

# ACT No. 169

2021 Regular Session

HOUSE BILL NO. 120

BY REPRESENTATIVE NEWELL

## AN ACT

To enact R.S. 44:3.6, relative to public records regarding airport facilities, facilities on airport property, and airport infrastructure; to provide for the confidential nature of blueprints, floor plans, and interior renderings of such facilities and of blueprints, plans, and renderings of airport infrastructure; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 44:3.6 is hereby enacted to read as follows:

### §3.6. Airport facility and infrastructure records

A. Notwithstanding any other provision of law to the contrary, blueprints, floor plans, and renderings of the interior of an airport facility or of a facility on airport property and blueprints, plans, or renderings of airport infrastructure shall be confidential.

B. Nothing in this Chapter shall be construed to require the inspection, examination, copying, or reproduction of a blueprint, floor plan, or other rendering of the interior of an airport facility or of a facility on airport property or a blueprint, plan, or rendering of airport infrastructure.

C. Nothing in this Section shall prohibit the disclosure of a blueprint, floor plan, or other rendering of the interior of an airport facility or of a facility on airport property or a blueprint, plan, or rendering of airport infrastructure to appropriate persons, if such disclosure is necessary or required for any of the following:

(1) To protect the health, safety, and welfare of the public.

1                   (2) To provide or procure security, services, or concessions in and around  
2                   the airport and its facilities.

3                   (3) To use as part of a public bid or request for proposal process or to  
4                   accomplish construction maintenance, repairs, or development.

5                   (4) To facilitate interactions with a federal, state, or local governmental  
6                   entity.

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

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE

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GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_

# ACT No. 9

2024 Regular Session

HOUSE BILL NO. 611

BY REPRESENTATIVE FIRMENT

## AN ACT

To amend and reenact R.S. 22:1265(D), to enact R.S. 22:1265(K) and (L), and to repeal R.S. 22:1265(F) and (H) and 1333(C) through (H), relative to homeowners' insurance; to provide for homeowners' policies in effect for three or more years; to provide relative to deductibles and modification of coverages; to authorize insurers to file plans and requests with the commissioner of insurance relative to the nonrenewal of certain policies; to repeal relative to filings of certain rating plans and rate reductions; to provide for effectiveness; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1265(D) is hereby amended and reenacted and R.S. 22:1265(K) and (L) are hereby enacted to read as follows:

§1265. Property, casualty, and liability insurance policies; cancellation and nonrenewal provisions; nonrenewal for rate inadequacy; certain prohibitions

\* \* \*

D.(1) ~~No~~ An insurer providing property, casualty, or liability insurance shall not cancel or fail to renew a homeowner's policy of insurance ~~or to increase the policy deductible~~ that has been in effect and renewed for more than three years unless based on nonpayment of premium, fraud of the insured, a material change in the risk being insured, two or more claims within a continuous three-year period of time within the five years preceding the current policy renewal date, or if continuation of such policy endangers the solvency of the insurer. This Subsection ~~shall~~ does not apply to an insurer that withdraws from the homeowners' insurance

1 market in this state or to the modification of policy deductibles ~~increased~~ for all  
2 homeowners' policies in this state. For the purposes of this Subsection, modification  
3 of coverages at the time of renewal shall not be deemed a cancellation or failure to  
4 renew a policy.

5 (2) For the purposes of this Subsection, an incident shall be deemed a claim  
6 only when there is a demand for payment by the insured or the insured's  
7 representative under the terms of the policy. A report of a loss or a question relating  
8 to coverage ~~shall~~ does not independently establish a claim. As used in this  
9 Subsection, the phrase "two or more claims within a continuous three-year period of  
10 time within the five years preceding the current policy renewal date" ~~shall~~ does not  
11 include any loss incurred or arising from an "Act of God" incident which is due  
12 directly to forces of nature and exclusively without human intervention.

