HLS 201ES-23 ORIGINAL

2020 First Extraordinary Session

HOUSE BILL NO. 42

BY REPRESENTATIVE GREGORY MILLER

INSURANCE/AUTOMOBILE: Enacts the Omnibus Premium Reduction Act of 2020 (Item #40)

1 AN ACT

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

Articles 1732 and 1732(1), and R.S. 22:1269(B), to enact R.S. 9:2800.27 and R.S.

22:1892.2, and to repeal 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 require disclosure of policy limits
to certain persons; to provide for procedure for disclosure; to provide for
confidentiality; 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

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1	by legislating in regard not only to the specific motor vehicle accidents and insurance suits,
2	but also to civil law issues of general applicability thus correcting the imbalances and abuses
3	which are prevalent in Louisiana's current civil law and motor vehicle insurance systems,
4	thereby resulting in a direct cost savings to all citizens of the state of Louisiana.
5	Section 2. Civil Code Article 3492 and 3493.10 are hereby amended and reenacted
6	to read as follows:
7	Art. 3492. Delictual actions
8	Delictual actions Except as provided in Civil Code Article 3493.10, delictual
9	actions are subject to a liberative prescription of one year. This prescription
10	commences to run from the day injury or damage is sustained. It does not run against
11	minors or interdicts in actions involving permanent disability and brought pursuant
12	to the Louisiana Products Liability Act or state law governing product liability
13	actions in effect at the time of the injury or damage.
14	* * *
15	Art. 3493.10. Delictual actions; two-year prescription; criminal act
16	Delictual actions for injury or damage arising from the operation or control
17	of any motor vehicle, aircraft, watercraft, or other means of conveyance, or those
18	which arise due to damages sustained as a result of an act defined as a crime of
19	violence under Chapter 1 of Title 14 of the Louisiana Revised Statutes of 1950,
20	except as provided in Article 3496.2, are subject to a liberative prescription of two
21	years. This prescription commences to run from the day injury or damage is
22	sustained. It does not run against minors or interdicts in actions involving permanent
23	disability and brought pursuant to the Louisiana Products Liability Act or state law
24	governing product liability actions in effect at the time of the injury or damage.
25	Section 3. Code of Civil Procedure Articles 1732 is hereby amended and reenacted
26	to read as follows:
27	Art. 1732. Limitation upon jury trials

A trial by jury shall not be available in:

1	(1) A suit brought pursuant to the provisions of Chapter 3 of Title V of Book
2	III of the Civil Code, where the amount of no individual petitioner's cause of action
3	exceeds twenty-five thousand dollars exclusive of interest or costs.
4	(2) A suit, other than one brought pursuant to Chapter 3 of Title V of Book
5	III of the Civil Code, where the amount of no individual petitioner's cause of action
6	exceeds fifty thirty-five thousand dollars exclusive of interest and costs, except as
7	follows:
8	(a) If an individual petitioner stipulates or otherwise judicially admits sixty
9	days or more prior to trial that the amount of the individual petitioner's cause of
10	action does not exceed fifty thirty-five thousand dollars exclusive of interest and
11	costs, a defendant shall not be entitled to a trial by jury.
12	(b) If an individual petitioner stipulates or otherwise judicially admits for the
13	first time less than sixty days prior to trial that the amount of the individual
14	petitioner's cause of action does not exceed fifty thirty-five thousand dollars
15	exclusive of interest and costs, any other party may retain the right to a trial by jury
16	if that party is entitled to a trial by jury pursuant to this Article and has otherwise
17	complied with the procedural requirements for obtaining a trial by jury.
18	(c) Notwithstanding Subsubparagraphs (a) and (b) of this Subparagraph, if,
19	as a result of a compromise or dismissal of one or more claims or parties which
20	occurs less than sixty days prior to trial, an individual petitioner stipulates or
21	otherwise judicially admits that the amount of the individual petitioner's cause of
22	action does not exceed fifty thirty-five thousand dollars exclusive of interest and
23	costs, a defendant shall not be entitled to a trial by jury.
24	(2)(3) A suit on an unconditional obligation to pay a specific sum of money,
25	unless the defense thereto is forgery, fraud, error, want, or failure of consideration.
26	(3)(4) A summary, executory, probate, partition, mandamus, habeas corpus,
27	quo warranto, injunction, concursus, workers' compensation, emancipation,
28	tutorship, interdiction, curatorship, filiation, annulment of marriage, or divorce
29	proceeding.

