

or is issued in circumstances where applicable law does not permit distinctions on the basis of gender, a mortality table that is prescribed in VM-20 that is a blend of the prescribed mortality tables male and female rates may, at the option of the company for each plan of insurance, be substituted for the prescribed mortality table for use in determining minimum cash surrender values and amounts of paid-up nonforfeiture benefits. No change in minimum valuation standards is implied by this Subsection of the regulation.

D. The company may choose from among the blended tables developed by the American Academy of Actuaries CSO Task Force and adopted by the NAIC in December 2002.

E. It shall not, in and of itself, be a violation of R.S. 22:1211 et seq. for an insurer to issue the same kind of policy of life insurance on both a sex-distinct and sex-neutral basis.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:11, 22:753, 22:936 and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2543 (October 2005), amended LR 48:2297 (September 2022).

#### **§10717. Effective Date**

A. This regulation shall take effect upon final publication in the *Louisiana Register*.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:11, 22:753, 22:936 and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2543 (October 2005), amended LR 48:2298 (September 2022).

James J. Donelon  
Commissioner

2209#035

### **RULE**

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

#### **Regulation 100—Coverage of Prescription Drugs through a Drug Formulary (LAC 37:XIII.Chapter 141)**

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and specifically R.S. 22:11, the Department of Insurance hereby amends Regulation 100 to provide updates in regard to the specific notice requirements a health insurance issuer must follow when implementing a modification of certain drug coverages in accordance with Act No. 217 of the 2021 Regular Session. This Rule is hereby adopted on the day of promulgation.

#### **Title 37**

#### **INSURANCE**

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

#### **Chapter 41. Regulation Number 100—Coverage of Prescription Drugs through a Drug Formulary**

#### **§14101. Purpose**

A. ...

B. The purpose of the amendment to Regulation 100 is to update the Regulation to account for the notice requirements that were added to R.S. 22:1068(D)(3) and R.S. 22:1074(D)(3) by Act No. 217 of the 2021 Regular Session that a health insurance issuer must follow when modifying certain drug coverages offered in the group and individual markets.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:11, R.S. 1068(D) and R.S. 22:1074(D).

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 38:1028 (April 2012), amended LR 48:2298 (September 2022).

#### **§14111. Requirements for the Modification Affecting Drug Coverage**

A. - B. ...

C. A modification of drug coverage for any drug increasing over \$300 per prescription or refill with an increase in the wholesale acquisition cost of at least 25% in the prior 365 days may occur at any time provided that 30-day notice of the modification of coverage is given. The 30-day notice of the modification of coverage shall include information on the health insurance issuer's process for an enrollee's physician to request an exception from the health insurance issuer's modification of drug coverage for purposes of continuity of care of the patient.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:11, R.S. 1068(D) and R.S. 22:1074(D).

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 38:1028 (April 2012), amended LR 48:2298 (September 2022).

#### **§14115. Requirements for Modifying a Group Insurance Product**

A. Pursuant to R.S. 22:1068, a health insurance issuer may modify its drug coverage offered to a group health plan if each of the following conditions is met.

1. - 5. ...

6. As an exception to the requirement that a modification must occur at the time of coverage renewal, modification of drug coverage for any drug increasing over \$300 per prescription or refill with an increase in the wholesale acquisition cost of at least 25 percent in the prior 365 days may occur at any time provided that 30-day notice of the modification of coverage is given. The 30-day notice of the modification of coverage shall include information on the health insurance issuer's process for an enrollee's physician to request an exception from the health insurance issuer's modification of drug coverage for purposes of continuity of care of the patient.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:11, R.S. 1068(D) and R.S. 22:1074(D).

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 38:1028 (April 2012), amended LR 48:2298 (September 2022).

#### **§14117. Requirements for Modifying an Individual Insurance Product**

A. Pursuant to R.S. 22:1074, a health insurance issuer may modify its drug coverage offered to individuals if each of the following conditions is met.

1. - 5. ...

