

2020 Regular Session

SENATE BILL NO. 426

BY SENATORS BARROW AND CARTER

INSURANCE CLAIMS. Requires health insurance coverage for COVID-19 (Coronavirus) diagnostic testing. (gov sig)

1 AN ACT

2 To enact R.S. 22:1057, relative to insurance coverage for COVID-19; to require coverage  
3 for certain tests and treatments for COVID-19; to prohibit application of cost-sharing  
4 provisions; to define key terms; to provide for an effective date; and to provide for  
5 related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:1057 is hereby enacted to read as follows:

8 **§1057. Coverage for COVID-19 tests and treatments**

9 **A. No health coverage plan delivered or issued for delivery in this state**  
10 **shall deny coverage for COVID-19 diagnostic tests, antibody tests, and antiviral**  
11 **drugs when ordered by a physician for the purpose of making clinical decisions**  
12 **or treating a patient suspected of having COVID-19.**

13 **B. Any health coverage plan delivered or issued for delivery in this state**  
14 **shall include coverage for COVID-19 diagnostic tests, antibody tests, and**  
15 **antiviral drugs in accordance with this Section.**

16 **C. The coverage required in this Section shall not be subject to annual**  
17 **deductibles, coinsurance, copayment, or any other out-of-pocket or cost-sharing**

1 expense provisions until December 31, 2022. After December 31, 2022, these  
2 services may be subject to these cost-sharing requirements.

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

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

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

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

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

20 (5) "Health coverage plan" means any hospital, health, or medical  
21 expense insurance policy, hospital or medical service contract, employee welfare  
22 benefit plan, contract, or other agreement with a health maintenance  
23 organization or a preferred provider organization, health and accident  
24 insurance policy, or any other insurance contract of this type in this state,  
25 including a group insurance plan, a self-insurance plan, and the Office of Group  
26 Benefits programs. "Health coverage plan" shall not include a plan providing  
27 coverage for excepted benefits as defined in R.S. 22:1061, limited benefit health  
28 insurance plans, high deductible health plans authorized under federal law, and  
29 short-term policies that have a term of less than twelve months.

1 Section 2. This Act shall become effective upon signature by the governor or, if not  
 2 signed by the governor, upon expiration of the time for bills to become law without signature  
 3 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If  
 4 vetoed by the governor and subsequently approved by the legislature, this Act shall become  
 5 effective on the day following such approval.

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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.

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DIGEST

SB 426 Reengrossed

2020 Regular Session

Barrow

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 defines "COVID-19", "COVID-19 diagnostic test", "COVID-19 antibody test", "COVID-19 antiviral drug or agent", and "health coverage plan".

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.

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.