RÉSUMÉ DIGEST

ACT 884 (HB 1199) **2026 Regular Session** **Jordan**

New law (R.S. 22:1049.1) establishes health insurance coverage for genetic testing and treatment related to SCN2A-associated medical conditions.

New law defines the following terms: "genetic testing", "health coverage plan", "medically necessary treatment", and "SCN2A".

Effective Jan. 1, 2027, any health coverage plan delivered, issued for delivery, renewed, or contractually established in this state must provide coverage for genetic testing aimed at diagnosing SCN2A-associated medical conditions, contingent upon a treating physician or advanced practice provider ordering such testing and affirming its medical necessity.

New law mandates coverage for medically necessary treatment of SCN2A-associated medical conditions. This includes but is not limited to pharmacologic therapies, rehabilitative and habilitative services, durable medical equipment, assistive technology, nutritional and gastrointestinal services, and any additional treatment deemed medically necessary by the treating provider.

New law stipulates that determinations of medical necessity shall align with the assessments made by the treating physician or advanced practice provider. Any denial of coverage shall be communicated in writing, detailing the reasons for the denial and explaining the failure to meet medical necessity standards. New law permits appeals for such denials in accordance with existing legal provisions.

New law authorizes health coverage plans to implement prior authorization requirements, ensuring that these requirements are applied in a nondiscriminatory manner and are no more restrictive than those applicable to other covered benefits. New law allows cost-sharing mechanisms, including copayments, deductibles, and coinsurance, and specifies that they do not exceed those imposed for other medical or surgical benefits under the plan.

New law prohibits denial of coverage for genetic testing or treatment based on an individual's disability, developmental status, or preexisting condition. Required benefits under new law must be categorized as rehabilitative and habilitative services and devices for purposes of fulfilling essential health benefits requirements.

New law specifies that coverage for genetic testing pertaining to a family member is permissible only when such family member is covered under the enrollee's policy. The provisions of new law are not applicable to limited benefit health insurance policies or contracts.

Effective upon signature of governor (June 9, 2026).

(Adds R.S. 22:1049.1)