CONFERENCE COMMITTEE REPORT

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

June 3, 2022

To the Honorable President and Members of the Senate and to the Honorable Speaker and Members of the House of Representatives.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning Senate Bill No. 154 by Senator Talbot, recommend the following concerning the Reengrossed bill:

1. That House Committee Amendments Nos. 2 through 10 proposed by the House Committee on Insurance and adopted on May 5, 2022, be adopted.

2. That House Committee Amendments Nos. 1 and 11 proposed by the House Committee on Insurance and adopted on May 5, 2022, be rejected.

3. That Legislative Bureau Amendment No. 1 proposed by the House Committee on Insurance and adopted by the House on May 5, 2022, be adopted.

4. That the following amendments to the Reengrossed bill be adopted:

AMENDMENT NO. 1

On page 1, delete lines 2 through 5, and insert the following:

"To enact R.S. 22:1028.4 and R.S. 40:1081.12, relative to health insurance coverage of genetic testing for critically ill infants with no diagnosis; to require health insurance coverage of genetic testing for critically ill infants with no diagnosis; to provide for definitions; to provide relative to Medicaid coverage for genetic testing of critically ill infants; to provide for coverage for rapid whole genome sequencing testing of certain infants; to provide for the duties of the secretary of the Louisiana Department of Health; and to provide for related matters."

AMENDMENT NO. 2

On page 4, delete line 8, and insert the following:

"Section 2. R.S. 40:1081.12 is hereby enacted to read as follows:

§1081.12. Medicaid coverage; genetic testing of critically ill infants

A.(1) Subject to the approval of the Centers for Medicare and Medicaid Services, the Louisiana medical assistance program shall include coverage on a fee-for-service basis for rapid whole genome sequencing testing of an infant who is enrolled in a Medicaid managed care plan and meets all of the following criteria:

(a) Is one year of age or younger.

(b) Has a complex illness of unknown etiology.

(c) Is receiving inpatient hospital services in an intensive care unit or in a pediatric care unit.

(2) Coverage provided for the infant pursuant to this Section shall include individual sequencing, trio sequencing of the parents of the infant, and ultra-rapid sequencing.

B. The secretary of the Louisiana Department of Health shall take all actions necessary to implement the provisions of this Section, including but not limited to both of the following:

(1) Promulgation of rules and regulations in accordance with the Administrative Procedure Act to provide for Medicaid coverage pursuant to this Section.

(2) Submission to the Centers for Medicare and Medicaid Services of any new waiver application, amendment to an existing waiver, or Medicaid state plan amendment to provide for Medicaid coverage pursuant to this Section.

Section 3. The provisions of Section 1 of this Act shall become effective on January 1, 2023.

Section 4. The provisions of this Section and Sections 2 and 3 of this Act shall become effective on August 1, 2022."

Respectfully submitted,

Senators:	Representatives:
Senator Kirk Talbot	Representative Jeremy S. LaCombe
Senator Louie Bernard	Representative Mike Huval
Senator Robert Mills	Representative Christopher Turner

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

CONFERENCE COMMITTEE REPORT DIGEST

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

Keyword and summary of the bill as proposed by the Conference Committee

INSURANCE/MEDICAID. Provides for health insurance coverage and Medicaid coverage for genetic testing of critically ill infants with no diagnosis.

Report adopts House amendments to:

1. Make technical changes.

Report rejects House amendments which would have:

1. Added a comma to R.S. 22:1028.4 that was not necessary as amended.

2. Changed means by which a health coverage plan is not required to offer certain health coverage plans from shall to does.

Report amends the bill to:

1. Include Medicaid coverage for genetic testing of critically ill infants with no diagnosis.

Digest of the bill as proposed by the Conference Committee

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 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 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 including 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.

Proposed law provides for Medicaid coverage on a fee-for-service basis for rapid whole genome sequencing of a critically ill infant who is one year or younger, is receiving care in the intensive care unit or in the pediatric care unit, and has a complex illness of unknown etiology.

Proposed law is subject to approval by the Centers for Medicare and Medicaid Services.

Effective date August 1, 2022.

(Adds R.S. 22:1028.4 and R.S. 40:1081.12)