RÉSUMÉ DIGEST

ACT 196 (HB 176) **2018 Regular Session** **Leger**

Existing law requires a student:

(1) To provide satisfactory evidence of current immunization against meningococcal disease as a condition of entry into sixth grade.

(2) Who is 11 and entering a grade other than sixth grade to provide such evidence as a condition of entry into such grade.

(3) Who is 11 and participating in an approved home study program to provide such evidence to the State Bd. of Elementary and Secondary Education (BESE).

Existing law excepts from such requirements any person whose parent signs a waiver stating that the person shall not be immunized for religious or other personal reasons, whose parent submits a written statement from a physician that the immunization is contraindicated for medical reasons, or who is unable to comply due to a vaccine shortage.

New law makes the same requirement a condition of entry into 11th grade and entry into any grade by a student who is 16; also requires a student who is 16 and participating in an approved home study program to provide such evidence to BESE. New law applies existing law exceptions to new law requirements and adds requirement that any written communication issued to students include notice that his parent may be exempt from compliance with existing law and new law pursuant to such existing law exceptions. New law also provides that evidence of immunization shall be in accordance with a directive from the state Dept. of Education (DOE) and La. Dept. of Health (LDH) that is based on recommendations of the Centers for Disease Control and Prevention.

Existing law provides for the following:

(1) Implementation according to LDH rules, including an implementation schedule.

(2) A requirement that LDH provide such rules to DOE and a requirement that DOE notify each school governing authority and the parent or legal guardian of any student participating in an approved home study program of existing law requirements and the rules and schedule for their implementation.

Existing law applies to the requirements of new law.

Effective July 1, 2019.

(Amends R.S. 17:170.4(A)(1) and (C)(2); Adds R.S. 17:170.4(E))

RÉSUMÉ DIGEST

ACT 690 (HB 683) **2018 Regular Session** **Abramson**

Existing law creates the Upper Audubon Security District in Orleans Parish as a political subdivision to aid in crime prevention and reduction by providing additional security for district residents.

Existing law authorizes the governing authority of the city of New Orleans to impose a parcel fee on behalf of the district, subject to voter approval. Existing law authorizes renewal of the fee, subject to voter approval. Existing law requires that the renewal election be held during a regularly scheduled election.

Sec. 2 of Act No. 372 of the 2017 RS (effective Jan. 1, 2019) requires the election be held only at the same time as the mayoral primary election. New law instead requires that the election be held at the same time as a regularly scheduled election.

Effective January 2, 2019.

(Amends R.S. 33:9091.12(F)(4)(b)(i))

RÉSUMÉ DIGEST

ACT 597 (HB 436) **2018 Regular Session** **Johnson**

New law prohibits a pharmacy benefit manager, insurer, or other entity that administers prescription drug benefits programs in La. from prohibiting by contract a pharmacy or pharmacist from informing a patient of all relevant options when acquiring his prescription medication, including but not limited to the cost and clinical efficacy of a more affordable alternative if one is available and the ability to pay cash if a cash price for the same drug is less than an insurance copayment or deductible payment amount.

New law updates the phrase "pharmacy benefits manager" to "pharmacy benefit manager".

New law requires a pharmacy benefit manager to reimburse a pharmacy or pharmacist in this state an amount not less than the amount that the pharmacy benefit manager reimburses an affiliate of the pharmacy benefit manager for providing the same services.

New law requires a pharmacy benefit manager, for every drug for which the pharmacy benefit manager establishes a maximum allowable cost to determine the drug product reimbursement, to make available to all pharmacies both of the following:

(1) Information identifying the national drug pricing compendia or sources used to obtain the drug price data.

(2) The comprehensive list of drugs subject to maximum allowable cost by plan and the actual maximum allowable cost by plan for each drug.

Pior law required a pharmacy benefit manager to perform certain actions after an appeal relative to maximum allowable cost was upheld.

New law requires the pharmacy benefit manager, if the appeal is granted, to take the following actions:

(1) Make the change in the Maximum Allowable Cost List to the initial date of service the appealed drug was dispensed.

(2) Permit the appealing pharmacy and all other pharmacies in the network that filled prescriptions for patients covered under the same health benefit plan to reverse and resubmit claims and receive payment based on the adjusted maximum allowable cost from the initial date of service the appealed drug was dispensed.

(3) Make the change effective for each similarly situated pharmacy as defined by the payor subject to the Maximum Allowable Cost List and individually notify all pharmacies in the pharmacy benefit manager's network.

(4) Make retroactive price adjustments in the next payment cycle.

New law authorizes a pharmacist or pharmacy to file a complaint with the commissioner of insurance following a final decision of the pharmacy benefit manager and provides for the investigation of the complaint.

New law requires the pharmacy benefit manager to provide the commissioner, upon request, information that is needed to resolve a pharmacist's complaint regarding the pharmacist's appeal to the pharmacy benefit manager. New law further requires, if the commissioner is unable to obtain information from the pharmacy benefit manager that is necessary to resolve the complaint, the reimbursement amount requested in the pharmacist's appeal to be granted.

New law requires information specifically designated as proprietary by the pharmacy benefit manager to be given confidential treatment pursuant to existing law.

New law authorizes the commissioner to impose a reasonable fee upon pharmacy benefit managers, in addition to a license fee and annual report fee, in order to cover the costs of implementation and enforcement of existing law and new law.

New law permits the commissioner to promulgate rules and regulations, in accordance with the Administrative Procedure Act, that are necessary or proper to carry out the provisions of new law.

New law allows any pharmacy benefit manager, insurer, or other entity that administers prescription drug benefits programs that is aggrieved by an act of the commissioner to apply for a hearing pursuant to existing law.

Effective January 1, 2019.

