

Title of Rule: Revision to the Medical Assistance Act Rule concerning Non-Invasive Prenatal Testing, Section 8.732.4.E
Rule Number: MSB 22-05-31-A
Division / Contact / Phone: Health Programs Office / Russ Zigler / 303-866-5927

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The 2022 Colorado General Assembly Long Bill, House Bill 22-1329, covers non-invasive prenatal testing (NIPT) based on national standard guidelines, as developed by the American College of Obstetricians and Gynecologist (ACOG). This revision aligns Department rule concerning NIPT coverage with national standard guidelines.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

The rule is being brought as an emergency rule to the June 10, 2022 Medical Services Board meeting to preserve the July 1, 2022 effective date.

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021);
Colorado House Bill 22-1329

Initial Review
Proposed Effective Date

07/01/22

Final Adoption
Emergency Adoption

06/10/22
DOCUMENT #07

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Members receiving non-invasive prenatal testing (NIPT), and members rendering NIPT, are affected by this rule.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Members will receive NIPT in accordance national standard guidelines.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The probable costs of this rule change is that more members will utilize NIPT, which will increase Medicaid expenditures for the benefit. The General Assembly appropriated \$1,044,059 to expand the benefit as part of House Bill 22-1329.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The costs of the rule are provided in the answer to question 3. The benefits of the proposed rule are aligning Department rule with Colorado House Bill 22-1329. The cost of inaction is misalignment between Department rule and House Bill 22-1329. There are no benefits of inaction.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly methods to align Department rule with House Bill 22-1329.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for aligning Department rule with House Bill 22-1329.

8.732. MATERNITY SERVICES

8.732.4. COVERED SERVICES

[SECTIONS 8.732.4.A-D ARE UNAFFECTED BY THIS RULE CHANGE AND REMAIN AS-IS]

8.732.4.E. Effective July 1, 2022, Genetic Screening, including but not limited to Non-Invasive Prenatal Testing (NIPT), and Genetic Counseling are covered in accordance with nationally recognized standards of care. Screening coverage is available for women carrying a singleton gestation who meet national standard guidelines ~~one or more of the following conditions:~~

- ~~1. Maternal age 35 years or older at delivery;~~
- ~~2. Fetal ultrasonographic findings indicated an increased risk of aneuploidy;~~
- ~~3. History of a prior pregnancy with a trisomy;~~
- ~~4. Positive test result for aneuploidy, including first trimester, sequential, or integrated screen, or a quadruple screen; or~~
- ~~5. Parental balanced Robertsonian translocation with increased risk of fetal trisomy 13 or 21.~~

[SECTIONS 8.732.4.F-H ARE UNAFFECTED BY THIS RULE CHANGE AND REMAIN AS-IS]