## **SENATE BILL 961**

J5, J4 5lr3305

By: Senator Mautz

Introduced and read first time: January 28, 2025

Assigned to: Finance

## A BILL ENTITLED

1	AN ACT	concerning
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BY adding to

Article – Insurance

2	Maryland Medical Assistance Program and Health Insurance –		
3	Pharmacogenomic Testing - Required Coverage		
4	FOR the purpose of requiring the Maryland Medical Assistance Program and certain health		
5	insurers, nonprofit health services plans, and health maintenance organizations to		
6	provide coverage for single-gene and multigene pharmacogenomic testing in certain		
7	circumstances; limiting the prior authorization requirements that certain health		
8	insurers, nonprofit health services plans, and health maintenance organizations may		
9	implement for pharmacogenomic testing; and generally relating to coverage of		
10	pharmacogenomic testing.		
11	BY adding to		
12	Article – Health – General		
13	Section 15–102.3(m) and 15–103(a)(2)(xxv)		
14	Annotated Code of Maryland		
15	(2023 Replacement Volume and 2024 Supplement)		
16	BY repealing and reenacting, without amendments,		
17	Article – Health – General		
18	Section 15–103(a)(1)		
19	Annotated Code of Maryland		
20	(2023 Replacement Volume and 2024 Supplement)		
21	BY repealing and reenacting, with amendments,		
22	Article – Health – General		
23	Section 15–103(a)(2)(xxiii) and (xxiv)		
24	Annotated Code of Maryland		
25	(2023 Replacement Volume and 2024 Supplement)		

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1	Section	15-	-861

- 2 Annotated Code of Maryland
- 3 (2017 Replacement Volume and 2024 Supplement)
- 4 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 5 That the Laws of Maryland read as follows:

## 6 Article - Health - General

- 7 15–102.3.
- 8 (M) (1) BEGINNING JULY 1, 2026, THE PROVISIONS OF § 15–861(C) AND
- 9 (D) OF THE INSURANCE ARTICLE APPLY TO MANAGED CARE ORGANIZATIONS IN THE
- 10 SAME MANNER THEY APPLY TO CARRIERS.
- 11 (2) A MANAGED CARE ORGANIZATION THAT DOES NOT COMPLY WITH
- 12 § 15-861(C) AND (D) OF THE INSURANCE ARTICLE SHALL BE SUBJECT TO A
- 13 MONETARY PENALTY OF UP TO \$10,000 PER INSTANCE OF NONCOMPLIANCE AND AN
- 14 ADDITIONAL PENALTY OF \$1,000 PER DAY FOR EACH DAY THE NONCOMPLIANCE
- 15 CONTINUES AFTER NOTIFICATION OF NONCOMPLIANCE FROM THE DEPARTMENT
- 16 TO THE MANAGED CARE ORGANIZATION.
- 17 (3) (I) THE DEPARTMENT MAY REQUIRE A MANAGED CARE
- 18 ORGANIZATION THAT DOES NOT COMPLY WITH § 15-861(C) AND (D) OF THE
- 19 Insurance Article to submit and implement a corrective action plan
- 20 WITHIN 30 DAYS AFTER RECEIPT OF A REQUEST FOR A CORRECTIVE ACTION PLAN
- 21 FROM THE DEPARTMENT.
- 22 (II) FAILURE TO IMPLEMENT A CORRECTIVE ACTION PLAN
- 23 REQUIRED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY RESULT IN
- 24 ADDITIONAL ENFORCEMENT ACTIONS.
- 25 (4) A MANAGED CARE ORGANIZATION SUBJECT TO A PENALTY UNDER
- 26 THIS SUBSECTION MAY REQUEST AN ADMINISTRATIVE HEARING UNDER TITLE 10,
- 27 SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE.
- 28 (5) (I) THE DEPARTMENT SHALL CONDUCT PERIODIC AUDITS AND
- 29 REVIEWS OF MANAGED CARE ORGANIZATIONS TO DETERMINE COMPLIANCE WITH
- 30 THIS SUBSECTION.
- 31 (II) THE DEPARTMENT SHALL ESTABLISH A PROCESS FOR
- 32 PATIENTS, PRESCRIBERS, AND LABORATORIES TO REPORT INSTANCES OF
- 33 NONCOMPLIANCE WITH THIS SUBSECTION.