13 \* \* \*

14 K. Subsections D and E of this Section do not apply to any policies issued  
15 after August 1, 2024.

16 L. Notwithstanding the provisions of Subsection D of this Section, for  
17 policies in place for at least three years on or before August 1, 2024, the following  
18 provisions apply:

19 (1) Upon filing a plan with the commissioner, an insurer may nonrenew up  
20 to five percent of its customers' policies per calendar year for any reason.

21 (2) Upon request of the insurer, the commissioner may approve the  
22 nonrenewal of more than five percent of the insurer's customers' policies in a given  
23 calendar year.

24 (3) An insurer's plan and request submitted pursuant to this Subsection are  
25 considered proprietary or trade secret information pursuant to R.S. 44:3.2 and the  
26 Uniform Trade Secrets Act pursuant to Chapter 13-A of Title 51 of the Louisiana  
27 Revised Statutes of 1950.

28 (4) The commissioner shall promulgate and adopt rules, in accordance with  
29 the Administrative Procedure Act, setting forth requirements for the plan and request  
30 described in this Subsection.

1           Section 2. R.S. 22:1265(F) and (H) and 1333(C) through (H) are hereby repealed in  
2           their entirety.

3           Section 3. In addition to modifying the treatment of homeowners' policies that have  
4           been in effect for three or more years, the provisions of this Act are hereby intended to give  
5           insurers full flexibility in the policies that they issue with regard to the deductible applicable  
6           thereto. However, nothing in this Act shall be construed to prohibit a policyholder from  
7           requesting a decrease in a policy's deductible in exchange for an increase in premium.

8           Section 4.(A) The provisions of R.S. 22:1265(K), as enacted by Section 1 of this  
9           Act, shall become effective upon signature by the governor or, if not signed by the governor,  
10          upon expiration of the time for bills to become law without signature by the governor, as  
11          provided by Article III, Section 18 of the Constitution of Louisiana. If this Act is vetoed by  
12          the governor and subsequently approved by the legislature, the provisions of R.S.  
13          22:1265(K), as enacted by Section 1 of this Act, shall become effective on the day following  
14          such approval.

15          (B) Except R.S. 22:1265(K), as enacted by Section 1 of this Act, the provisions of  
16          this Act shall become effective on January 1, 2025.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE

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GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_

SENATE BILL NO. 323

BY SENATORS TALBOT AND BASS

1 AN ACT

2 To amend and reenact R.S. 22:1892(A)(3) and (4), (B)(1), and (H), to enact R.S.  
3 22:1892(A)(7), (B)(7), (I), (J), and (K), and 1892.2, and to repeal R.S. 22:1973,  
4 relative to claims settlement practices; to provide for definitions; to provide for loss  
5 adjustment; to provide for the payment of claims; to provide for practices following  
6 a catastrophe; to provide for good faith duty; to provide for breach of good faith  
7 duty; to provide for certain notices; to provide for penalties; to provide for causes of  
8 action; to provide for an effective date; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 22:1892(A)(3) and (4), (B)(1), and (H) are hereby amended and  
11 reenacted and R.S. 22:1892(A)(7), (B)(7), (I), (J), and (K), and 1892.2 are hereby enacted  
12 to read as follows:

13 §1892. Payment and adjustment of claims; policies other than life and health and  
14 accident; **good faith duty; breach of good faith duty;** vehicle  
15 damage claims; extension of time to respond to claims during  
16 emergency or disaster; penalties; arson-related claims suspension;  
17 **definitions**

18 A.(1) \* \* \*

19 (3) Except in the case of catastrophic loss, the insurer shall initiate loss  
20 adjustment of a property damage claim and of a claim for reasonable medical  
21 expenses within fourteen days after notification of loss by the claimant. In the case  
22 of catastrophic loss, **as defined in this Section,** the insurer shall initiate loss  
23 adjustment of a property damage claim within thirty days after notification of loss  
24 by the claimant except that the commissioner may promulgate a rule for extending  
25 the time period for initiating a loss adjustment for damages arising from a

