## **RÉSUMÉ DIGEST**

## ACT 132 (SB 366)

## **2022 Regular Session**

Harris

<u>Prior law</u> (R.S. 22:976.1(B)) required a health insurance issuer to include any cost-sharing amounts paid by the enrollee or on behalf of the enrollee by another person, when such issuer is calculating the enrollee's contribution to any applicable cost-sharing requirement.

<u>New law</u> retains <u>prior law</u> and adds that if the <u>prior law</u> requirement resulted in health savings account ineligibility under federal law relative to health savings accounts (26 U.S.C. 223), the requirement applied for health savings account-qualified high deductible health plans with respect to the deductible of the plan after the enrollee has satisfied the minimum deductible under the federal law.

<u>New law</u> provides an exception with respect to items or services that are preventative care relative to safe harbor for absence of a preventative care deductible (26 U.S.C. 223(c)(2)(C)), in which case the requirements of the <u>new law</u> applies regardless of whether the minimum deductible under federal law has been satisfied.

<u>New law</u> retains <u>prior law</u> which authorized the commissioner of insurance to promulgate rules and regulations necessary to implement <u>prior</u> and <u>new law</u>. <u>New law</u> specifies for rule promulgation to be in accordance with the APA.

Effective May 26, 2022.

(Amends R.S. 22:976.1(B) and (D))