

2018 Regular Session

HOUSE BILL NO. 472

BY REPRESENTATIVE THIBAUT

INSURANCE: Establishes the Louisiana Health Reinsurance Association

1 AN ACT

2 To amend and reenact R.S. 22:319 and R.S. 44:4.1(B)(11), to enact Part I of Chapter 19 of
3 Title 22 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 22:2455
4 through 2466, and to repeal R.S. 22:1641(1)(j), relative to a state reinsurance
5 program; to create the Louisiana Health Insurance Innovation and Stabilization
6 Program; to establish the Louisiana Health Reinsurance Association; to provide for
7 membership; to provide for fee assessments under the authority of the commissioner;
8 to provide for licensure and registration of certain regulated entities; to provide for
9 a public records exception; to provide for an effective date; and to provide for related
10 matters.

11 Be it enacted by the Legislature of Louisiana:

12 Section 1. R.S. 22:319 is hereby amended and reenacted and Part I of Chapter 19 of
13 Title 22 of the Louisiana Revised Statutes of 1950, comprised of R.S. 22:2455 through 2466,
14 is hereby enacted to read as follows:

15 §319. Exemption from provisions of the Insurance Code; registration with
16 commissioner

17 A. Health care sharing ministries shall be exempt from all provisions of the
18 insurance laws of this state unless the ministries are expressly provided for in such
19 provisions or unless the provision is specifically made applicable by this Subpart.

1 B.(1) For the purposes of effectuating membership in the Louisiana Health
2 Reinsurance Association and the fee assessment authorized in Chapter 19 of this
3 Title, health care sharing ministries shall register with the commissioner on a form
4 and in a manner prescribed by the commissioner no later than sixty days from the
5 effective date of this Chapter.

6 (2) No fee or other cost shall be charged by the commissioner for the
7 registration of health care sharing ministries.

8 (3) Health care sharing ministries shall be subject to the provisions of
9 Chapter 19 of this Title.

10 * * *

11 CHAPTER 19. LOUISIANA HEALTH INSURANCE INNOVATION

12 AND STABILIZATION PROGRAM

13 PART I. LOUISIANA HEALTH REINSURANCE ASSOCIATION

14 §2455. Legislative findings; purpose

15 A.(1) The legislature finds there is a need to provide for a stable and
16 economically viable individual health insurance market in the state of Louisiana. The
17 individual health insurance market serves a vital need for the state's residents who
18 do not have access to employer-sponsored health insurance or other forms of health
19 care coverage. Health insurance in the individual market can be the last line of
20 defense against the risk of bankruptcy for sick individuals. Since 2012, premium
21 rates in the individual market have risen double digits year-over-year, which has
22 forced some Louisiana consumers to exit the market and risk having no health
23 insurance coverage. Additionally, the number of health insurers doing business in
24 the individual market has declined dramatically.

25 (2) The purpose of this Chapter is to authorize a means of stabilizing the
26 individual health insurance market through state-based reinsurance in order to lower
27 premiums, increase enrollment of consumers in the individual market, increase the
28 number of health insurers doing business in the individual market, and to prevent a
29 health insurance premium rate death spiral.

1 B. To provide this stabilization of the individual health insurance market, an
2 association of health insurance issuers, health maintenance organizations, group
3 self-insurers, third-party administrators, and health care sharing ministries is hereby
4 created. Members of the association are subject to a fee assessment promulgated by
5 the commissioner to provide for a state-based reinsurance fund to stabilize the
6 individual health insurance market and to carry out the purposes of this Chapter.

7 §2456. Definitions

8 As used in this Chapter:

9 (1) "Association member" means all of the following:

10 (a) Every health insurance issuer that has a certificate of authority to transact
11 the business of health and accident insurance in this state.

12 (b) Every health maintenance organization as defined in R.S. 22:242.

13 (c) Every third-party administrator as defined in R.S. 22:1641.

14 (d) Every group self-insurer as defined in R.S. 22:452.

15 (e) Every health care sharing ministry as defined in R.S. 22:318.

16 (2) "Commissioner" means the commissioner of insurance for the state of
17 Louisiana.

18 (3) "Group market" means the large group market as defined in R.S. 22:1091
19 and the small group market which offers small group coverage as defined in R.S.
20 22:1091, when the applicable coverage constitutes major medical insurance.