1           presidentially declared emergency or disaster or a gubernatorially declared  
2           emergency or disaster up to an additional thirty days. Thereafter, only one additional  
3           extension of the period of time for initiating a loss adjustment may be allowed and  
4           ~~must~~ **shall** be approved by the Senate Committee on Insurance and the House  
5           Committee on Insurance, voting separately. Failure to comply with the provisions  
6           of this Paragraph shall subject the insurer to ~~the penalties provided in R.S. 22:1973~~  
7           **a penalty of the greater of five thousand dollars or the amount provided for in**  
8           **Subsection I of this Section.**

9                       (4) All insurers shall make a written offer to settle any property damage  
10           claim, including a third-party claim, within ~~thirty~~ **the applicable number of** days  
11           after receipt of satisfactory proofs of loss of that claim: **that is provided pursuant**  
12           **to this Section or R.S. 22:1892.2, provided that this period shall be extended by**  
13           **the number of days, if any, the insurer initiates loss adjustment earlier than the**  
14           **deadline provided in Paragraph (3) of this Subsection.**

15                                       \*           \*           \*

16                       **(7) The provisions of this Subsection do not apply to surety bonds.**

17                       B.(1)(a) Except as provided in Subparagraph (b) of this Paragraph, failure to  
18           make ~~such~~ payment within thirty days after receipt of ~~such~~ satisfactory written  
19           proofs and demand therefor or failure to make a written offer to settle any property  
20           damage claim, including a third-party claim, within thirty days after receipt of  
21           satisfactory proofs of loss of that claim, as provided in Paragraphs (A)(1) and (4) of  
22           this Section, respectively, or failure to make ~~such~~ **the** payment within thirty days  
23           after written agreement or settlement ~~as provided in Paragraph (A)(2) of this Section~~  
24           when ~~such~~ **the** failure is found to be arbitrary, capricious, or without probable cause,  
25           shall subject the insurer to a penalty, in addition to the amount of the loss, of fifty  
26           percent damages on the amount found to be due from the insurer to the insured, **plus**  
27           **any proven economic damages sustained as a result of the breach,** or one  
28           thousand dollars, whichever is greater, payable to the insured, or in the event a  
29           partial payment or tender has been made, fifty percent of the difference between the  
30           amount paid or tendered and the amount found to be due, **plus any proven economic**

1 damages sustained as a result of the breach, as well as, in either instance,  
2 reasonable attorney fees and costs. ~~Such~~ The penalties, if awarded, shall not be used  
3 by the insurer in computing either past or prospective loss experience for the purpose  
4 of setting rates or making rate filings.

5 (b) In the case of a ~~presidentially or gubernatorially declared disaster, failure~~  
6 ~~to make such payment within thirty days after receipt of such satisfactory written~~  
7 ~~proofs and demand therefor or failure to make a written offer to settle any property~~  
8 ~~damage claim, including a third-party claim, within thirty days after receipt of~~  
9 ~~satisfactory proofs of loss of that claim, as provided in Paragraphs (A)(1) and (4) of~~  
10 ~~this Section, respectively, or failure to make such payment within thirty days after~~  
11 ~~written agreement or settlement as provided in Paragraph (A)(2) of this Section when~~  
12 ~~such failure is found to be arbitrary, capricious, or without probable cause, shall~~  
13 ~~subject the insurer to a penalty, in addition to the amount of the loss, of fifty percent~~  
14 ~~damages on the amount found to be due from the insurer to the insured, or two~~  
15 ~~thousand five hundred dollars, whichever is greater, payable to the insured, or in the~~  
16 ~~event a partial payment or tender has been made, fifty percent of the difference~~  
17 ~~between the amount paid or tendered and the amount found to be due as well as~~  
18 ~~reasonable attorney fees and costs or two thousand five hundred dollars, whichever~~  
19 ~~is greater. The penalties, if awarded, shall not be used by the insurer in computing~~  
20 ~~either past or prospective loss experience for the purpose of setting rates or making~~  
21 ~~rate filings~~ catastrophic loss, any penalty for payment and adjustment of a first-  
22 party claim arising under an insurance policy for immovable property shall be  
23 subject to penalty pursuant to the provisions of R.S. 22:1892.2, and the  
24 provisions of this Paragraph shall not apply.

