician.

10 (2) A utilization review agent acting on behalf of an organization listed in
11 this Subsection may review a treating physician's determination of the medical
12 necessity of the use of an amino acid-based elemental formula for the treatment of
13 a covered infant or child who is diagnosed with a disease or disorder listed in
14 Subsection A of this Section.

15 Section 3. This Act shall be known and may be cited as the "Darcy Evelyn Bivins
16 Act".

17 Section 4. The provisions of this Act apply to any new policy, contract, or health
18 coverage plan issued on and after the January first immediately following the effective date
19 of this Act. Any policy, contract, or health coverage plan in effect prior to the January first
20 immediately following the effective date of this Act shall convert to conform to the
21 provisions of this Act on or before the renewal date or prior to the three hundred fifty-ninth
22 day following January first in which the provisions of this Act become applicable.

23 Section 5.(A) The provisions of Sections 1 through 4 of this Act shall become
24 effective when an Act of the Louisiana Legislature containing a specific appropriation of
25 monies for the implementation of the provisions of this Act becomes effective.

26 (B) The provisions of this Section shall become effective upon signature by the
27 governor or, if not signed by the governor, upon expiration of the time for bills to become
28 law without signature by the governor, as provided by Article III, Section 18 of the
29 Constitution of Louisiana. If vetoed by the governor and subsequently approved by the

✓ [ACTS 2025, No. 367]

✓ [ACTS 2025, No. 367]

[ACTS 2025, No. 367]

(NOTE ALL PROVISIONS IN THIS ACT)

HB NO. 467

ENROLLED

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legislature, the provisions of this Section shall become effective on the day following such approval.

Philip A. Cantelmo

SPEAKER OF THE HOUSE OF REPRESENTATIVES

John A. H. Jr.

PRESIDENT OF THE SENATE

Jeff Landry

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:

E. J. [Signature]

June 20, 2025

ACT 362

ENROLLED

2025 Regular Session

HOUSE BILL NO. 423

BY REPRESENTATIVE LACOMBE

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Classification RS 22

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Classification RS 51

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AN ACT

To amend and reenact R.S. ~~22:1060.7(B)(3)~~ and R.S. ~~51:413(B)~~, relative to healthcare professionals; to require healthcare professionals to display evidence of proper licensure in person or in advertisements; to provide for enforceability; to provide for medications prescribed by certain healthcare professionals; to make technical corrections; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1060.7(B)(3) is hereby amended and reenacted to read as follows:

§1060.7. Prescription medication for ~~chronic~~ pain

* * *

B. When an opioid prescription is deemed medically necessary and prescribed by a licensed physician, it shall be unlawful for an insurer to deny a prescribed medication and attempt to substitute an alternative medication that requires any of the following:

* * *

(3) The substitution of an immediate or extended release medication that does not have defined abuse deterrent properties for a prescription of a medication that does have defined abuse deterrent properties.

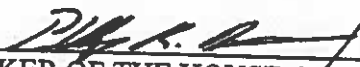
Section 2. R.S. 51:413(B) is hereby amended and reenacted to read as follows:

§413. Advertising using the term "Doctor" or "Dr."

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B. Any violation of this Section shall be enforceable under in accordance
with the provisions and subject to the penalties of the Unfair Trade Practices and
Consumer Protection Law and any rules promulgated by the licensing board for the
provider's profession or occupation.



SPEAKER OF THE HOUSE OF REPRESENTATIVES

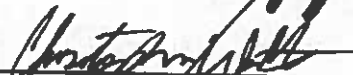


PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:


June 26, 2015

ACT 112

2025 Regular Session

ENROLLED

SENATE BILL NO. 129

BY SENATOR PRESSLY AND REPRESENTATIVE CHASSION

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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Classification RS 22
- NOTE E2

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AN ACT

To enact R.S. ~~22:1060.18~~, relative to cancer treatment; to require health insurers to provide coverage for proton therapy treatment for cancer patients; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1060.18 is hereby enacted to read as follows:

§1060.18. Required coverage for proton therapy treatment for cancer

A. No health insurance issuer shall deny coverage of proton therapy or proton beam therapy for the treatment of cancer as recommended by the American Society for Radiation Oncology practice guidelines.

B. The coverage provided in this Section may be subject to annual deductibles, coinsurance, and copayment provisions as are consistent with those established under the health coverage plan.

C. The provisions of this Section do not apply to a plan providing coverage for excepted benefits as described in R.S. 22:1061, limited health benefit insurance plans, and short-term policies that have a term of less than twelve months.

Section 2. The provisions of this Act shall apply to any new policy, contract, program, or health coverage plan issued on or after January 1, 2026. Any policy, contract,

NOTE 2 RS 22:1060.19

SB NO. 129

ENROLLED

1 or health coverage plan in effect prior to January 1, 2026, shall convert to conform to the
2 provisions of this Act on or before the renewal date, but no later than January 1, 2027.




PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 8, 2025

ACT 388

ENROLLED

2025 Regular Session

HOUSE BILL NO. 622

BY REPRESENTATIVES HILFERTY, CHASSION, FISHER, FREIBERG, GLORIOSO, JACKSON, KNOX, TERRY LANDRY, NEWELL, OWEN, SPELL, TAYLOR, WALTERS, WILEY, AND WILLARD AND SENATORS BARROW, DUPLESSIS, AND TALBOT

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Classification RS22

AN ACT

To enact R.S. 22:1076.1, relative to treatments for rare cancers; to create an advisory board within the Department of Insurance; to require the advisory board to review and provide medical recommendations to approve new treatments for rare cancers; to provide for the board's composition; to require reporting; to authorize rulemaking; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1076.1 is hereby enacted to read as follows:

§1076.1. Advisory board; composition; recommendations for treatment of rare cancers; meetings; rulemaking

A. There is hereby created within the department an advisory board that shall review and provide medical recommendations to approve new treatments for rare cancers. The advisory board shall be composed of the following members:

(1) The commissioner or his designee.

(2) The secretary or designee of the Louisiana Department of Health.

(3) The Medicaid Director or designee of the Louisiana Department of Health.

(4) The surgeon general or his designee.

(5) The executive director or designee of Taking Aim at Cancer in Louisiana.

(6) The chief executive officer of the Louisiana Association of Health Plans.

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(7) The chief medical officer or designee of a managed care organization.

(8) The director or designee of the Louisiana Tumor Registry.

(9) The director or designee of the Pennington Biomedical Research Center.

(10) A designee of the Louisiana Cancer Research Center.

(11) A designee of the LSU Health Sciences Center at New Orleans, specializing in oncology.

(12) A designee of the Tulane Medical School, specializing in oncology.

(13) A designee of the Xavier Ochsner College of Medicine.

(14) Two oncologists specializing in the treatments of rare cancers.

B.(1) The chairperson of the advisory board shall be the executive director or designee of the Louisiana Cancer Research Center.

(2) The advisory board shall hold quarterly public meetings unless otherwise provided by vote of the advisory board or by order of the chairperson. Within thirty days of each meeting, the advisory board shall compile a report of its findings and submit a formal written report to the legislature.

C. The commissioner may promulgate and adopt administrative rules and regulations in accordance with the Administrative Procedure Act as are necessary to implement the provisions of this Section.

Philip S. Ryan
SPEAKER OF THE HOUSE OF REPRESENTATIVES

John H. T. J.
PRESIDENT OF THE SENATE

[Signature]
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: *[Signature]*
June 20, 2025

ACT 227

ENROLLED

2025 Regular Session

HOUSE BILL NO. 357

BY REPRESENTATIVES FREEMAN, ADAMS, BACALA, BAGLEY, BERAULT, BILLINGS, BOYD, BOYER, BRASS, BROWN, BRYANT, BUTLER, CARRIER, ROBBY CARTER, CARVER, CHASSION, COATES, COX, DEWITT, DICKERSON, DOMANGUE, EGAN, FIRMENT, FISHER, FREIBERG, GLORIOSO, HEBERT, HILFERTY, HUGHES, ILLG, JACKSON, MIKE JOHNSON, JORDAN, KERNER, KNOX, LACOMBE, LAFLEUR, MANDIE LANDRY, TERRY LANDRY, LYONS, MACK, MARCELLE, MENA, MILLER, MOORE, MUSCARELLO, NEWELL, OWEN, SPELL, ST. BLANC, STAGNI, TAYLOR, THOMPSON, WALTERS, WILEY, AND WYBLE AND SENATORS BARROW, BASS, TALBOT, AND WHEAT

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Edits To: RS 22 Pgs. 1

Note: - NOTE § 2

1 AN ACT

2 To enact R.S. 22:1077.4, relative to integrative treatments for cancer; to require health
3 insurance coverage for such treatments; to provide for definitions; to provide for
4 applicability and effectiveness; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1077.4 is hereby enacted to read as follows:

7 §1077.4. Required coverage for integrative cancer treatments; acupuncture; cooling
8 systems; cryotherapy

9 A. A health insurance issuer offering health coverage plans in this state that
10 provide hospital, medical, or surgical benefits for individuals covered under a
11 respective plan shall provide coverage for integrative cancer treatments, including
12 acupuncture, cryotherapy, and scalp cooling systems used in connection with
13 medical treatment for cancer when such treatments are recommended by nationally
14 recognized cancer treatment guidelines. Coverage provided pursuant to this Section
15 may be subject to annual deductibles, coinsurance, copayments, and prior
16 authorization consistent with those established under the health coverage plan.

B. For the purposes of this Section, "scalp cooling system" means any device used to cool the human scalp to prevent or reduce hair loss during chemotherapy treatment for cancer, provided that such device is designed and intended for repeated use and is primarily and customarily used to serve a medical purpose.

C. A health insurance issuer may limit coverage for acupuncture treatment for active treatment of cancer to fifteen visits per plan year, unless additional treatments are recommended by nationally recognized cancer guidelines and the treating physician.

Section 2. The provisions of this Act ^(Acts 2025, No. 221) apply to any new policy, contract, or health coverage plan issued on and after January 1, 2026. Any policy, contract, or health coverage plan in effect prior to January 1, 2026, shall convert to conform to the provisions of this Act on or before the renewal date, but no later than January 1, 2027.

Section 3. This Act shall become effective on January 1, 2026.

[NOTE: RS 22:1077.5]



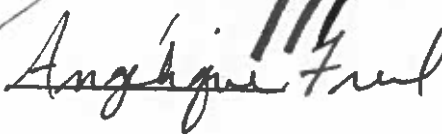
SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 10, 2025

ACT 410

2025 Regular Session

ENROLLED

SENATE BILL NO. 42

BY SENATORS SELDERS, BARROW, DUPLESSIS, FOIL, TALBOT AND WHEAT
AND REPRESENTATIVES BAYHAM, BERAULT, BILLINGS,
CARLSON, CARRIER, WILFORD CARTER, CHASSION, DAVIS,
DESHOTEL, DEVILLIER, DOMANGUE, FREEMAN, FREIBERG,
HEBERT, HILFERTY, HUGHES, MIKE JOHNSON, TRAVIS
JOHNSON, KNOX, MANDIE LANDRY, LARVADAIN, MARCELLE,
MCMAKIN, MENA, MILLER, MOORE, NEWELL, PHELPS, SPELL,
STAGNI, TAYLOR, WALTERS, WILLARD AND WYBLE

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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Edits To: RS 22 Pgs. 2

Note: - NOTE 3

AN ACT

To enact R.S. ~~22:1077.4~~ and R.S. ~~46:447.4~~, relative to perinatal behavioral health treatment;
to require commercial insurance and Medicaid coverage for voluntary inpatient
treatment following a perinatal psychiatric diagnosis; to provide for definitions; to
provide for applicability relative to coverage plans; and to provide for related
matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1077.4 is hereby enacted to read as follows:

§1077.4. Inpatient treatment following a perinatal psychiatric diagnosis;

commercial insurance

A. Any health benefit plan offered by a health insurance issuer that provides mental health benefits with respect to treatment for perinatal psychiatric diagnoses shall provide coverage for voluntary inpatient treatment for a patient with a perinatal psychiatric diagnosis. Inpatient admissions, including overnight stays, and medications resulting from treatments, including infusions and prescriptions, and counseling shall be covered services.