1	(4)(5) A proceeding to determine custody, visitation, alimony, or child
2	support.
3	(5)(6) A proceeding to review an action by an administrative or municipal
4	body.
5	(6)(7) All cases where a jury trial is specifically denied by law.
6	* * *
7	Section 4. Code of Civil Procedure Article 1732(1) is hereby amended and reenacted
8	to read as follows:
9	Art. 1732. Limitation upon jury trials
10	A trial by jury shall not be available in:
11	(1) A suit brought pursuant to the provisions of Chapter 3 of Title V of Book
12	III of the Civil Code, where the amount of no individual petitioner's cause of action
13	exceeds twenty-five ten thousand dollars exclusive of interest or costs.
14	* * *
15	Section 5. R.S. 9:2800.27 is hereby enacted to read as follows:
16	§9:2800.27 Recoverable past medical expenses; limitations
17	A. For the purposes of this Section:
18	(1) "Cases" means quasi-delictual or delictual actions where a person suffers
19	injury, death, or loss.
20	(2) "Contracted healthcare provider" means any healthcare provider,
21	hospital, ambulance service, or their heirs or assignees that have entered into a
22	contract or agreement directly with a health insurance issuer or with a health
23	insurance issuer through a network of providers for the provision of covered
24	healthcare services.
25	(3) "Cost sharing amount" shall mean any co-pay, deductible, or any other
26	non-covered amount which the claimant or his representative owes to the contracted
27	healthcare provider.
28	(4) "Health insurance issuer" means Medicare, Medicaid, the Employee
29	Retirement Income Security Act (ERISA), and any entity that offers health insurance

1	coverage through a policy or certificate of insurance subject to state law that
2	regulates the business of insurance, including a health maintenance organization,
3	federal or nonfederal governmental plan, and the Office of Group Benefits.
4	B. In cases where a claimant's medical expenses have been paid, in whole
5	or in part, by a health insurance issuer to a contracted healthcare provider, or
6	pursuant to the Louisiana Workers' Compensation Law as provided in R.S. 23:1020.1
7	et seq., recovery of the paid medical expenses is limited to twice the amount actually
8	paid to the medical provider by the health insurance issuer and any cost sharing
9	amounts which have been paid or are owed by the claimant or other payor to the
10	contracted healthcare provider or the amount actually billed, whichever is less.
11	C. In cases where the healthcare provider has not made a claim for payment
12	from a health insurance issuer or has not been paid by a health insurance issuer, in
13	whole or in part, and a claimant, the claimant's attorney, or another third party, other
14	than a health insurance issuer, pays, agrees to pay, or has the obligation to pay
15	subject to a valid lien or otherwise, medical expenses to any healthcare provider for
16	medical treatment provided to the claimant, then the claimant may recover the
17	amount owed, paid, or guaranteed to be paid to the healthcare provider, excluding
18	any negotiated discount.
19	D. The provisions of this Section are not applicable to the right to recover
20	damages for future medical treatment, services, surveillance, or procedures of any
21	kind incurred after the date of entry of judgment by the court or an arbitration award.
22	E. The provisions of this Section are not applicable to medical malpractice
23	cases brought pursuant to R.S. 40:1231.1 et seq. or R.S. 40:1237.1 et seq. or cases
24	brought pursuant to the Louisiana Governmental Claims Act, as provided in R.S.
25	13:5101 et seq.
26	F. Whether any person has paid or agreed to pay, in whole or in part, any of
27	a claimant's medical expenses, shall not be disclosed to a jury. The jury shall be
28	informed only of the amount actually billed by a healthcare provider for a claimant's
29	medical treatment. If any reduction of the amount of past medical expenses awarded

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2	by the court after trial.
3	G. In cases where a plaintiff's medical expenses incurred as a result of the
4	injury at issue have been paid in whole or in part by a health insurance issuer the
5	court may award, as an item of damages to the plaintiff, the cost of procuring the
6	health insurance policy for which the plaintiff received the benefit of coverage on the
7	medical expenses incurred as a result of the incident at issue during the period from
8	the date of injury until the date court renders judgment in the case. The court may
9	award damages as provided for in this Subsection only if the damages exceed the
10	total amount of damages awarded pursuant to Subsections B and C of this Section,
11	and then only in lieu of the damages otherwise provided for in Subsections B and C
12	of this Section.
13	Section 6. R.S. 22:1269(B) is hereby amended and reenacted and R.S. 22:1892.2 is
14	hereby enacted to read as follows:
15	§1269. Liability policy; insolvency or bankruptcy of insured and inability to effect
16	service of citation or other process; direct action against insurer
16	service of citation or other process; direct action against insurer
16 17	service of citation or other process; direct action against insurer * * *
16 17 18	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection
16 17 18 19	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection A of this Section, at their option, shall have a right of direct action against the insurer
16 17 18 19 20	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection 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
16 17 18 19 20 21	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection 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
16 17 18 19 20 21 22	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection 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
16 17 18 19 20 21 22 23	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection 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
16 17 18 19 20 21 22 23 24	service of citation or other process; direct action against insurer * * * B.(1) The injured person or his survivors or heirs mentioned in Subsection 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
16 17 18 19 20 21 22 23 24 25	service of citation or other process; direct action against insurer * * * * * * * * * * * * * * *
16 17 18 19 20 21 22 23 24 25 26	B.(1) The injured person or his survivors or heirs mentioned in Subsection 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