25 (c) For the purposes of this Section and R.S. 22:1892.2, the following  
26 definitions apply:

27 (i) "Catastrophic loss" means a loss that arose from a natural disaster,  
28 windstorm, or significant weather-related event that was a presidentially  
29 declared emergency or disaster or a gubernatorially declared emergency or  
30 disaster.



1                    (ii) "Immovable property" means a tract of land with its component  
2                    part, including a factory-built or modular home as defined in R.S. 51:911.22.

3                    (iii) "Residential property" means property defined as improvements for  
4                    residential purposes pursuant to R.S. 47:2322.

5                    \*           \*           \*

6                    (7) Claims for penalties and attorney fees pursuant to this Subsection are  
7                    subject to a liberative prescriptive period of two years.

8                    \*           \*           \*

9                    H. The Louisiana Insurance Guaranty Association, as provided in R.S.  
10                   22:2051 et seq., and the Louisiana Citizens Property Insurance Corporation, as  
11                   provided in R.S. 22:2291 et seq., shall not be subject to the provisions of Code of  
12                   Civil Procedure Article 591 et seq., or any other provision allowing a class action,  
13                   for any damages including any penalties awarded pursuant to the provisions of this  
14                   Section. The Louisiana Insurance Guaranty Association, as provided in R.S.  
15                   22:2051 et seq., shall also not be liable for any special damages or penalties  
16                   provided for in this Section.

17                   I.(1)(a) An insurer, including but not limited to a foreign line or surplus  
18                   line insurer, owes to its insured a duty of good faith and fair dealing. The  
19                   insurer has an affirmative duty to adjust claims fairly and promptly and to  
20                   make a reasonable effort to settle claims with the insured or the claimant, or  
21                   both. Any insurer that breaches the duties of this Subsection shall be liable for  
22                   any proven economic damages sustained as a result of the breach. For claims  
23                   not involving loss to an insured's immovable property, the insured may be  
24                   awarded penalties in an amount not to exceed fifty percent of the damages  
25                   sustained or five thousand dollars, whichever is greater, together with attorney  
26                   fees and costs actually incurred due to the breach. Any penalty for breach of a  
27                   duty imposed by this Subsection based solely upon a failure to pay the amount  
28                   of any claim due to any person insured by the contract within the period  
29                   provided by law following receipt of satisfactory proof of loss shall be awarded  
30                   only if the breach is found to be arbitrary, capricious, or without probable

1 cause.

2 (b) For claims arising under an insurance policy covering loss to  
3 immovable property, the insurer shall instead be subject to the provisions of  
4 Subsection B of this Section or R.S. 22:1892.2, as appropriate.

5 (2) Any one of the following acts, if knowingly committed or performed  
6 by an insurer or representative of the insurer, constitutes a breach of the  
7 insurer's duties imposed in Paragraph (1) of this Subsection:

8 (a) A misrepresentation of pertinent facts or insurance policy provisions  
9 relating to any coverages at issue.

10 (b) A failure to pay a settlement within thirty days after an agreement  
11 is reduced to writing.

12 (c) A denial of coverage or attempting to settle a claim on the basis of an  
13 application which the insurer knows was altered without notice to, or  
14 knowledge or consent of, the insured.

15 (d) A misrepresentation to a claimant as to the applicable prescriptive  
16 period.

17 (e) A failure to pay claims pursuant to R.S. 22:1893 when the failure is  
18 arbitrary, capricious, or without probable cause.

19 (3) The provisions of this Subsection shall not create a separate cause of  
20 action against a representative of the insurer distinct and apart from the cause  
21 of action against the insurer.

22 J.(1) The insured, claimant, or a representative of the insured or  
23 claimant has a duty of good faith and fair dealing when asserting a claim for  
24 insurance coverage.

