SENATE SUMMARY OF HOUSE AMENDMENTS

SB 154 **2022 Regular Session** **Talbot**

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

HEALTH/ACC INSURANCE. Provides for health insurance coverage of genetic testing for critically ill infants with no diagnosis. (1/1/23)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Makes technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

DIGEST

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, hyperarammonemia, 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)

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