B. All decisions regarding voluntary inpatient treatment following a perinatal psychiatric diagnosis shall be made solely by an attending physician, physician assistant, psychiatrist, psychologist, medical psychologist, or nurse

1 practitioner in consultation with the patient. All levels of maternal mental
 2 health inpatient treatment as provided for in this Section shall be considered
 3 medically necessary and shall not be excluded from coverage. The treating
 4 physician, physician assistant, psychiatrist, psychologist, medical psychologist,
 5 or nurse practitioner shall consider recognized ^{evidence} ~~evidenced~~ based standards, such
 6 as guidelines of InterQual or Milliman Care Guidelines (MCG), in making
 7 treatment recommendations. Health insurance issuers shall not deny coverage
 8 for voluntary inpatient treatment for a patient with a perinatal psychiatric
 9 diagnosis that is consistent with these standards.

10 C. Any voluntary admission covered by this Section shall be in
 11 accordance with R.S. 28:52.

12 D. The coverage required pursuant to this Section may be subject to
 13 annual deductibles, coinsurance, and copayment provisions established under
 14 the health benefit plan.

15 E. For purposes of this Section, the following terms have the following
 16 meanings:

17 (1) "Health benefit plan" means any hospital, health, or medical expense,
 18 insurance policy, hospital or medical service contract, employee welfare benefit
 19 plan, contract, or other agreement with a health maintenance organization or
 20 a preferred provider organization, health and accident insurance policy, or any
 21 other insurance contract of this type in this state, including a group insurance
 22 plan and the Office of Group Benefits programs. "Health benefit plan" does not
 23 include a plan providing coverage for excepted benefits as defined in R.S.
 24 22:1061, limited benefit health insurance plans, and short-term policies that
 25 have a term of less than twelve months.

26 (2) "Health insurance issuer" means an entity subject to the insurance
 27 laws and regulations of this state, or subject to the jurisdiction of the
 28 commissioner, that contracts or offers to contract to provide, deliver, arrange
 29 for, pay for, or reimburse any of the costs of healthcare services, including
 30 through a health benefit plan as defined in this Section, and includes a sickness

1 and accident insurance company, a health maintenance organization, a
2 preferred provider organization, or any similar entity, or any other entity
3 providing a plan of health insurance or health benefits.

4 (3) "Perinatal psychiatric diagnosis" means a psychiatric disorder
5 requiring inpatient treatment during pregnancy through one year postpartum,
6 which includes one year after a pregnancy loss.

7 F. The implementation of the provisions of this Section shall be subject
8 to the appropriation of funds by the legislature for this purpose.

9 Section 2. R.S. 46:447.4 is hereby enacted to read as follows:

10 §447.4. Inpatient treatment following a perinatal psychiatric diagnosis:

11 Medicaid

12 A. Medicaid managed care organizations shall provide coverage for
13 voluntary inpatient treatment for a Medicaid recipient with a perinatal
14 psychiatric diagnosis. Inpatient admissions, including overnight stays, and
15 medications resulting from treatments, including infusions and prescriptions,
16 and counseling shall be covered services.

17 B. All decisions regarding voluntary inpatient treatment following a
18 perinatal psychiatric diagnosis shall be made solely by an attending physician,
19 physician assistant, psychiatrist, psychologist, medical psychologist, or nurse
20 practitioner in consultation with the patient.

21 C. Any voluntary admission covered by this Section shall be in
22 accordance with R.S. 28:52.

23 D. For purposes of this Section, "perinatal psychiatric diagnosis" means
24 a psychiatric disorder requiring inpatient treatment during pregnancy through
25 one year postpartum, which includes one year after a pregnancy loss.

26 E. The implementation of the provisions of this Section shall be subject
27 to the appropriation of funds by the legislature for this purpose.

28 F. Nothing in this Section shall prohibit the Louisiana Medicaid Program
29 from establishing criteria for payment of covered Medicaid services, including
30 criteria for medical necessity.

SB NO. 42

ENROLLED

✓ [ACTS 2025, No. 410]

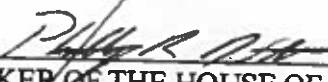
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Section 3. The provisions of this Act apply to any new policy, contract, or health coverage plan issued on and after January 1, 2026. Any policy, contract, or health coverage plan in effect prior to January 1, 2026, shall convert to conform to the provisions of this Act on or before the renewal date, but no later than January 1, 2027.

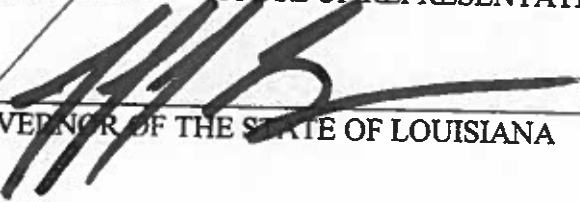
NOTE ALL PROVISIONS IN THIS ACT



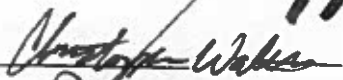
PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 
June 20, 2025

ACT 429

2025 Regular Session

ENROLLED

SENATE BILL NO. 137

BY SENATOR TALBOT AND REPRESENTATIVES BAYHAM, BERAULT, BRYANT,
BUTLER, CARRIER, CARVER, CHASSION, DEVILLIER,
EDMONSTON, FIRMENT, ILLG, MIKE JOHNSON, KNOX, RISER,
SCHAMERHORN, WILDER AND WYBLE

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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Edits To: RS 22 Pgs. 2

Note:

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AN ACT

To amend and reenact R.S. 44:4.1(B)(11) and to enact R.S. 22:1276, relative to certain notices provided to the Department of Insurance; to require insurers to notify the Department of Insurance when ceasing, pausing, or resuming the writing of policies in a particular region; to provide for confidentiality; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1276 is hereby enacted to read as follows:

§1276. Notification to commissioner; market activity

A. An insurer authorized to transact the business of automobile or property insurance in this state shall, within ten days of providing notice to its agents or other representatives of any decision to cease, pause, or resume the writing of new insurance policies in any geographic region within the state, provide written notice of such action to the commissioner.

B. The insurer shall include in the notice to the commissioner, at a minimum, all of the following:

1 (1) The effective date of the cessation, pause, or resumption.

2 (2) The lines of insurance affected.

3 (3) The specific geographic area impacted.

4 (4) A brief description of the reasons for the action.

5 C. Any information submitted to the commissioner pursuant to this
6 Section is confidential and proprietary and is not subject to public disclosure
7 pursuant to the Public Records Law, R.S. 44:1⁹ et seq., except as otherwise
8 required by law or pursuant to an order of a court of competent jurisdiction.

9 D. For the purposes of this Section, the terms "cease", "pause", and
10 "resume" refer to any action that materially affects the insurer's availability
11 of coverage offerings to consumers in the specified region, but does not refer to
12 a temporary cessation in offering coverage as a result of a possible impending
13 natural disaster.

14 E. The commissioner may promulgate and adopt rules and regulations
15 in accordance with the Administrative Procedure Act for the implementation
16 and enforcement of the provisions of this Section, including but not limited to
17 requirements for the notices required in this Section.

18 ~~Section 2. R.S. 44:4.1(B)(11) is hereby amended and reenacted to read as follows.~~

19 §4.1. Exceptions

20 * * *

21 B. The legislature further recognizes that there exist exceptions, exemptions,
22 and limitations to the laws pertaining to public records throughout the revised
23 statutes and codes of this state. Therefore, the following exceptions, exemptions, and
24 limitations are hereby continued in effect by incorporation into this Chapter by
25 citation:

26 * * *

27 (11) R.S. 22:2, 14, 31, 42.1, 88, 244, 263, 265, 461, 550.7, 571, 572, 572.1,
28 572.2, 574, 601.3, 618, 639, 691.4, 691.5, 691.6, 691.7, 691.8, 691.9, 691.9.1,
29 691.10, 691.38, 691.56, 732, 752, 753, 771, 834, 972(D), 976, 1008, 1019.2, 1203,
30 1276, 1460, 1464, 1466, 1483.1, 1488, 1546, 1559, 1566(D), 1644, 1656, 1657.1,

SB NO. 137

ENROLLED

1 1660.7, 1723, 1796, 1801, 1808.3, 1927, 1929, 1983, 1984, 2036, 2045, 2056, 2085,
2 2091, 2293, 2303, 2508

3 * * *

4 Section 3. The provisions of this Act shall become effective on January 1, 2026.



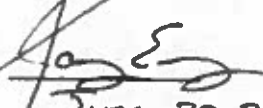
PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 
June 20, 2025

ACT 476

ENROLLED

2025 Regular Session

HOUSE BILL NO. 496

BY REPRESENTATIVES HEBERT, BAMBURG, BAYHAM, BERAULT, BILLINGS, BOYD, BOYER, BRYANT, BUTLER, CARRIER, ROBBY CARTER, CARVER, COATES, DEVILLIER, EDMONSTON, FISHER, GLORIOSO, JORDAN, LAFLEUR, LARVADAIN, LYONS, MARCELLE, MCFARLAND, MILLER, MOORE, NEWELL, SCHLEGEL, STAGNI, TAYLOR, AND WYBLE AND SENATORS BARROW, DUPLESSIS, EDMONDS, AND TALBOT

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Classification RS 22

AN ACT

To amend and reenact R.S. 22:1284.1(A) and (D) and to repeal R.S. 22:1284.1(B), relative to lapses in required liability insurance coverage; to repeal references to certain exemptions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1284.1(A) and (D) are hereby amended and reenacted to read as follows:

§1284.1. Motor vehicle insurance; consideration of lapse in coverage prohibited

A.(1)(a) ~~No~~ An insurer shall not increase the premium rate or increase or add a surcharge on any policy of motor vehicle insurance ~~when such action is based solely on consideration of a~~ based on an insured's first lapse in coverage, provided the lapse does not exceed ninety days as defined in this Section. Any subsequent lapse in coverage may result in an increased premium rate or surcharge on a policy. Each time an insured maintains continuous coverage for five or more consecutive years following a lapse in coverage, the insurer shall treat the first subsequent lapse in coverage as a first lapse for the purposes of this Section.

(b) As used in this Section, "lapse in coverage" or "lapse" means any period during which the owner of a motor vehicle ceases to maintain liability coverage on a vehicle as required by the Motor Vehicle Safety Responsibility Law.

ACT 168

ENROLLED

2025 Regular Session

HOUSE BILL NO. 258

BY REPRESENTATIVE TAYLOR

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Classification RS 22

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AN ACT

To amend and reenact R.S. 22:1286, relative to rates charged for automobile liability insurance coverage; to provide relative to prohibited increases to policyholders based solely on having attained the age of sixty-five or older; to provide a penalty for insurers in violation; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1286 is hereby amended and reenacted to read as follows:

§1286. Automobile insurance policies; increase in premium; age discrimination

~~No~~ An insurer shall not increase the premium charged for an automobile liability insurance policy for any insured solely on the grounds that the insured has attained the age of sixty-five or older. Any insurer found to be in violation of this Section is subject to the imposition of any penalty or regulatory action of the commissioner authorized pursuant to the provisions of this Title.



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 8, 2025

ACT 480

ENROLLED

2025 Regular Session

HOUSE BILL NO. 356

BY REPRESENTATIVES BRAUD, ADAMS, AMEDEE, BAYHAM, BERAULT, BOURRIAQUE, BOYD, BRASS, BROWN, BRYANT, ROBBY CARTER, WILFORD CARTER, CARVER, CHASSION, COX, DEVILLIER, DOMANGUE, EDMONSTON, FARNUM, FISHER, FONTENOT, GLORIOSO, HILFERTY, HUGHES, JACKSON, JORDAN, KERNER, KNOX, LAFLEUR, JACOB LANDRY, MANDIE LANDRY, TERRY LANDRY, LARVADAIN, LYONS, MACK, MILLER, NEWELL, PHELPS, ST. BLANC, STAGNI, TAYLOR, VENTRELLA, WALTERS, WILEY, WILLARD, AND WYBLE

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Classification RS 22
- NOTE E 2

AN ACT

To enact Subpart D-2 of Part IV of Chapter 4 of Title 22 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 22:1346.1 through 1346.6, relative to insurers of residential properties; to create the Stated Value Policy Act; to require insurers to offer a stated value policy option to consumers; to provide requirements for homeowners opting for such policies; to establish minimum policy value standards; to require the commissioner of insurance to provide certain information to consumers; to provide for rulemaking; to provide for enforcement, penalties, and severability; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Subpart D-2 of Part IV of Chapter 4 of Title 22 of the Louisiana Revised Statutes of 1950, comprised of R.S. 22:1346.1 through 1346.6, is hereby enacted to read as follows:

SUBPART D-2. STATED VALUE POLICY ACT

§1346.1. Definitions

As used in this Section, the following terms have the following meanings:

(1) "Homeowner" means a person who holds the title to a residential property located within the jurisdiction of this state.

