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 2020 Regular Session

Barrow

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> defines "COVID-19", "COVID-19 diagnostic test", "COVID-19 antibody test", "COVID-19 antiviral drug or agent", and "health coverage plan".

<u>Proposed law</u> 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)

SB 426 Reengrossed

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.