INSURANCE CLAIMS. Requires health insurance coverage for COVID-19 (Coronavirus) diagnostic testing. (gov sig)
expense provisions until December 31, 2022. After December 31, 2022, these
services may be subject to these cost-sharing requirements.

D. For purposes of this Section, the following definitions apply:

(1) "COVID-19" means the coronavirus disease 2019 as designated by
the World Health Organization.

(2) "COVID-19 diagnostic test" or "diagnosis test" means a test that is
fully approved or granted an Emergency Use Authorization by the FDA and is
ordered by a physician for the purpose of diagnosing an active infection or
determining recovery from an active infection. "COVID-19 diagnostic test" or
"diagnosis test" shall not include a test used for employment-related or public
health surveillance testing.

(3) "COVID-19 antibody test" means a test that is fully approved or
granted an Emergency Use Authorization by the FDA and is ordered by a
physician for the purpose of determining the likelihood of a previous infection.
"COVID-19 antibody test" shall not include a test used for employment-related
or public health surveillance testing.

(4) "COVID-19 antiviral drug or agent" is a medication that is fully
approved or granted an Emergency Use Authorization by the FDA for the
treatment or prevention of COVID-19 infections when ordered by a physician.

(5) "Health coverage plan" means any hospital, health, or medical
expense insurance policy, hospital or medical service contract, employee welfare
benefit plan, contract, or other agreement with a health maintenance
organization or a preferred provider organization, health and accident
insurance policy, or any other insurance contract of this type in this state,
including a group insurance plan, a self-insurance plan, and the Office of Group
Benefits programs. "Health coverage plan" shall not include a plan providing
coverage for excepted benefits as defined in R.S. 22:1061, limited benefit health
insurance plans, high deductible health plans authorized under federal law, and
short-term policies that have a term of less than twelve months.
Section 2. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.

The original instrument was prepared by Brandi Cannon. The following digest, which does not constitute a part of the legislative instrument, was prepared by Christine Arbo Peck.

DIGEST

Proposed law prohibits a health coverage plan delivered or issued for delivery in this state from denying coverage for COVID-19 diagnostic and antibody testing and antiviral drugs when ordered by a physician for the purpose of making clinical decisions or treating a patient suspected of having COVID-19.

Proposed law requires any health coverage plan delivered or issued for delivery in this state to include coverage for COVID-19 diagnostic and antibody testing and antiviral drugs.

Proposed law prohibits the application of annual deductibles, coinsurance, copayment, or any other out-of-pocket or cost-sharing expense provisions until December 31, 2022. After December 31, 2022, these services may be subject to these cost-sharing requirements.


Proposed law is not applicable to a plan providing coverage for excepted benefits, limited benefit health insurance plans, high deductible health plans authorized under federal law, and short-term policies that have a term of less than twelve months.

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

(Adds R.S. 22:1057)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Requires coverage of antibody tests and antiviral drugs.

Summary of Amendments Adopted by Senate

Senate Floor Amendments to engrossed bill

1. Provides that COVID-19 diagnostic and antibody testing and antiviral drugs are covered when ordered by a physician for the purpose of making clinical decisions or treating a patient suspected of having COVID-19.

Coding: Words which are struck through are deletions from existing law; words in boldface type and underscored are additions.
2. Provides December 31, 2022, is the termination of suspension of annual deductibles, coinsurance, copayment, or any other out-of-pocket or cost-sharing expense relative to COVID-19. After December 31, 2022, these services may be subject to cost-sharing requirements.

3. Provides that high deductible health plans authorized under federal law are exempt from COVID-19 coverage requirements.