21 (4) "Individual market" has the same definition as the term defined in R.S.
22 22:1091, when the applicable coverage constitutes major medical insurance.

23 (5)(a) "Major medical insurance" means all of the following:

24 (i) Services consisting of medical care provided directly through insurance
25 or reimbursement, or otherwise, and including items and services paid for as medical
26 care under any hospital or medical service policy or certificate, hospital or medical
27 service plan contract, preferred provider organization, health maintenance
28 organization contract, or any contract or policy issued by a health insurance issuer.

29 Although not exclusive, if any particular form of health plan coverage is subject to

1 the requirements of Title XXVII of the federal Public Health Service Act relating to
2 guaranteed availability and guaranteed renewability, or if a particular form of health
3 plan coverage is subject to the requirements of Title I of the Affordable Care Act, or
4 is considered minimum essential coverage as defined in Section 5000A of the
5 Internal Revenue Code, then the health plan constitutes major medical insurance.
6 Major medical insurance also includes health reimbursement arrangements offered
7 by health care sharing ministries when the coverage or reimbursement consists of
8 similar services, items, or care.

9 (ii) The same or similar services defined in Item (a)(i) of this Paragraph,
10 when the services are administered by a third-party administrator on behalf of a plan
11 that is not fully insured by a health insurance issuer, health maintenance
12 organization, or group self-insurer. For purposes of third-party administrators,
13 "major medical insurance" shall not include the provision of pharmacy benefits by
14 a third-party administrator or by a health insurance issuer or health maintenance
15 organization when the pharmacy benefits provisions do not include comprehensive
16 coverage.

17 (iii) Any coverage, although not exclusively dispositive as to whether it
18 constitutes major medical insurance, for which the association member paid
19 reinsurance contributions under the Transitional Reinsurance Program established
20 pursuant to Section 1341 of Public Law 111-148.

21 (b) "Major medical insurance" shall not include any of the following:

22 (i) Coverage provided under a contract of Medicare Advantage, Medicare
23 Supplement, or Medicare Part D.

24 (ii) The Louisiana Medicaid Program.

25 (iii) Excepted benefits as defined in R.S. 22:1061(3)(a).

26 (iv) Coverage offered by the Office of Group Benefits.

27 (6) "Marketplace" means the health insurance marketplace or insurance
28 exchange established pursuant to 42 U.S.C. 18031.

1 §2457. Louisiana Health Reinsurance Association

2 A. There is hereby created a nonprofit entity to be known as the Louisiana
3 Health Reinsurance Association whose legal domicile shall be in the parish of East
4 Baton Rouge. All members of the association shall be and remain members of the
5 association as a condition of their authority to transact business in this state. The
6 association shall perform its functions as authorized by this Chapter and through its
7 bylaws and plan of operations.

8 B. The association shall be under the supervision of the commissioner as
9 authorized in R.S. 22:2461. The commissioner shall be provided any records of the
10 association concerning the operations, budget, and management of the association
11 upon request. Any confidential or trade secret information furnished to the
12 commissioner shall be kept confidential.

13 C.(1)(a) Notwithstanding any other provision of law to the contrary, the
14 association shall not be deemed a department, unit, agency, instrumentality,
15 commission, or board of the state for any purpose unless specifically set forth in this
16 Chapter and shall not be subject to laws governing departments, units, agencies,
17 instrumentalities, commissions, or boards of the state.

18 (b) All debts, claims, obligations, and liabilities of the association, whenever
19 incurred, shall be the debts, claims, obligations, and liabilities of the association only
20 and not of the state, its agencies, instrumentalities, officers, or employees.

21 (c) The association shall be subject to the provisions of R.S. 24:513 et seq.
22 regarding audits by the legislative auditor.

23 (d) The form established by the commissioner pursuant to R.S. 22:2064 for
24 the financial report shall determine the association's accounting method and basis of
25 financial reporting for all purposes notwithstanding any other provision of law to the
26 contrary.

27 (2) Notwithstanding the provisions of Paragraph (1) of this Subsection, and
28 except as provided in Paragraph (3) of this Subsection, the association shall be
29 subject to the provisions of the Public Records Law, R.S. 44:1 et seq., and the Open

1 Meetings Law, R.S. 42:11 et seq. However, no documents containing proprietary
2 or trade secret information of the association members shall be considered a public
3 record.