1 (2) "Stated value policy" means a residential insurance policy under which
2 the insured has the option to declare a stated value for the insured residential
3 property, which is agreed upon by the insurer as the amount of insurance coverage,
4 irrespective of the current market value of the property.

5 §1346.2. Requirement to offer stated value policy

6 A. Insurers offering residential property policies within this state may offer
7 a stated value policy option to homeowners upon the request of the homeowner or
8 his authorized agent, allowing for the insurance coverage to be based on a stated
9 value of the residential property as declared by the homeowner or authorized agent,
10 rather than solely on the market value of the property.

11 B. Any insurer that offers a stated value policy option to homeowners as
12 provided in Subsection A of this Section shall prominently disclose stated value
13 policy offerings in all insurance policy proposals, agreements, and renewal
14 documents provided to consumers.

15 §1346.3. Homeowner requirements

16 A. A homeowner electing a stated value policy shall submit to his insurer a
17 written payoff statement from the financial institution or any other entity holding a
18 mortgage on the property. This statement shall accurately reflect the outstanding
19 balance or the nature of the mortgage on the homeowner's property at the time the
20 homeowner applies for or renews an insurance policy. In addition to the financial
21 statement required in this Subsection, a homeowner shall also provide to his insurer
22 a mortgage certificate from the clerk of court indicating the presence or absence of
23 a mortgage on the property.

24 B. Insurers shall provide a coverage limit for residential property in an
25 amount not less than the total assessed fair market value of the property as shown on
26 the most recent assessment of the parish in which the property is located. However,
27 the homeowner of a property unencumbered by a mortgage may request to insure the
28 property for any stated amount of insurance.

29 C. Before issuing any policy that limits coverage on the residential property
30 equal to the unpaid principal balance of all mortgage loans on the policy, the insurer

1 shall obtain a statement signed by insureds which contains the following notice in
2 boldfaced type no smaller than eighteen point font:

3 "YOU ARE ELECTING TO PURCHASE COVERAGE AT A LIMIT THAT
4 IS EQUAL TO ONLY THE UNPAID PRINCIPAL BALANCE OF THE
5 MORTGAGE LOANS ON YOUR HOME. ACCORDINGLY, IN THE EVENT OF
6 THE TOTAL LOSS OF YOUR HOME OR A LOSS FOR WHICH THE COST TO
7 REPAIR YOUR HOME EXCEEDS THE UNPAID BALANCE ON YOUR
8 MORTGAGE LOAN, YOU WILL INCUR SIGNIFICANT FINANCIAL LOSSES,
9 INCLUDING THE POTENTIAL LOSS OF SOME OF YOUR HOME'S EQUITY."

10 D. Liability shall not be imposed on an assessor or their employees based
11 upon the exercise or performance of or the failure to exercise or perform their duties
12 pursuant to this Section.

13 §1346.4. Minimum policy value

14 An insurer shall not issue a stated value policy for a sum less than the verified
15 outstanding balance of any mortgage on the homeowner's property, ensuring that the
16 insurance coverage adequately reflects the financial obligations associated with the
17 property.

18 §1346.5. Dissemination of information on risks associated with stated value policies:
19 commissioner

20 A. To promote consumer awareness within the insurance marketplace, the
21 commissioner shall provide clear, understandable, and accessible informational
22 materials to consumers regarding the risks, potential disadvantages, and limitations
23 associated with stated value policies. At a minimum, the commissioner shall include
24 the following in informational materials:

25 (1) A clear explanation of what stated value policies are and how they differ
26 from other types of property insurance policies, including but not limited to
27 differences of replacement costs.

28 (2) A description of the potential financial risks of a stated value policy,
29 including the possibility that the stated value may not fully cover the cost of
30 repairing or replacing damaged or destroyed property.

1 (3) A comparison of stated value policies with other types of policies,
2 including but not limited to actual cash value policies, highlighting the advantages
3 and disadvantages of each.

4 (4) Consumer tips for evaluating insurance options and understanding policy
5 terms, including instructions on how the consumer may ask questions and seek
6 clarification from the insurer about the terms and conditions of a stated value policy.

7 B.(1) The commissioner shall establish a dedicated section on the
8 department's website for consumers to access the informational materials described
9 in this Section and shall distribute the informational materials to homeowners at least
10 once every two years through either direct mail, email, or other means deemed
11 appropriate by the commissioner.

12 (2) The commissioner shall periodically review and update the informational
13 material provided to homeowners to ensure it reflects any changes in the insurance
14 market.

15 §1346.6. Enforcement and regulation; penalties; severability

16 A. The department shall enforce the provisions of this Subpart and may
17 adopt, amend, and repeal administrative rules in accordance with the Administrative
18 Procedure Act for the implementation and enforcement of this Subpart.

19 B. Insurers found in violation of this Subpart are subject to penalties as
20 prescribed in this Title, including but not limited to fines, suspension, or revocation
21 of a license to operate within the state.

22 C. If any provision of this Subpart or its application to any person or
23 circumstance is held to be invalid, the invalidity does not affect the remainder of this
24 Subpart that can be given effect without the invalid provision or application.

25 Section 2. This Act shall be known and may be cited as the "Stated Value Policy
26 Act."

27 Section 3. This Act shall become effective upon signature by the governor or, if not
28 signed by the governor, upon expiration of the time for bills to become law without signature
29 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If

[ACTS 2025, No. 400]


[NOTE: RS 22:1346.1 et seq.]


HB NO. 356

ENROLLED

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vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.


SPEAKER OF THE HOUSE OF REPRESENTATIVES


PRESIDENT OF THE SENATE


GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 30, 2025

ACT 428

2025 Regular Session

ENROLLED

SENATE BILL NO. 136

BY SENATOR TALBOT AND REPRESENTATIVE CHASSION

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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Classification RS 22

AN ACT

To enact R.S. ~~22:1464.1~~, relative to rate transparency reports; to require certain reports along with policies issued or renewed; to provide for report review and approval; to provide for report requirements; to authorize rule and regulation promulgation; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1464.1 is hereby enacted to read as follows:

§1464.1. Rate transparency report; required

A. Every admitted insurer licensed to write homeowner's or private passenger automobile insurance shall file a rate transparency report based on its most recently approved rate filing by January first of each year. If the commissioner determines that a report filed pursuant to this Section does not comply with the requirements of this Section, the commissioner shall disapprove the filing. The report shall be substantially similar to the model report promulgated by the commissioner and shall include a graphical representation identifying a percentage breakdown of the rating factors anticipated by the insurer to affect the filing. The sum total of the percentage value attributed to the rate factors shall be one hundred.

B. Upon issuing a new policy and upon renewal, an insurer required to

1 annually file a rate transparency report shall provide a copy of the insurer's
2 most recently approved rate transparency report for that line of coverage to the
3 insured.

4 C. A rate transparency report filed pursuant to this Section shall include
5 all of the following:

6 (1) The percentage of the indicated average premium associated with the
7 cost of reinsurance along with information to aid the consumer in
8 understanding the risk factor and its impact on premium.

9 (2) The percentage of the indicated average premium associated with the
10 projected cost of claims along with information to aid the consumer in
11 understanding the risk factor and its impact on premium.

12 (3) The percentage of the indicated average premium associated with loss
13 adjustment expenses along with information to aid the consumer in
14 understanding the risk factor and its impact on premium.

15 (4) The percentage of the indicated average premium associated with fees
16 and commissions along with information to aid the consumer in understanding
17 the risk factor and its impact on premium.

18 (5) The percentage of the indicated average premium associated with the
19 profit and contingency of the insurer along with information to aid the
20 consumer in understanding the risk factor and its impact on premium.

21 (6) The percentage of the indicated average premium associated with any
22 other relevant risk factors along with information to aid the consumer in
23 understanding the risk factors and their impact on premium.

24 (7) Contact information for the department, including the phone
25 number, email address, and hours of service for the office of consumer services
26 within the department.

27 (8) Any other rate factor or information provided by the insurer.

28 D. The commissioner may promulgate and adopt rules and regulations
29 in accordance with the Administrative Procedure Act for the implementation
30 and enforcement of this Section.

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E. Nothing in this Section shall be construed to create a private right of action.

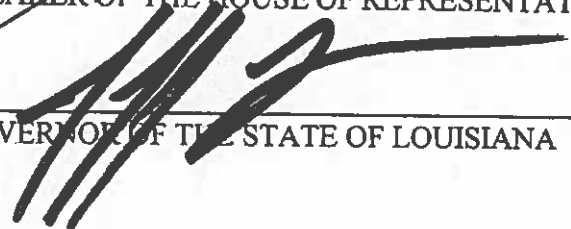
Section 2. The provisions of this Act shall become effective on January 1, 2027.




PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 
June 20, 2025

ACT 19

ENROLLED

2025 Regular Session

HOUSE BILL NO. 549

BY REPRESENTATIVES SCHAMERHORN, ADAMS, AMEDEE, BILLINGS, BOYER,
BUTLER, CARRIER, ROBBY CARTER, CARVER, DEVILLIER, DICKERSON,
EDMONSTON, EGAN, EMERSON, FIRMENT, GADBERRY, GLORIOSO,
HEBERT, MIKE JOHNSON, JACOB LANDRY, OWEN, AND SCHLEGEL

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Classification RS 22
- NOTE §§ 213

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AN ACT

To enact R.S. 22:1482.2, relative to motor vehicle insurance rate reductions; to require premium reductions for the liability portions of policies covering commercial motor vehicles equipped with dashboard cameras and telematics systems; to provide for definitions; to establish eligibility criteria; to require compliance reporting; to require the commissioner of insurance's submission of certain annual reports; to provide for rulemaking; to provide for applicability; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1482.2 is hereby enacted to read as follows:

§1482.2. Premium discount for dashboard cameras with telematics; liability portion of policies; commercial motor vehicles

A. The purpose of this Section is to enhance public safety, reduce insurance fraud, and lower costs of claims by incentivizing the use of dashboard cameras paired with telematics systems in commercial motor vehicles, thereby warranting a reduction in liability insurance premiums.

1 B. For the purposes of this Section, the following terms have the following
2 meanings:

3 (1) "Commercial motor vehicle" means the same as the term is defined in
4 R.S. 32:401 and includes fleet operations.

5 (2) "Dashboard camera" means a dashboard-mounted video recording device
6 capable of continuous loop recording with a minimum resolution of 1080p, designed
7 to capture footage of the road ahead of the vehicle.

8 (3) "Liability premium" means the portion of an insurance premium
9 attributable to bodily injury liability and property damage liability coverage under
10 a commercial motor vehicle insurance policy.

11 (4) "Telematics system" means a device or software integrated with a vehicle
12 that collects and transmits real-time data on driving behavior, including but not
13 limited to speed, braking, and mileage, to an insurer, fleet owner, or third-party
14 vendor designated by an insurer or policyholder.

15 C.(1) Every insurer authorized to issue commercial motor vehicle insurance
16 policies in this state, except for a surplus lines insurer, shall provide a discount on
17 the liability premium for each commercial motor vehicle equipped with a dashboard
18 camera and telematics system meeting the requirements of this Section. The insurer
19 shall provide the discount in an amount actuarially justified based on loss experience,
20 claims data, or other relevant factors.