by the jury is required by Subsection B of this Section, this reduction shall be made

1	(c) Service of citation or other process cannot be made on the insured.
2	(d) When the The cause of action is for damages as a result of an offense or
3	quasi-offense quasi offense between children and their parents or between married
4	persons.
5	(e) When the insurer is an uninsured motorist earrier. The plaintiff is seeking
6	recovery pursuant to an uninsured or underinsured policy.
7	(f) The tortfeasor's liability insurer has reserved the right to dispute whether
8	the policy at issue provides coverage for some or all of the claims asserted in the
9	action, other than limits of coverage provided by the policy.
10	(g) The tortfeasor's liability insurer has denied coverage to the tortfeasor for
11	some or all of the claims asserted in the action.
12	(h) The cause of action is for damages as a result of an offense or quasi
13	offense related to asbestos exposure.
14	(i) The insured is deceased.
15	(2) This right of direct action shall exist whether or not the policy of
16	insurance sued upon was written or delivered in the state of Louisiana and whether
17	or not such policy contains a provision forbidding such direct action, provided the
18	accident or injury occurred within the state of Louisiana. may be brought against the
19	insurer alone in the parish in which the accident or injury occurred or in the parish
20	in which an action could be brought against either the insured or the insurer under
21	the general rules of venue prescribed by Code of Civil Procedure Article 42 only.
22	The caption of any suit brought pursuant to the provisions of this Subsection shall
23	not include the name of the insurer. Nothing contained in this Section shall be
24	construed to affect the provisions of the policy or contract if such provisions are not
25	in violation of the laws of this state.
26	(3) Evidence of the existence of applicable liability insurance coverage shall
27	be admissible in an action brought pursuant to the provisions of this Subsection.
28	However, the name of the insurer and the limits of the applicable insurance policy
29	shall not be admissible.

1	(4) When the circumstances enumerated in Paragraph (1) of this Subsection
2	do not apply, neither the injured person nor the survivors or heirs mentioned in
3	Subsection A of this Section shall have a right of direct action against the insurer.
4	The injured person or his survivor or heirs shall bring an action against the insured,
5	wherein a court of competent jurisdiction may render a finding of liability and
6	damages against the insured. Nothing contained in this Section shall be construed to
7	affect the insured's right to enforce the provisions of the policy or contract against
8	the insurer.
9	* * *
10	§1892.2. Disclosure of policy coverage information upon written request;
11	procedure; confidentiality
12	A.(1) Every insurer providing automobile insurance coverage in this state
13	and that is or may be liable to pay all or part of a third-party claim arising out of an
14	automobile accident shall provide, within thirty days of receiving a written request
15	from the claimant or his attorney, a statement that includes each known policy of
16	motor vehicle liability insurance issued by it that may provide coverage for the
17	subject accident, including excess or umbrella insurance. The statement shall
18	include the name of the insurer, the name of each insured, and the limits of coverage,
19	or that the insurer did not issue a policy that might provide coverage for the
20	automobile accident.
21	(2)(a) The written request shall include both of the following:
22	(i) The specific nature of the claim being asserted.
23	(ii) A copy of the accident report from which the claim is derived, if
24	available.
25	(b) If the written request is made by an attorney, the request shall state that
26	the attorney is authorized to make such a request and provide the name of the
27	claimant upon whose behalf the request is made.
28	(c) The written request shall be delivered to the insurer's designated agent
29	for service of process by certified mail.