25 (2) Any one of the following acts, if knowingly committed or performed  
26 by an insured, claimant, or representative of the insured or claimant, constitutes  
27 a breach of the insured's duties imposed in Paragraph (1) of this Subsection:

28 (a) A failure to comply with affirmative contractual duties or obligations  
29 established in the insurance policy, including the duty to act in good faith in  
30 providing information regarding the claim, in making demands of the insurer,

1 in setting deadlines, and in attempting to settle the claim.

2 (b) A misrepresentation of pertinent facts or insurance policy provisions  
3 relating to any coverages at issue.

4 (c) A submission of an estimate or claim for damages that lacks a basis  
5 for coverage under the terms of the policy or lacks a good faith evidentiary  
6 basis.

7 (3) The duty imposed by this Subsection does not create a separate cause  
8 of action but shall be considered in accordance with Paragraph (4) of this  
9 Subsection.

10 (4) In any action against an insurer pursuant to this Section or R.S.  
11 22:1892.2, if the trier of fact determines that the insured, claimant, or  
12 representative of the insured or claimant violated the provisions of this  
13 Subsection, the trier of fact shall consider that conduct in determining whether  
14 or not the insured is to be awarded penalties or attorney fees otherwise provided  
15 for in accordance with R.S. 22:1892 and 1892.2.

16 (5) This Subsection does not impact any right or remedy available to the  
17 insurer, including but not limited to the right to void the policy or contract or  
18 deny coverage.

19 K. The provisions of this Section do not apply to claims made under life  
20 and health and accident insurance policies.

21 \* \* \*

22 §1892.2. Catastrophic loss claims settlement practices; penalties and attorney  
23 fees

24 A.(1) An insurer shall not violate any provision of this Section or R.S.  
25 22:1892(A)(4) or (I).

26 (2) For catastrophic losses arising under an insurance policy for  
27 residential property, an insurer shall transmit payment of the amount of any  
28 claim due to any insured within sixty days after receipt of satisfactory written  
29 proof of loss.

30 (3) For catastrophic losses arising under an insurance policy for

1 immovable property, other than residential property, an insurer shall transmit  
2 payment of the amount of any claim due to any insured within ninety days after  
3 receipt of satisfactory written proof of loss. The timeline provided for in this  
4 Paragraph may be extended up to thirty additional days by the commissioner  
5 for commercial policies insuring multiple locations.

6 B.(1) Failure to comply with Subsection A of this Section, when the  
7 failure is found to be arbitrary, capricious, or without probable cause, shall  
8 subject the insurer to a penalty payable to the insured, in addition to the  
9 amount of the loss, of only the greater of fifty percent of the amount found to  
10 be due from the insurer to the insured, or in the event a partial payment or  
11 tender has been made, fifty percent of the difference between the amount timely  
12 paid or tendered and the amount found to be due, plus proven economic  
13 damages sustained as a result of the breach, or two thousand five hundred  
14 dollars, whichever is greater, together with, in either instance, reasonable  
15 attorney fees and costs actually incurred. The penalties, if awarded, shall not be  
16 used by the insurer in computing either past or prospective loss experience for  
17 the purpose of setting rates or making rate filings.

18 (2) Claims for penalties and attorney fees pursuant to this Section are  
19 subject to a liberative prescription of two years.

20 C.(1) As a condition precedent to bringing an action pursuant to this  
21 Section, the insurer shall be given sixty days' written notice of the violation by  
22 the insured or his representative, hereinafter referred to in this Section as the  
23 "cure period notice".

24 (2) The cure period notice may be provided through either a form  
25 transmitted by the department or by formal written demand providing  
26 sufficient notice of the facts and circumstances of the dispute.

27 (3) If the insurer pays within sixty days after the insurer receives a cure  
28 period notice the full amount alleged to be due in the notice, together with any  
29 actual expenses incurred by the insured and claimed in the notice, including any  
30 attorney fees, not to exceed twenty percent of the amount alleged to be due

1       under the policy, there shall be no further cause of action pursuant to this  
2       Section regarding that noticed demand.