6. As an exception to the requirement that a modification must occur at the time of coverage renewal, modification of drug coverage for any drug increasing over \$300 per prescription or refill with an increase in the

wholesale acquisition cost of at least 25 percent in the prior 365 days may occur at any time provided that 30-day notice of the modification of coverage is given. The 30-day notice of the modification of coverage shall include information on the health insurance issuer's process for an enrollee's physician to request an exception from the health insurance issuer's modification of drug coverage for purposes of continuity of care of the patient.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:11, R.S. 1068(D) and R.S. 22:1074(D).

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 38:1028 (April 2012), amended LR 48:2298 (September 2022).

James J. Donelon  
Commissioner

2209#002

## RULE

### Department of Insurance Office of the Commissioner

#### Regulation 112—Adoption of NAIC Handbooks, Guidelines, Forms, and Instructions (LAC 37:XIII.16101)

The Department of Insurance, pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., has amended Regulation 112.

The purpose of the amendment to Regulation 112 is to identify and to incorporate by reference the current edition of handbooks, guidelines, forms, and instructions adopted by the National Association of Insurance Commissioners (NAIC) and referenced in the Louisiana Insurance Code. This Rule is hereby adopted on the day of promulgation.

#### Title 37

#### INSURANCE

#### Part XIII. Regulations

#### Chapter 161. Regulation Number 112—Adoption of NAIC Handbooks, Guidelines, Forms and Instructions

#### §16101. NAIC Handbooks, Guidelines, Forms and Instructions Incorporated by Reference

A. ...

B. The following NAIC handbooks, guidelines, forms, and instructions are hereby adopted and incorporated by reference:

1. The Financial Condition Examiner's Handbook, 2021 edition.

2. The Annual and Quarterly Statement Instructions, Property and Casualty, 2021 edition.

3. The Annual and Quarterly Statement Instructions, Life, Accident, and Health, 2021 edition.

4. The Annual and Quarterly Statement Instructions, Health, 2021 edition.

5. The Annual and Quarterly Statement Instructions, Title, 2021 edition.

6. The Annual and Quarterly Statement Instructions, Fraternal, 2021 edition.

7. The Annual and Quarterly Statement Blanks, Property and Casualty, 2021 edition.

8. The Annual and Quarterly Statement Blanks, Life, Accident, and Health, 2021 edition.

9. The Annual and Quarterly Statement Blanks, Health, 2021 edition.

10. The Annual and Quarterly Statement Blanks, Title, 2021 edition.

11. The Annual and Quarterly Statement Blanks, Fraternal, 2021 edition.

12. The Accounting Practices and Procedures Manual, 2021 edition.

13. The Financial Analysis Handbook, 2021 edition.

14. The Own Risk and Solvency Assessment Guidance Manual, 2021 edition.

15. The Purposes and Procedures Manual of the NAIC Investment Analysis Office, 2021 edition.

16. The Risk-Based Capital Forecasting and Instructions, 2021 edition.

17. The Market Regulation Handbook, 2021 edition.

C. - D.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11, 258, 586(G), 619(B), 640(B), 675, 661(A), 691.11, 691.54, and 1804.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Commissioner of Insurance, LR 45:1208 (September 2019), amended LR 46:993 (July 2020), amended LR 47:1328 (September 2021), amended LR 48:2299 (September 2022).

James J. Donelon  
Commissioner

2209#019

## RULE

### Department of Insurance Office of the Commissioner

#### Regulation 122—Roles and Responsibilities of Pharmacy Benefit Managers and Pharmacy Services Administrative Organizations (LAC 37:XIII.Chapter 185)

The Department of Insurance, pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., has promulgated Regulation 122—Roles and Responsibilities of Pharmacy Benefit Managers and Pharmacy Services Administrative Organizations. Regulation 122 defines the roles and responsibilities solely within the purview of pharmacy benefit managers and pharmacy services administrative organizations as required by R.S. 22:1660.9(C). This Rule is hereby adopted on the day of promulgation.

#### Title 37

#### INSURANCE

#### Part XIII. Regulations

#### Chapter 185. Regulation Number 122—Roles and Responsibilities of Pharmacy Benefit Managers and Pharmacy Services Administrative Organizations

#### §18501. Purpose

A. The purpose of this regulation is to define the roles and responsibilities solely within the purview of pharmacy benefit managers and pharmacy services administrative organizations as required by R.S. 22:1660.9(C).