4 (3) The association may hold an executive session pursuant to R.S. 42:16 for
5 discussion of one or more of the following, and R.S. 44:1 et seq. shall not apply to
6 any documents enumerated in R.S. 44:1(A)(2) which relate to one or more of the
7 following:

8 (a) A request by the association or the commissioner for an examination of
9 an association member pursuant to R.S. 22:2459.

10 (b) Reports and recommendations made to the association by counsel or
11 actuaries retained by the association during any deliberative process regarding fee
12 assessments or prior to the promulgation of a fee assessment by the commissioner.

13 (c) Matters protected by attorney-client privilege.

14 (d) Matters with respect to claims or claim files, including but not limited to
15 protected or private health information.

16 (e) Prospective litigation against the association after formal written demand,
17 prospective litigation by the association after referral to counsel for review, or
18 pending litigation by or against the association.

19 (f) Discussion or documents in the custody or control of any committee or
20 subcommittee of the association, or any member or agent thereof, or the board of
21 directors or any member or agent thereof, if the discussion or documents would
22 otherwise be protected from disclosure by any of the exceptions provided for in this
23 Paragraph.

24 §2458. Board of directors

25 A. The board of directors of the association shall consist of one
26 representative appointed by the commissioner, who shall be a resident of the state
27 of Louisiana, and six members serving terms as established in the bylaws. The six
28 members shall be elected as follows:

1 (1) One representative chosen by association members who provided major
2 medical insurance coverage in the individual market for at least the two preceding
3 years in this state, or who have been certified by the marketplace to offer individual
4 coverage in this state through the marketplace and have undertaken overt acts to do
5 so in the upcoming plan year at the time of election.

6 (2) One representative chosen by association members who provided major
7 medical insurance in the group market for at least the two preceding years in this
8 state.

9 (3) One representative chosen by association members who are third-party
10 administrators, group self-insurers, and health care sharing ministries, in this state,
11 but who do not possess a health insurance issuer or health maintenance organization
12 license.

13 (4) One representative chosen by association members who are health
14 maintenance organizations in this state, and who provide major medical insurance
15 in both the individual and group markets in this state.

16 (5) One representative chosen by association members who are domestic
17 nonprofit mutual insurers exclusively engaged in the business of providing health,
18 hospital service, medical, or surgical benefits in this state.

19 (6) One licensed insurance producer who has an accident and health line of
20 authority and who is primarily and actively engaged in the sale, solicitation, and
21 negotiation of major medical insurance in this state, and who shall be nominated by
22 the Independent Insurance Agents and Brokers of Louisiana, the Louisiana
23 Association of Health Underwriters, the Louisiana chapter of the National
24 Association of Insurance and Financial Advisors, Health Agents for America, Inc.,
25 and Professional Insurance Agents of Louisiana. The groups making the nominations
26 shall elect the representative from this seat.

27 B. Vacancies on the board shall be filled for the remainder of an unexpired
28 term by the same manner in which the board seat is chosen pursuant to this Section.

1 In the event that two or more board seats are vacant, the commissioner may appoint
2 interim board members for terms not to exceed sixty calendar days.

3 C. Elections for board members shall be held every four years, which period
4 shall commence to run following the election of a majority of board members in the
5 calendar year 2018, except that the association bylaws may stagger the terms of the
6 first slate of board members elected after the enactment of this Chapter, in order to
7 prevent all board seats from being vacant at the conclusion of board terms.

8 D. Members of the board may be reimbursed from the assets of the
9 association for reasonable expenses incurred by them as members of the board of
10 directors. The members of the board shall otherwise not be compensated by the
11 association for their services.

12 E. The board of directors shall have the authority to adopt bylaws and any
13 plan of operations, and to make and decide all matters on behalf of the association.

14 §2459. Powers and duties of the association

15 A. The association may require association members to furnish any data or
16 information necessary for the levying of a fee assessment by the commissioner upon
17 the recommendation of the association, and, if necessary and with the approval of
18 the commissioner, to examine any association member for that purpose. The
19 association may, with the approval of the commissioner, examine any association
20 member's books and records if that association member makes any claim for
21 reinsurance payments from the association.