(Amends R.S. 22:1060.6(B), 1863(intro. para.), (1) and (6), 1864(A)(intro. para.) and (3) and (B)(intro. para.) and 1865; Adds R.S. 22:1060.6(C), 1860.3, 1863(8), 1864(A)(4), and 1866)

RÉSUMÉ DIGEST

ACT 672 (SB 464) **2018 Regular Session** **Riser**

Requires coroners and physicians who sign death certificates to certify the certificate using the La. Electronic Event Registration System of the La. Department of Health, state registrar of vital records.

Effective January 1, 2019.

(Adds R.S. 40:34(C))

RÉSUMÉ DIGEST

ACT 636 (HB 265) **2018 Regular Session** **Smith**

Existing constitution (Const. Art. I, §10) provides that every citizen of the state, upon reaching 18 years of age, shall have the right to register and vote, except that this right may be suspended while a person is interdicted and judicially declared mentally incompetent or is under an order of imprisonment for conviction of a felony.

Existing law (R.S. 18:102–La. Election Code) generally prohibits a person who is under an order of imprisonment for conviction of a felony from registering to vote. Existing law (R.S. 18:2(8)) provides that this prohibition applies during a sentence of confinement, whether or not suspended, whether or not the subject of the order has been placed on probation, with or without supervision, and whether or not the subject of the order has been paroled.

New law provides an exception to allow a person who is under an order of imprisonment for conviction of a felony to register and vote if the person has not been incarcerated pursuant to the order within the last five years and the person submits documentation to the registrar of voters from the appropriate correction official showing that the person has not been incarcerated pursuant to the order within the last five years. However, provides that a person may not register or vote if he has been convicted of a felony offense of election fraud or any other election offense pursuant to existing law (R.S. 18:1461.2) and is under an order of imprisonment.

Existing law (R.S. 18:104) provides for the contents of the form that is used by each registrar and persons authorized to accept voter registration applications in registering qualified citizens to vote. Requires the form to include an affidavit to be subscribed, through a handwritten signature, attesting that the applicant is a U.S. citizen, is not currently under a judgment of full interdiction for mental incompetence, or a limited interdiction in which the right to register to vote has specifically been suspended and that the facts given by him on the application are true to the best of his knowledge and belief.

Prior law required the applicant to attest that the applicant was not under an order of imprisonment for conviction of a felony.

New law instead requires the applicant to attest that the applicant is not under or an order of imprisonment for conviction of a felony or, if the applicant is under an order of imprisonment for conviction of a felony, that he has not been incarcerated pursuant to the order within the last five years and that he is not under an order of imprisonment related to a felony offense of election fraud or any other election offense pursuant to existing law (R.S. 18:1461.2).

Existing law (R.S. 18:177) provides for reinstatement of voter registration. Provides that when the registration of a person is suspended based on a felony conviction, the registration shall be reinstated when the person appears in the office of the registrar and provides documentation from the appropriate correction official showing that the person is no longer under an order of imprisonment.

New law additionally provides that a person's registration shall be reinstated when the person provides documentation from the appropriate correction official showing that the person has not been incarcerated pursuant to an order of imprisonment for conviction of a felony within the last five years and he is not under an order of imprisonment related to a felony conviction pursuant to election fraud or any other election offense pursuant to existing law (R.S. 18:1461.2).

New law requires the secretary of state to work with the Dept. of Public Safety and Corrections to develop a form or forms to allow a person who is or was under an order of imprisonment for conviction of a felony to meet the requirements of existing law and new law provisions relative to voter registration and reinstatement of registration.

Effective March 1, 2019.

(Amends R.S. 18:102(A)(1), 104(C), and 177(A)(1))

RÉSUMÉ DIGEST

ACT 592 (HB 522) **2018 Regular Session** **Davis**

Relative to motor vehicle service contracts, prior law defined "reinsurer", "vehicle mechanical breakdown insurance policy", and "vehicle mechanical breakdown insurer". New law amends these defined terms.

New law defines "administrator", "consumer", "maintenance-only agreement", "motor vehicle manufacturer", "motor vehicle service contract", "person", "provider", "provider fee", "reimbursement insurance policy", "road hazard", "solvent", "service contract holder", and "warranty".

Existing law permits each vehicle mechanical breakdown insurer to also act as a reinsurer in accordance with regulations adopted by the commissioner of insurance. Existing law further requires all reserves for credit disability insurance to be retained and held by the credit disability insurer.

New law provides that a vehicle mechanical breakdown insurer shall be allowed credit for reinsurance ceded to an assuming insurer that satisfies the requirements of existing law and the regulations thereunder.

New law changes the regulation of motor vehicle service contract providers by the Dept. of Insurance to the registration of motor vehicle service contract providers with the secretary of state. New law further provides that any concerns regarding a motor vehicle service contract may be directed to the attorney general.

New law does not apply to the following:

(1) Warranties.

(2) Maintenance-only agreements.

(3) Service contracts sold or offered for sale to persons other than consumers.

(4) Service contracts sold or offered for sale on a single item of property sold at the time of sale of the property or within a year of the date of sale.

(5) A vehicle mechanical breakdown insurance policy or vehicle component coverage contract offered by a vehicle mechanical breakdown insurer in compliance with the applicable provisions of the La. Insurance Code.

(6) Tire and wheel coverage sold by a retailer as a part of a service package in concert with the sale of one or more tires or one or more wheels in compliance with the applicable provisions of the La. Insurance Code.

New law prohibits motor vehicle service contracts from being issued, sold, or offered for sale in this state unless the provider has done each of the following:

(1) Registered with the secretary of state and remains in good standing.

(2) Provided a receipt for, or other written evidence of, the purchase of the motor vehicle service contract to the contract holder.

(3) Provided a copy of the motor vehicle service contract to the service contract holder within a reasonable period of time from the date of purchase.

New law provides for the registration process for motor vehicle service contract providers and fees for registration and renewals.

