
The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Beth O'Quin.

SB 154 Engrossed DIGEST Talbot
2022 Regular Session

Proposed law requires any health coverage plan renewed, delivered, or issued for delivery, in this state to include coverage for using advanced molecular techniques including but not limited to traditional whole genome sequencing, rapid whole genome sequencing, and other genetic and genomic screening that helps a physician timely diagnosis in and guide treatment for a critically ill infant who is one year or younger and is receiving care in the intensive care unit or in the pediatric care unit and the infant has a complex illness of unknown etiology.

Proposed law provides that coverage may be subject to annual deductibles, coinsurance, copayment provisions consistent with that established under the health coverage plan and that this coverage may be subject to applicable evidence-based medical necessity criteria based on all of the following:

- (1) The infant is suspected of having a rare genetic condition not diagnosable by a standard clinical work-up.
- (2) The infant has symptoms that suggest a broad differential diagnosis that requires an evaluation by multiple genetic tests if rWGS testing is not performed.
- (3) Timely identification of a molecular diagnosis is necessary in order to guide clinical decision making and rWGS testing results would guide the treatment or management of the infant's condition.
- (4) The infant has at least one of the following conditions:
 - (a) Multiple congenital anomalies.
 - (b) Specific malformations highly suggestive of a genetic etiology.
 - (c) Abnormal laboratory test suggests the presence of a genetic disease or complex metabolic phenotype like but not limited to an abnormal newborn screen, hyperammonemia, or lactic acidosis not due to poor perfusion.
 - (d) Refractory or severe hypoglycemia.
 - (e) Abnormal response to therapy relates to an underlying medical condition that affects vital organs or bodily systems.
 - (f) Severe hypotonia.

- (g) Refractory seizures.
- (h) A high-risk stratification on evaluation for a brief resolved unexplained event with any of the following:
 - (i) A recurrent event without respiratory infection.
 - (ii) A recurrent event witnessed seizure-like event.
 - (iii) A recurrent cardiopulmonary resuscitation.
- (i) Abnormal chemistry levels like but not limited to electrolytes, bicarbonate, lactic acid, venous blood gas, and glucose that suggest inborn error of metabolism.
- (j) Abnormal cardiac diagnostic test results suggests possible channelopathies, arrhythmias, cardiomyopathies, myocarditis, or structural heart disease.
- (k) Family genetic history that relates to the infant's condition.

Proposed law defines health coverage plan as any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract, or other agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type in the state, including group insurance plans, self-insurance plans, and the office of group benefits programs. Excludes a plan providing coverage for excepted benefits in present law, limited benefit health insurance plans, and short-term policies that have a term of less than 12 months.

Proposed law applies to health coverage plans renewed, delivered, or issued for delivery in their state on or after January 1, 2023.

Effective January 1, 2023.

(Adds R.S. 22:1028.4)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Makes technical changes.
2. Removes rapid whole genome sequencing testing, and adds advanced molecular techniques including but not limited to traditional whole genome sequencing, rapid whole genome sequencing, and other genetic and genomic screening.
3. Adds that all plans in this state are required to cover rapid genome sequencing testing

if a provider orders the test.

4. Removes the provision that lists what is not covered by rapid whole genome sequencing.
5. Removes the definitions for biomarker, biomarker testing, and rapid whole genome sequencing.