

SUBJECT:	Requiring health benefit plan coverage for certain biomarker testing
COMMITTEE:	Insurance — favorable, without amendment
VOTE:	8 ayes — Oliverson, A. Johnson, Cortez, Caroline Harris, Hull, Julie Johnson, Paul, Perez  1 nay — Cain
SENATE VOTE:	On final passage (April 12) — 26-4
WITNESSES:	None ( <i>considered in a formal meeting on April 27</i> )
BACKGROUND:	Concerns have been raised that health insurance coverage for biomarker testing, which can inform the diagnosis, prognosis, and therapy decisions for patients with cancer or rare diseases, is inconsistent among health plans.
DIGEST:	<p>SB 989 would require that health benefit plans provide coverage for certain biomarker testing for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition in order to guide treatment when use of the test was supported by specified medical and scientific evidence.</p> <p>Coverage would be required only when use of biomarker testing provided clinical utility as defined in the bill and was provided in a manner that limited disruption in care, including limiting the number of biopsies and biospecimen samples.</p> <p>The coverage requirement would apply to a health benefit plan that provided benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket or franchise insurance policy or insurance agreement, a group hospital service contract or an individual or group evidence of coverage as identified in the bill, including the state's Medicaid and children's health insurance programs, certain multiple employer welfare arrangements, and</p>

self-funded health benefit plans.

If a state agency determined a waiver or authorization from a federal agency was required to implement provisions of the bill, the affected agency would be required to request the waiver or authorization and could delay implementation of the provision until such is granted.

The bill would take effect September 1, 2023 and would apply only to a health benefit plan that would be delivered, issued for delivery, or renewed after January 1, 2024.

NOTES:

According to the Legislative Budget Board, SB 989 would have a negative impact of \$2,687,068 on general revenue funds through the biennium ending August 31, 2025.