New law requires, in order to assure the faithful performance of a provider's obligations to its contract holders and to insure its outstanding obligations, all of the following:

(1) Each motor vehicle service contract to be insured under a reimbursement insurance policy issued by an insurer licensed, registered, or otherwise authorized to transact the business of insurance in this state.

(2) A provider that issues motor vehicle service contracts to obtain and file with the secretary of state a copy of the reimbursement insurance policy issued to the provider.

(3) The issuer of the reimbursement insurance policy to do either of the following:

(a) Maintain surplus as to policyholders and paid-in capital of at least $15,000,0000.

(b) Maintain surplus as to policyholders and paid-in capital of less than $15,000,000 but at least equal to $10,000,000 and maintain a ratio of net written premiums, wherever written, to surplus as to policyholders and paid-in capital of not greater than three to one.

New law requires an insurer issuing a reimbursement insurance policy to a provider for any motor vehicle service contract issued, offered for sale, or sold in this state to comply with all of the following:

(1) Be deemed to have received the premium for the insurance upon the payment of the provider fee by a consumer for a service contract issued by an insured provider.

(2) Provide reimbursement to, or payment on behalf of, the provider under the terms of the insured service contracts issued or sold by the provider or, in the event of the provider's nonperformance, provide or pay for, on behalf of the provider, all covered contractual obligations incurred by the provider under the terms of the insured service contracts issued or sold by the provider.

(3) Accept a claim arising under the contract directly from a contract holder, if the provider does not comply with any contractual obligation pursuant to the contract within 60 days of presentation of a valid claim by the contract holder.

(4) Terminate or not renew the policy covering service contracts issued in this state only after a notice of termination or nonrenewal is presented to the secretary of state and commissioner of insurance, at least 10 days prior to the termination or nonrenewal of the policy.

New law provides that the termination of a reimbursement insurance policy does not reduce the insurer's responsibility for service contracts issued by an insured provider prior to the date of the termination.

New law exempts providers, administrators, and persons marketing, selling, or offering to sell motor vehicle service contracts from any licensing requirements of this state and provides that they shall not be subject to other registration information or security requirements.

New law provides that the marketing, sale, offering for sale, issuance, making, proposing to make, and administration of motor vehicle service contracts by providers and related service contract sellers, administrators, and other persons is not insurance and shall be exempt from all provisions of the Louisiana Insurance Code.

New law provides that motor vehicle manufacturers are exempt from the registration and financial responsibility requirements of new law.

New law shall not be construed to limit the right of the insurer to seek indemnification or subrogation against the provider if the insurer provides or pays, or is obligated to provide or pay, for any covered contractual obligation incurred by the provider.

New law provides for motor vehicle service contract requirements and disclosures.

New law provides for a consumer's right to cancel.

New law provides for prohibited acts by motor vehicle service contract providers.

Prior law defined "mechanical reimbursement insurance".

New law repeals prior law.

Effective February 1, 2019.

(Amends R.S. 22:361(5), (9), and (10) and 362(B); Adds R.S. 51:3151-3156; Repeals R.S. 22:361(3))

RÉSUMÉ DIGEST

ACT 546 (HB 351) **2018 Regular Session** **Jenkins**

Existing law (R.S. 18:1333) provides relative to the nursing home early voting program. Provides requirements and procedures for the program, which involves the registrar going to each nursing home in the parish where eligible voters reside to allow them to cast a mail ballot.

Existing law provides that a voter who participated in the former Special Program for Handicapped Voters as such program existed prior to Jan. 1, 2010, and who is a resident of a nursing home is eligible to participate in the program.

Existing law requires a qualified voter to reside in a nursing home within the parish in which he is entitled to vote in order to be eligible to participate in the program.

Prior law additionally required the qualified voter to be unable to vote in person at the polls on election day or during early voting due to a physical disability. New law repeals prior law.

Existing law requires an eligible voter to make written application to the registrar of voters prior to participating in the program. Provides requirements for the application and deadlines.

Prior law provided that application was made by letter and referred to the letter as a request. New law repeals prior law.

Prior law required the voter to provide to the registrar of voters current proof of disability from a physician along with a certification from the physician that the voter was unable to appear in person to vote either during early voting or at the polling place.

New law repeals prior law. Instead requires the voter to certify that he is a resident of the nursing home.

Existing law defines "nursing home" to include a veterans' home operated by the state or federal government.

Prior law included in this definition the requirement that the veterans' home be one where a person resided who was unable to vote in person at the polls or during early voting because of a physical disability. New law repeals prior law.

Effective January 1, 2019.

(Amends R.S. 18:1333(A), (B), (C)(2), and (D))

RÉSUMÉ DIGEST

ACT 494 (HB 460) **2018 Regular Session** **Stokes**

New law defines "digital breast tomosynthesis" as a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.

Prior law required any health coverage plan delivered or issued for delivery in this state to include benefits payable for a minimum mammography examination performed no less frequently than the following schedule:

(1) One baseline mammogram for any woman who is 35 through 39 years of age.

(2) One mammogram every 24 months for any woman who is 40 through 49 years of age, or more frequently if recommended by her physician.

(3) One mammogram every 12 months for any woman who is 50 years of age or older.

New law further authorizes the mammography examination to be conducted through digital breast tomosynthesis.

Prior law applied to any new policy, contract, program, or health coverage plan issued on or after Jan. l, 1992. Prior law further required any policy, contract, or health coverage plan in effect prior to Jan. l, 1992, to convert to conform to the provisions of prior law on or before the renewal date but in no event later than Jan. 1, 1993.

New law repeals the effective dates and deadlines which have already passed.

Prior law did not apply, effective July 1, 1998, to the Office of Group Benefits programs.

New law retains prior law but repeals the effective date which has already passed.

