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

SB 154 Original DIGEST Talbot
2022 Regular Session

Proposed law requires any health coverage plan renewed, delivered, or issued for delivery, in this state to include coverage for using rapid whole genome sequencing (rWGS) 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 suggests 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 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 like 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 provides rapid whole genome sequencing does not cover admission to the hospital if one of the following conditions apply:

- (1) Infection or sepsis with normal response to therapy.
- (2) Confirmed prenatal or postnatal genetic diagnosis is consistent with the infant's condition.
- (3) Hypoxic-ischemic encephalopathy with a clear precipitating event.
- (4) Isolated prematurity.
- (5) Isolated transient tachypnea of the newborn.
- (6) Isolated unconjugated hyperbilirubinemia.
- (7) Nonviable neonates.
- (8) Trauma.
- (9) Meconium aspiration.

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 defines a biomarker, biomarker testing, and rapid whole genome sequencing.

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

Effective January 1, 2023.

(Adds R.S. 22:1028.4)