21 (2) The discount required in this Subsection does not extend to collision,
22 comprehensive, or other coverage types unless otherwise determined by the insurer.

23 D.(1) To qualify for the discount, the policyholder shall ensure the dashboard
24 camera and telematics system both comply with all of the following:

25 (a) Be installed and operational at the time of policy issuance or renewal.

26 (b) Meet minimum technical standards as prescribed by the commissioner,
27 including compatibility between the dashboard camera and telematics system for
28 data verification.

1 (c) Remain in continuous use during the policy term, subject to verification
2 pursuant to Subsection E of this Section.

3 (2) The policyholder shall provide proof of installation and operation, such
4 as a certificate from a licensed vendor or telematics data report, upon request of the
5 insurer.

6 E.(1) Insurers shall annually verify compliance through the policyholder's
7 submission of a telematics summary report or a signed affidavit attesting to the
8 continuous operation of the dashboard camera and telematics system.

9 (2) A policyholder's failure to maintain an operational dashboard camera and
10 telematics system shall result in the forfeiture of the discount at the next policy
11 renewal, unless the discount is reinstated upon proof of compliance.

12 F.(1) Each insurer shall submit an annual report to the commissioner by
13 March first of each year, detailing all of the following:

14 (a) The number of commercial motor vehicles receiving the discount.

15 (b) The aggregate savings provided to policyholders pursuant to this Section.

16 (c) Any observed changes in claim frequency or severity attributable to
17 dashboard cameras and telematics usage.

18 (2) The commissioner shall compile and submit a summary of these reports
19 to the House Committee on Insurance and Senate Committee on Insurance by June
20 first of each year.

21 G. The commissioner shall promulgate and adopt rules and regulations in
22 accordance with the Administrative Procedure Act that are necessary to implement
23 this Section, including but not limited to technical standards for dashboard cameras
24 and telematics systems, verification procedures, and exemptions for insurers
25 demonstrating actuarial justification that the discount is not warranted based on
26 claims data specific to their portfolio.

27 H. Any insurer found to be in willful noncompliance with this Section is
28 subject to the penalties of R.S. 22:1969.

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Section 2. The commissioner shall begin submitting reports pursuant to R.S. 22:1482.2(F)(2) as enacted by Section 1 of this Act on June 1, 2027. ^[Acts 2025, No. 19]

Section 3. This Act shall become effective on January 1, 2026, and applies to all commercial motor vehicle insurance policies issued or renewed on or after that date. ^[Acts 2025, No. 19]

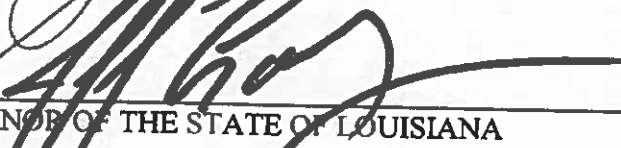
CNOTE 22:1482.2



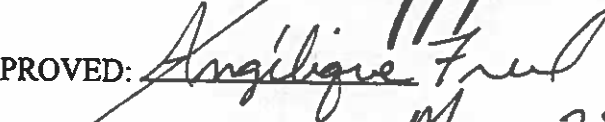
SPEAKER OF THE HOUSE OF REPRESENTATTIVES



PRESIDENT OF THE SENATE



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 
May 28, 2025

ACT 32

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NO EDITS
Classification RS 22

2025 Regular Session

ENROLLED

SENATE BILL NO. 52

BY SENATOR MCMATH AND REPRESENTATIVES ADAMS, AMEDEE, BAYHAM,
BOYD, CHASSION, DEVILLIER, LAFLEUR, MENA AND
WILLARD

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Classification RS 47

AN ACT

To enact R.S. 22:1483.1(F) and R.S. 47:293(9)(a)(xxvii), relative to grants from the Louisiana Fortify Homes Program; to provide an individual income tax exemption for grants from the Louisiana Fortify Homes Program; to provide relative to the definition of tax table income; to provide for applicability; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1483.1(F) is hereby enacted to read as follows:

§1483.1. Louisiana Fortify Homes Program

* * *

F. Grant amounts received on or after January 1, 2025, shall be exempt from inclusion in the recipient's taxable income for purposes of state individual income tax as provided in R.S. 47:293(9)(a)(xxvii).

~~Section 2. R.S. 47:293(9)(a)(xxvii) is hereby enacted to read as follows:~~

§293. Definitions

The following definitions shall apply throughout this Part, unless the context requires otherwise:

* * *

(9)(a) "Tax table income", for resident individuals, means adjusted gross income plus interest on obligations of a state or political subdivision thereof, other than Louisiana and its municipalities, title to which obligations vested with the resident individual on or subsequent to January 1, 1980, and less:

* * *

(xxvii) Grant amounts received from the Louisiana Fortify Homes Program pursuant to R.S. 22:1483.1 on or after January 1, 2025.

* * *

SB NO. 52

ENROLLED

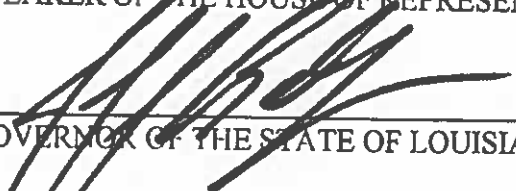
1 Section 3. This Act shall become effective upon signature by the governor or, if not
2 signed by the governor, upon expiration of the time for bills to become law without signature
3 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
4 vetoed by the governor and subsequently approved by the legislature, this Act shall become
5 effective on the day following such approval.



PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: 

June 4, 2025

ACT 465

2025 Regular Session

ENROLLED

SENATE BILL NO. 61

BY SENATORS LUNEAU, BARROW, BOUDREAUX, BOUIE, CARTER, DUPLESSIS, HARRIS, JACKSON-ANDREWS, JENKINS, PRICE AND SELDERS AND REPRESENTATIVES BOYD, CHASSION, FISHER, HUGHES, JACKSON, JORDAN, KNOX, MANDIE LANDRY, TERRY LANDRY, LARVADAIN, LYONS, MARCELLE, MILLER, NEWELL, PHELPS, WILLARD AND YOUNG

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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Classification RS 22

AN ACT

To amend and reenact R.S. 22:1508, 1509, and 1510, relative to the use of credit information in underwriting or rating of certain personal insurance policies; to require an insurer to provide a consumer with the credit information obtained by the insurer; to provide for adverse action notification; to require review of an insurer's scoring system; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1508, 1509, and 1510 are hereby amended and reenacted to read as follows:

§1508. Initial notification; **disclosure**

A. **(1)** If an insurer writing personal insurance uses credit information in underwriting or rating a consumer, the insurer or its agent shall disclose, either on the insurance application or at the time the insurance application is taken, that it may obtain credit information in connection with ~~such~~ **the** application. ~~Such~~ **The** disclosure shall be either written or provided to an applicant in the same medium as the application for insurance. The insurer need not provide the disclosure statement required under this Section to any insured on a renewal policy, if ~~such consumer~~ **the insured** has previously been provided a disclosure statement.

B. **(2)** Use of the following example disclosure statement constitutes compliance with this Section: **Subsection:** "In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third

1 party in connection with the development of your insurance score."

2 **B. At the time of an insurer's initial notification described in Paragraph**
 3 **(A)(1) of this Section, the insurer shall also notify the consumer of how he may**
 4 **obtain a copy of the credit information used in the underwriting or rating**
 5 **process.**

6 §1509. Adverse action notification

7 If an insurer takes an adverse action based upon credit information, the
 8 insurer ~~must meet the notice requirements of this Section. Such insurer shall~~ **do both**
 9 **of the following:**

10 (1) Provide notification to the consumer that an adverse action has been taken
 11 in accordance with the requirements of the federal Fair Credit Reporting Act, 15
 12 U.S.C. 1681m(a).

13 (2) Provide notification to the consumer explaining the reason for the adverse
 14 action. The reasons shall be provided in sufficiently clear and specific language so
 15 that a person can identify the basis for the insurer's decision to take an adverse
 16 action. ~~Such~~ **The** notification shall include a description of up to four factors that
 17 were the primary influences of the adverse action. The use of generalized terms such
 18 as "poor credit history", "poor credit rating", or "poor insurance score" does not meet
 19 the explanation requirements of this Section. Standardized credit explanations
 20 provided by consumer reporting agencies or other third-party vendors are deemed
 21 to comply with this Section.

22 §1510. Filing; **review by commissioner**

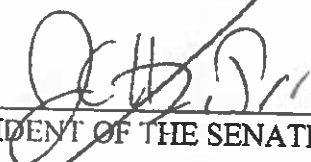
23 A.(1) Insurers that use insurance-related scoring systems to underwrite and
 24 rate risks shall file their scoring models or other scoring processes with the
 25 Department of Insurance. A third party may file scoring models on behalf of
 26 insurers. A filing that includes insurance scoring may include loss experience
 27 justifying the use of credit information.

28 **(2) The commissioner shall review the scoring models or other scoring**
 29 **processes filed with the department pursuant to this Subsection to ensure**
 30 **compliance with the requirements of this Subpart.**


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B. Any filing relating to credit information is considered a trade secret under
pursuant to the Uniform Trade Secrets Act, R.S. 51:1431 et seq.

Section 2. This Act shall become effective on July 1, 2026.



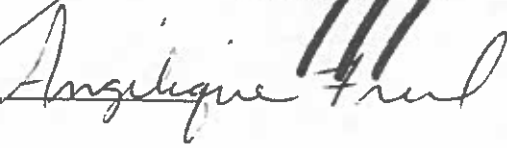
PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 30, 2025

ACT 29

2025 Regular Session

SENATE BILL NO. 40

BY SENATOR WHEAT

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Classification RS 22

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

1

AN ACT

2

To amend and reenact R.S. 22:1573(C) through (E), 1662(2)(b), 1673(A), and 1702(A), relative to licensure requirements; to provide for certain continuing education requirements; to increase the number of certain continuing education requirements; to provide for claims that require licensed adjusters; and to provide for related matters.

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Be it enacted by the Legislature of Louisiana:

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Section 1. R.S. 22:1573(C) through (E), 1662(2)(b), 1673(A), and 1702(A) are hereby amended and reenacted to read as follows:

10

§1573. Continuing education requirements

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* * *

12

C. Life insurance producers and consultants and accident and health or sickness insurance producers and consultants shall complete twenty-four hours of approved instruction or verifiable approved self-study prior to each renewal of license, with at least three hours dedicated to the subject of ethics. A person who holds a combination of life or accident and health or sickness insurance producer licenses and life or accident and health or sickness consultant licenses shall complete a total of twenty-four hours of approved instruction or verifiable approved self-study, with at least three hours dedicated to the subject of ethics **and at least two hours dedicated to the subject of legislative updates in insurance law.**

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D. Insurance producers authorized to write property, casualty, or property and casualty or personal lines insurance business and property, casualty, or property and casualty insurance consultants shall complete twenty-four hours of approved instruction or verifiable approved self-study before each renewal of license with at least three hours of approved instruction dedicated to the subject of ethics and three hours dedicated to the subject of flood insurance. A person who holds a combination of property, casualty, or property and casualty insurance producer licenses and

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1 property, casualty, or property and casualty consultant licenses, shall complete a total
2 of twenty-four hours of approved instruction or verifiable approved self-study, with
3 at least three hours dedicated to the subject flood insurance **and at least two hours**
4 **dedicated to the subject of legislative updates in insurance law.**

5 E. For producers authorized to write life or accident and health or sickness
6 insurance and also authorized to write property, casualty, or property and casualty
7 or personal lines insurance business, and consultants authorized to consult on life or
8 accident and health or sickness insurance and also authorized to consult on property,
9 casualty, or property and casualty or personal lines insurance business, the
10 continuing education requirement for renewal of license is twenty-four hours of
11 approved instruction or verifiable approved self-study with at least three hours of
12 approved instruction or verifiable approved self-study dedicated to the subject of
13 ethics and three hours dedicated to the subject of flood insurance. Persons who hold
14 a combination of life, accident and health or sickness, property, casualty, or property
15 and casualty insurance producer licenses and life, accident and health or sickness,
16 property, casualty, or property and casualty consultant licenses shall complete a total
17 of twenty-four hours of approved instruction or verifiable approved self-study, with
18 at least three hours dedicated to the subject of ethics, **and at least three hours**
19 **dedicated to the subject of flood insurance, and at least two hours dedicated to the**
20 **subject of legislative updates in insurance law.**

21 * * *

22 §1662. General exemptions

23 This Part does not apply to:

24 * * *

25 (2)

* * *

26 (b) An individual employed by an insurer who adjusts a loss not to exceed
27 ~~five hundred~~ **two thousand** dollars or authorizes a payment on a claim for a loss for
28 which there is a specified coverage limit of ~~five hundred~~ **two thousand** dollars or
29 less, arising from a first-party claim under a property and casualty insurance policy.