Existing law establishes a statewide Breast Cancer Control Program within the Women's Health Program of the La. Dept. of Health, office of public health to provide preventive, health, and medical care that concentrates on breast cancer detection, prevention, and treatment.

Prior law required the program to provide mammography examinations routinely according to age requirements established by department regulations, or performed no less frequently than required by a treating physician.

New law further authorizes the mammography examinations to be conducted through digital breast tomosynthesis.

Prior law required the La. Dept. of Health, office of public health to provide a special program of preventive, health, and medical care for women, who otherwise qualify by law, that concentrates on cancer prevention in women. Prior law further required the program to provide a minimum mammography examination performed no less frequently than the following schedule provides:

(1) One baseline mammogram for any woman who is 35 through 39 years of age.

(2) One mammogram every 24 months for any woman who is 40 through 49 years of age, or more frequently if recommended by her physician.

(3) One mammogram every 12 months for any woman who is 50 years of age or older.

New law further authorizes the mammography examination to be conducted through digital breast tomosynthesis.

Prior law also required the program to provide mammography examinations routinely according to age requirements established by department regulations, or performed no less frequently than required by a treating physician

New law further authorizes the mammography examination to be conducted through digital breast tomosynthesis.

New law requires the minimum mammography examination for women age 40 or older provided for in new law to be a covered service in the Louisiana Medicaid program.

Prior law required any health coverage plan delivered or issued for delivery in the state to provide coverage for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing for men over the age of 50 years and as medically necessary and appropriate for men over the age of 40 years. Prior law applied to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 1998 and required any policy, contract, or health coverage plan in effect prior to Jan. 1, 1998, to convert to conform to the provisions of prior law on or before the renewal date, but no later than Jan.1, 1998.

New law retains prior law but repeals all of the effective dates and deadlines which have already passed.

New law applies to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2019. New law further requires any policy, contract, or health coverage plan in effect prior to Jan. 1, 2019, to convert to conform to the provisions of new law on or before the renewal date, but no later than Jan. 1, 2019.

Effective January 1, 2019.

(Amends R.S. 22:1028(A)(2)(intro. para.) and (4) and (D), R.S. 40:1105.13(B), and R.S. 46:975(B)(intro. para.), (C)(1), and (D); Adds R.S. 46:975(E) and 975.1; Repeals R.S. 22:1028(B)(3))

RÉSUMÉ DIGEST

ACT 454 (HB 189) 2018 Regular Session Wright

Existing law (Administrative Procedure Act) provides procedures for the adoption, amendment, and repeal of rules by executive branch agencies and for legislative oversight regarding such rule changes.

Existing law (R.S. 49:953(C)) further provides that an interested person may petition an agency requesting rule changes. Requires each agency to prescribe by rule the form for petitions and the procedure for submission, consideration, and disposition. Requires the agency, within 90 days after submission of a petition, to either deny the petition in writing, stating reasons for the denial, or initiate rulemaking proceedings. New law requires each agency with an appropriated operating budget of $5 million or more to include a description of the procedure for submitting petitions on its website.

New law further requires each agency, at least once prior to Jan. 1, 2020, and at least once every six-year period thereafter, to conduct a public hearing to allow any person to comment on any rule of the agency which the person believes is contrary to law, outdated, unnecessary, overly complex, or burdensome. Requires the agency to give at least 30 days notice of the meeting by publishing it in the La. Register, sending notice electronically to the appropriate legislative oversight committees, and providing notice of the meeting to all persons who have made timely request of the agency. Requires the notice to contain (a) the agency's name; (b) the purpose of the meeting; (c) the time and place of the meeting; (d) the process to request reasonable accommodations for persons with disabilities; and (e) the name and contact information of the person within the agency to whom interested persons should direct their views regarding the agency's rules, if in writing, and the deadline for submission of written comments.

New law requires the agency to consider fully all comments and submissions concerning its rules. Requires the agency to advise persons who provide oral comments that in order to be submitted to the legislative oversight committee, comments must be submitted in writing. Requires the agency to issue a response to each submission describing the principal advantages and disadvantages of the rule changes suggested in the submission. Further allows the agency to prepare a statement explaining the basis and rationale for the rule in question identifying the data and evidence upon which the rule is based. Requires all submissions, responses, and statements to be furnished to the respective legislative oversight committees in the annual report of rulemaking (see existing and new law–R.S. 49:968(K) below) and to be made available to interested persons as soon as possible but no later than one day following submission to the appropriate legislative oversight committees.

Prior law required each agency that proposed rule or fee changes during the previous calendar year to submit a report to the appropriate legislative committees containing a statement of the action taken by the agency with respect to those changes.

New law (R.S. 49:568(K) and (L)) provides instead that each agency shall submit a report on rulemaking activities during the previous calendar year to the appropriate legislative committees. Provides that such report shall contain a recitation of each petition and submission received by the agency pursuant to existing and new law (explained above), the agency's response to each petition and submission, and the report of the public comments and agency response relative to the public hearing required by new law (explained above).

Effective Jan. 1, 2019.

(Amends R.S. 49:953(C) and 968(K) and (L))

RÉSUMÉ DIGEST

ACT 416 (SB 466) **2018 Regular Session** **Price**

Prior law, relative to leases, provided that the willful failure to comply with prior law shall give the tenant or lessee the right to recover actual damages or $200, whichever is greater, from the landlord or lessor, or from the lessor's successor in interest.

New law provides that tenant or lessee has the right to recover any portion of the security deposit wrongfully retained and $300 or twice the amount of the portion of the security deposit wrongfully retained, whichever is greater, from the landlord or lessor, or from the lessor's successor in interest.

Effective on January 1, 2019.

