

RÉSUMÉ DIGEST

ACT 501 (SB 154)

2022 Regular Session

Talbot

New 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.

New 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, 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 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.

New 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 prior law, limited benefit health insurance plans, and short-term policies that have a term of less than 12 months.

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

New 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.

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

Effective August 1, 2022.

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