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

DIGEST

Present law provides coverage can be subject to annual deductibles, coinsurance, copayment provisions established under a health coverage plan and coverage for genetic testing of certain cancer mutations can be subject to applicable evidence-based medical necessity criteria under a health plan.

Proposed law retains present law, but requires an insurer to cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition when the test is supported by, but not limited to the labeled indications for tests approved or cleared by the United States Food and Drug Administration (FDA), or indicated tests for drugs approved by the FDA, or the Centers for Medicare and Medicaid Services National Coverage Determinations, or Medicare Administrative Contractor Local Coverage Determinations, or a nationally recognized clinical practice guidelines and consensus statements.

Present law provides definitions for "biomarker" and "biomarker test".

Proposed law retains present law but adds definitions for "consensus statements" and "nationally recognized clinical practice guidelines".

Effective on July 1, 2022.

(Amends R.S. 22:1028.3(B)(2); adds R.S. 22:1028.3(D)(3) and (4))

Summary of Amendments Adopted by Senate

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

1. Makes technical changes.

2. Adds provision requiring an insurer cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition when the test is supported by, but not limited to labeled indications for tests approved or cleared by the United States Food and Drug Administration (FDA), or indicated tests for drugs approved by the FDA, or the Centers for Medicare and Medicaid Services National Coverage Determinations, or Medicare Administrative Contractor Local Coverage Determinations, or a nationally recognized clinical practice guidelines and consensus statements.

3. Adds definitions for "consensus statements" and a "nationally recognized clinical
practice guidelines".