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COVID-19 Health Insurance Federal Legislation Tracker

Families First Coronavirus Response Act H.R. 6201/H. Res. 904 Steptoe Analysis	Requires group health plans and group/individual health insurers to provide coverage for certain tests and services (e.g., in vitro diagnostics and general coronavirus-related items/services furnished to an individual) without costsharing, prior authorization, or any other medical management requirements. Incorporates various other provisions related to coronavirus relief, including: • Appropriates Medicaid funding for states and territories; • Establishes various nutrition waivers; • Provides job-protected leave to care for family members as a result of a coronavirus-related quarantine or closures; • Provides assistance to states for unemployment insurance benefits; • Requires certain employers to provide paid sick leave to employees who miss work due to coronavirus; and • Provides refundable payroll tax credits for employers and self-employed individuals who provide required paid sick leave or paid family leave due to coronavirus-related illness. March 14 & 17 – Approved by the House. March 18 – Approved by the Senate and enacted by the President.
Coronavirus Aid, Relief, and Economic Security (CARES) Act H.R. 748 Steptoe Analysis	Expands the types of COVID-19 testing that must be covered by plans/insurers with no cost-sharing requirements (e.g., in vitro testing awaiting FDA authorization). Requires group health plans and group/individual health insurers to reimburse providers for either (1) the negotiated cost of COVID-19 testing or (2) if there is no negotiated price between the plan/insurer and the provider, the cash price of the diagnostic testing as reflected on its website. If preventive measures (e.g., an item, service, or immunization intended to prevent/mitigate COVID-19) becomes available, requires group health plans and group/individual health insurers to provide coverage for such preventive measures without cost-sharing requirements. Incorporates various other provisions related to coronavirus relief for individuals, businesses, and financial institutions, among other things. March 25 – Approved by the Senate.

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	March 27 – Approved by the House and enacted by the President.
Covering Coronavirus Test Act of 2020 H.R. 6173 Rep. Diana DeGette (D-CO)	Requires group health plans and group/individual health insurers to cover testing for COVID-19 without cost-sharing requirements.
Care for COVID-19 Act S. 3442/H.R. 6311 Sen. Cory Booker (D-NJ)/Rep. Raul Ruiz (D-CA)	Requires group health plans and group/individual health insurers to cover certain health care for COVID-19 without cost-sharing requirements, including: Diagnostic services; Supportive care; Vaccines; Prescription drugs; Medical devices; Inpatient and outpatient physician and hospital services; and Any other services HHS determines appropriate. Establishes special enrollment periods for individuals diagnosed with or have presumptive positive diagnosis of COVID-19.
No Cost for COVID-19 Testing Act H.R. 6213 Rep. Frederica Wilson (D-FL)	Requires group health plans and individual/group health insurers to provide coverage, without cost-sharing requirements, prior authorization, or other utilization management requirements, for in vitro diagnostic products and other FDA approved testing.
Medication Access in Emergencies Act of 2020 H.R. 6193 Rep. Chris Pappas (D-NH)	Requires group health plans and group/individual health insurers to provide coverage for a 30-day refill of prescription drugs to individuals who reside in emergency areas during emergency periods.
H.R. 6214 Rep. Ron Kind (D-WI)	Requires Medicare Advantage plans to cover COVID-19 testing and related visits without any cost-sharing requirements, prior authorization or other utilization management requirements.
Rapid Coverage of COVID-19 Vaccine Act of 2020 H.R. 6299	

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Rep. Joe Courtney (D-CT)	Requires group health plans and group/individual health insurers to cover any preventative vaccine and any drugs to treat COVID-19, without cost-sharing requirements, no later than 15 business days after the care is recommended.
Take Responsibility for Workers and Families Act H.R. 6379 Rep. Nita Lowey (D-NY) House Democrats Summary	 Incorporates various provisions related to private health insurance coverage, among other things, including: Establishes a two-month open enrollment period for the ACA marketplace; Prevents the Departments of Health and Human Services, Treasury, and Labor from implementing, enforcing, or giving effect to the Administration's final rule on STLDI plans and from promulgating any substantially similar rule; Requires individual and group health plans to provide coverage for any preventative vaccine and any drugs to treat COVID-19, without cost-sharing requirements; Waives cost-sharing for patients' treatment related to COVID-19 who are enrolled in private insurance coverage and requires HHS reimburse insurers for such cost-sharing amount; Requires group health plans and individual/group insurers to notify patients if their plan permits advance prescription drug refills and to provide patients with options for receiving such refill; Expands notification requirements related to loss of employer-sponsored coverage; Establishes a two-year risk corridors program for payments to individual and small group market plans for extreme losses and to help mitigate premium increases; and Notes the sense of Congress that during the COVID-19 pandemic, health care providers should refrain from balance billing consumers for out-of-network claims related to COVID-19 testing, and insurance companies should secure access to in-network treatment for plan participants.
Ensuring Access to COVID-19 Preventive Care Act of 2020 H.R. 6231	Requires group health plans and group/individual health insurers to provide coverage for COVID-19-related testing and vaccines for during the public health emergency.
Rep. Larry Bucshon (R-IN) Ensuring Affordable COVID-19 Preventive Care Act of 2020 H.R. 6222 Rep. Jan Schakowsky (D-IL)	Requires group health plans and group/individual health insurers to provide coverage for certain recommended services to prevent, diagnose, and treat COVID-19 within 15 days of the recommendation.