22 B. The association, through the board of directors, shall formally advise the
23 commissioner, at least annually, as to the need and the amount of any fee
24 assessments to be levied pursuant to R.S. 22:2460, and to file suit against any
25 association member that fails to pay the fee assessment. The purpose of the fee
26 assessment is to provide reinsurance to association members in the individual
27 market, in a manner and pursuant to a program as determined by the board, and
28 consistent with R.S. 22:2460.

1 C. The association may negotiate, apply for, receive, and expend any
2 pass-through or other funding under a state innovation waiver pursuant to Section
3 1332 of Public Law 111-148, and any other grant or funding made available by the
4 state or federal government for the purposes of stabilizing the individual health
5 insurance market, health insurance rates, reinsurance, or similar efforts to improve
6 access and pricing for health insurance.

7 D. The association may do any of the following:

8 (1) Enter into any contracts as are necessary or proper to implement this
9 Chapter.

10 (2) Sue or be sued, including taking any legal actions necessary to recover
11 unpaid fee assessments and to settle claims or potential claims against it.

12 (3)(a) Borrow money to effect the purposes of this Chapter.

13 (b) Any notes or other evidence of indebtedness of the association not in
14 default shall be legal investments for domestic insurers and may be carried as
15 admitted assets.

16 (4) Employ or retain any persons necessary to handle the financial and legal
17 transactions of the association, and to perform any other functions as become
18 necessary and proper pursuant to this Chapter.

19 (5) Take any legal action as may be necessary to avoid payment or recover
20 payment of improper claims.

21 (6) Join other associations or organizations of similar purposes to further the
22 purposes of the association.

23 (7) Adopt bylaws and a plan of operations to carry out the functions,
24 organization, and administration of the association, and any assessment levied by the
25 association.

26 (8) Refer any association member to the commissioner for sanctions in cases
27 where the association member has refused to pay any fee assessment or has refused
28 to furnish data or information as required in this Section.

1 E. Venue in a suit against the association shall be in the Nineteenth Judicial
2 District, and the association shall not be required to furnish any appeal bond in cases
3 or controversies that relate to a cause of action arising under this Chapter.

4 §2460. Fee assessments

5 A.(1) For the purposes of providing the funds necessary to carry out the
6 powers and duties of the association pursuant to this Chapter, the board of directors
7 shall formally advise the commissioner of the frequency and amount of any fee
8 assessment. Upon determination that the advice of the board is reasonable and
9 necessary to carry out the purpose of this Chapter, the commissioner shall
10 promulgate the fee assessment as a constitutional officer pursuant to Article VII,
11 Section 2.1(B) of the Constitution.

12 (2) No fee assessment shall be in excess of five dollars per member per
13 month as provided for in this Section.

14 (3) Fee assessments shall be due not less than thirty days after promulgation
15 by the commissioner in the Louisiana Register, and shall accrue interest at ten
16 percent per annum on and after the due date.

17 (4) The fee assessments shall be paid to the association to carry out the
18 purpose of this Chapter.

19 B. The board of directors may abate or defer, in whole or in part, the fee
20 assessment of any association member if, in the opinion of the board, payment of the
21 assessment would endanger the ability of the association member to fulfill
22 contractual obligations. In the event a fee assessment is abated or deferred, the
23 amount by which the fee assessment is abated or deferred may be assessed against
24 the other association members in a manner consistent with the basis for fee
25 assessments as provided for in this Section and as consistent with the association's
26 bylaws. Fee assessments that are deferred shall be paid according to a plan approved
27 by the board, without interest, once the condition that was the cause of the deferment
28 is rectified.

1 C. Association members may consider costs imposed by the fee assessment
2 into their rating assumptions and rate setting mechanisms.

3 D.(1) An association member that wishes to protest all or part of a fee
4 assessment shall pay when due the amount of the fee assessment as set forth in the
5 notice promulgated by the commissioner. The payment shall be available to meet
6 association obligations during the pendency of the protest or any subsequent appeal.
7 Payment shall be accompanied by a statement in writing that the payment is made
8 under protest and setting forth a brief statement of the grounds for the protest.

9 (2) Within sixty days following the payment of a fee assessment under
10 protest by an association member, the association shall notify the association
11 member in writing of the association's determination with respect to the protest
12 unless the association notifies the association member that additional time is required
13 to resolve the issues raised by the protest.

14 (3) Within thirty days after the final decision has been made, the association
15 shall notify the protesting association member in writing of that final decision.
16 Within sixty days of receipt of notice of the final decision, the protesting association
17 member may appeal that final action to the commissioner.