(Amends R.S. 9:3252)

RÉSUMÉ DIGEST

ACT 376 (SB 308) **2018 Regular Session** **Mizell**

New law establishes a volunteer and employee criminal history system operated by the La. Bureau of Criminal Identification and Information. Allows certain businesses and organizations that provide care to children, the elderly, or individuals with disabilities to register with the bureau to obtain a state and federal criminal history report on individuals who have or seek to have access to those children, elderly, or individuals with disabilities, to determine their suitability to be providing care to those persons. Specifies that the access to obtain such reports is allowed in the absence of specific statutory provisions regarding access to criminal history record information.

New law provides for definitions.

New law allows the bureau to charge a processing fee for the criminal history report pursuant to provisions in prior law.

New law requires the business or organization that requests the criminal history report to maintain the confidentiality of the report.

New law provides that a qualified entity is not liable for damages solely for failing to obtain background check information. Further provides that except in instances of gross negligence or willful and wanton misconduct, the state, any political subdivision of the state, or any agency, officer, or employee of the state or a political subdivision shall not be liable for damages for providing the information.

New law authorizes the bureau to promulgate rules to implement the provisions of new law.

Effective January 1, 2019.

(Adds R.S. 15:587.7)

RÉSUMÉ DIGEST

ACT 346 (SB 16) **2018 Regular Session** **Mizell**

Prior law required that special prestige license plates issued in accordance with R.S. 47:463.6 et seq. contain the uniform alpha-numeric series accompanied by a symbol or emblem representing the organization requesting such plate.

New law requires, on and after January 1, 2019, that any available special prestige license plate may additionally bear the international symbol of accessibility, upon request and if the applicant is eligible in accordance with the provisions of R.S. 47:463.4.

New law creates the "Upside Down" special prestige license plate for use on passenger cars, pickup trucks, recreational vehicles, motorcycles, and vans. Requires collection of an annual royalty fee by the Department of Public Safety and Corrections (DPS&C) to be forwarded to Upside Down, Inc.

Effective January 1, 2019.

(Amends R.S. 47:463(A)(3)(a); adds R.S. 47:463.4.4 and 463.196)

RÉSUMÉ DIGEST

ACT 208 (HB 429) **2018 Regular Session** **Cromer**

Prior law set forth the procedures for denial of a claim for dental services and required a dental service contractor or a contract of dental insurance to establish and maintain appeal procedures for any claim by a dentist or a subscriber that was denied based upon lack of medical necessity.

New law makes technical changes.

New law prohibits a dental service contractor from denying any claim subsequently submitted for procedures specifically included in a prior authorization unless at least one of the following circumstances applies for each procedure denied:

(1) Benefit limitations such as annual maximums and frequency limitations not applicable at the time of prior authorization are reached due to utilization subsequent to issuance of the prior authorization.

(2) The documentation for the claim provided by the person submitting the claim clearly fails to support the claim as originally authorized.

(3) If, subsequent to the issuance of the prior authorization, new procedures are provided to the patient or a change in the patient's condition occurs such that the prior authorized procedure would no longer be considered medically necessary, based on the prevailing standard of care.

(4) If, subsequent to the issuance of the prior authorization, new procedures are provided to the patient or a change in the patient's condition occurs such that the prior authorized procedure would at that time require disapproval pursuant to the terms and conditions for coverage under the patient's plan in effect at the time the prior authorization was issued.

(5) The dental service contractor's denial is because of one of the following:

    (a) Another payor is responsible for the payment.

    (b) The dentist has already been paid for the procedures identified on the claim.

    (c) The claim was submitted fraudulently or the prior authorization was based in whole or material part on erroneous information provided to the dental service contractor by the dentist, patient, or other person not related to the carrier.

    (d) The person receiving the procedure was not eligible to receive the procedure on the date of service and the dental service contractor did not know, and with the exercise of reasonable care could not have known, of the person's eligibility status.

New law prohibits a dental service contractor from requiring any information be submitted for a prior authorization request that would not be required for submission of a claim and requires the dental service contractor to issue a prior authorization within 30 days of the date a request is submitted by a dentist.

New law prohibits a dental service contractor from denying or recouping a claim solely due to a patient's loss of coverage or ineligibility if, at the time of treatment, the contractor erroneously confirms coverage and eligibility, but had sufficient information available to it indicating that the patient was no longer covered or was ineligible for coverage.

Effective January 1, 2019.

(Amends R.S. 22:1155)

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 7 Engrossed 2018 Regular Session Gregory Miller

Abstract: Removes the requirement that the statement required to be filed by an elected official who receives any thing of economic value for assisting a person in certain transactions with his governmental entity or its officials or agencies be sworn; provides instead for a certification by the elected official that the statement is true and correct.

Present law (R.S. 42:1111(E)(2)) provides that no elected official of a governmental entity shall receive or agree to receive any thing of economic value for assisting a person in a transaction or in an appearance in connection with a transaction with the governmental entity or its officials or agencies, unless he files a sworn written statement with the Bd. of Ethics prior to or within 10 days after initial assistance is rendered. Present law excludes ministerial transactions from this requirement.

Present law provides that the contents of the statement shall be prescribed by the board, provides that the statement shall be a public record, and requires the board to review all the statements, and if it determines a statement to be deficient or suggest a violation of the ethics code, the board shall notify the official of its findings. Provides that the notification is confidential and privileged and made public only in connection with a public hearing for a relevant violation of the code.

Proposed law removes the requirement that the statement be sworn. Provides instead that it include a certification by the elected official filing it that the information contained in the statement is true and correct to the best of his knowledge, information, and belief. Otherwise retains present law.

Effective January 1, 2019.

(Amends R.S. 42:1111(E)(2))

RÉSUMÉ DIGEST

ACT 171 (HB 615) **2018 Regular Session** **Jordan**

Existing law requires the division of administrative law to hold a hearing upon written demand by any person aggrieved by an act or order of the commissioner of insurance or failure of the commissioner to act, if the failure is deemed an act under any provision of the La. Insurance Code, or by any report, promulgation, or order of the commissioner other than an order on a hearing of which the person was given actual notice or at which the person appeared as a party, or order pursuant to the order on the hearing.