30 * * *

1 §1673. Continuing education

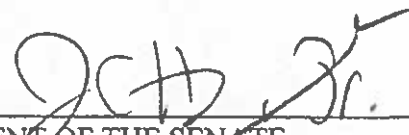
2 A. An individual who holds an adjuster license and who is not exempt ~~under~~
3 pursuant to Subsection B of this Section shall satisfactorily complete a minimum
4 of twenty-four hours of continuing education courses, including ethics, with at least
5 two hours dedicated to the subject of legislative updates in insurance law,
6 reported on a biennial basis in conjunction with the license renewal cycle.

7 * * *


8 §1702. Continuing education

9 A. An individual who holds a public adjuster license and who is not exempt
10 ~~under~~ pursuant to Subsection B of this Section shall satisfactorily complete a
11 minimum of twenty-four hours of continuing education courses, including ethics,
12 with at least two hours dedicated to the subject of legislative updates in
13 insurance law, reported on a biennial basis in conjunction with the license renewal
14 cycle.

15 * * *



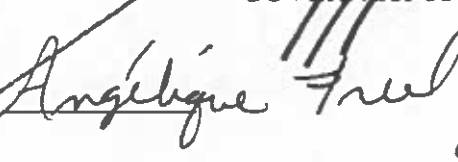
PRESIDENT OF THE SENATE



SPEAKER OF THE HOUSE OF REPRESENTATIVES



GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 4, 2025

ACT 474

La. State Law Institute
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2025 Regular Session

Edits To: RS 22 Pgs. 3, 5-7, 9, 11-12
Note: - NOTE § 5

HOUSE BILL NO. 264

BY REPRESENTATIVES ECHOLS, AMEDEE, BACALA, BAGLEY, BAMBURG, BAYHAM, BEAULLIEU, BERAULT, BILLINGS, BOYD, BUTLER, CARLSON, CARPENTER, CARRIER, ROBBY CARTER, CARVER, CHASSION, CHENEVERT, COATES, COX, CREWS, DESHOTEL, DEVILLIER, DICKERSON, DOMANGUE, EDMONSTON, EGAN, EMERSON, FARNUM, FIRMENT, FONTENOT, GLORIOSO, HEBERT, HORTON, HUGHES, ILLG, JACKSON, MIKE JOHNSON, TRAVIS JOHNSON, JORDAN, KERNER, LAFLEUR, JACOB LANDRY, MACK, MARCELLE, MCCORMICK, MCFARLAND, MCMAHEN, MCMAKIN, MELERINE, MILLER, NEWELL, ORGERON, OWEN, ROMERO, SCHAMERHORN, SCHLEGEL, SPELL, ST. BLANC, STAGNI, TAYLOR, THOMPSON, TURNER, VILLIO, WALTERS, WILDER, WILEY, AND WYBLE AND SENATOR BASS

La. State Law Institute
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Classification RC 40

- NOTE § 5
- COPY PGS. 1, 13-16

AN ACT

To amend and reenact the heading of Subpart C-1 of Part II of Chapter 6 of Title 22 of the Louisiana Revised Statutes of 1950, ~~R.S. 22:1863, 1865~~ (Section heading), and 1867, R.S. ~~40:2869(A) and (B) and 2870(A)(4) and (5)(a), and R.S. 44:4.1(B)(11)~~, to enact R.S. 22:1868, 1868.1, 1869, 1870, and ~~1871~~,^{1870.1} and to repeal R.S. 22:1657.1, 1860.2, and 1860.3(E) and R.S. 40:2870(A)(5)(b), relative to pharmacy benefit managers; to prohibit the retention of rebates; to provide for reimbursement of pharmacists and pharmacies; to authorize the commissioner of insurance's examination of records and compensation programs; to provide for appeals; to provide for definitions; to prohibit effective rate pricing and spread pricing; to provide for reporting; to provide for advisory council membership; to provide for enforcement and effective dates; to provide for the creation of a fund; to prohibit patient steering; to provide for public records exceptions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. The heading of Subpart C-1 of Part II of Chapter 6 of Title 22 of the Louisiana Revised Statutes of 1950, R.S. 22:1863, 1865 (Section heading), and 1867 are hereby amended and reenacted and R.S. 22:1868, 1868.1, 1869, 1870, and ~~1871~~,^{1870.1} are hereby enacted to read as follows:

1 SUBPART C-1. PHARMACY BENEFIT ~~MANAGERS~~ MANAGER'S
 2 ~~MAINTENANCE AND USE OF MAXIMUM ALLOWABLE COST LISTS FOR~~
 3 PRESCRIPTION DRUGS

4 §1863. Definitions

5 As used in this Subpart, the following definitions apply:

6 (1) "Drug Shortage List" means a list of drug products posted on the United
 7 States Food and Drug Administration drug shortage website.

8 (2) "Effective rate pricing" means any payment reduction for pharmacist or
 9 pharmacy services by a pharmacy benefit manager under a reconciliation process for
 10 direct or indirect remuneration fees, a brand or generic effective rate of
 11 reimbursement, or any other reduction or aggregate reduction of payment.

12 (3) "Health benefit plan", "health plan", "plan", "benefit", or "health
 13 insurance coverage" means services consisting of medical care provided directly
 14 through insurance, reimbursement, or other means, and including items and services
 15 paid for as medical care under any hospital or medical service policy or certificate,
 16 hospital or medical service plan contract, preferred provider organization contract,
 17 or health maintenance organization contract offered by a health insurance issuer.
 18 However, excepted benefits are not included as a "health benefit plan".

19 (4) "Health insurance issuer" means any entity that offers health insurance
 20 coverage through a plan, policy, or certificate of insurance subject to state law that
 21 regulates the business of insurance. "Health insurance issuer" shall also include a
 22 health maintenance organization, as defined and licensed pursuant to Subpart I of
 23 Part I of Chapter 2 of this Code.

24 (5) "Local pharmacy" means a pharmacy as defined in the North American
 25 Industry Classification System (NAICS) Code 456110, which is domiciled in
 26 Louisiana and has fewer than ten retail outlets under its corporate umbrella.

27 (2) (6) "Maximum Allowable Cost List" means a listing of the National Drug
 28 Code used by a pharmacy benefit manager setting the maximum allowable cost on
 29 which reimbursement to a pharmacy or pharmacist may be based. "Maximum
 30 Allowable Cost List" shall include any term that a pharmacy benefit manager or a

1 healthcare insurer may use to establish reimbursement rates for generic and
 2 multi-source brand drugs to a pharmacist or pharmacy for pharmacist services. The
 3 term "~~Maximum Allowable Cost List~~" shall not include any rate mutually agreed to
 4 and set forth in writing in the contract between the pharmacy benefit manager and
 5 the pharmacy or its agent and shall not include the National Average Drug
 6 Acquisition Cost. A pharmacy benefit manager may use effective rate pricing for a
 7 pharmacist or pharmacy that is not a local pharmacy or local pharmacist as defined
 8 in R.S. 46:460.36(A).

9 ~~(3)~~ (7) "NDC" means the National Drug Code, a numerical identifier assigned
 10 to all prescription drugs.

11 ~~(4)~~ (8) "Pharmacist" means a licensed pharmacist as defined in R.S.
 12 22:1852(8).

13 ~~(5)~~ (9) "Pharmacist services" means products, goods, or services provided as
 14 a part of the practice of pharmacy as defined in R.S. 22:1852(9).

15 ~~(6)~~ (10) "Pharmacy" means any appropriately licensed place where
 16 prescription drugs are dispensed as defined in R.S. 22:1852(10).

17 ~~(7)~~ (11) "Pharmacy benefit manager" ~~means an entity that administers or~~
 18 ~~manages a pharmacy benefits plan or program~~ has the same meaning as the term
 19 defined in R.S. 22:1641(8) and includes any person, either directly or indirectly, that
 20 provides one or more pharmacy benefit management services on behalf of an insurer
 21 or health plan, and any agent, contractor, intermediary, affiliate, subsidiary, or
 22 related entity of such person who facilitates, provides, directs, or oversees the
 23 provision of the pharmacy benefit management services.

24 ~~(8)~~ (12) "Pharmacy benefits plan" or "pharmacy benefits program" means a
 25 plan or program that pays for, reimburses, covers the cost of, or otherwise provides
 26 for pharmacist services to individuals who reside in or are employed in Louisiana.

27 (13) "Rebates" means all rebates, discounts, and other price concessions,
 28 based on utilization of a prescription drug and paid by the manufacturer or other
 29 party other than an enrollee, directly or indirectly, to the pharmacy benefit manager
 30 after the claim has been adjudicated at the pharmacy. Rebates shall include a

1 reasonable estimate, as determined by the commissioner, of any volume-based
2 discount or other discounts.

3 (14) "Specialty drug" means a drug that meets all of the following criteria:

4 (a) The drug is used to treat and is prescribed for a person with a complex,
5 chronic, or rare medical condition that is progressive, can be debilitating or fatal if
6 left untreated or undertreated, or for which there is no known cure.

7 (b) The drug is not routinely stocked at a majority of pharmacies within this
8 state.

9 (c) The drug has special handling, storage, inventory, or distribution
10 requirements.

11 (d) Patients receiving the drug require complex education and treatment
12 maintenance, such as complex dosing, intensive monitoring, or clinical oversight.

13 ~~(9)~~(15) "Spread pricing" means any amount charged or claimed by a
14 pharmacy benefit manager charges or claims from a health plan provider or managed
15 care organization for payment of a prescription or for pharmacy services that is
16 different than drug that exceeds the amount paid by the pharmacy benefit manager
17 paid to the pharmacist or pharmacy who filled the prescription or provided the
18 pharmacy services for the dispensing of the prescription drug, minus a pharmacy
19 benefit management fee.

20 * * *

21 §1865. Appeals; maximum allowable costs

22 * * *

23 §1867. Prohibition on spread pricing; ~~notice exception~~ effective rate pricing; fees

24 A. A pharmacy benefit manager is prohibited from conducting or
25 participating in spread pricing in this state ~~unless the pharmacy benefit manager~~
26 ~~provides written notice as provided in Subsection B of this Section.~~

27 B. ~~The notice issued by a pharmacy benefit manager, or a health insurance~~
28 ~~issuer where the health insurance issuer has agreed to issue the notice, that utilizes~~
29 ~~spread pricing shall be:~~ A pharmacy benefit manager is prohibited from using
30 effective rate pricing for a local pharmacy.

1 ~~(1) Required for each health insurance issuer or plan provider in which the~~
 2 ~~pharmacy benefit manager engaged or participated in spread pricing.~~

3 ~~(2) Delivered to the policy holder.~~

4 ~~(3) Provided at least biannually.~~

5 ~~(4) Indicative of the aggregate amount of spread pricing charged by the~~
 6 ~~pharmacy benefit manager during the period.~~

7 ~~(5) Written in plain, simple, and understandable English.~~

8 C. A health insurance issuer or a pharmacy benefit manager shall not directly
 9 or indirectly charge or hold a pharmacist or pharmacy responsible for any fee.

10 E. D. Any violation of this Section that is committed or performed with such
 11 frequency as to indicate a general business practice shall be subject to the provisions
 12 of the Unfair Trade Practices and Consumer Protection Law, R.S. 51:1401 et seq.,
 13 as provided in R.S. 40:2870(B).

