

13. specify that the affiliate will provide the essential services for a minimum period of time after termination of the agreement, if the insurer is placed into supervision, seizure, conservatorship or receivership pursuant to R.S. 22:2001-2044 and R.S. 22:731-737, as ordered or directed by the receiver or commissioner. Performance of the essential services will continue to be provided without regard to pre-receivership unpaid fees, so long as the affiliate continues to receive timely payment for post-receivership services rendered, and unless released by the receiver, commissioner or supervising court;

14. specify that the affiliate will continue to maintain any systems, programs, or other infrastructure notwithstanding supervision, a seizure, conservatorship or receivership pursuant to R.S. 22:2001-2044 and R.S. 22:731-737, and will make them available to the receiver or commissioner as ordered or directed by the receiver or commissioner for so long as the affiliate continues to receive timely payment for post-receivership services rendered, and unless released by the receiver, commissioner, or supervising court; and

15. specify that, in furtherance of the cooperation between the receiver and the affected guaranty association(s) and subject to the receiver's authority over the insurer, if the insurer is placed into supervision, seizure, conservatorship or receivership pursuant to R.S. 22:2001-2044 and R.S. 22:731-737, and portions of the insurer's policies or contracts are eligible for coverage by one or more guaranty associations, the affiliate's commitments under §129.B.11 through §129.B.14 of this regulation will extend to such guaranty association(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:691.1-691.27, R.S. 22:731-737, and R.S. 22:2001-2044.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Commissioner of Insurance, LR 18:274 (March 1992), amended LR 19:501 (April 1993), amended by the Office of the Commissioner, LR 41:1298 (July 2015), amended LR 49:489 (March 2023).

James J. Donelon  
Commissioner

2303#020

#### **RULE**

### **Department of Insurance Office of the Commissioner**

#### **Regulation 42—Group Self-Insurance Funds (LAC 37:XIII.Chapter 11)**

Editor's Note: This Rule is being repromulgated to correct a submission error. The original Rule may be viewed on pages 267-270 of the February 20, 2023 Louisiana Register.

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, and through the authority granted under R.S. 22:1 et seq., and specifically R.S. 22:11, the Department of Insurance has amended Regulation 42—Group Self-Insurance Funds. The Department of Insurance has amended Regulation 42 to update statutory references and revise language to align with current law.

The purpose of the amendment of Regulation 42 is to make changes to bring Regulation 42 into alignment with

current law. Definitions have been updated. The requirements for an application to create a group self-insurance fund have been revised. The language regarding filing and use of rates has been updated. The procedure for addressing fund insolvencies has been updated. Language regarding required examinations of group self-insurance funds has been added. This Rule is hereby adopted on the day of promulgation.

### **Title 37 INSURANCE**

#### **Part XIII. Regulations**

#### **Chapter 11. Regulation Number 42—Group Self-Insurance Funds**

#### **§1109. Excess Insurance Requirements for Group Self-Insurance Funds**

A. All funds shall maintain specific excess insurance or reinsurance in the amount of at least \$2,000,000 per occurrence and aggregate excess insurance or reinsurance of at least \$2,000,000.

B. ...

C. - E. Repealed.

F. The commissioner shall deny the use of a retention requested by a fund if he finds:

F.1. - G.2. ...

H. Repealed.

I. - L.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1200.1.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 18:1403 (December 1992), LR 49:269 (February 2023), LR 49:490 (March 2023).

James J. Donelon  
Commissioner

2303#023

#### **RULE**

### **Department of Insurance Office of the Commissioner**

#### **Regulation 53—Basic Health Insurance Plan Pilot Program (LAC 37:XIII.Chapter 31)**

The Department of Insurance, pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., has amended Regulation 53—Basic Health Insurance Plan Pilot Program. The purpose of the amendment to Regulation 53 is to modify terminology relative to accident and health insurance and insurance producers and to update statutory references that have been redesignated. This Rule is hereby adopted on the day of promulgation.

