

1 **UNDIAGNOSED CHILDREN INSURANCE COVERAGE**

2 **AMENDMENTS**

3 2019 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: Steve Eliason**

6 Senate Sponsor: David G. Buxton

7
8 **LONG TITLE**

9 **General Description:**

10 This bill requires certain health insurance providers to cover exome sequence testing.

11 **Highlighted Provisions:**

12 This bill:

- 13 ▶ defines terms;
- 14 ▶ requires the state Medicaid program to cover exome sequence testing;
- 15 ▶ requires certain health benefit plans to cover exome sequence testing; and
- 16 ▶ permits a health benefit plan to opt out of the requirement in this bill under certain

17 circumstances.

18 **Money Appropriated in this Bill:**

19 None

20 **Other Special Clauses:**

21 None

22 **Utah Code Sections Affected:**

23 ENACTS:

24 **26-18-25**, Utah Code Annotated 1953

25 **31A-22-650**, Utah Code Annotated 1953

26
27 *Be it enacted by the Legislature of the state of Utah:*



28 Section 1. Section **26-18-25** is enacted to read:

29 **26-18-25. Coverage of exome sequence testing.**

30 (1) As used in this section, "exome sequence testing" means a genomic technique for
31 sequencing the genome of an individual for diagnostic purposes.

32 (2) The Medicaid program shall reimburse for exome sequence testing:

33 (a) for an enrollee who:

34 (i) is younger than 21 years old; and

35 (ii) remains undiagnosed after exhausting all other appropriate diagnostic-related tests;

36 (b) at a nationally recognized children's medical center with experience in exome
37 sequence testing; and

38 (c) at a rate set by the Medicaid program.

39 Section 2. Section **31A-22-650** is enacted to read:

40 **31A-22-650. Coverage of exome sequence testing.**

41 (1) As used in this section, "exome sequence testing" means a genomic technique for
42 sequencing the genome of an individual for diagnostic purposes.

43 (2) Beginning January 1, 2020, a health benefit plan shall provide coverage for exome
44 sequence testing for an enrollee who:

45 (a) is younger than 21 years old; and

46 (b) remains undiagnosed after exhausting all other appropriate diagnostic-related tests
47 that are:

48 (i) available to the enrollee; and

49 (ii) performed at an in-network and nationally recognized medical center with
50 experience in exome sequence testing.

51 (3) An insurer may decline to provide coverage for exome sequencing in accordance
52 with Subsection (2) if, before December 1, 2019, the insurer:

53 (a) submits a letter to the department and the Health and Human Services Interim
54 Committee stating:

55 (i) the insurer's intention to decline the coverage required under Subsection (2); and

56 (ii) stating the insurer's reason for declining the coverage required under Subsection
57 (2), including an explanation of whether the insurer believes that the coverage would not

58 benefit any of the insurer's enrollees; and

59 (b) provides an in-person report to the Health and Human Services Interim Committee
60 describing the information required in the letter submitted under Subsection (3)(a).