- 1 15–103.
- 2 (a) (1) The Secretary shall administer the Maryland Medical Assistance
- 3 Program.
- 4 (2) The Program:
- 5 (xxiii) Beginning on July 1, 2025, shall provide, subject to the
- 6 limitations of the State budget, and as permitted by federal law, coverage for biomarker
- 7 testing in accordance with § 15–859 of the Insurance Article; [and]
- 8 (xxiv) Beginning on January 1, 2025, shall provide coverage for
- 9 prostheses in accordance with § 15–844 of the Insurance Article; AND
- 10 (XXV) BEGINNING ON JULY 1, 2026, SHALL PROVIDE COVERAGE
- 11 FOR SINGLE-GENE AND MULTIGENE PHARMACOGENOMIC TESTING IN ACCORDANCE
- 12 WITH § 15–861 OF THE INSURANCE ARTICLE.
- 13 Article Insurance
- 14 **15–861.**
- 15 (A) IN THIS SECTION, "PHARMACOGENOMIC TESTING" MEANS LABORATORY
- 16 GENETIC TESTING, INCLUDING SINGLE-GENE AND MULTIGENE PANEL TESTING,
- 17 CONDUCTED TO EVALUATE HOW AN INDIVIDUAL'S GENETIC PROFILE MAY IMPACT
- 18 THE EFFICACY, SAFETY, OR TOXICITY OF MEDICATIONS.
- 19 **(B)** THIS SECTION APPLIES TO:
- 20 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
- 21 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
- 22 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
- 23 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
- 24 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
- 25 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
- 26 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
- 27 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR
- 28 SINGLE-GENE AND MULTIGENE PHARMACOGENOMIC TESTING IF:
- 29 (1) THE PHARMACOGENOMIC TESTING IS ORDERED BY A TREATING
- 30 PROVIDER FOR AN INSURED OR ENROLLEE WITH A DIAGNOSIS OF DEPRESSION OR
- 31 ANXIETY; AND

- 1 (2) THE TREATING PROVIDER IS CONSIDERING A MEDICATION
- 2 CHANGE, DOSE ADJUSTMENT, OR AUGMENTATION AND THE MEDICATION UNDER
- 3 CONSIDERATION HAS A KNOWN GENE-DRUG INTERACTION.
- 4 (D) A PRIOR AUTHORIZATION REQUIREMENT IMPOSED FOR COVERAGE 5 REQUIRED UNDER THIS SECTION:
- 6 (1) SHALL PROVIDE A CLEAR AND MEANINGFUL PATHWAY FOR 7 COVERAGE THAT ENSURES TIMELY ACCESS TO THE COVERAGE REQUIRED UNDER
- 8 SUBSECTION (C) OF THIS SECTION;
- 9 (2) SHALL REQUIRE ONLY THE MINIMUM NECESSARY
- 10 DOCUMENTATION FROM THE TREATING PROVIDER TO DETERMINE WHETHER THE
- 11 PATIENT MEETS THE CRITERIA FOR COVERAGE UNDER SUBSECTION (C) OF THIS
- 12 SECTION;
- 13 (3) SHALL ALLOW A SUFFICIENT AUTHORIZATION TIME FRAME
- 14 FOLLOWING THE COLLECTION OF A SPECIMEN FOR PHARMACOGENOMIC TESTING
- 15 FOR THE SUBMISSION OF A PRIOR AUTHORIZATION REQUEST AND CLAIMS RELATED
- 16 TO PHARMACOGENOMIC TESTING;
- 17 (4) SHALL ALLOW A PRIOR AUTHORIZATION REQUEST TO BE
- 18 SUBMITTED BY A TREATING PROVIDER OR A LABORATORY PROVIDER; AND
- 19 (5) MAY NOT IMPOSE UNDUE ADMINISTRATIVE BURDENS OR DELAYS
- 20 THAT CREATE BARRIERS TO CARE FOR AN INSURED OR ENROLLEE.
- 21 (E) (1) AN ENTITY THAT DOES NOT COMPLY WITH THIS SECTION SHALL
- 22 BE SUBJECT TO A MONETARY PENALTY OF UP TO \$10,000 PER INSTANCE OF
- 23 NONCOMPLIANCE AND AN ADDITIONAL PENALTY OF \$1,000 PER DAY FOR EACH DAY
- 24 THE NONCOMPLIANCE CONTINUES AFTER NOTIFICATION OF NONCOMPLIANCE
- 25 FROM THE COMMISSIONER TO THE ENTITY.
- 26 (2) (I) THE COMMISSIONER MAY REQUIRE AN ENTITY THAT DOES
- 27 NOT COMPLY WITH THIS SECTION TO SUBMIT AND IMPLEMENT A CORRECTIVE
- 28 ACTION PLAN WITHIN 30 DAYS AFTER RECEIPT OF A REQUEST FOR A CORRECTIVE
- 29 ACTION PLAN FROM THE COMMISSIONER.
- 30 (II) FAILURE TO IMPLEMENT A CORRECTIVE ACTION PLAN
- 31 REQUIRED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY RESULT IN
- 32 ADDITIONAL ENFORCEMENT ACTIONS.

- 1 (3) AN ENTITY SUBJECT TO A PENALTY UNDER THIS SUBSECTION MAY 2 REQUEST AN ADMINISTRATIVE HEARING UNDER TITLE 10, SUBTITLE 2 OF THE 3 STATE GOVERNMENT ARTICLE.
- 4 (F) (1) THE COMMISSIONER SHALL CONDUCT PERIODIC AUDITS AND 5 REVIEWS OF ENTITIES SUBJECT TO THIS SECTION TO DETERMINE COMPLIANCE 6 WITH THIS SECTION.
- 7 (2) THE COMMISSIONER SHALL ESTABLISH A PROCESS FOR 8 PATIENTS, PRESCRIBERS, AND LABORATORIES TO REPORT INSTANCES OF 9 NONCOMPLIANCE WITH THIS SECTION.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2025.