SLS 20RS-602 REENGROSSED

2020 Regular Session

SENATE BILL NO. 418

BY SENATOR TALBOT

LIABILITY INSURANCE. Enacts the Omnibus Premium Reduction Act of 2020. (1/1/21)

AN ACT

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To amend and reenact Civil Code Articles 3492 and 3493.10, Code of Civil Procedure

Article 1732(1) and R.S. 22:1269 (B), to enact R.S. 9:2800.25, and to repeal R.S.

22:333(E) and R.S. 32:295.1(E), relative to liability; to provide relative to civil

liability and to motor vehicle liability coverage; to extend the general prescriptive

period for delictual actions involving motor vehicle accidents; to prohibit the court

from awarding a plaintiff the amount of medical expenses reduced or paid by a

collateral source; to provide relative to collateral source, prescription, jury trials, and

jury trial thresholds under certain circumstances; to provide relative to the right of

direct action against an insurer; to repeal provisions prohibiting certain evidence

regarding the failure to wear safety belts; to require certain annual rate filings with

the commissioner of insurance; to provide for a mandatory rate reduction under

certain circumstances; to provide for an effective date; and to provide for related

matters.

Be it enacted by the Legislature of Louisiana:

Section 1. The provisions of this Act shall be known as the "Omnibus Premium Reduction Act of 2020". Whereas motor vehicle accident claims comprise a major portion

of the lawsuits filed in Louisiana's state courts, and whereas the enactment of civil justice reforms and their general applicability have a positive effect toward the reduction of the cost of motor vehicle insurance, the Omnibus Premium Reduction Act of 2020 is designed to achieve a significant reduction in the premium rate of motor vehicle accidents and insurance by legislating in regard not only to the specific motor vehicle accidents and insurance suits, but also to civil law issues of general applicability. A second purpose of the Omnibus Premium Reduction Act of 2020 is to further encourage all persons who own or operate motor vehicles on the public streets and highways of this state to comply with the Motor Vehicle Safety Responsibility Law by correcting the imbalances and abuses which are prevalent in Louisiana's current civil law and motor vehicle insurance systems, thereby resulting in a direct cost savings to all citizens of the state of Louisiana.

Section 2. Civil Code Article 3492 and 3493.10 are hereby amended and reenacted to read as follows:

Art. 3492. Delictual actions

Delictual actions Except as provided in Civil Code Article 3493.10, delictual actions are subject to a liberative prescription of one year. This prescription commences to run from the day injury or damage is sustained. It does not run against minors or interdicts in actions involving permanent disability and brought pursuant to the Louisiana Products Liability Act or state law governing product liability actions in effect at the time of the injury or damage.

* * *

Art. 3493.10. Delictual actions; two-year prescription; criminal act

Delictual actions <u>for injury or damage arising from the operation or</u> <u>control of any motor vehicle, aircraft, watercraft, or other means of conveyance,</u> <u>or those</u> which arise due to damages sustained as a result of an act defined as a crime of violence under Chapter 1 of Title 14 of the Louisiana Revised Statutes of 1950, except as provided in Article 3496.2, are subject to a liberative prescription of two years. This prescription commences to run from the day injury or damage is sustained. <u>It does not run against minors or interdicts in actions involving</u>