1	B. If the written request provided for in Subsection A of this Section does
2	not contain sufficient information to allow compliance with this Section, the insurer
3	upon whom the request was made shall respond to the claimant or his attorney in
4	writing, sent by certified mail to the address provided by the claimant or his attorney
5	in the original request, stating the specific additional information needed to respond
6	to the request.
7	C. An insurer that provides a copy of the declaration page of each policy that
8	may provide third-party coverage shall be in compliance with the requirements of
9	this Section.
10	D. The information provided to a claimant or his attorney as required by
11	Subsection A of this Section shall not create a waiver of any defenses to coverage
12	available to the insurer, shall not be deemed an admission of liability by the insurer
13	or its insured, and shall not be admissible in evidence.
14	E. The information provided to a claimant or his attorney as required in
15	Subsection A of this Section shall be amended upon the discovery of facts
16	inconsistent with or in addition to the information provided.
17	F. The information received by a claimant or his attorney pursuant to this
18	Section is confidential and shall not be disclosed to any outside party. Upon final
19	disposition of the claim, the claimant, or his attorney, shall destroy all information
20	received pursuant to this Section.
21	G. The provisions of this Section shall be enforced through the provisions
22	of the Louisiana Insurance Code.
23	Section 7. R.S. 32:295.1(E) is hereby repealed in its entirety.
24	Section 8. Pursuant to the provisions of this Act, every motor vehicle insurer
25	authorized to transact business in the state of Louisiana shall make a motor vehicle policy
26	rate filing with the Department of Insurance at least once every twelve months for the
27	thirty-six-month period following the effective date of this Act and shall reduce rates when
28	actuarially justified.

- 1 Section 9. (A) This Section and Sections 1 through 3 and 5 through 8 of this Act shall
- become effective on January 1, 2021, and shall have prospective application only and shall
- 3 not apply to a cause of action arising or action pending prior to January 1, 2021.
- 4 (B) Section 4 of this Act shall be effective January 1, 2024, if the commissioner of
- 5 insurance certifies that on January 1, 2022, premium rates for automobile insurance, on
- 6 average, are at least ten percent lower than they were on January 1, 2021. Section 4 of this
- 7 Act shall have prospective application only and shall not apply to a cause of action arising
- 8 or action pending prior to January 1, 2024.

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 42 Original

2020 First Extraordinary Session

Gregory Miller

Abstract: Creates the Omnibus Premium Reduction Act of 2020 which increases the general one-year prescriptive period for delictual actions arising from a vehicular accident to a two-year prescriptive period, reduces the threshold for a jury trial, provides for reduced damages for amounts paid or payable from collateral sources, requires the disclosure of insurance policy limits in certain circumstances, repeals the limitation on presenting evidence of the failure to wear a safety belt, and provides for the right of direct action against an insurer.

<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.

Prescription

<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 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 otherwise retains the one-, two-, and three-year liberative prescriptive periods.

Jury Trials

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

<u>Proposed law</u> reduces the threshold for a jury trial to \$35,000, except for tort actions, for which the threshold is \$25,000, beginning Jan. 1, 2021.

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<u>Proposed law</u> further provides that the jury trial threshold for tort actions shall be reduced to \$10,000 beginning Jan. 1, 2024, if the commissioner of insurance certifies that automobile insurance rates, on average, reduced by at least 10% between Jan. 1, 2021, and Jan. 1, 2022.

Recovery of Past Medical Expenses (Collateral Source)

Proposed law (R.S. 9:2800.27) provides for definitions:

- (1) "Cases" means quasi-delictual or delictual actions where a person suffers injury, death, or loss.
- (2) "Contracted healthcare provider" means any healthcare provider, hospital, ambulance service, or their heirs or assignees that have entered into a contract or agreement directly with a health insurance issuer or with a health insurance issuer through a network of providers for the provision of covered healthcare services.
- (3) "Cost sharing amount" shall mean any co-pay, deductible, or any other non-covered amount which the claimant or his representative owes to the contracted healthcare provider.
- "Health insurance issuer" means Medicare, Medicaid, the Employee Retirement Income Security Act (ERISA), and any entity that offers health insurance coverage through a policy or certificate of insurance subject to state law that regulates the business of insurance, including a health maintenance organization, federal or nonfederal governmental plan, and the Office of Group Benefits.

<u>Proposed law</u> provides that in cases where a claimant's medical expenses have been paid, in whole or in part, by a health insurance issuer to a contracted healthcare provider, or pursuant to the La. Workers' Compensation Law, recovery of the paid medical expenses is limited to twice the amount actually paid to the medical provider by the health insurance issuer and any cost sharing amounts which have been paid or are owed by the claimant or other payor or the amount actually billed, whichever is less.

