

## DIGEST

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SB 154 Reengrossed

2022 Regular Session

Talbot

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 and guide treatment for a critically ill infant who is 1 year or younger, receiving care in an intensive care unit or pediatric care unit, and has a complex illness of unknown etiology.

Proposed law provides that coverage may be subject to annual deductibles, coinsurance, and copayment provisions consistent with that established under the health coverage plan and such 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 advanced molecular techniques provided for in proposed law are not performed.
- (3) Timely identification of a molecular diagnosis is necessary in order to guide clinical decision making and advanced molecular techniques provided for in proposed law would guide the treatment or management of the infant's condition.
- (4) The infant has at least 1 of the following conditions:
  - (a) Multiple congenital anomalies.
  - (b) Specific malformations highly suggestive of a genetic etiology.
  - (c) Abnormal laboratory tests suggesting 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 related 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 including but not limited to electrolytes, bicarbonate, lactic acid, venous blood gas, and glucose that suggests inborn error of metabolism.
- (j) Abnormal cardiac diagnostic test results suggesting 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".

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

Effective Jan. 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.

Senate Floor Amendments to engrossed bill

1. Makes technical corrections.

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the reengrossed bill:

1. Make technical changes.