

HOUSE BILL 862

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C3
SB 324/98 - FIN

1999 Regular Session
9r2117

By: **Delegates Finifter, Zirkin, Morhaim, and Pitkin**

Introduced and read first time: February 12, 1999

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Genetic Information Nondiscrimination in Health Insurance Act of 1999**

3 FOR the purpose of prohibiting the denial of health insurance to certain individuals
4 based upon the individuals' genetic information; prohibiting the requirement of
5 genetic information for the purpose of determining whether to issue or renew
6 health benefits coverage; prohibiting the disclosure of genetic information
7 without the prior written authorization of the individual from whom the genetic
8 information was obtained for each disclosure; identifying permissible purposes
9 for disclosure of an individual's genetic information; defining certain terms; and
10 generally relating to health benefits and genetic information.

11 BY repealing and reenacting, with amendments,
12 Article - Insurance
13 Section 27-909
14 Annotated Code of Maryland
15 (1997 Volume and 1998 Supplement)

16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
17 MARYLAND, That the Laws of Maryland read as follows:

18 **Article - Insurance**

19 27-909.

20 (a) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
21 INDICATED.

22 (2) "GENE PRODUCT" MEANS THE BIOCHEMICAL MATERIAL, EITHER RNA
23 OR PROTEIN, MADE BY A GENE.

24 (3) (I) "GENETIC INFORMATION" MEANS INFORMATION:

25 1. ABOUT CHROMOSOMES, GENES, GENE PRODUCTS, OR
26 INHERITED CHARACTERISTICS THAT MAY DERIVE FROM AN INDIVIDUAL OR A
27 FAMILY MEMBER;

1 2. OBTAINED FOR DIAGNOSTIC AND THERAPEUTIC
2 PURPOSES; AND

3 3. OBTAINED AT SUCH TIME WHEN THE INDIVIDUAL TO
4 WHOM THE INFORMATION RELATES IS ASYMPTOMATIC FOR THE DISEASE.

5 (II) "GENETIC INFORMATION" DOES NOT INCLUDE:

6 1. ROUTINE PHYSICAL MEASUREMENTS;

7 2. CHEMICAL, BLOOD, AND URINE ANALYSES THAT ARE
8 WIDELY ACCEPTED AND IN USE IN CLINICAL PRACTICE;

9 3. TESTS FOR USE OF DRUGS; AND

10 4. TESTS FOR THE PRESENCE OF THE HUMAN
11 IMMUNODEFICIENCY VIRUS.

12 (4) "GENETIC SERVICES" MEANS HEALTH SERVICES THAT ARE
13 PROVIDED TO OBTAIN, ASSESS, AND INTERPRET GENETIC INFORMATION FOR
14 DIAGNOSTIC AND THERAPEUTIC PURPOSES AND FOR GENETIC EDUCATION AND
15 COUNSELING.

16 (5) [In this section, "genetic] "GENETIC test" means a laboratory test of
17 human chromosomes [or DNA], GENES, OR GENE PRODUCTS that is used to identify
18 the presence or absence of inherited or congenital alterations in genetic material that
19 are associated with disease or illness.

20 (b) This section does not apply to life insurance policies, annuity contracts,
21 LONG-TERM CARE INSURANCE, or disability insurance policies.

22 (c) An insurer, nonprofit health service plan, or health maintenance
23 organization may not:

24 (1) use a genetic test [or the], THE results of a genetic test, GENETIC
25 INFORMATION, OR A REQUEST FOR GENETIC SERVICES to reject, deny, limit, cancel,
26 refuse to renew, increase the rates of, affect the terms or conditions of, or otherwise
27 affect a health insurance policy or contract;

28 (2) request or require a genetic test, THE RESULTS OF A GENETIC TEST,
29 OR GENETIC INFORMATION for the purpose of determining whether or not to issue or
30 renew health benefits coverage; or

31 (3) release [the results of a genetic test] IDENTIFIABLE GENETIC
32 INFORMATION OR THE RESULTS OF A GENETIC TEST TO ANY PERSON WHO IS NOT AN
33 EMPLOYEE OF THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH
34 MAINTENANCE ORGANIZATION OR A PARTICIPATING HEALTH CARE PROVIDER WHO
35 PROVIDES MEDICAL SERVICES TO INSUREDS OR ENROLLEES without the prior
36 written authorization of the individual from whom the test RESULTS OR GENETIC
37 INFORMATION was obtained.

1 (D) DISCLOSURE OF IDENTIFIABLE GENETIC INFORMATION TO AN EMPLOYEE
2 OR HEALTH CARE PROVIDER AUTHORIZED PURSUANT TO SUBSECTION (C)(3) OF THIS
3 SECTION SHALL ONLY BE FOR THE PURPOSE OF:

4 (1) PROVIDING MEDICAL CARE TO PATIENTS; OR

5 (2) CONDUCTING RESEARCH THAT HAS BEEN APPROVED BY AN
6 INSTITUTIONAL REVIEW BOARD ESTABLISHED IN ACCORDANCE WITH FEDERAL LAW.

7 [(d)] (E) (1) For purposes of this subsection, §§ 4-113, 4-114, 27-501, and
8 27-505 of this article apply to nonprofit health service plans and health maintenance
9 organizations.

10 (2) The Commissioner may issue an order under §§ 4-113, 4-114,
11 27-501, and 27-505 of this article if the Commissioner finds a violation of this
12 section.

13 (F) THE AUTHORIZATION DESCRIBED IN SUBSECTION (C)(3) OF THIS SECTION
14 IS REQUIRED FOR EACH DISCLOSURE AND SHALL DESCRIBE THE INDIVIDUAL OR
15 ENTITIES MAKING THE DISCLOSURE AND TO WHOM THE DISCLOSURE IS TO BE
16 MADE.

17 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
18 October 1, 1999.