14 §1868. Local pharmacy reimbursement; National Average Drug Acquisition Costs;

15 appeals

16 A. (1) No pharmacy benefit manager or person acting on behalf of a pharmacy
 17 benefit manager shall reimburse a pharmacy or pharmacist in this state an amount
 18 less than the acquisition cost for the covered drug, device, or service. The provisions
 19 of this Section shall apply only to reimbursement for a contracted pharmacist or local
 20 pharmacy.

21 B. (2) For purposes of this Section, the following definitions shall apply:

22 (1) (a) "Acquisition cost" means the set of National Average Drug Acquisition
 23 Costs, "NADAC", as calculated by the Centers for Medicaid and Medicaid Services
 24 and reflected in the most recently released public file.

25 (2) (b) "Adjustment factor" means a percentage-based change to the prescription
 26 drug pricing benchmark, such as average wholesale price or national average drug
 27 acquisition cost, applied uniformly across a class of drugs.

28 (3) (c) "Claim payment error" means a pharmacy or pharmacist claim payment
 29 amount that fails to reimburse at or above acquisition cost.

1 (4) ~~(d)~~ "Reimbursement formula" means a prescription drug reimbursement
 2 calculation involving an ingredient price, calculated based on a prescription drug
 3 pricing benchmark plus an adjustment factor, and a professional dispensing fee.

4 C. ~~(2)~~ Notwithstanding any provision of law to the contrary, effective January
 5 1, 2026, a pharmacy benefit manager shall meet all of the following requirements for
 6 claims submitted by any local pharmacy to a pharmacy benefit manager
 7 administering claims on behalf of a health plan, except for the office of group
 8 benefits:

9 (1) ~~(a)~~ Adopt a reimbursement formula using either NADAC as the prescription
 10 drug pricing benchmark or, with prior written approval by the commissioner, an
 11 alternative prescription drug pricing benchmark that results in claim payment errors
 12 that are both comparable to or less than NADAC in terms of frequency and smaller
 13 than NADAC in terms of magnitude.

14 (2) ~~(b)~~ Adopt a reimbursement formula using an adjustment factor that, based on
 15 claims experience data available to the pharmacy benefit manager, is reasonably
 16 expected to result in a claim payment error rate of no more than two percent per drug
 17 as identified by its national drug code.

18 (3) ~~(c)~~ Adopt an appeal process for pharmacists to challenge claim payment
 19 errors that, at a minimum, meets the following requirements:

20 (a) ~~(i)~~ A network pharmacy contract executed by and between a pharmacy
 21 benefit manager and a pharmacy located in Louisiana shall, at a minimum, contain
 22 a provision expressly acknowledging that if a Louisiana pharmacy's reimbursement
 23 for any covered drug or device is less than the pharmacy's acquisition cost for that
 24 drug or device, the pharmacy has the right to appeal that reimbursement and, if
 25 successful, receive additional payment so that the total reimbursement is equal to the
 26 pharmacy's demonstrated acquisition cost. The pharmacy benefit manager shall
 27 direct the pharmacy to the pharmacy benefit manager's electronic and written appeal
 28 locations.

29 (b) ~~(ii)~~ Permit appeals to be filed for a period of fifteen days following the
 30 applicable date of payment.

1 (c) ~~(if)~~ If an appeal is filed with the pharmacy benefit manager, the pharmacy
2 must include a written invoice from the wholesaler that includes the drug name,
3 national drug code number, purchase date, and cost of the drug.

4 (d) ~~(if)~~ If a claim payment error occurred, the pharmacy benefit manager shall
5 make an additional payment to the pharmacy to increase the reimbursement amount
6 to the acquisition cost.

7 (e) ~~(if)~~ The pharmacy benefit manager shall individually notify all pharmacies
8 using the same customary supplier or wholesaler that a claim payment error occurred
9 and that the pharmacy may reverse and resubmit the claim to correct the claim
10 payment error. The pharmacy benefit manager shall make retroactive price
11 adjustments in the next payment cycle.

12 (f) ~~(if)~~ If a pharmacy benefit manager determines that a claim payment error did
13 not occur, it shall provide the pharmacy or pharmacist with an explanation of why
14 it has upheld the payment, including a specific documentation of the acquisition cost
15 on the date of service. The explanation shall be provided electronically or in writing
16 through customary means of communication between the pharmacy benefit manager
17 and the pharmacy or pharmacist. The explanation shall also include a notice in at
18 least ten point font stating that, if the pharmacy or pharmacist disagrees with the
19 decision, the pharmacy or pharmacist may file a complaint with the Department of
20 Insurance.

21 §1868.1. Pharmacy benefit manager rebate retention restrictions; fee disclosure

22 A. A pharmacy benefit manager may negotiate, but shall not retain any
23 portion of rebates received from a drug manufacturer. All manufacturer rebates shall
24 be passed through to the plan sponsor as shared savings in the form of lower
25 premiums, reduced cost-sharing including reduced copays, coinsurance, or
26 deductibles for prescription drugs, or to provide broader drug coverage. The specific
27 allocation of rebates and how they are shared with plan members shall be identified
28 in the plan sponsor's plan design and contract terms.

1 B. All pharmacy benefit management fees shall be disclosed in writing and
2 set forth clearly in the contract between the pharmacy benefit manager and the
3 insurer or health plan.

4 C. On or before December thirty-first of each calendar year, each pharmacy
5 benefit manager shall certify under oath to the commissioner of insurance that it has
6 fully complied with the provisions of this Section for the prior calendar year. The
7 certification shall be signed by the chief executive officer or chief financial officer
8 of the pharmacy benefit manager and shall be subject to audit and penalty for false
9 statements.

10 D. Any violation of this Section shall be considered an unfair or deceptive act
11 or practice in the business of insurance and shall be subject to all enforcement
12 authority granted to the commissioner pursuant to this Title.

13 E. For purposes of this Section, the following definitions apply:

14 (1) "Pharmacy benefit management fee" means a fee paid by an insurer or
15 health plan to a pharmacy benefit manager for pharmacy benefit management
16 services provided.

17 (2) "Rebates" means all rebates, discounts, and other price concessions, based
18 on utilization of a prescription drug and paid by the manufacturer or other party other
19 than an enrollee, directly or indirectly, to the pharmacy benefit manager after the
20 claim has been adjudicated at the pharmacy. Rebates shall include a reasonable
21 estimate, as determined by the commissioner, of any volume-based discount or other
22 discounts.

23 §1869. Compensation program; review by commissioner; exceptions

24 A. The commissioner may review the compensation program of a pharmacy
25 benefit manager or person acting on behalf of a pharmacy benefit manager with a
26 health insurance issuer, pharmacy services administrative organization, pharmacy,
27 or pharmacist, or any person acting on their behalf, to ensure that the reimbursement
28 for drugs, devices, and services paid to the pharmacist or pharmacy is fair and
29 reasonable.

30 B. "Compensation program" means both of the following:

(1)
~~(a)~~ Negotiated price concessions such as base price concessions, including those labeled as a rebate or otherwise; reasonable estimates of any price protection rebates; and performance-based price concessions that may accrue directly or indirectly to the health insurance issuer, plan, or other party on behalf of the health insurance issuer or plan, including a pharmacy benefit manager, during the coverage year. These concessions may come from a pharmaceutical manufacturer, dispensing pharmacy, or other party in connection with the dispensing or administration of a prescription drug.

(2)
~~(b)~~ Reasonable estimates, as determined by the commissioner, of any negotiated price concessions, fees, and other administrative costs that are passed through, or are reasonably anticipated to be passed through, to the health insurance issuer or plan that serve to reduce the health insurance issuer's or plan's liabilities for a prescription drug.

C. Information provided to the commissioner pursuant to Subsection A of this Section and specifically identified as confidential by the pharmacy benefit manager, including the terms and conditions of any contract and other proprietary information, shall be confidential and shall not be subject to disclosure. However, the commissioner may disclose confidential information to insurance departments of other states or for the purposes of any adjudicatory hearing or court proceeding invoked by the commissioner in accordance with the provisions of this Part.

§1870. Pharmacy benefit manager transparency report; examination by commissioner

A. Each pharmacy benefit manager licensed by the commissioner shall submit an annual transparency report as a condition of maintaining licensure.

B.(1) On March first of each year, each licensed pharmacy benefit manager shall submit a transparency report containing data from the prior calendar year to the department. The transparency report shall contain the following information for each of the pharmacy benefit manager's contractual or other relationships with a health benefit plan or health insurance issuer:

1 (a) The total amount of all rebates that the pharmacy benefit manager
2 received from pharmaceutical manufacturers.

3 (b) The total amount of all administrative fees that the pharmacy benefit
4 manager received.

5 (c) The total amount of all negotiated price concessions such as base price
6 concessions, reasonable estimates of any price protection rebates other than
7 manufacturer rebates, and performance-based price concessions.

8 (d) The total amount of all rebates passed to enrollees at the point of sale of
9 a prescription drug.

10 (e) The total amount of all reimbursement paid to network pharmacies in this
11 state, specifically identified by local pharmacy and non-local pharmacy.

12 (f) The total amount of all specialty drug rebates that the pharmacy benefit
13 manager received.

14 (g) The total number of other services provided by the pharmacy benefit
15 manager or its affiliates or subsidiaries in addition to prescription drugs. The total
16 amount reported shall include identification of the service, the number of services
17 provided, by whom they were provided, and the dollar amount relative to the
18 provision of the services.

19 (h) The complete corporate vertical integration structure of all components
20 related to the pharmacy benefit manager including the insurer, pharmacy benefit
21 manager, group purchasing organization, manufacturer, wholesale distributor, special
22 or mail order pharmacy, retail or long term care pharmacy, and provider.

23 (2) The transparency report shall be made available in a form that does not
24 disclose the identity of a specific health benefit plan, the prices charged for specific
25 drugs or classes of drugs, or the amount of any rebates provided for specific drugs
26 or classes of drugs.

27 (3) Within sixty days of receipt, the Department of Insurance shall publish
28 the transparency report on the department's website in a location designated for
29 pharmacy benefit manager information.

1 (4) The pharmacy benefit manager and the Department of Insurance shall not
2 publish or disclose any information that would reveal the identity of a specific health
3 benefit plan, the prices charged for a specific drug or class of drugs, or the amount
4 of any rebates provided for a specific drug or class of drugs. Any such information
5 shall be protected from disclosure as confidential and proprietary information and
6 shall not be regarded as a public record pursuant to the Public Records Law.

7 (5) A pharmaceutical drug manufacturer shall provide notice not later than
8 thirty days after increasing the wholesale acquisition drug cost of a brand name drug
9 by more than fifteen percent per wholesale acquisition cost unit during any twelve
10 twelve-month
10 month period, or generic or biosimilar drug with a significant price increase, as
11 defined by the commissioner, in any twelve-month period, or introducing a new drug
12 for distribution in this state when the wholesale acquisition cost is greater than the
13 amount that causes the drug to be considered a specialty drug under the Medicare
14 Part D program. The manufacturer shall also report to the commissioner specific
15 information about the drug subject to a price increase and an explanation of the
16 increase, including whether it was in response to any rebate or formulary
17 requirement.

18 C. The information required pursuant to this Section shall be submitted in a
19 format determined by the commissioner.

20 D.(1) The commissioner may examine the books or records of a pharmacy
21 benefit manager to determine the accuracy of the transparency report. The
22 commissioner shall have access to any information he considers necessary to
23 determine the accuracy of the transparency report including but not limited to
24 individual amounts paid by a health insurance issuer to the pharmacy benefit
25 manager for drugs, devices, or services provided by a pharmacist or pharmacy, and
26 the individual amount a pharmacy benefit manager paid to a pharmacist or pharmacy
27 for the same drug, device, or service.

28 (2) This Section does not limit the power of the commissioner to examine
29 or audit the books or records of a pharmacy benefit manager.

1 §1871. Enforcement: Pharmacy Benefit Manager Enforcement Fund: creation

2 A. The commissioner shall enforce the provisions of this Section with all of
3 the powers and authority vested in him pursuant to this Title.

4 B. Any act or combination of acts prohibited by this Section shall be
5 considered an unfair method of competition and unfair practice or act in accordance
6 with the Unfair Trade Practices and Consumer Protection Law, R.S. 51:1401 et seq.