### **Title 37 INSURANCE**

#### **Part XIII. Regulations**

#### **Chapter 31. Regulation 53—Basic Health Insurance Plan Pilot Program**

#### **§3105. Definitions**

A. For the purposes of this regulation:

*Accidental Injury*—bodily injury sustained as the result of an unforeseen event and which is the direct reason for receiving care and treatment (independent of disease, bodily infirmity or any other cause). Such care shall occur while coverage under the pilot is in force. It does not include injuries for which benefits are provided under any workers' compensation, employers' liability, or for which another party is liable under automobile, property and casualty, and other coverage.

*Admission*—begins the first day an insured becomes a registered hospital inpatient and continues until insured is discharged from the facility.

*Adult*—an individual who is greater than 24 but less than 65 years of age.

*Applicant*—an individual who applies for coverage under the LA Health Plan.

*Authorized Carrier*—the health insurance carrier or health maintenance organization licensed and in compliance with the Louisiana Insurance Code certified by the department to offer the LA Health Plan.

*Benefit Payment*—the amount the authorized carrier will pay for covered services. See §§3127-3133 of this regulation.

*Benefit Period*—one year, also referred to as year or calendar year. The benefit period does not begin before the insured's effective date. The benefit period does not continue after the insured's coverage ends.

*Clinic*—a facility for the diagnosis, care and treatment of outpatients.

*Commissioner*—the Louisiana Commissioner of Insurance.

*Co-Payment*—the cost-sharing fee charged to an insured under LA Health as specified in the contract between the authorized carrier for LA Health and the insured.

*Department*—the Louisiana Department of Insurance.

*Dependent*—

a. the spouse and all unmarried children under the age of 24;

b. children include natural children, legally adopted children and step-children. Also included are children (or children of a spouse) for whom an insured has legal responsibility resulting from a valid court decree. Foster children that an insured expects to raise to adulthood and that live with an insured in a regular parent-child relationship are considered children;

c. students who are unmarried children who have not yet attained the age of 24 and who are enrolled as fulltime students and who are dependent upon the primary insured;

d. mentally retarded or physically handicapped children remain covered to age 21 at which time they are eligible for their own individual coverage;

e. a child's coverage ends when any of the following occurs:

i. marriage or attaining age 21 (whichever comes first);

ii. termination of an insured's coverage under the LA Health Plan; or

iii. if a child over age 21 no longer qualifies as a full-time student.

*Effective Date*—the date an applicant becomes eligible for coverage under an authorized carrier for the LA Health Plan.

*Hospital*—an institution, licensed by the state, which:

a. provides inpatient services and is compensated by or on behalf of its patients;

b. primarily provides medical and surgical facilities to diagnose, treat and care for the injured or sick;

c. has a staff of physicians licensed to practice medicine by the Louisiana State Board of Medical Examiners;

d. provides nursing care by registered nurses or:

NOTE: The term *hospital* does not mean:

1. an extended care facility, nursing home, community based care, or group home;

2. a place of rest;

3. a facility for the aged;

4. a custodial institution whose primary purpose is to furnish food, shelter, training, or unskilled or nonmedical services; or

5. an institution for exceptional or handicapped children. licensed practical nurses on duty 24-hours-a-day.

*Insurance Producer or Producer*—an individual who is licensed by the commissioner as an insurance producer pursuant to the provisions of R.S. 22:1541-1566.

*Insured*—an individual domiciled in this state who is eligible to receive benefits from an authorized carrier under the LA Health Plan.

*LA Health*—the Louisiana Basic Health Insurance Plan Pilot Program.

*Louisiana Insurance Code*—Title 22 of the Louisiana Revised Statutes of 1950.

*Mental and Nervous Disorders*—includes (whether organic or nonorganic, whether of biological, nonbiological, genetic, chemical, or nonchemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. This is intended to include disorders, conditions, and illnesses listed in Diagnostic and Statistical Manual of Mental Disorders (DSM-IIIIR).

*Minor Dependent*—a dependent under the age of 24.

*Non-Smoker*—an individual who has not smoked cigarettes, cigars, pipes or other substances within the past year.