1	permanent disability and brought pursuant to the Louisiana Products Liability
2	Act or state law governing product liability actions in effect at the time of the
3	injury or damage.
4	Section 3. Code of Civil Procedure Article 1732(1) is hereby amended and reenacted
5	to read as follows:
6	Art. 1732. Limitation upon jury trials
7	A trial by jury shall not be available in:
8	(1) A suit where the amount of no individual petitioner's cause of action
9	exceeds $\frac{\text{fifty}}{\text{five}}$ thousand dollars exclusive of interest and costs, except as follows:
10	(a) If an individual petitioner stipulates or otherwise judicially admits sixty
11	days or more prior to trial that the amount of the individual petitioner's cause of
12	action does not exceed fifty five thousand dollars exclusive of interest and costs, a
13	defendant shall not be entitled to a trial by jury.
14	(b) If an individual petitioner stipulates or otherwise judicially admits for the
15	first time less than sixty days prior to trial that the amount of the individual
16	petitioner's cause of action does not exceed fifty five thousand dollars exclusive of
17	interest and costs, any other party may retain the right to a trial by jury if that party
18	is entitled to a trial by jury pursuant to this Article and has otherwise complied with
19	the procedural requirements for obtaining a trial by jury.
20	(c) Notwithstanding Subsubparagraphs (a) and (b) of this Subparagraph, if,
21	as a result of a compromise or dismissal of one or more claims or parties which
22	occurs less than sixty days prior to trial, an individual petitioner stipulates or
23	otherwise judicially admits that the amount of the individual petitioner's cause of
24	action does not exceed fifty five thousand dollars exclusive of interest and costs, a
25	defendant shall not be entitled to a trial by jury.
26	* * *
27	Section 4. R.S. 9:2800.25 is hereby enacted to read as follows:
28	§2800.25. Recoverable medical expenses; collateral sources; limitations;
29	evidence

1	A. For the purpose of this Section:
2	(1) "Health insurance issuer" means any health insurance coverage
3	through a policy or certificate of insurance subject to regulation of insurance
4	under state law, health maintenance organization, employer sponsored health
5	plan, the office of group benefits, and an equivalent federal or state health plan.
6	(2) "Medical provider" means any health care provider, hospital,
7	ambulance service, or their heirs or assignees.
8	(3) "Cost sharing" means copayments, coinsurance, deductibles, and any
9	other amounts which have been paid or are owed by the plaintiff.
10	B. In cases where a plaintiff's medical expenses have been paid, in whole
11	or in part, by a health insurance issuer, Medicaid, or Medicare to a contracted
12	or participating medical provider, the plaintiff's recovery of medical expenses
13	is limited to the amount actually paid to the medical provider by the health
14	insurance issuer, Medicaid, or Medicare and any applicable cost sharing
15	amount paid or owed by the plaintiff, and not the amount billed.
16	C. In cases where a plaintiff's medical expenses are paid pursuant to the
17	Workers' Compensation Law as provided in R.S. 23:1020.1 et seq., a plaintiff's
18	recovery of medical expenses is limited to the amount payable under the
19	medical payments fee schedule of the Workers' Compensation Law.
20	D. In an action for damages where a person suffers injury, death, or loss,
21	the court may receive evidence concerning any amount which has been paid or
22	contributed as of the date it enters judgment, by or on behalf of, the claimant
23	or members of his immediate family to secure his right to any private insurance
24	benefit which he has received as a result of such injury or death.
25	Section 5. R.S. 22:1269(B) is hereby amended and reenacted to read as follows:
26	§1269. Liability policy; insolvency or bankruptcy of insured and inability to effect
27	service of citation or other process; direct action against insurer
28	* * *
29	B.(1) The injured person or his survivors or heirs mentioned in Subsection

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A of this Section, at their option, shall have a right of direct action against the insurer within the terms and limits of the policy; and, such action may be brought against the insurer alone, or against both the insured and insurer jointly and in solido, in the parish in which the accident or injury occurred or in the parish in which an action could be brought against either the insured or the insurer under the general rules of venue prescribed by Code of Civil Procedure Art. 42 only; however, such action may be brought against the insurer alone only when at least one of the following applies:

- (a) The insured has been adjudged bankrupt by a court of competent jurisdiction or when proceedings to adjudge an insured bankrupt have been commenced before a court of competent jurisdiction.
 - (b) The insured is insolvent.
 - (c) Service of citation or other process cannot be made on the insured.
- (d) When the cause of action is for damages as a result of an offense or quasi-offense guasi offense between children and their parents or between married persons.
- (e)When the insurer is an uninsured motorist carrier. When the plaintiff is seeking recovery pursuant to an uninsured or underinsured policy.
 - (f) The insured is deceased.
- (2) This right of direct action shall exist whether or not the policy of insurance sued upon was written or delivered in the state of Louisiana and whether or not such policy contains a provision forbidding such direct action, provided the accident or injury occurred within the state of Louisiana. may be brought against the insurer alone in the parish in which the accident or injury occurred or in the parish in which an action could be brought against either the insured or the insurer under the general rules of venue prescribed by Code of Civil Procedure Article 42 only. Nothing contained in this Section shall be construed to affect the provisions of the policy or contract if such provisions are not in violation of the laws of this state.
 - (3) When the circumstances enumerated in Paragraph (1) of this

Subsection do not apply, neither the injured person nor the survivors or heirs mentioned in Subsection A of this Section shall have a right of direct action against the insurer. The injured person or his survivor or heirs shall bring an action against the insured, wherein a court of competent jurisdiction may render a finding of liability and damages against the insured. Nothing contained in this Section shall be construed to affect the insured's right to enforce the provisions of the policy or contract against insurer.

8 * * *

Section 6. R.S. 22:333(E) and R.S. 32:295.1(E) are hereby repealed in their entirety.

Section 7. Pursuant to the provisions of this Act, every motor vehicle insurer authorized to transact business in the state of Louisiana shall make a motor vehicle policy rate filing with the Department of Insurance at least once every twelve months for the thirty-six-month period following the effective date of this Act and shall reduce rates when actuarially justified.

Section 8. For policies of personal private passenger automobile insurance issued or renewed one year following the effective date of this Act, each insurer shall file with the commissioner of insurance for approval premium rates which actuarially reflect the savings it anticipates as a result of this Act, which is presumed to be ten percent lower for each impacted coverage, when compared to the premium rates in effect for that coverage on the date of enactment. Each such insurer shall have the right to request all or partial relief from the presumed roll-back amount of ten percent on each impacted coverage, if it can demonstrate to the commissioner of insurance that it has not experienced a sufficient reduction in loss costs to actuarially justify the full amount of presumed savings of ten percent. Any filing with premium rates that provides for the ten percent reduction or more for each impacted coverage shall be deemed approved, if not disapproved, thirty days after filing. This Section does not prohibit an increase for any individual insurance policy premium if the increase results from an increase in the risk of loss.

Section 9. The provisions of Section 3 of this Act regarding limitations upon jury trials shall have prospective application only and shall not apply to a cause of action arising

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or action pending prior to the effective date of this Act.

Section 10. This Act shall become effective on January 1, 2021.

The original instrument was prepared by Xavier I. Alexander and the following digest, which constitutes no part of the legislative instrument, was prepared by Margaret M. Corley.

DIGEST

SB 418 Reengrossed

2020 Regular Session

Talbot

<u>Proposed law</u> creates the Omnibus Premium Reduction Act of 2020, which has as its general purpose the reduction of the cost of motor vehicle insurance by legislation in regard to civil law and insurance policies.

<u>Present law</u> provides a general one-year liberative prescriptive period for delictual actions (C.C. Art. 3492), and a two-year period for delictual actions for damages arising from an act defined as a crime of violence, except for any act of sexual assault which is subject to a liberative prescription of three years. (C.C. Art. 3493.10).

<u>Proposed law</u> increases the general one-year prescriptive period for delictual actions for injury or damages arising from the operation of any motor vehicle, aircraft, watercraft, or other means of conveyance to a two-year prescriptive period and retains the liberative prescription of three years for any act of sexual assault.

<u>Present law</u> (C.C.P. Art. 1732) authorizes a jury trial when the amount in controversy exceeds \$50,000.

Proposed law reduces the threshold for a jury trial to \$5,000.