3               (4) If the insurer does not pay the full amount demanded by the cure  
4       period notice as provided for in Paragraph (3) of this Subsection but does make  
5       a partial payment within sixty days of the insurer's receipt of the cure period  
6       notice, the penalty otherwise due, if any, on the amount actually paid by the  
7       insurer within sixty days of the insurer's receipt of the cure period shall be  
8       reduced by half.

9               (5) The insurer that is the recipient of a cure period notice shall respond  
10       to the insured or his representative within sixty days.

11              (6) If a cure period notice is transmitted within the last ninety days prior  
12       to the running of prescription, the applicable prescriptive period for an action  
13       filed pursuant to the provisions of this Section, or for an action concerning the  
14       underlying policy dispute, shall be suspended for a period until thirty days after  
15       the insurer transmits its written response to the cure period notice.

16              (7) If any suit is filed prior to transmitting the cure period notice  
17       required by this Subsection, it shall be automatically stayed until sixty days  
18       after the cure period notice is received. The delay for answering any suit shall  
19       automatically be extended until thirty days after the end of the cure period. If  
20       the insurer timely pays the full amount demanded as provided for in Paragraph  
21       (3) of this Subsection, any cause of action prematurely filed shall be subject to  
22       dismissal at the insured's cost.

23              D.(1) An insurer may make additional requests for information or  
24       inspection if during its investigation of the claim the additional requests are  
25       considered necessary. A request for information that is in the possession of the  
26       insurer or its representatives shall not extend any of the insurer's deadlines.

27              (2) Nothing in this Subsection shall be construed to relieve an insurer of  
28       its obligation to transmit payment of the amount of any claim due to any  
29       insured within the deadline following receipt of satisfactory proof of loss  
30       concerning the amount as set forth in Paragraphs (A)(2) and (A)(3) of this

1        Section, nor to extend any deadline for payment when the requested  
2        information or inspection is found by the trier of fact to be unnecessary  
3        considering all other proof of the loss then available to the insurer.

4                (3) Nothing in this Subsection shall be construed to prohibit an insured  
5        from making a supplemental claim, nor to relieve an insurer from the obligation  
6        to conduct a supplemental investigation, or to make a supplemental payment,  
7        if warranted by the facts of a supplemental claim. A supplemental claim adds  
8        newly found damage or additional costs to the original claim. The fact that an  
9        insurer makes a supplemental payment shall not itself be construed as evidence  
10       of a violation of this Section or R.S. 22:1892.

11               (4) An insurer's tender of undisputed additional amounts due to the  
12        insured within thirty days of the insurer's receipt of a valid appraisal award  
13        does not itself constitute evidence of bad faith on the part of the insurer.

14               E. The provisions of this Section do not apply to claims made under any  
15        type of policy or contract of insurance specified in R.S. 22:1811 or 1821 or  
16        Chapter 10 of this Title.

17               F. The Louisiana Insurance Guaranty Association, as provided in R.S.  
18        22:2051 et seq., and the Louisiana Citizens Property Insurance Corporation, as  
19        provided in R.S. 22:2291 et seq., shall not be subject to the provisions of Code  
20        of Civil Procedure Article 591 et seq., or any other provision allowing a class  
21        action, for any damages, that includes any penalties awarded pursuant to the  
22        provisions of this Section. The Louisiana Insurance Guaranty Association, as  
23        provided in R.S. 22:2051 et seq., shall also not be liable for any special damages  
24        or penalties provided for in this Section.

25        Section 2. R.S. 22:1973 is hereby repealed in its entirety.

26        Section 3. The Louisiana State Law Institute is hereby authorized and directed to  
27        revise the Code of Evidence and Title 22 of the Louisiana Revised Statutes of 1950, to  
28        change all references from "R.S. 22:1973" to "R.S. 22:1892" or "R.S. 22:1892.2", including  
29        but not limited to Code of Evidence Article 411(B)(3) and R.S. 22:41(13), 1296(B)(3)(d),  
30        1332(B)(4), and 1893(D).