Existing law requires a demand for a hearing to be filed with the commissioner within a specified time period. Provides that the demand is timely if filed within 30 days after mailing of the notice of the act or order to the person's last known address or delivery of such notice to the person.

Prior law specified that delivery to the person be at the person's last known address and additionally provided that demand was timely if filed within 30 days of the notice being delivered to the person.

New law repeals prior law.

Prior law required that a demand for a hearing also be filed with the division of administrative law.

New law repeals prior law. Instead, requires the commissioner to provide the division of administrative law with a copy of a demand for a hearing within five days of receipt.

Existing law requires the division of administrative law to hold the hearing within 30 days after receipt of the demand, unless postponed by mutual consent, or upon motion of either party for good cause shown or as ordered by the division of administrative law.

New law specifies that the time period for holding the hearing starts upon receipt of the demand from the commissioner of insurance.

Effective January 1, 2019.

(Amends R.S. 22:2191(B))

RÉSUMÉ DIGEST

ACT 74 (HB 233) **2018 Regular Session** **Coussan**

Existing law (R.S. 51:702(6.2)) defines the term "federal covered security". Provides the term means "any security that is a covered security under Section 18(b) of the Securities Act of 1933" or promulgated rule. New law retains existing law.

New law (R.S. 51:705(G)(3)(a)) requires the issuer of any federal covered security under Section 18(b)(4)(C) Securities Act of 1933, and for purposes of renewal, to make a notice filing with the commissioner of the Office of Financial Institutions (hereinafter, "commissioner"), including a copy of all documents filed with the Securities and Exchange Commission (hereinafter, "SEC"), as provided in Section 4A(b) of the Securities Act of 1933 when either of the following apply:

(1) The issuer's principal place of business, as defined in the rules and regulations of the SEC, is in this state.

(2) Purchases of 50% or more of securities sold by the issuer, as provided in Section 18(b)(4)(C) of the Securities Act of 1933, are to residents in the state of La.

New law (R.S. 51:705(G)(3)(b)) requires the issuer to file with the commissioner the documents described in new law (R.S. 51:705(G)(3)(a)) at either of the following applicable times:

(1) When the issuer files the documents with the SEC, if the issuer is filing with the commissioner that its principal place of business is in this state.

(2) Within 15 days of the date the issuer becomes aware that it has sold 50% or more of its securities to La. residents. If filing under this 15-day requirement, under no circumstances should the filing be more than 15 days from the date of completion of the offering.

New law (R.S. 51:705(G)(3)(c)) provides the documents filed in accordance with new law (R.S. 51:705(G)(3)(b)) are effective for 12 months from the date of the filing. Requires the issuer to pay a nonrefundable filing fee of $150.00 to the commissioner when an initial or subsequent notice is filed.

Effective January 1, 2019.

(Adds R.S. 51:705(G)(3))

RÉSUMÉ DIGEST

ACT 62 (HB 134) **2018 Regular Session** **Anders**

Existing law requires the identity of a health benefit plan insurer and sponsor to be displayed prominently on the face of the identification card or documentation.

Prior law required every identification card, membership card, insurance coverage card, or other documentation of coverage issued to any policyholder or health plan participant by a health insurer for a plan that is fully insured to include the phrase "Non-ERISA" prominently displayed on the face of the card or other documentation.

New law changes the required phrase to "Fully Insured".

Effective January 1, 2019.

(Amends R.S. 22:984(C))

RÉSUMÉ DIGEST

ACT 7 (HB 247) **2018 Regular Session** **Huval**

Prior law defined surplus lines insurance as any property and casualty insurance in this state on property, risk, or exposure located or to be performed in this state, permitted to be placed through a licensed surplus lines broker with a surplus lines insurer.

New law changes prior law by expanding the definition to include health and accident insurance.

Prior law defined surplus lines insurer as an approved unauthorized insurer or eligible unauthorized insurer, or a domestic surplus lines insurer.

New law changes prior law by excluding health maintenance organizations from the definition.

Prior law required notification that there is no guaranty fund coverage for surplus lines policies.

New law adds to the required notice a statement that there is no life and health guaranty fund coverage for surplus lines health and accident policies.

Prior law exempted surplus lines insurers from the requirement to file rates and forms with the commissioner of insurance.

New law retains prior law but adds an exception for public carrier vehicles.

New law permits the commissioner of insurance to require the filing of rates and forms for health and accident policies other than health stop loss and limited benefit policies.

Prior law defined a surplus lines broker as an insurance producer who solicits, negotiates, or procures a property and casualty policy with an insurance company not licensed to transact business in Louisiana which cannot be procured from insurers licensed to do business in Louisiana.

New law eliminates the references to property and casualty to expand the definition to all types of coverage available through surplus lines insurance.

Prior law authorized any licensed property and casualty insurance producer maintaining an office at a designated location in this state and having at least two years experience in the insurance business with an insurer or as an insurance producer to be licensed as a surplus lines broker.

New law expands the authorization to any licensed health and accident insurance producers.

Effective January 1, 2019.

(Amends R.S. 22:46(intro. para.), (17), and (17.1), 433(A), 438(A)(3), 446, 1542(intro. para.) and (18), and 1547(I))

RÉSUMÉ DIGEST

ACT 461 (HB 690) **2018 Regular Session** **Stokes**

New law requires any health benefit plan delivered or issued for delivery in this state to include coverage for an annual preventive cancer screening for an insured or enrollee who was previously diagnosed with breast cancer, completed treatment for the breast cancer, underwent a bilateral mastectomy, and was subsequently determined to be clear of cancer.