Proposed law (R.S. 9:2800.25) provides for definitions:

- (1) "Health insurance issuer" means a health insurance coverage through a policy or certificate of insurance subject to regulation of insurance under state law, health maintenance organization, employer sponsored health plan, the office of group benefits, and an equivalent federal or state health plan.
- (2) "Medical provider" means any health care provider, hospital, ambulance service, or their heirs or assignees.
- (3) "Cost sharing" means copayments, coinsurance, deductibles, and any other amounts which have been paid or are owed by the plaintiff.

<u>Proposed law</u> provides that in cases where a plaintiff's medical expenses have been paid, in whole or in part, by a health insurance issuer, Medicaid, or Medicare to a contracted or participating medical provider, the plaintiff's recovery of medical expenses is limited to the amount actually paid to the medical provider by the health insurance issuer, Medicaid, or Medicare and any applicable cost sharing amount paid or owed by the plaintiff, and not the amount billed.

<u>Proposed law</u> provides that when a plaintiff's medical expenses have been paid by a health insurance company or Medicare, plaintiff's recovery of medical expenses is limited to the amount actually paid to the health care provider by the insurer or Medicare, and not the amount billed.

<u>Proposed law</u> provides that where a plaintiff's medical expenses are paid pursuant to the Workers' Compensation Law (WCL), recovery of medical expenses is limited to the amount

payable under the medical payments fee schedule of the WCL.

<u>Proposed law</u> further provides that in an action where a person suffers injury, death, or loss, the court may receive evidence concerning any amount which has been paid or contributed as of the date it enters judgment, by or on behalf of, the claimant or members of his immediate family to secure his right to any private insurance benefit which he has received as a result of such injury or death.

<u>Present law</u> (R.S. 22:1269 (B)) provides relative to liability policies and direct action against an insurer.

<u>Present law</u> provides that an injured third party has the right to take direct legal action against the insurer if that right is provided for within the terms and limits of the policy. Provides for action against the insurer alone if at least one of the following applies:

- (1) The insured has been adjudged bankrupt by a court of competent jurisdiction or proceedings to adjudge an insured bankrupt have been commenced before a court of competent jurisdiction.
- (2) The insured is insolvent.
- (3) Service of citation or other process cannot be made on the insured.
- (4) The cause of action is for damages resulting from an offense or quasi offense between children and parents or between married persons.
- (5) The insurer is an uninsured motorist carrier.
- (6) The insured is deceased.

<u>Proposed law</u> provides for action against the insurer alone within the terms and limits of the policy if at least one of the following applies:

- (1) The insured has been adjudged bankrupt by a court of competent jurisdiction or proceedings to adjudge an insured bankrupt have been commenced before a court of competent jurisdiction.
- (2) The insured is insolvent.
- (3) Service of citation or other process cannot be made on the insured.
- (4) The cause of action is for damages resulting from an offense or quasi offense between children and parents or between married persons.
- (5) When the plaintiff is seeking recovery pursuant to an unisured or underinsured policy.
- (6) The insured is deceased.

<u>Proposed law</u> further provides that if none of the above circumstances are applicable, the injured person or his survivors or heir shall bring an action against the insured.

<u>Proposed law</u> provides that the insured's right to enforce the terms of the policy against the insurer remains unaffected.

<u>Present law</u> provides that, if the accident or injury occurred within the state of Louisiana, the right of direct action shall exist whether or not the policy of insurance was written or delivered in the state of Louisiana and whether or not such policy contains a provision

forbidding such direct action.

<u>Present law</u> (R.S. 22:333(E)) relative to foreign or alien insurers provides that transacting of business in this state constitutes a consent to being sued by the injured person or heirs in a direct action as provided in present law.

Proposed law repeals this provision.

<u>Present law</u> (R.S. 32:295.1(E)) provides that the failure to wear a safety belt in violation of <u>present law</u> shall not be admitted to mitigate damages in any action to recover damages arising out of the ownership, common maintenance, or operation of motor vehicle, and the failure to wear a safety belt in violation of <u>present law</u> shall not be considered evidence of comparative negligence.

