

2026 Regular Session

HOUSE BILL NO. 1199

BY REPRESENTATIVE JORDAN

INSURANCE/HEALTH: Provides relative to health insurance coverage for genetic testing and the treatment of SCN2A-associated medical conditions

1 AN ACT

2 To enact R.S. 22:1049.1, relative to health insurance; to require coverage for genetic testing
3 for SCN2A associated disorders; to require coverage for medically necessary
4 treatment of SCN2A associated medical conditions; to provide for definitions; to
5 provide for medical necessity determinations; to provide for coverage standards; to
6 provide for prior authorization and cost sharing requirements; to provide for
7 effectiveness; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1049.1 is hereby enacted to read as follows:

10 §1049.1. Requirements for coverage for genetic testing and treatment of
11 SCN2A-associated medical conditions

12 A. For the purpose of this Section, the following terms have the meanings
13 ascribed to them:

14 (1) "Genetic testing" means a laboratory method used to detect changes in
15 genes, gene expression, or chromosomes in a person's cells or tissues. Genetic
16 testing may be done to look for inherited changes in a person's genes that may be a
17 sign that the person has an increased risk of developing a specific disease or
18 condition or of having a child or other family member with the disease or condition.

19 (2) "Health coverage plan" means any hospital, health, or medical expense
20 insurance policy, hospital or medical service contract, employee welfare benefit plan,

1 contract or agreement with a health maintenance organization or a preferred provider
2 organization, health and accident insurance policy, or any other insurance contract
3 of this type, including a group insurance plan and the Office of Group Benefits
4 programs.

5 (3) "Medically necessary treatment" means health services necessary for the
6 diagnosis, treatment, cure, or alleviation of health conditions, illnesses, injuries, or
7 diseases. These services must be necessary and appropriate to address the specific
8 health issue or its associated symptoms, and must adhere to the generally accepted
9 standards of medical care within the community.

10 (4) "SCN2A" refers to a gene located on chromosome 2, which provides
11 critical instructions for the synthesis of a sodium channel protein essential for
12 neurotransmission in the brain. The SCN2A gene encodes a voltage-gated sodium
13 channel that plays a pivotal role in the generation of neuronal action potentials.
14 Pathogenic variants of the SCN2A gene are associated with a wide spectrum of
15 neurodevelopmental disorders, which may include, but are not limited to neonatal
16 or infantile onset epilepsy, developmental delay, autism spectrum disorder,
17 intellectual disability, and movement disorders.

18 B. Any health coverage plan delivered, issued for delivery, renewed, or
19 otherwise contracted for in this state on or after January 1, 2027, shall provide
20 coverage for genetic testing to diagnose SCN2A-associated medical conditions when
21 ordered by a treating physician or advanced practice provider and determined to be
22 medically necessary by the health coverage plan.

23 C. A health coverage plan shall provide coverage for medically necessary
24 treatment of SCN2A-associated medical conditions, including but not limited to:

25 (1) Anti-seizure medications and other pharmacologic therapies.

26 (2) Rehabilitative and habilitative services, including physical, occupational,
27 speech, and behavioral therapies.

28 (3) Medically necessary durable medical equipment, assistive technology,
29 and adaptive devices.

1 (4) Nutritional, feeding, and gastrointestinal management services.

2 (5) Any additional treatment determined to be medically necessary by the
3 treating physician or advanced practice provider.

4 D. Medical necessity shall be determined by the enrollee's treating physician
5 or advanced practice provider. Any denial of coverage based on medical necessity
6 shall be in writing and shall include the reasons for denial and an explanation of how
7 the request does not meet medical necessity standards. Denials may be appealed
8 pursuant to R.S. 22:1121 et seq.

9 E. A health coverage plan may require prior authorization for services
10 covered under this Section if such procedures are applied in a nondiscriminatory
11 manner and are no more restrictive than those applied to other benefits.

12 F. A health coverage plan may impose copayments, deductibles, or
13 coinsurance amounts on benefits required by this Section. Such cost-sharing shall
14 not be greater than that applied to other medical or surgical benefits under the plan.

15 G. A health coverage plan shall not deny coverage for genetic testing or
16 medically necessary treatment under this Section on the basis of disability,
17 developmental status, or preexisting condition.

18 H. Benefits required by this Section shall be considered rehabilitative or
19 habilitative services and devices for purposes of any state or federal requirement for
20 coverage of essential health benefits.

21 I. The provisions of this Section do not apply to limited benefit health
22 insurance policies or contracts.

23 Section 2. This Act shall become effective upon signature by the governor or, if not
24 signed by the governor, upon expiration of the time for bills to become law without signature
25 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
26 vetoed by the governor and subsequently approved by the legislature, this Act shall become
27 effective on the day following such approval.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 1199 Engrossed

2026 Regular Session

Jordan

Abstract: Requires health coverage plans to provide insurance coverage for genetic testing to diagnose SCN2A-associated medical conditions and medically necessary treatments related to such conditions.

Proposed law defines certain terms. Proposed law mandates that any health coverage plan delivered, issued for delivery, renewed, or otherwise contracted in this state on or after Jan. 1, 2027, shall provide insurance coverage for genetic testing specifically for the diagnosis of SCN2A-associated medical conditions when such testing is ordered by a treating physician or an advanced practice provider and determined to be medically necessary by the health coverage plan.

Proposed law mandates coverage for medically necessary treatment of SCN2A-associated medical conditions. This includes but is not limited to: anti-seizure medications and other pharmacologic therapies; rehabilitative and habilitative services; medically necessary durable medical equipment, assistive technology, and adaptive devices; nutritional, feeding, and gastrointestinal management services; as well as any additional treatments deemed medically necessary by the treating physician, advanced practice provider and the health coverage plan.

Proposed law stipulates that the determination of medical necessity be made by the enrollee's treating physician or advanced practice provider. In the event of a denial of coverage, written notification must be provided, along with clear and detailed reasoning for the denial. Additionally, such denials may be appealed in accordance with existing laws.

Proposed law permits the implementation of prior authorization procedures, provided these are applied in a non-discriminatory manner and no more restrictively than those applied to other medical benefits. Cost-sharing requirements may be imposed, but they can not exceed those applicable to other medical or surgical benefits under the same plan.

Proposed law prohibits any denial of coverage based on disability, developmental status, or pre-existing conditions. Proposed law clarifies that the mandated benefits will encompass rehabilitative and habilitative services and devices as part of the essential health benefits. Proposed law does not extend to limited benefit health insurance policies or contracts.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 22:1049.1)

Summary of Amendments Adopted by House

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

1. Clarify the coverage requirement by mandating that services must be ordered by a provider and also deemed medically necessary by the health coverage plan to qualify for coverage.
2. Make technical changes.