

HOUSE BILL 830

J5, J4

5lr1400
CF SB 476

By: Delegates D. Jones, White Holland, Bagnall, Fennell, Forbes, Guzzone, Kipke, Ruth, ~~and Wilkins~~ Wilkins, Alston, Bhandari, Chisholm, Cullison, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Ross, Szeliga, Taveras, Woods, and Woorman

Introduced and read first time: January 29, 2025

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 6, 2025

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Genetic Testing and Cancer Imaging – Required Coverage**
3 **~~and Prohibited Cost Sharing~~**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and health
5 maintenance organizations to provide coverage for genetic testing for certain
6 individuals who may have an increased risk of developing cancer and follow-up
7 evidence-based cancer imaging for individuals with an increased risk of developing
8 cancer; ~~prohibiting certain insurers, nonprofit health service plans, and health~~
9 ~~maintenance organizations from imposing a copayment, coinsurance, or deductible~~
10 ~~requirement on coverage for genetic testing and follow-up evidence-based cancer~~
11 ~~imaging~~; and generally relating to health insurance coverage for genetic testing and
12 cancer imaging.

13 BY adding to
14 Article – Insurance
15 Section 15–861
16 Annotated Code of Maryland
17 (2017 Replacement Volume and 2024 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Article – Insurance

15–861.

(A) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR:

(1) GENETIC TESTING TO IDENTIFY WHETHER AN INDIVIDUAL WITH A PERSONAL OR FAMILY HISTORY OF CANCER HAS AN INHERITED MUTATION ASSOCIATED WITH AN INCREASED RISK OF CANCER IF THE GENETIC TESTING IS:

(I) RECOMMENDED BY A HEALTH CARE PROFESSIONAL; AND

(II) CONSISTENT WITH EVIDENCE–BASED, CLINICAL PRACTICE GUIDELINES; AND

(2) IF AN INDIVIDUAL WHO UNDERGOES GENETIC TESTING FOR WHICH COVERAGE IS PROVIDED UNDER ITEM (1) OF THIS SUBSECTION IS DETERMINED TO BE AT AN INCREASED RISK OF DEVELOPING CANCER, FOLLOW–UP EVIDENCE–BASED CANCER IMAGING THAT:

(I) IS RECOMMENDED FOR THE TYPE OF CANCER IDENTIFIED BY THE GENETIC TESTING; AND

(II) USES MODALITIES ESTABLISHED IN THE MOST RECENT VERSION OF THE NATIONAL COMPREHENSIVE CANCER NETWORK CLINICAL PRACTICE GUIDELINES IN ONCOLOGY.

~~(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT, COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR GENETIC TESTING OR FOLLOW–UP EVIDENCE–BASED CANCER IMAGING AS DESCRIBED IN SUBSECTION (B) OF THIS SECTION.~~

1 ~~(2) (i) IF THE APPLICATION OF THE REQUIREMENTS UNDER~~
 2 ~~PARAGRAPH (1) OF THIS SUBSECTION WOULD RESULT IN HEALTH SAVINGS~~
 3 ~~ACCOUNT INELIGIBILITY UNDER 26 U.S.C. § 223, THE REQUIREMENT SHALL APPLY~~
 4 ~~TO THE HEALTH SAVINGS ACCOUNT QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS~~
 5 ~~WITH RESPECT TO THE DEDUCTIBLE OF THE PLAN AFTER THE BENEFICIARY~~
 6 ~~SATISFIES THE MINIMUM DEDUCTIBLE UNDER 26 U.S.C. § 223.~~

7 ~~(ii) FOR ITEMS OR SERVICES THAT ARE PREVENTIVE CARE IN~~
 8 ~~ACCORDANCE WITH 26 U.S.C. § 223(c)(2)(C), THE REQUIREMENTS OF THIS~~
 9 ~~SUBSECTION SHALL APPLY REGARDLESS OF WHETHER THE BENEFICIARY STATUS~~
 10 ~~SATISFIES THE MINIMUM DEDUCTIBLE UNDER 26 U.S.C. § 223.~~

11 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
 12 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
 13 after January 1, 2026.

14 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
 15 January 1, 2026.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.