7 C.(1) The attorney general shall have independent authority to investigate,
8 enforce, and contract with outside counsel for purposes of enforcing violations of
9 this Section. Upon a finding that a pharmacy benefit manager has violated any
10 provision of this Section, the attorney general may seek restitution to the state and
11 treble damages under civil action and shall be entitled to an award of attorney fees.

12 (2)(a) The Pharmacy Benefit Manager Enforcement Fund, hereafter referred
13 to as the "fund", is created in the state treasury as a special fund. Any monies
14 collected pursuant to a violation of this Section or violation of any provision of law
15 regulating the practice of pharmacy benefit managers shall be deposited into the
16 fund. The monies in the fund shall be invested by the state treasurer in the same
17 manner as monies in the state general fund and interest earned on the investment of
18 monies in the fund shall be credited to the fund.

19 (b) After compliance with the requirements of Article VII, Section 9(B) of
20 the Constitution of Louisiana relative to the Bond Security and Redemption Fund,
21 and prior to monies being placed in the state general fund, all monies received by the
22 state pursuant to a civil award granted or settlement under the provisions of this
23 Section shall be deposited into the fund and used for the following purposes:

24 (i) Subject to legislative appropriation, monies in the fund shall be used first
25 to fund the commissioner of insurance and attorney general's expenditures necessary
26 to carry out the provisions of this Section.

27 (ii) At the conclusion of each fiscal year, any unexpended monies shall be
28 returned to the policyholders in accordance with a program designed by the attorney
29 general and commissioner.

1 Section 2. R.S. 40:2869(A) and (B) and 2870(A)(4) and (5)(a) are hereby amended
2 and reenacted to read as follows:

3 §2869. Pharmacy benefit manager monitoring advisory council; membership;
4 functions

5 A. There is hereby created within the Department of Insurance a pharmacy
6 benefit manager monitoring advisory council, referred to hereafter in this Chapter
7 as the "advisory council", that shall consist of the following members, each of whom
8 may appoint a designee:

9 (1) The commissioner of the Department of Insurance, or his designee from
10 the department.

11 ~~(2) The president of the Louisiana State Board of Medical Examiners.~~

12 ~~(3) The president of the Louisiana Board of Pharmacy.~~

13 ~~(4) (2) The attorney general, or her designee from the department.~~

14 ~~(5) The director of the public protection division of the Department of Justice.~~

15 ~~(6) (3) The secretary of the Louisiana Department of Health, or his designee~~
16 ~~from the department.~~

17 ~~(7) The president of the Louisiana Academy of Physician Assistants.~~

18 ~~(8) The president of the Louisiana State Medical Society.~~

19 ~~(9) The president of the Louisiana Association of Nurse Practitioners.~~

20 ~~(10) The president of the Louisiana Pharmacists Association.~~ (4) A
21 pharmacist who works for a chain drug store appointed by the Louisiana Alliance of
22 Retail Pharmacies.

23 ~~(11) (5) The president of An independent pharmacist appointed by the~~
24 ~~Louisiana Independent Pharmacies Association.~~

25 ~~(12) The president of the National Association of Chain Drug Stores.~~

26 ~~(13) (6) The president of the Pharmaceutical Research and Manufacturers of~~
27 ~~America, or his designee.~~

28 ~~(14) The president of the Louisiana Academy of Medical Psychologists.~~

29 ~~(15) (7) The president of the Louisiana Association of Health Plans, or his~~
30 ~~designee.~~

1 ~~(16)~~ (8) ~~The president~~ An employee of a pharmacy benefit manager licensed
 2 by the Louisiana Board of Pharmacy, selected by the Louisiana affiliate of the
 3 Pharmaceutical Care Management Association from a list of interested and qualified
 4 individuals. The employee shall have responsibility for and experience in daily
 5 administrative functions of the business practices of the pharmacy benefit manager.

6 ~~(17)~~ ~~The president of the Louisiana Association of Business and Industry.~~

7 ~~(18)~~ ~~The chief executive officer of the Louisiana Business Group on Health.~~

8 ~~(19)~~ ~~The president of the Louisiana AFL-CIO.~~

9 ~~(20)~~ ~~The president of the Louisiana Association of Health Underwriters.~~

10 ~~(21)~~ (9) The governor, or his designee from the office of the governor.

11 ~~(22)~~ (10) The chairman of the House Committee on Insurance, or his designee
 12 who is a member of the House of Representatives, who shall serve as vice chairman
 13 of the council.

14 ~~(23)~~ (11) The chairman of the Senate Committee on Insurance, or his
 15 designee who is a member of the Senate, who shall serve as the chairman of the
 16 council.

17 ~~(24)~~ (12) The chairman of the House Committee on Health and Welfare, or
 18 his designee who is a member of the House of Representatives.

19 ~~(25)~~ (13) The chairman of the Senate Committee on Health and Welfare, or
 20 his designee who is a member of the Senate.

21 B. The members of the advisory council shall serve at the pleasure of their
 22 respective appointing authorities. Seven members shall constitute a quorum for the
 23 transaction of all business. ~~The members shall elect a chairman and vice chairman~~
 24 ~~whose duties shall be established by the advisory council. The member elected to~~
 25 ~~serve as chairman shall fix a time and place for regular meetings of the advisory~~
 26 ~~council, which shall meet at least quarterly. The advisory council shall establish~~
 27 ~~policies and procedures necessary to carry out its duties. Expenses for the~~
 28 ~~administrative staffing of the advisory council shall be provided for from the~~
 29 ~~licensing fees paid by pharmacy benefit managers and may be transferred between~~
 30 ~~state agencies by memorandum of understanding or cooperative endeavor agreement.~~

* * *

§2870. Prohibited acts; unfair and deceptive trade practices

A. A pharmacy benefit manager in Louisiana shall not:

* * *

(4) Conduct or participate in effective rate pricing or spread pricing as defined in R.S. 22:1863(9) without providing the notice required by R.S. 22:1867.

(5)(a) Directly or indirectly engage in patient steering to a pharmacy in which the pharmacy benefit manager maintains an ownership interest or control ~~without making a written disclosure and receiving acknowledgment from the patient. The disclosure required by this Paragraph shall provide notice that the pharmacy benefit manager has an ownership interest in or control of the pharmacy, and that the patient has the right under the law to use any alternate pharmacy that they choose. Patient steering includes but is not limited to any communication by a pharmacy benefit manager through data mining or other similar process of any patient information generated or obtained throughout the prescription filling process at any pharmacy, including contacting the patient verbally or in writing to directly or indirectly influence the patient or provide the patient with the option to use an alternate pharmacy that is a preferred carve-out or is in a strategic relationship with the pharmacy benefit manager or in which the pharmacy benefit manager maintains an ownership interest or control or contracts with to process prescriptions on its behalf.~~ The A pharmacy benefit manager is prohibited from retaliation or further attempts to influence the patient, ~~or treat the patient or the patient's claim any differently if the patient chooses to use the alternate pharmacy.~~

* * *

~~Section 3. R.S. 44:4.1(B)(11) is hereby amended and reenacted to read as follows:~~

§4.1. Exceptions

* * *

B. The legislature further recognizes that there exist exceptions, exemptions, and limitations to the laws pertaining to public records throughout the revised statutes and codes of this state. Therefore, the following exceptions, exemptions, and

limitations are hereby continued in effect by incorporation into this Chapter by citation:

* * *

(11) R.S. 22:2, 14, 31, 42.1, 88, 244, 263, 265, 461, 550.7, 571, 572, 572.1, 572.2, 574, 601.3, 618, 639, 691.4, 691.5, 691.6, 691.7, 691.8, 691.9, 691.9.1, 691.10, 691.38, 691.56, 732, 752, 753, 771, 834, 972(D), 976, 1008, 1019.2, 1203, 1460, 1464, 1466, 1483.1, 1488, 1546, 1559, 1566(D), 1644, 1656, 1657.1, 1660.7, 1723, 1796, 1801, 1808.3, 1869, 1927, 1929, 1983, 1984, 2036, 2045, 2056, 2085, 2091, 2293, 2303, 2508

* * *

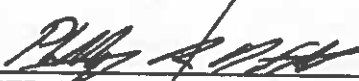
Section 4. R.S. 22:1657.1, 1860.2, and 1860.3(E) and R.S. 40:2870(A)(5)(b) are hereby repealed.

Section 5. Enforcement of the provisions of R.S. 22:1867(A) and 1868.1(A) and R.S. 40:2870(A)(4) as provided for in this Act shall begin on January 1, 2027.

[ACTS 2025, NO. 474]

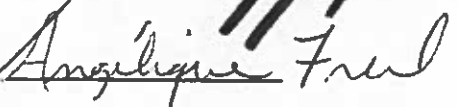
Section 6. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.

[NOTE - CITED PROVISIONS]


SPEAKER OF THE HOUSE OF REPRESENTATIVES


PRESIDENT OF THE SENATE


GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 20, 2025

ACT 144

ENROLLED

2025 Regular Session

HOUSE BILL NO. 121

BY REPRESENTATIVE ADAMS

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Classification RS 22

AN ACT

To amend and reenact R.S. 22:1706(H)(introductory paragraph) and R.S. 37:2159.1(introductory paragraph) and (3) and to enact R.S. 22:1706(H)(11) and R.S. 37:2159.1(7) and (8), relative to property and casualty insurance; to provide for public adjusters; to provide for prohibited acts; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1706(H)(introductory paragraph) is hereby amended and reenacted and R.S. 22:1706(H)(11) is hereby enacted to read as follows:

§1706. Standards of conduct of public adjuster

* * *

H. Public adjusters shall also adhere to all of the following general requirements:

* * *

(11) A public adjuster shall not act as a contractor or subcontractor nor provide any construction, roofing, or repair services to the insured in connection with an insurance claim the adjuster has processed.

Section 2. R.S. 37:2159.1(introductory paragraph) and (3) are hereby amended and reenacted and R.S. 37:2159.1(7) and (8) are hereby enacted to read as follows:

§2159.1. ~~Home improvement contracting~~ Contracting; prohibited acts; property insurance

The following acts are prohibited by persons or companies performing home improvement contracting services:

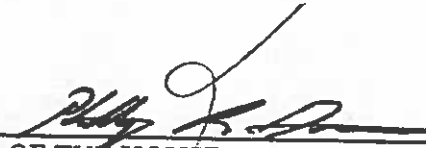
* * *

1 (3) Providing an insured with an agreement authorizing repairs or
 2 construction without providing a good faith estimate of the itemized and detailed
 3 costs of services and materials for repairs undertaken pursuant to a property damage
 4 claim. A contractor shall be considered to have violated the provisions of this
 5 Paragraph if a person working on behalf of the contractor including but not limited
 6 to a compensated employee or a nonemployee who is compensated by the contractor
 7 violates the provisions of this Paragraph. A contractor does not violate this
 8 Paragraph if, as a result of the insurer adjusting a claim, the actual cost of repairs
 9 differs from the initial estimate.

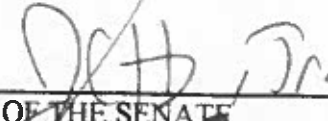
* * *

11 (7) Advertising or soliciting as insurance claims specialists.

12 (8) Advertising or soliciting as providing any insurance claim or policy
 13 interpretation related services to an insured.



 SPEAKER OF THE HOUSE OF REPRESENTATIVES



 PRESIDENT OF THE SENATE



 GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 8, 2025

ACT 500

ENROLLED

2025 Regular Session

HOUSE BILL NO. 437

BY REPRESENTATIVES FIRMENT, BERAULT, BILLINGS, BUTLER, CARRIER,
CARVER, COX, DEVILLIER, DEWITT, EGAN, EMERSON, MIKE JOHNSON,
MCFARLAND, OWEN, AND WILDER

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AN ACT

To amend and reenact R.S. ~~22:1892(A)(7), (B)(4), and (B)(5)(introductory paragraph) and~~
(b) and to enact R.S. 22:1892(A)(8) and 1892.3, relative to property and casualty
insurance; to provide for payments of claims for property damage; to provide for
payments of deductibles; to provide for insurers' payments for replacement costs of
insured property; to provide for sources used to determine retail costs; to provide
with respect to motor vehicle insurance; to provide for first-party insureds and
third-party claimants; to provide for settlement practices relative to claims for rental
vehicles; to provide for penalties; to provide for proof of loss statements with respect
to insurers' payments of claims; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1892(A)(7), (B)(4), and (B)(5)(introductory paragraph) and (b)
are hereby amended and reenacted and R.S. 22:1892(A)(8) and 1892.3 are hereby enacted
to read as follows:

§1892. Payment and adjustment of claims; policies other than life and health and
accident; good faith duty; breach of good faith duty; vehicle damage claims;
extension of time to respond to claims during emergency or disaster;
penalties; arson-related claims suspension; definitions

A.

