Bill Summary

H.F. 3330

First engrossment

Subject	Health plan coverage of rapid whole genome sequencing
Authors	Hemmingsen-Jaeger and others
Analyst	Larie Pampuch Elisabeth Klarqvist
Date	March 22, 2024

Overview

This bill establishes requirements for health plan coverage of rapid whole genome sequencing for individuals 21 years of age or younger who have a complex or acute illness with an unknown underlying cause and are receiving inpatient hospital services in an intensive care unit or neonatal or high acuity pediatric care unit. Rapid whole genome sequencing is defined as an investigation of the entire human genome to identify disease-causing genetic changes, with results provided within 14 days.

Summary

Section	Description
1	**Rapid whole genome sequencing; coverage.** Adds § 62A.3098. Establishes requirements for health plan coverage of rapid whole genome sequencing. **Subd. 1. Definition.** Defines rapid whole genome sequencing or rWGS as an investigation of the entire human genome to identify disease-causing genetic changes, with results provided within 14 days. Provides rapid whole genome sequencing includes patient-only whole genome sequencing and duo and trio whole genome sequencing of the patient and the patient's biological parent or parents. **Subd. 2. Required coverage.** Requires a health plan to cover rapid whole genome sequencing testing if the enrollee is age 21 or younger; has a complex or acute illness with an unknown underlying cause not confirmed to have been caused by environmental exposure, toxic ingestion, infection with a normal response to therapy, or trauma; and is receiving inpatient services in an intensive care unit or neonatal or high acuity pediatric unit. **Subd. 3. Coverage criteria.** Lists medical necessity criteria on which coverage may be based: the enrollee has symptoms that would require evaluation using

Section	Description

multiple genetic tests if rapid whole genome sequencing is not used; rapid whole genome sequencing may help guide the treatment or management of the enrollee's condition; and the enrollee's illness with an unknown underlying cause includes at least one of the listed conditions.

Subd. 4. Cost sharing. Provides coverage under this section is subject to the health plan's cost-sharing requirements that apply to diagnostic testing.

Subd. 5. Reimbursement. If an enrollee's health plan uses a capitated or bundled payment arrangement to reimburse a provider for inpatient care, requires reimbursement for rapid whole genome sequencing under this section to be paid separately and in addition to other reimbursement paid to the provider, unless the provider and health carrier have negotiated an increased capitated or bundled payment rate that includes the services covered under this section.

Subd. 6. Genetic data. Specifies genetic data generated from the performance of rapid whole genome sequencing must be used for the primary purpose of helping the provider diagnose and treat the enrollee and is protected health information under the Health Insurance Portability and Accountability Act (HIPAA) and a protected health record under the Minnesota Health Records Act.

Effective date: This section is effective January 1, 2025, and applies to a health plan offered, issued, or sold on or after that date.

2 **Rapid whole genome sequencing.**

Adds subd. 72 to § 256B.0625. Provides that medical assistance covers rapid whole genome sequencing according to section 62A.3098, subdivisions 1 to 3 and 6.

Effective date: This section is effective January 1, 2025, or upon federal approval, whichever is later.