Proposed law repeals this provision.

<u>Proposed law</u> provides that pursuant to its provisions every motor vehicle insurer authorized to transact business in the state shall make a motor vehicle policy rate filing with the Dept. of Insurance at least once every 12 months for the 36-month period following the effective date of the <u>proposed law</u> and shall reduce rates when actuarially justified.

<u>Proposed law</u> further provides that for policies of personal private passenger automobile insurance issued or renewed one year following the effective date of the <u>proposed law</u>, each insurer shall file with the commissioner of insurance for approval premium rates which actuarially reflect the savings it anticipates as a result of the <u>proposed law</u>, which is presumed to be 10% lower for each impacted coverage, when compared to the premium rates in effect for that coverage on the date of enactment of the <u>proposed law</u>. Also provides that each such insurer shall have the right to request all or partial relief from the presumed roll-back amount of 10% on each impacted coverage, if it can demonstrate to the commissioner of insurance that it has not experienced a sufficient reduction in loss costs to actuarially justify the full amount of presumed savings of 10%.

<u>Proposed law</u> further provides that any filing with premium rates that provide for the 10% reduction or more for each impacted coverage shall be deemed approved, if not disapproved, 30 days after filing. <u>Proposed law</u> also provides that it does not prohibit an increase for any individual insurance policy premium if the increase results from an increase in the risk of loss.

<u>Proposed law</u> provides that the provisions of <u>proposed law</u> regarding limitations upon jury trials shall have prospective application only and shall not apply to a cause of action arising or action pending prior to the effective date of <u>proposed law</u>.

Effective January 1, 2021.

(Amends C.C. Arts. 3492 and 3493.10, C.C.P. Art. 1732(1), and R.S. 22:1269(B); enacts R.S. 9:2800.25; repeals R.S. 22:333(E) and R.S. 32:295.1(E))

Summary of Amendments Adopted by Senate

<u>Committee Amendments Proposed by Senate Committee on Judiciary A to the original bill</u>

- 1. Provides for technical changes.
- 2. Provides for definitions:
 - (a) "Health insurance issuer" means a health insurance coverage through a policy or certificate of insurance subject to regulation of insurance

- under state law, health maintenance organization, employersponsored health plan, the office of group benefits, and an equivalent federal or state health plan.
- (b) "Medical provider" means any health care provider, hospital, ambulance service, or their heirs or assignees.
- 3. Provides for <u>proposed law</u> that in cases where a plaintiff's medical expenses have been paid, in whole or in part, by a health insurance issuer, Medicaid, or Medicare to a contracted or participating medical provider, the plaintiff's recovery of medical expenses is limited to the amount actually paid to the medical provider by the health insurance issuer, Medicaid, or Medicare and any applicable cost sharing amount, and not the amount billed.
- 4. Repeals provisions of <u>present law</u> (R.S. 32:295.1(E)) that provides that the failure to wear a safety belt in violation shall not be admitted to mitigate damages in any action to recover damages arising out of the ownership, common maintenance, or operation of motor vehicle, and the failure to wear a safety belt in violation of this Section shall not be considered evidence of comparative negligence.
- 5. Provides that the provisions of <u>proposed law</u> regarding limitations upon jury trials shall have prospective application only and shall not apply to a cause of action arising or action pending prior to the effective date of <u>proposed law</u>.

Summary of Amendments Adopted by Senate

Senate Floor Amendments to engrossed bill

- 1. Provides for technical changes.
- 2. Provides for a definition of "cost sharing" to mean copayments, coinsurance, deductibles, and any other amounts which have been paid or are owed by the plaintiff.
- 3. Retains portions of <u>present law</u> and provides for action against the insurer alone if at least one of the following applies:
 - (a) The insured is insolvent.
 - (b) Service of citation or other process cannot be made on the insured.
- 4. Provides for action against the insurer alone when the plaintiff is seeking recovery pursuant to an unisured or underinsured policy.