
DIGEST

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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.