<u>Proposed law</u> provides that in cases where the healthcare provider has not made a claim for payment from a health insurance issuer or has not been paid by a health insurance issuer, in whole or in part, and a claimant, the claimant's attorney, or another third party pays or agrees to pay medical expenses to a healthcare provider, then the claimant may recover the amount owed or paid, excluding any negotiated discount.

<u>Proposed law</u> does not apply to the right to recover damages for future medical treatment, services, surveillance, or procedures of any kind incurred after the date of entry of judgment by the court or an arbitration award or to medical malpractice cases or cases brought pursuant to the La. Governmental Claims Act.

<u>Proposed law</u> provides that whether any person has paid or agreed to pay, in whole or in part, any of a claimant's medical expenses, shall not be disclosed to a jury and the jury shall be informed only of the amount actually billed by a healthcare provider for a claimant's medical treatment. <u>Proposed law</u> further provides that if any reduction of the amount of past medical expenses awarded by the jury is required by Subsection B of this Section, this reduction shall be made by the court after trial.

<u>Proposed law</u> provides that in cases where a plaintiff's medical expenses incurred as a result of the injury at issue have been paid in whole or in part by a health insurance issuer the court may award, as an item of damages to the plaintiff, the cost of procuring the health insurance policy for which the plaintiff received the benefit of coverage on the medical expenses incurred as a result of the incident at issue during the period from the date of injury until the date court renders judgment in the case. The court may award policy premiums as damages

only if the amount exceeds the total amount of damages for medical expenses, and then only in lieu of damages for medical expenses.

Direct Action Against the Insurer

<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 or dissolved.
- (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 plaintiff is seeking recovery pursuant to uninsured or underinsured policy.
- (6) When the tortfeasor's liability insurer has reserved the right to dispute whether the policy at issue provides coverage for some or all of the claims asserted in the action, other than limits of coverage provided by the policy.
- (7) When the tortfeasor's liability insurer has denied coverage to the tortfeasor for some or all of the claims asserted in the action.
- (8) The cause of action is for damages as a result of an offense or quasi offense related to asbestos exposure.
- (9) The insured is deceased.

<u>Proposed law</u> provides that in a direct action against the insurer, the insured, and not the insurer, shall be the named party in the caption.

<u>Present law</u> provides that a direct action may be brought in the parish in which the accident or injury occurred or in the parish in which the action could be brought against either the insured or the insurer under the general rules of venue prescribed by <u>present law</u>.

Proposed law retains present law.

<u>Proposed law</u> provides that evidence of the existence of applicable liability insurance coverage shall be admissible in a direct action against the insurer. However, the name of the insurer and the limits of the applicable insurance policy shall not be admissible.

Disclosure of Policy Limits

<u>Proposed law</u> requires an automobile insurer to provide liability policy limits to a third-party claimant or his attorney within 30 days of receipt of a written request from the claimant or his attorney.

Proposed law requires the insurer to disclose the following:

- (1) The insurer's name.
- (2) The name of each insured.
- (3) An indication of coverage limits or that the insurer did not issue a policy that provides coverage for the automobile accident.

<u>Proposed law</u> requires a claimant or his attorney to make a written request for such disclosure. The written request must include:

- (1) The specific nature of the claim being asserted.
- (2) A copy of the accident report from which the claim is derived, if available.

<u>Proposed law</u> allows an insurer, in order to respond to a written request, to request more information if the written request by the claimant or his attorney is insufficient.

<u>Proposed law</u> allows an insurer to provide the declaration page for each policy that may provide coverage to comply with <u>proposed law</u>.

<u>Proposed law</u> provides that complying with <u>proposed law</u> does not create a waiver of defense, is not an admission of liability, and is not admissible in evidence.

<u>Proposed law</u> provides that the information obtained pursuant to <u>proposed law</u> shall remain confidential and shall be destroyed by the recipient upon final disposition of the claim.

<u>Proposed law</u> provides that the provisions of <u>proposed law</u> shall be enforced through <u>present law</u>.

Evidence of Failure to Wear a Safety Belt

<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 present law.

Department of Insurance

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<u>Proposed law</u> provides that 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 <u>proposed law</u> and shall reduce rates when actuarially justified.

Effective Date

<u>Proposed law</u> provides that the provisions of <u>proposed law</u> shall become effective on Jan. 1, 2021, and shall have prospective application only and shall not apply to a cause of action arising or action pending prior to Jan. 1, 2021.

(Amends C.C. Arts. 3492 and 3493.10, C.C.P. Art. 1732 and 1732(1), and R.S. 22:1269(B); Adds R.S. 9:2800.27 and R.S. 22:1892.2; Repeals R.S. 32:295.1(E))