1           Section 4. This Act shall become effective on July 1, 2024. If vetoed by the governor  
2           and subsequently approved by this legislature, this Act shall become effective on the day  
3           following such approval or July 1, 2024, whichever is later.

\_\_\_\_\_  
PRESIDENT OF THE SENATE

\_\_\_\_\_  
SPEAKER OF THE HOUSE OF REPRESENTATIVES

\_\_\_\_\_  
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_

SENATE BILL NO. 295

BY SENATOR CLOUD

1 AN ACT

2 To amend and reenact R.S. 22:1451, 1464(A)(2) and (D), and 1465(A)(2) and (B)(1) and to  
3 enact R.S. 22:1465(A)(4) and (D), relative to rate making; to provide for the process  
4 whereby the commissioner reviews rate filings; to provide for the approval of rate  
5 filings; to provide for certain rate filings to be deemed approved; to provide for  
6 incomplete or disapproved rate filings; to provide for effectiveness; and to provide  
7 for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1451, 1464(A)(2) and (D), and 1465(A)(2) and (B)(1) are hereby  
10 amended and reenacted and R.S. 22:1465(A)(4) and (D) are hereby enacted to read as  
11 follows:

12 §1451. Systems for ratemaking

13 A. ~~As used in this Subpart, the term "commissioner" shall mean the~~  
14 ~~commissioner of insurance.~~ **The provisions of this Subpart apply to all lines of**  
15 **property and casualty insurance.**

16 B. ~~The commissioner shall have the exclusive authority to accept, review, and~~  
17 ~~approve any application for insurance rates or rate changes for all lines of property~~  
18 ~~and casualty insurance. The commissioner shall exercise his authority in accordance~~  
19 ~~with the provisions of this Section.~~

20 C. ~~(1) Subject to the exception specified in Subsection D of this Section, each~~  
21 ~~filing submitted to the commissioner shall be on file for a waiting period of forty-~~



1       ~~five days before it becomes effective. Upon written application by the insurer or~~  
2       ~~rating organization, the commissioner may authorize a filing which the~~  
3       ~~commissioner has reviewed to become effective before the expiration of the waiting~~  
4       ~~period. At the expiration of the forty-five day waiting period, the filing shall be~~  
5       ~~deemed approved unless prior to day forty-five the filing has been affirmatively~~  
6       ~~approved or disapproved by order of the commissioner. Approval of any such filing~~  
7       ~~by the commissioner shall constitute a waiver of any unexpired portion of this~~  
8       ~~waiting period. The commissioner may by rule, regulation, or order reduce or~~  
9       ~~eliminate the waiting period specified in this Subsection. For any filing that is~~  
10      ~~disapproved, the insurer may appeal the disapproval to the Nineteenth Judicial~~  
11      ~~District Court within fifteen days from the receipt of written notice of disapproval.~~

12               ~~(2) Unless notified by the commissioner that a filing is disapproved pursuant~~  
13      ~~to this Subpart, the insurer or rating organization may commence use of the filed~~  
14      ~~rates upon expiration of forty-five days from the date of receipt by the commissioner.~~

15      **Except as provided for in Subsection C of this Section, every authorized insurer**  
16      **shall file with the commissioner all rates, supplementary rate information, and**  
17      **all supporting information for risks to be written by the insurer in this state.**  
18      **The rates and information submitted pursuant to this Subpart are deemed**  
19      **approved unless the insurer is notified otherwise by the commissioner within**  
20      **thirty days of the rate filing.**

21               ~~D.C.~~ Insurers negotiating with and insuring commercial entities, except with  
22      regard to workers' compensation and medical malpractice insurance, with at least ten  
23      thousand dollars in annual insurance premiums, shall ~~be required to~~ file insurance  
24      rates or rate changes for such entities with the commissioner for informational  
25      purposes only. The commissioner may by rule, regulation, or order reduce or  
26      eliminate the annual premium threshold for those entities that ~~enables~~ **enable** rate  
27      filings to be made ~~under~~ **pursuant to** this Subsection.