New law requires written notice of the availability of coverage for the screening to be delivered to the insured or enrollee upon enrollment and annually thereafter as approved by the commissioner of insurance.

New law prohibits a health benefit plan from doing any of the following:

(1) Denying to a patient eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of new law.

(2) Penalizing or otherwise reducing or limiting the reimbursement of an attending provider, or providing monetary or nonmonetary incentives to an attending provider, to induce the provider to provide care to an insured or enrollee in a manner inconsistent with new law.

(3) Reducing or limiting coverage benefits to a patient for the preventive services performed as determined in consultation with the attending physician and patient.

New law does not apply to a plan providing coverage for excepted benefits, limited benefit health insurance plans, and short-term policies that have a term of less than 12 months.

New law requires the annual preventive cancer screening provided for in new law to be a covered service in the Louisiana Medicaid Program.

New law applies to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2019. Any policy, contract, or health coverage plan in effect prior to Jan. 1, 2019, shall convert to conform to the provisions of new law on or before the renewal date, but no later than Jan. 1, 2019.

Effective January 1, 2019.

(Adds R.S. 22:1077.1 and R.S. 46:975.1)

RÉSUMÉ DIGEST

ACT 310 (HB 308) **2018 Regular Session** **Havard**

New law defines "platoon" or "platooning" as a group of individual motor vehicles, including any truck, truck-tractor, trailer, semitrailer, or any combination of these vehicles, utilizing vehicle-to-vehicle communication technology to travel in a unified manner at close following distances.

Existing law prohibits the driver of a motor vehicle from following another vehicle more closely than is reasonable and prudent and prohibits the driver of a motor truck from following another motor truck within 400 feet when traveling upon a highway outside a business or residential district.

Existing law requires that motor vehicles being driven upon any roadway outside of a business or residential district in a caravan or motorcade be operated as to allow sufficient space between each vehicle or combination of vehicles as to enable any other vehicle to enter and occupy such space without danger.

New law changes "residential district" to "residential area" and specifies that the provisions of existing law do not apply to non-lead vehicles in a platoon but otherwise retains existing law.

New law authorizes the operation of a platoon if the platoon operator has an operational plan approved by the Dept. of Public Safety and Corrections, office of state police, and the Dept. of Transportation and Development.

New law authorizes the Dept. of Public Safety and Corrections, office of state police, and the Dept. of Transportation and Development to promulgate rules as necessary to implement the provisions of new law.

New law prohibits the operation of a platoon from being authorized to operate on a two-lane highway.

Effective January 1, 2019.

(Amends R.S. 32:81(B) and (C); Adds R.S. 32:1(95) and 81(D), (E), and (F))

RÉSUMÉ DIGEST

ACT 290 (HB 875) **2018 Regular Session** **Talbot**

Prior law required a health insurance issuer to maintain a directory of its network of providers on the internet and to identify all healthcare providers not accepting new referrals of covered persons or not offering services to covered persons.

New law requires a health insurance issuer to maintain a directory of its network of providers on the internet that includes the name, specialty, if any, street address, and telephone number of each healthcare provider and indicates whether the provider is accepting new patients.

New law requires the directory to be both electronically searchable by name, specialty, and location and publicly accessible without necessity of providing a password, a user name, or personally identifiable information.

New law requires the health insurance issuer to conduct an ongoing review of the directory and correct or update the information as necessary not less than once every 20 business days.

New law further requires the health insurance issuer to update the directory not later than 10 business days after either of the following:

(1) The effective date of a provider's credentialing with the health insurance issuer to list the provider.

(2) The effective date of termination of a provider's credentialing with the health insurance issuer to remove the provider.

New law requires the directory to contain a conspicuously displayed email address, toll-free telephone number, or other mechanism that is easily accessible to which any individual may report any inaccuracy in the directory.

New law requires an issuer who receives a report that specifically identified directory information may be inaccurate to investigate the report and make any necessary corrections not later than the second business day after the date the report is received if the report concerns the representation of the network participation status of the provider or the fifth business day after the date the report is received if the report concerns any other type of information in the directory.

New law requires a health insurance issuer who receives three or more reports in any 30-day period that allege the issuer's directory inaccurately represents a provider's network participation status and are confirmed by the issuer's investigation to immediately report that occurrence to the commissioner of insurance.

New law requires the commissioner to investigate the health insurance issuer's compliance with new law.

New law authorizes the Dept. of Insurance to collect an assessment in an amount determined by the commissioner from the health insurance issuer at the time of the investigation to cover all expenses attributable directly to the investigation, including the salaries and expenses of department employees and all reasonable expenses of the department necessary for the administration of new law.

New law authorizes the Dept. of Insurance to promulgate rules and regulations to provide for civil fines payable by a health insurance issuer not to exceed $500 for each intentional act or act of gross negligence in violation of new law, not to exceed an aggregate fine of $50,000.

New law provides that a health insurance issuer shall not be responsible for information that is inaccurately submitted or not submitted by healthcare providers as stated in their contract.

New law provides that the penalties established in new law are the exclusive remedy for any violations and prohibits an independent cause of action by any person based upon a violation or other information reported.

New law applies to the Office of Group Benefits; however, the commissioner of insurance shall notify the commissioner of administration in writing within 30 days of a violation in lieu of levying an assessment or fine against the Office of Group Benefits.

Prior law required the directory of network providers to be furnished in printed form to any covered person upon request.

New law retains prior law.

Effective January 1, 2019.

(Amends R.S. 22:1873(B)(4) and 1879(B)(3); Adds R.S. 22:1020.1-1020.6; Repeals R.S. 22:1019.2(B)(4))

RÉSUMÉ DIGEST

ACT 270 (HB 524) **2018 Regular Session** **Carpenter**

New law requires each agency head to develop and institute a policy to prevent sexual harassment which is applicable to all public servants in the agency. Requires the policy at a minimum to contain:

(1) A clear statement that unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or inappropriate conduct of a sexual nature constitute sexual harassment when the conduct has certain effects and that such conduct shall not be tolerated.