18 (4) If the protest or appeal on the fee assessment is upheld by the
19 commissioner, the amount paid in error or excess shall be returned to the association
20 member. Interest on a refund due a protesting member shall be paid at the rate
21 actually earned by the association.

22 E.(1) The commissioner may set the fee assessment, upon the formal advice
23 of the board, on a per-member per-month basis, which may be calculated based upon
24 the association member's prior calendar or plan year's population or reasonable
25 estimates of the association member's current or impending calendar or plan year
26 population. The per-member per-month population of an association member should
27 reflect the total number of human beings for whom the association member provided
28 major medical insurance, as defined in this Chapter.

1 (2) The association may determine whether health plan coverage offered by
2 an association member constitutes major medical insurance, as defined in this
3 Chapter.

4 F. In the event that the association has unexpended funds from a fee
5 assessment, the association shall maintain the funds to reduce future fee assessments
6 or to finance the operations of the association.

7 G. The commissioner may revoke a fee assessment previously promulgated
8 pursuant to his authority in the event that a portion of the fee assessment or all of it
9 would be unnecessary due to the availability of an alternate source of funding for the
10 objectives of this Chapter.

11 §2461. Powers of the commissioner

12 A. In addition to the duties and powers enumerated elsewhere in this
13 Chapter, and in other provisions of law, the commissioner may do any of the
14 following:

15 (1) Sanction any association member that fails to fulfill lawfully imposed
16 obligations pursuant to this Chapter, which shall constitute an unfair trade practice,
17 in he manner as authorized in R.S. 22:1969.

18 (2) Suspend or revoke, after compliance with R.S. 49:961, the authority of
19 any association member to transact business in this state if the association member
20 fails to pay a fee assessment or fails to comply with the bylaws or plan of operations.
21 The commissioner may also levy a fee or fine on any association member not to
22 exceed ten percent of the unpaid assessment.

23 (3) Delegate to the association the authority to apply for a state innovation
24 waiver pursuant to Section 1332 of Public Law 111-148.

25 §2462. Interim powers of the commissioner

26 A. Immediately following the establishment of the association and prior to
27 the election of the board of directors, the commissioner may direct the operations of
28 the association.

1 B. The commissioner shall house and staff the association in the office of
2 health, life, and annuity within the Department of Insurance, until an initial fee
3 assessment is levied to finance the association's administrative costs and the
4 association is capable of carrying out its functions and duties.

5 C. The commissioner may levy the initial fee assessment without the formal
6 advice of the board if the board fails to do so by June 1, 2018.

7 D. The commissioner may adopt interim bylaws and an interim plan of
8 operations until the board adopts permanent bylaws and a plan of operations.

9 §2463. Examination of the association

10 The association shall be subject to financial examination by the
11 commissioner. The board of directors shall submit to the commissioner each year,
12 not less than one-hundred-twenty days after the end of the fiscal year of the
13 association, a financial report in a form approved by the commissioner and a report
14 of its activities during the same period.

15 §2464. Tax exemption

16 The association shall be exempt from payment of all fees and taxes levied by
17 the state or any of its subdivisions.

18 §2465. Immunity

19 There shall be no liability on the part of, and no cause of action of any kind
20 whatever shall arise against, any association member or its agents or employees, the
21 association or its agents or employees, members of the board of directors, or the
22 commissioner or his representatives, for any action or omission by them in the
23 performance of their powers and duties pursuant to this Chapter. Immunity shall
24 extend to the participation in any organization of one or more other state associations
25 of similar purposes and to any such organization and its agents or employees.

26 §2466. Effect of fee assessment on rates

27 Any association member required to pay a fee assessment pursuant to this
28 Chapter may, if the association member has not accounted for the fee assessment in
29 the association member's rate assumptions or contracted terms for any calendar or

1 plan year, increase premiums, or administrative fees in the case of a third-party
2 administrator, during the plan or policy year in direct proportion of the cost of the
3 fee assessment to the association member.