*Participating Hospital*—a hospital located in Louisiana which has concluded a written agreement with, and in form approved by, an authorized carrier under the LA Health Plan.

*Participating Provider*—a licensed health care provider who has concluded an agreement with, and in form approved by, an authorized carrier under the LA Health Plan to serve those insured by LA Health.

*Pilot Plan*—a plan that provides an insured with health insurance under the LA Health program and is governed by R.S. 22:2241-2247 and authorized by the commissioner.

*Pilot Program*—the program of health insurance which is authorized by R.S. 22:2241-2247.

*Provider*—includes any discipline licensed by the state of Louisiana to provide and be directly reimbursed for

services covered by the LA Health Plan including, but not limited to, the following:

- a. doctor of medicine (M.D.) legally entitled to practice medicine and perform surgery by the Louisiana State Board of Medical Examiners;
- b. doctor of chiropractic (D.C.) legally entitled to practice chiropractic services;
- c. doctor of podiatric medicine (D.P.M.) legally entitled to practice podiatry;
- d. all providers shall be licensed by the state of Louisiana.

*Semiprivate Room*—a hospital room which has 2, 3, or 4 beds.

*Service Area*—that part of the state of Louisiana in which the authorized carrier is applying to offer or is offering the pilot plan.

*Skilled Nursing Care*—care required, while recovering from an illness or injury, which is received in a skilled nursing facility. This care requires a level of care or services less than that in a hospital, but more than could be given in the patient's home or in a nursing home not certified as a skilled nursing facility.

*Smoker*—an individual who has smoked cigarettes, cigars, pipes or other substances within the past year or who is currently smoking cigarettes, cigars, pipes or other substances.

*Utilization Review*—a function performed by an authorized carrier under the LA Health Plan or an entity selected by the carrier to review and approve whether the services provided, or to be provided, are medically necessary including, but not limited to, whether acute hospitalization, length of stay, outpatient care, or diagnostic services are appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:490 (March 2023).

### §3113. Authorization of Pilot Plan

A. - B.5. ...

C. The LA Health Plan shall not be issued or delivered to an applicant for the plan until a copy of the form is filed and approved by the commissioner. The commissioner shall review these forms in accordance with the Louisiana Insurance Code.

D. ...

E. The commissioner, in accordance with the Louisiana Insurance Code, may make, or cause to be made, an examination of the books and records of the authorized carrier of the LA Health Plan as the commissioner deems necessary to ensure compliance with these regulations and the pilot plan agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:492 (March 2023).

### §3115. Revocation of an Authorized Carrier's Authority

A. ...

1. the authorized carrier's plan does not comply with R.S. 22:2241-2247 or the Louisiana Insurance Code;

2. an authorized carrier becomes subject to suspension or revocation of its certificate or authority under the Louisiana Insurance Code;

A.3. - D.3 ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:492 (March 2023).

### §3119. Premium Taxes

A. Premium taxes required under R.S. 22:842 shall be imposed on an authorized carrier.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:492 (March 2023).

### §3121. Guaranty Association

A. All applicable assessments for the Louisiana Life and Health Insurance Guaranty Association shall be imposed on an authorized carrier in accordance with R.S. 22:2081-2099.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:492 (March 2023).

### §3123. Health Insurance Producers

A. For purposes of serving a LA Health Plan policy or soliciting prospective insureds for such a policy, insurance producers licensed for the line of accident and health or sickness shall be deemed to be servicing and soliciting within the scope of their license, pursuant to R.S. 22:1541-1547 and 22:255 of the Louisiana Insurance Code.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:492 (March 2023).

### §3125. Eligibility

A. Eligibility for coverage and the effective date for an insured shall be determined by the authorized carrier after an applicant has returned the application for coverage to the authorized carrier and has been approved by said carrier. Eligibility for the LA Health Plan is limited to Louisiana residents with income levels below 250 percent of the federal poverty level. Individuals with major medical accident and health insurance coverage, individuals who are eligible for coverage under the Medicaid or Medicare programs, and those who have voluntarily canceled their accident and health insurance coverage during the last six months are not eligible under the LA Health Plan. The only exception to this requirement is for those individual eligibles



who are without coverage because their coverage furnished in accordance with R.S. 22:1046, group health continuation coverage, has expired; or for those individual eligibles with significantly reduced coverage through benefit riders or limitations.

B. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:492 (March 2023).

### §3127. Benefits

A. ...

B. No requirement of the Louisiana Insurance Code relating to minimum required policy benefits, other than the minimum standards contained in this regulation or in R.S. 22:2241-2247, shall apply to the LA Health Plan, its insureds, or the authorized carrier.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:493 (March 2023).

### §3141. Premium Maximums, Method for Calculating

A. Premiums charged for the LA Health pilot plans shall be based on the average standard rate charged by the five largest health and accident insurers offering individual coverage in the state, as identified by the Louisiana Health Insurance Association's annual survey in accordance to R.S. 22:1213.E.3. Annual survey results may be obtained from the department. For the purpose of calculating the maximum premiums as established in §3141.B of this regulation, insurers shall use the premiums identified in the Louisiana Health Insurance Association's Plan "A" and shall use the strict average of male and female rates.

B. - B.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:493 (March 2023).

### §3145. General Provisions

A. - D. ...

E. An authorized carrier may change the amount of monthly premium for the LA Health Plan in compliance with the Louisiana Insurance Code. Payment by the insured of the new rate is sufficient to indicate acceptance of the new rate.

F. The LA Health Plan shall be governed by the laws and regulations of the state of Louisiana and specifically those of the LA Health Plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, R.S. 22:2241-2247, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:1012 (September 1994), amended LR 49:493 (March 2023).

James J. Donelon  
Commissioner

2303#021

## RULE

### Department of Insurance Office of the Commissioner

#### Regulation 124—Catastrophe Claims Process Disclosure Form-Guide (LAC 37:XIII.Chapter 191)

The Department of Insurance, pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950, et seq., has promulgated Regulation 124—Catastrophe Claims Process Disclosure Form-Guide. Regulation 124 is necessary to implement the provisions of Acts 2022, No. 80 of the Regular Session of the Louisiana Legislature, which require the commissioner of insurance to create rules and regulations related to the issuance of a catastrophe claims process disclosure form-guide pursuant to the particulars set forth in R.S. 22:1897.

Regulation 124 addresses the disclosure form-guide that property and casualty insurers shall provide to its policyholders who have asserted a property insurance claim arising out of an event declared by the governor to be a state of emergency. Regulation 124 also identifies the deadline for, the permissible methods of, and the type and quality of documentary evidence needed to prove delivery of the disclosure form-guide to a policyholder in accordance with R.S. 22:1897. This Rule is hereby adopted on the day of promulgation.

### Title 37

### INSURANCE

### Part XIII. Regulations

#### Chapter 191. Regulation 124—Catastrophe Claims Process Disclosure Form-Guide

#### §19101. Authority

A. Regulation 124 is promulgated on behalf of the Department by the Commissioner pursuant to the authority granted under the Louisiana Insurance Code, R.S. 22:11, and as specifically required in accordance with R.S. 22:1897.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:2, 22:11, 22:1897, and the Administrative Procedure Act, R.S. 49:950, et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 49:493 (March 2023).

#### §19103. Purpose

A. The purpose of Regulation 124 is to implement the provisions of Acts 2022, No. 80 of the Regular Session of the Louisiana Legislature, which mandate that the Department promulgate rules and regulations for a catastrophe claims process disclosure form-guide that includes, but is not limited to, the particulars specified in R.S. 22:1897(A)(1) – (12).

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:2, 22:11, 22:1897, and the Administrative Procedure Act, R.S. 49:950, et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 49:493 (March 2023).

#### §19105. Scope and Applicability

A. Regulation 124 applies to all property and casualty insurers settling a property insurance claim arising out of a state of emergency declared by the governor pursuant to R.S. 29:724.