(2) A description of the behavior the agency defines as inappropriate conduct, including examples.

(3) An effective complaint or grievance procedure that includes taking immediate and appropriate action and identifies who may make a complaint and to whom a complaint may be made, including alternative designees. Further requires actions taken on the complaint to be documented.

(4) A clear prohibition against retaliation for filing a complaint, testifying, or participating in any way in an investigation.

(5) A statement apprising public servants of applicable federal and state law on sexual harassment.

New law requires each agency head to ensure that its policy and its complaint procedure are prominently posted on its website or, if the agency does not have a website, that a notice on how to obtain the information is posted in a conspicuous location in each of the agency's offices.

New law requires each public servant to receive a minimum of one hour of education and training on preventing sexual harassment each year. Provides that an agency head shall require supervisors and those designated to accept or investigate a complaint to receive additional education and training. Provides that the education and training may be received either in person or via the internet through training and education materials approved by the agency head.

New law requires each agency head to ensure that each public servant is notified of the agency's policy and the mandatory training requirement. Provides that the agency head, or his designee, shall be responsible for maintaining records of compliance. Provides that each public servant's record of compliance shall be a public record and available in accordance with existing law (Public Records Law).

New law further requires each agency head to compile an annual report on his agency's compliance with the requirements of new law including:

(1) The number and percentage of public servants in his agency who have completed the training requirements.

(2) The number of sexual harassment complaints received by his agency.

(3) The number of complaints which resulted in a finding that sexual harassment occurred.

(4) The number of complaints in which the finding of sexual harassment resulted in discipline or corrective action.

(5) The amount of time it took to resolve each complaint.

New law specifies that these reports are public records and available to the public in the manner provided by existing law (Public Records Law).

New law requires agency heads in the executive branch of state government to submit the report to the division of administration, agency heads in the legislative branch of state government to the Legislative Budgetary Control Council, and agency heads in the judicial branch of state government to the chief justice of the supreme court.

New law further requires the office of risk management to submit an annual report to the presiding officers of the legislature containing the following information related to the complaints of sexual harassment filed with the office for adjustment:

(1) The total number of sexual harassment cases filed with the office.

(2) The number of cases which are settled and the total monetary amount paid in settlements.

(3) The number of cases for which a lawsuit is filed and the disposition of each case.

(4) The monetary amount paid for attorney fees, court costs, expert witness fees, and any other litigation costs to defend each sexual harassment complaint.

New law requires the Dept. of State Civil Service to develop and make available education and training materials at no cost to assist state agency heads and state employees in complying with the requirements of new law. Further provides that as required by the existing constitution (La. Const. Art. VII, §14) the department shall recoup costs of copying or reproducing the training material on a compact disc and recoup the cost of mailing the disc to the agency, unless the agency is subject to the fees assessed for in-service training pursuant to existing law (R.S. 42:1262(A)).

Effective January 1, 2019, however, requires each agency head to take all actions necessary to bring his agency in compliance with new law requirements regarding the policy and training as soon as possible.

(Adds R.S. 42:341-345)

RÉSUMÉ DIGEST

ACT 246 (SB 472) **2018 Regular Session** **Johns**

New law requires that the deputy secretary of the Department of Public Safety and Corrections (DPS&P), public safety services, create and issue the "Autism" special prestige license plate.

Provides for issuance of the plate to an applicant who is a Louisiana resident.

Requires that the department collect an annual royalty fee of $25 in addition to the standard motor vehicle license tax and a $3.50 handling fee for each plate to be retained by the department to offset a portion of administrative costs.

Requires the department to forward the royalty monies collected to the Autism Society-Louisiana State Chapter, Inc.

New law also requires that the deputy secretary of DPS&P, public safety services, create and issue the "Louisiana Motor Transport Association" special prestige license plate for use on any personal motor vehicle or commercial vehicle under 16,000 lbs which does not require apportioned plates as established by the International Registration Plan.

Requires that the secretary work in conjunction with the executive director of the La. Motor Transport Association, Inc. to select the color and design of the plate, provided it is in compliance with prior law and authorizes the plate to be issued, upon application, to any citizen of La. in the same manner as any other motor vehicle license plate.

Requires that the department collect an annual royalty fee of $25 in addition to the standard motor vehicle license tax and a $3.50 handling fee for each plate to be retained by the department to offset a portion of administrative costs and specifies that the royalty fee collected by the department be forwarded to the La. Motor Transport Association, Education Foundation.

Provides for the adoption of rules and regulations necessary to implement its provisions.

Effective January 1, 2019.

(Adds R.S. 47:463.196 and 463.197)

RÉSUMÉ DIGEST

ACT 243 (SB 416) **2018 Regular Session** **White**

Prior law provided that the commissioner of financial institutions has the authority to obtain state and federal criminal history record information on any person listed on an application, registration, or renewal filed with the office of financial institutions.

New law provides that as directed by the commissioner, each applicant for registration as an investment adviser representative shall submit fingerprints for a criminal background check. Such fingerprints may be submitted through any licensing system authorized by the commissioner.

New law provides that the costs of fingerprint processing shall be borne by the person subject to the criminal history background check.

New law does not apply to the following persons:

(1) A person who has submitted an application for registration in Louisiana with a Financial Industry Regulatory Authority (FINRA) member firm, provided fingerprints were submitted and processed by FINRA on behalf of the member firm with which such associated person is pending registration, pursuant to the provisions of a rule by the United States Securities and Exchange Commission.

(2) A person who is registered with the commissioner as an investment adviser representative on January 1, 2019, unless such person subsequently applies for registration with a different investment adviser.

Effective January 1, 2019.

(Adds R.S. 51:703(D)(5))