4 Section 2. R.S. 44:4.1(B)(11) is hereby amended and reenacted to read as follows:

5 §4.1. Exceptions

6 * * *

7 B. The legislature further recognizes that there exist exceptions, exemptions,
8 and limitations to the laws pertaining to public records throughout the revised
9 statutes and codes of this state. Therefore, the following exceptions, exemptions, and
10 limitations are hereby continued in effect by incorporation into this Chapter by
11 citation:

12 * * *

13 (11) R.S. 22:2, 14, 31, 42.1, 88, 244, 263, 265, 461, 550.7, 571, 572, 572.1,
14 574, 618, 639, 691.4, 691.5, 691.6, 691.7, 691.8, 691.9, 691.9.1, 691.10, 691.38,
15 691.56, 732, 752, 753, 771, 834, 972(D), 1008, 1019.2, 1203, 1460, 1464, 1466,
16 1488, 1546, 1559, 1566(D), 1644, 1656, 1723, 1796, 1801, 1808.3, 1927, 1929,
17 1983, 1984, 2036, 2045, 2056, 2085, 2091, 2293, 2303, 2457

18 * * *

19 Section 3. R.S. 22:1641(1)(j) is hereby repealed in its entirety.

20 Section 4. This Act shall become effective upon signature by the governor or, if not
21 signed by the governor, upon expiration of the time for bills to become law without signature
22 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
23 vetoed by the governor and subsequently approved by the legislature, this Act shall become
24 effective on the day following such approval.

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 472 Original

2018 Regular Session

Thibaut

Abstract: Creates the La. Health Reinsurance Association.

Proposed law sets forth legislative findings and the purpose of proposed law.

Proposed law defines "association member", "group market", "individual market", "major medical insurance", and "marketplace".

Proposed law establishes the La. Health Reinsurance Association and provides for the legal domicile of the association, supervision by the commissioner of insurance, financial duties and powers, and meeting requirements.

Proposed law provides that the board of directors of the association shall consist of one representative appointed by the commissioner, who shall be a resident of the state of La., and six members serving terms as established in the bylaws. Proposed law further provides for the qualifications of the six members to be elected.

Proposed law provides for the filling of vacancies on the board, regular elections of board members, reimbursement for reasonable expenses, and authority of the board.

Proposed law provides for the powers and duties of the association and establishes venue for a suit against the association.

Proposed law requires the board of directors, for the purposes of providing the funds necessary to carry out the powers and duties of the association, to formally advise the commissioner of the frequency and amount of any proposed fee assessment. Proposed law further requires the commissioner, upon determination that the advice of the board is reasonable and necessary, to promulgate the fee assessment.

Proposed law provides that the purpose of the assessment is to provide reinsurance to association members in the individual market.

Proposed law provides for the maximum fee assessment amount, the procedures for payment or payment in protest of the fee assessment, and the revocation of a fee assessment.

Proposed law provides for the powers of the commissioner of insurance including sanctioning an association member and the suspension or revocation of an association member's authority to do business in this state for failure to pay a fee assessment.

Proposed law provides for the interim powers of the commissioner of insurance prior to establishment of the association and the election of the board of directors.

Proposed law exempts the association from payment of state fees and taxes.

Proposed law provides for limited liability for actions performed pursuant to proposed law.

Proposed law authorizes any association member required to pay a fee assessment, if the association member has not accounted for the fee assessment in its rate assumptions or contracted terms for any calendar or plan year, to increase premiums, or administrative fees

in the case of a third-party administrator, during the plan or policy year in direct proportion of the cost of the fee assessment to the association member.

Proposed law establishes a public records exception for documents containing proprietary or trade secret information of the association members.

Present law exempts health care sharing ministries from all provisions of the insurance laws of this state unless expressly provided for in the provisions or unless the provision is specifically made applicable by present law.

Proposed law retains present law and requires health care sharing ministries, for the purposes of effectuating membership in the La. Health Reinsurance Association and the fee assessment authorized in proposed law, to register with the commissioner of insurance no later than 60 days from the effective date of proposed law.

Proposed law prohibits a fee or other cost from being charged by the commissioner for the registration of health care sharing ministries.

Present law defines third-party administrators and provides exceptions to the definition.

Proposed law retains present law but repeals the exception for a person who acts solely as an administrator of one or more bona fide employee benefit plans established by an employer or an employee organization, or both, for which the insurance laws of this state are preempted pursuant to federal law.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 22:319 and R.S. 44:4.1(B)(11); Adds R.S. 22:2455-2466; Repeals R.S. 22:1641(1)(j))