HB0435S01 compared with HB0435

{deleted text} shows text that was in HB0435 but was deleted in HB0435S01.

Inserted text shows text that was not in HB0435 but was inserted into HB0435S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative Steve Eliason proposes the following substitute bill:

UNDIAGNOSED CHILDREN INSURANCE COVERAGE AMENDMENTS

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor: _____

LONG TITLE

General Description:

This bill requires {certain health insurance providers}the state Medicaid program and Public Employees' Benefit and Insurance Program to cover exome sequence testing.

Highlighted Provisions:

This bill:

▸   defines terms; and

▸   requires the state Medicaid program {to cover exome sequence testing;

▸   requires certain health benefit plans}and Public Employees' Benefit and Insurance Program to cover exome sequence testing{; and

▸   permits a health benefit plan to opt out of the requirement in this bill under certain

~~circumstances}~~ for certain enrollees.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

26-18-25, Utah Code Annotated 1953

~~{31A-22-650}~~**49-20-419**, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

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

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

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

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

(a) for an enrollee who:

(i) is younger than 21 years ~~{old}~~of age; and

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

(b) ~~{at}~~performed by a nationally recognized ~~{children's medical center}~~provider with significant experience in exome sequence testing;

(c) that is medically necessary; and

(~~{c}~~d) at a rate set by the Medicaid program.

Section 2. Section ~~{31A-22-650}~~**49-20-419** is enacted to read:

~~{31A-22-650}~~**49-20-419. Coverage of exome sequence testing.**

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

(2) Beginning ~~{January}~~July 1, ~~{2020}~~2019, ~~{a health benefit plan}~~the program shall provide coverage for exome sequence testing:

(a) for ~~{an enrollee}~~a covered individual within the state risk pool who:

(~~{a}~~i) is younger than 21 years ~~{old}~~of age; and

(~~{b}~~ii) who remains undiagnosed after exhausting all other appropriate diagnostic-related tests~~{ that are:~~

~~(i) available to the enrollee; and~~

~~(ii) performed at an in-network and}~~;

(b) performed by a nationally recognized ~~{medical center}~~provider with significant experience in exome sequence testing~~{.~~

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

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

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

~~(ii) stating the insurer's reason for declining the coverage required under Subsection (2), including an explanation of whether the insurer believes that the coverage would not benefit any of the insurer's enrollees; and~~

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

~~}~~:

(c) that is medically necessary; and

(d) at a rate set by the program.