28               ~~E.D.~~ All provisions of this **This** Section shall be applicable when a  
29      competitive market in property and casualty lines insurance exists. The  
30      commissioner may determine if there exists a competitive or noncompetitive market

1 pursuant to the provisions of R.S. 22:1453, ~~including requiring reasonable notice~~  
 2 ~~and a public hearing prior to determining a market to be noncompetitive.~~ If, after a  
 3 public hearing, the commissioner determines the market to be noncompetitive, all  
 4 rate filings shall follow the provisions of Subsection C of this Section without regard  
 5 to the exception specified in Subsection D of this Section. An aggrieved party  
 6 affected by the commissioner's decision, act, or order may demand a hearing in  
 7 accordance with Chapter 12 of this Title, R.S. 22:2191 et seq. **be deemed approved**  
 8 **unless the insurer is notified otherwise by the commissioner within sixty days**  
 9 **of the rate filing.**

10 **E. Nothing in this Section shall be construed to prohibit the**  
 11 **commissioner from approving a rate filing prior to the expiration of the**  
 12 **notification periods provided for in this Section.**

13 F. ~~No provision of~~ **Nothing in** this Section shall **be construed to** prohibit the  
 14 commissioner from conducting market conduct exams to ensure the rates being  
 15 charged by insurers are not inadequate, excessive, or unfairly discriminatory.

16 G. The commissioner shall not disapprove a **rate** filing that is in compliance  
 17 with ~~Subsection C~~ **the provisions** of this Section **Subpart** on the basis of time that  
 18 has elapsed since the most recent ~~rate approval by the commissioner~~ **rate filing by**  
 19 **the insurer.**

20 \* \* \*

# 21 §1464. Rate filing

22 A.(1) \* \* \*

23 (2) ~~When~~ **If** a filing made pursuant to this Subsection is not accompanied by  
 24 the information upon which the insurer or rating organization supports the rate filing,  
 25 and the commissioner does not have sufficient information to determine whether the  
 26 rate filing meets the requirements of this Subpart, it ~~he~~ shall require ~~such~~ **the** insurer  
 27 or rating organization to ~~furnish~~ **provide** the information upon which it supports its  
 28 filing, and the ~~waiting~~ periods provided in R.S. 22:1451~~(C)(1)~~ shall commence as of  
 29 the date the information is furnished to complete the filing.

30 \* \* \*

D. All rates, supplementary rate information, and any supporting information filed ~~under~~ **pursuant to** this Subpart shall be open to public inspection upon expiration of the ~~forty-five-day~~ **notification** period as ~~set forth in~~ **applicable pursuant to** R.S. 22:1451~~(C)(1)~~, or upon disapproval, except for information which is deemed confidential, trade secret, or proprietary by the insurer or filer.

\* \* \*

§1465. Disapproval of filings; rates; procedures

A.(1) \* \* \*

(2) If within the ~~forty-five-day waiting period or any extension of this~~ **notification** period as provided in R.S. 22:1451, the commissioner finds that a **rate** filing does not meet the requirements of this Subpart, he shall send to the insurer or rating organization which made such filings written notice of disapproval of ~~such the~~ **rate** filing, ~~specifying wherein he finds such~~ **specify the reasons why the rate** filing ~~fails to meet~~ **is not in compliance with** the requirements of this Subpart, and ~~stating that such~~ **state that the rate** filing shall ~~not become effective.~~ **become ineffective as of the date the written notice is sent, at which time the insurer's or rating organization's most recently approved rate filing shall resume effectiveness.**

\* \* \*

**(4) If a rate filing is determined to be 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.**

B.(1) Any insurer whose rate filing is returned as incomplete more than once or ~~is~~ disapproved or ~~not acted upon within forty-five days from the date of receipt by the commissioner under this Subsection~~ shall be ~~given~~ **provided** a public hearing upon written request made within thirty days of the return of the rate filing, disapproval of the rate filing, or inaction of the commissioner.

\* \* \*

**D. Nothing in this Section shall be interpreted to create a private cause of action.**

1           Section 2. 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 of 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: \_\_\_\_\_