* * *

1 (7) Notwithstanding any provision of this Part to the contrary, an insurer that
 2 issues a property insurance policy with replacement cost coverage may refuse to pay
 3 a claim for withheld recoverable depreciation or a replacement cost holdback under
 4 the policy until the insurer receives reasonable proof of payment by the policyholder
 5 of any deductible applicable to the claim. Reasonable proof of payment includes a
 6 canceled check, money order receipt, credit card statement, or a copy of an executed
 7 installment plan contract or other financing arrangement that requires full payment
 8 of the deductible over time.

9 (8) The provisions of this Subsection do not apply to surety bonds.

10 B.

11 * * *

12 (4)(a) ~~Whenever~~ If a property damage claim is on a personal vehicle owned
 13 by the ~~third party~~ third-party claimant and as a direct consequence of the inactions
 14 of the insurer ~~and the third party in settling the third-party~~ claimant's loss, the ~~third~~
 15 ~~party~~ third-party claimant is deprived of use of the personal vehicle for more than
 16 five working business days, ~~excluding Saturdays, Sundays, and holidays~~, the insurer
 17 responsible for payment of the claim shall pay, to the extent legally responsible, for
 18 reasonable expenses incurred by the ~~third party~~ third-party claimant in obtaining
 19 alternative transportation for the entire period of time during which the ~~third party~~
 20 third-party claimant is without the use of his personal vehicle. ~~Failure~~ If the insurer
 21 fails to make such payment within thirty days after receipt of adequate written proof
 22 and demand therefor, ~~when such and the~~ failure is found to be arbitrary, capricious,
 23 or without probable cause, ~~shall subject the insurer~~ is subject to, in addition to the
 24 amount of ~~such~~ reasonable expenses incurred, a reasonable penalty not to exceed ten
 25 percent of such reasonable expenses or ~~one~~ two thousand five hundred dollars,
 26 whichever is greater, together with reasonable ~~attorneys~~ attorney fees for the
 27 collection of such expenses.

28 (b) In a first-party claim, if an insurer fails to provide an insured who is
 29 entitled to a rental vehicle under his policy with rental vehicle coverage within three
 30 business days of the insured's written request for such, and the insurer's failure is

1 found to be arbitrary, capricious, or without probable cause, the insurer is subject to,
 2 in addition to the amount of reasonable expenses incurred by the first-party insured,
 3 a reasonable penalty not to exceed fifty percent of such reasonable expenses or two
 4 thousand five hundred dollars, whichever is greater. Reasonable expenses shall only
 5 include rental expenses or expenses associated with loss of use of the insured vehicle
 6 during the time rental coverage was not approved. This Paragraph does not apply
 7 to an insurer conducting an investigation of coverage under a Reservation of Rights.

8 (5) ~~When~~ If an insurance policy provides for the adjustment and settlement
 9 of first-party motor vehicle total losses on the basis of actual cash value or
 10 replacement with another of like kind and quality, and the insurer elects a cash
 11 settlement based on the actual cost to purchase a comparable motor vehicle, such
 12 costs shall be derived by using one of the following:

13 * * *

14 (b) The retail cost as determined from a ~~generally recognized~~ used motor
 15 vehicle industry source generally recognized by the business industry including but
 16 not limited to insurers, bankers, and loan officers, such as; such as; an electronic
 17 database, if the valuation documents generated by the database are provided to the
 18 first-party claimant, or a guidebook that is available to the general public. If the
 19 insured demonstrates, by presenting two independent appraisals, based on
 20 measurable and discernable factors, including the vehicle's preloss condition, that the
 21 vehicle would have a higher cash value in the local market area than the value
 22 reflected in the source's database or the guidebook, the local market value shall be
 23 used in determining the actual cash value.

24 * * *

25 §1892.3. Payment of claims; property policies: proof of loss statements

26 A. An insurer issuing any type of insurance policy, other than those specified
 27 in R.S. 22:1811 and 1821, and Chapter 10 of Title 23 of the Louisiana Revised
 28 Statutes of 1950, may require the claimant to submit a proof of loss statement as a
 29 prerequisite to making payment on the claim.

1 B. The insurer may require a proof of loss statement on a form consistent
 2 with and limited to the form provided for in Subsection F of this Section; however,
 3 nothing in this Section shall be construed to limit an insurer from utilizing a different
 4 font, format, or trade dress than is used in this Section. Prior to requiring a proof of
 5 loss statement as a prerequisite to making payment on a claim, the insurer shall file
 6 its proof of loss statement with the commissioner and receive approval from the
 7 commissioner.

8 C. If an insurer requires submission of a proof of loss statement as a
 9 prerequisite to making payment on a claim, the insurer shall provide the proof of loss
 10 statement form to the claimant within ten business days of receiving the claim. The
 11 insurer shall also maintain the proof of loss statement form on its website in a
 12 location easily accessible by claimants.

13 D. If an insurer requires submission of a proof of loss statement as a
 14 prerequisite to making payment on a claim, the insurer's receipt of a completed proof
 15 of loss statement from the claimant is the only means of constituting satisfactory
 16 proof of loss, as required by R.S. 22:1892 and 1892.2. Within ten business days of
 17 receipt of a proof of loss statement, the insurer shall notify the claimant whether the
 18 proof of loss statement was complete or incomplete.

19 E. The commissioner may promulgate and adopt rules and regulations in
 20 accordance with the Administrative Procedure Act for the implementation and
 21 enforcement of this Section.

22 F. The following form is a model proof of loss statement:

PROOF OF LOSS FORM	
INSURANCE COMPANY:	
POLICY NUMBER:	POLICY COVERAGE PERIOD: <i>From:</i> _____ <i>To:</i> _____
POLICYHOLDER NAME(S):	POLICY LIMITS:
INSURED'S CURRENT CONTACT INFORMATION: <i>Phone Number:</i> _____ <i>Email Address:</i> _____	

INSURANCE CLAIM NUMBER:	DATE OF LOSS:
LOCATION OF LOSS (<i>physical address</i>):	
TYPE OF PROPERTY (<i>dwelling, other structure, contents</i>):	
BRIEFLY IDENTIFY HOW YOUR LOSS OCCURRED (<i>fire, flood, hurricane, or other windstorm event</i>):	
LEGAL OWNER(S) OF THE PROPERTY ON THE DATE OF LOSS, INCLUDING MORTGAGEES (<i>if any</i>):	
ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE*	
ARE THERE ANY OTHER INSURANCE POLICIES THAT COVER THIS PROPERTY? Y or N (<i>circle one</i>)	
If yes, please identify the name of the insurance company, policy number, policy limits, and the amount of policy proceeds recovered to date for this loss (if any).	

14 I certify that the information provided in this Proof of Loss Form is true, correct, and
 15 current to the best of my knowledge and belief. The loss(es) identified herein did not
 16 originate due to any act, plan, or procurement on my part. Additionally, I have not taken
 17 nor consented to any action designed to violate the conditions of my Policy or render it
 18 void. I further certify that all material facts known to date have been provided to my
 19 Insurance Company, and I have not artificially inflated any part or portion of my loss
 20 claim, concealed or misrepresented the pre-loss condition of my property, or otherwise
 21 engaged in any deceptive conduct with respect to my property loss claim.

22 The furnishing of this form or the preparation of proof by a representative of the above
 23 insurance company is not a waiver of any of its rights.

24 Executed this _____ day of _____, 20__.

25 Signature: _____
 26 INSURED

27 Signature: _____
 28 INSURED

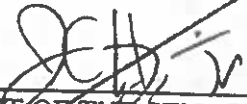
29 * Please note, this **PROOF OF LOSS FORM** does not preclude an insured from
 30 submitting a supplemental loss claim if necessary. The amount identified in response
 31 to the "ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO
 32 DATE" inquiry is based solely upon the damages and losses ascertained to date.

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If you have any questions or concerns regarding your claim or the claims process, please refer to the Louisiana Department of Insurance's Catastrophe Claims Process Disclosure Guide on the Louisiana Department of Insurance's website.



SPEAKER OF THE HOUSE OF REPRESENTATIVES



PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

ACT 406

2025 Regular Session

ENROLLED

SENATE BILL NO. 34

BY SENATORS LUNEAU AND BARROW

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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Classification RS 22

AN ACT

To enact R.S. 22:1923(2)(q), relative to fraudulent insurance acts; to provide that amending or altering the original adjuster's or appraiser's repair estimate without the documented permission of the adjuster is a fraudulent insurance act; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1923(2)(q) is hereby enacted to read as follows:

§1923. Definitions

As used in this Part, the following terms have the meanings indicated in this

Section:

* * *

(2) "Fraudulent insurance act" includes but is not limited to acts or omissions committed by any person who, knowingly and with intent to defraud, does any of the following:

* * *

(q) Amends or alters the original adjuster's or appraiser's repair estimate; amends or alters a revision to the original adjuster's or appraiser's repair estimate; or amends or alters a supplemental estimate without documentation in the claim file or other means of notification to the issuer of the estimate.

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Section 2. This Act shall become effective on July 1, 2026.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:
June 20, 2025

ACT 62

ENROLLED

2025 Regular Session

HOUSE BILL NO. 122

BY REPRESENTATIVES BERAULT AND CHASSION

La. State Law Institute
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Classification RS 22

1 AN ACT

2 To amend and reenact the heading of Chapter 14 of Title 22 of the Louisiana Revised
3 Statutes of 1950 and to enact R.S. ~~22:2271~~, relative to the Department of Insurance;
4 to create the Louisiana Roof Registry; to authorize submission of information
5 relative to building permits; to provide for rulemaking; and to provide for related
6 matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. The heading of Chapter 14 of Title 22 of the Louisiana Revised Statutes
9 of 1950 is hereby amended and reenacted and R.S. 22:2271 is hereby enacted to read as
10 follows:

11 ~~CHAPTER 14. JOINT LEGISLATIVE COMMITTEE ON INSURANCE~~

12 DEPARTMENT PROGRAMS

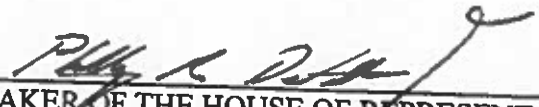
13 §2271. Louisiana Roof Registry

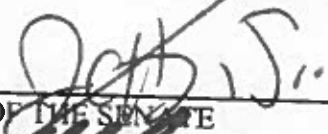
14 A. The Louisiana Roof Registry is hereby created within the department. The
15 Louisiana Roof Registry is a voluntary registry for which property owners and local
16 and municipal governments who require building permits may submit information
17 concerning those permits.

18 B. The commissioner may promulgate and adopt rules and regulations in
19 accordance with the Administrative Procedure Act to govern the Louisiana Roof

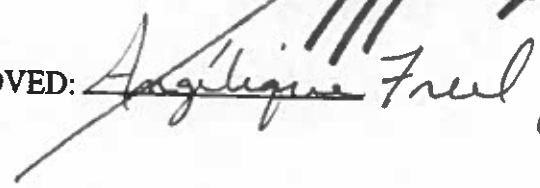
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Registry, including but not limited to rules and regulations providing for the information that may be submitted to the Louisiana Roof Registry and the purposes for which such information may be used.


SPEAKER OF THE HOUSE OF REPRESENTATIVES


PRESIDENT OF THE SENATE


GOVERNOR OF THE STATE OF LOUISIANA

APPROVED:  June 4, 2025