

DECLARATION OF EMERGENCY

**Department of Health
Bureau of Health Services Financing**

**Hospital Services
Coverage of Gene Therapies for Sickle Cell Disease
(LAC 50:V.120)**

The Department of Health, Bureau of Health Services Financing adopts LAC 50:V.120 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:962 and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

Effective July 1, 2025 the Department of Health, Bureau of Health Services Financing adopts cell and gene therapy model that provides additional supplemental and federal rebates for gene therapies for sickle cell disease. To receive these rebates, the department amends the provisions governing inpatient hospital services, to allow reimbursement for gene therapies for sickle cell disease outside the per diem rate and paid based on the actual acquisition cost. CMS has set a deadline of July 1, 2025 to have documentation in place to receive federal and supplemental rebates for these therapies. This action is therefore being taken to secure new federal funding in the form of federal and supplemental rebates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospitals Services

Chapter 1. General Provisions

§120. Coverage of Gene Therapies for Sickle Cell Disease

A. Effective for dates of service on or after July 1, 2025, gene therapies for sickle cell disease administered during an inpatient stay shall be reimbursed outside of the per diem rate for the inpatient stay. Claims for gene therapies for sickle cell disease shall be reimbursed at actual acquisition cost.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 51:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kimberly Sullivan, JD, Bureau of Health Services Financing,
is responsible for responding to inquiries regarding this
Emergency Rule. A copy of this Emergency Rule is available for
review by interested parties at parish Medicaid offices.

Bruce D. Greenstein

Secretary