Unofficial Copy C3 SB 324/98 - FIN

#### By: **Senator Forehand** Introduced and read first time:

Introduced and read first time: March 5, 1999 Assigned to: Rules

# A BILL ENTITLED

1 AN ACT concerning

2

### Genetic Information Nondiscrimination in Health Insurance Act of 1999

3 FOR the purpose of prohibiting the use of certain genetic information to deny or

- 4 otherwise affect a health insurance policy or contract; prohibiting the request or
- 5 requirement of certain genetic information as a basis for issuing or renewing
- 6 health benefits coverage; prohibiting the disclosure of certain genetic
- 7 information to certain persons without certain authorization of the individual
- 8 from whom the genetic information was obtained; identifying certain
- 9 permissible purposes for disclosure of genetic information; defining certain
- 10 terms; and generally relating to prohibiting discrimination on the basis of
- 11 genetic information in health insurance.

12 BY repealing and reenacting, with amendments,

- 13 Article Insurance
- 14 Section 27-909
- 15 Annotated Code of Maryland
- 16 (1997 Volume and 1998 Supplement)

# 17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

- 18 MARYLAND, That the Laws of Maryland read as follows:
- 19

## **Article - Insurance**

20 27-909.

21 (a) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 22 INDICATED.

23 (2) "GENE PRODUCT" MEANS THE BIOCHEMICAL MATERIAL, EITHER RNA 24 OR PROTEIN, MADE BY A GENE.

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

ABOUT CHROMOSOMES, GENES, GENE PRODUCTS, OR
 INHERITED CHARACTERISTICS THAT MAY DERIVE FROM AN INDIVIDUAL OR A
 FAMILY MEMBER:

2			SENATE BILL 774	
1 2	PURPOSES; AND	2.	OBTAINED FOR DIAGNOSTIC AND THERAPEUTIC	
3 4		3. FES IS A	OBTAINED AT A TIME WHEN THE INDIVIDUAL TO WHOM SYMPTOMATIC FOR THE DISEASE.	
5	(II)	"GENE	TIC INFORMATION" DOES NOT INCLUDE:	
6		1.	ROUTINE PHYSICAL MEASUREMENTS;	
7 8	WIDELY ACCEPTED AND	2. IN USE I	CHEMICAL, BLOOD, AND URINE ANALYSES THAT ARE N CLINICAL PRACTICE;	
9		3.	TESTS FOR USE OF DRUGS; OR	
1( 11	) I IMMUNODEFICIENCY VIF	4. RUS.	TESTS FOR THE PRESENCE OF THE HUMAN	
<ol> <li>(4) "GENETIC SERVICES" MEANS HEALTH SERVICES THAT ARE</li> <li>PROVIDED TO OBTAIN, ASSESS, AND INTERPRET GENETIC INFORMATION FOR</li> <li>DIAGNOSTIC AND THERAPEUTIC PURPOSES AND FOR GENETIC EDUCATION AND</li> <li>COUNSELING.</li> </ol>				
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.				
	<ul> <li>(b) This section does not apply to life insurance policies, annuity contracts,</li> <li>21 LONG-TERM CARE INSURANCE POLICIES, or disability insurance policies.</li> </ul>			
22 (c) An insurer, nonprofit health service plan, or health maintenance 23 organization may not:				
<ul> <li>(1) use a genetic test or the results of a genetic test, GENETIC</li> <li>INFORMATION, OR A REQUEST FOR GENETIC SERVICES, to reject, deny, limit, cancel,</li> <li>refuse to renew, increase the rates of, affect the terms or conditions of, or otherwise</li> <li>affect a health insurance policy or contract;</li> </ul>				
<ul> <li>(2) request or require a genetic test, THE RESULTS OF A GENETIC TEST,</li> <li>OR GENETIC INFORMATION for the purpose of determining whether or not to issue or</li> <li>renew health benefits coverage; or</li> </ul>				
32 33 34 35	<ul> <li>31 (3) release [the results of a genetic test] IDENTIFIABLE GENETIC</li> <li>32 INFORMATION OR THE RESULTS OF A GENETIC TEST TO ANY PERSON WHO IS NOT AN</li> <li>33 EMPLOYEE OF THE PLAN OR A PARTICIPATING HEALTH CARE PROVIDER WHO</li> <li>34 PROVIDES MEDICAL SERVICES TO ENROLLEES without the prior written</li> <li>35 authorization of the individual from whom the test RESULTS OR GENETIC</li> <li>36 INFORMATION was obtained.</li> </ul>			

#### **SENATE BILL 774**

(D) DISCLOSURE OF IDENTIFIABLE GENETIC INFORMATION TO AN EMPLOYEE
 OR HEALTH CARE PROVIDER AUTHORIZED UNDER SUBSECTION (C)(3) OF THIS
 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 (E) THE AUTHORIZATION DESCRIBED IN SUBSECTION (C)(3) OF THIS SECTION
8 IS REQUIRED FOR EACH DISCLOSURE AND SHALL DESCRIBE THE INDIVIDUAL OR
9 ENTITIES MAKING THE DISCLOSURE AND TO WHOM THE DISCLOSURE IS TO BE
10 MADE.

11 [(d)] (F) (1) For purposes of this subsection, §§ 4-113, 4-114, 27-501, and 12 27-505 of this article apply to nonprofit health service plans and health maintenance 13 organizations.

14 (2) The Commissioner may issue an order under §§ 4-113, 4-114, 15 27-501, and 27-505 of this article if the Commissioner finds a violation of this 16 section.

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

3