

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 830

(Delegate D. Jones, *et al.*)

Health and Government Operations

Finance

Health Insurance - Genetic Testing and Cancer Imaging - Required Coverage

This bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage for 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. Carriers must also cover follow-up evidence-based cancer imaging if the genetic testing determines the individual to be at increased risk of developing cancer. **The bill takes effect January 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal special fund revenue increase for the Maryland Insurance Administration (MIA) in FY 2026 only from the \$125 rate and form filing fee; review of additional filings can be handled with existing budgeted resources. Expenditures for the State Employee and Retiree Health and Welfare Benefits Program likely increase by an indeterminate amount beginning in FY 2026, as discussed below.

Local Effect: To the extent the bill increases the cost of health insurance premiums, expenditures increase for local jurisdictions that purchase fully insured plans. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary: The genetic testing must be recommended by a health care professional and consistent with evidence-based, clinical practice guidelines. Follow-up evidence-based

cancer imaging must be recommended for the type of cancer identified by the genetic testing and use modalities established in the most recent version of the National Comprehensive Cancer Network *Clinical Guidelines in Oncology*.

Current Law: Under Maryland law, there are more than 50 mandated health insurance benefits that certain carriers must provide. With respect to cancer screenings, certain carriers must cover the following screenings or testing for breast, colorectal, lung, and prostate cancer:

- **Breast cancer screenings** in accordance with the latest screening guidelines issued by the American Cancer Society (ACS). Currently, (1) women ages 40 to 44 may get annual breast cancer screenings with mammograms and (2) starting at age 45, women should have annual mammograms. Carriers must also provide coverage for digital tomosynthesis if an enrollee's treating physician determines it is medically appropriate and necessary.
- **Colorectal screening** in accordance with the latest guidelines issued by ACS. Coverage may be subject to a copayment or coinsurance requirement provided it is no greater than that imposed for similar coverages.
- **Recommended follow-up diagnostic imaging to assist in the diagnosis of lung cancer** for individuals for whom lung cancer screening is recommended by the U.S. Preventative Services Task Force. Coverage must include diagnostic ultrasound, magnetic resonance imaging, computed tomography (CT), and image-guided biopsy.
- Expenses incurred in conducting a digital rectal exam and a prostate-specific antigen (more commonly known as PSA) blood test for men between 40 and 75 years of age who are at high risk for **prostate cancer**.

The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits (EHBs), including preventive and wellness services and chronic disease management. The ACA requires most private health insurance plans and Medicaid ACA expansion programs to cover many recommended preventive services without any patient cost-sharing, including the following cancer-related screening tests: mammograms; preventive medications and genetic counseling for breast cancer; colonoscopies for colon cancer screening; pap smears for detection of cervical cancer; CT tests to screen for lung cancer; and behavioral counseling on skin cancer.

Under § 31-116 of the Maryland Insurance Article, EHBs must be included in the State benchmark plan and, notwithstanding any other benefits mandated by State law, must be the benefits required in (1) all individual health benefit plans and health benefit plans offered to small employers (except for grandfathered health plans) offered outside the

Maryland Health Benefit Exchange (MHBE) and (2) all qualified health plans offered in MHBE.

State Expenditures:

State Employee and Retiree Health and Welfare Benefits Program

The State Employee and Retiree Health and Welfare Benefits Program is largely self-insured for its medical contracts and, as such, except for the one fully insured integrated health model medical plan (Kaiser), is exempt from most State health insurance mandates. However, the program generally provides coverage as otherwise required under State law.

The Department of Budget and Management advises that genetic testing is a covered benefit under the program but is subject to prior authorization. Testing is typically conducted following a cancer diagnosis as part of planning the course of treatment. The program does not currently cover follow-up evidence-based cancer imaging based on the results of predictive genetic testing. Thus, expenditures for the State Employee and Retiree Health and Welfare Benefits Program likely increase by an indeterminate amount beginning in fiscal 2026 to cover additional follow-up evidence-based cancer imaging.

Additional Comments: According to ACS, predictive genetic testing is used to look for gene mutations that might put an individual at higher risk for certain kinds of cancer. This testing might be suggested for individuals with a strong family history of certain types of cancer (for example testing for changes in the *BRCA1* and *BRCA2* genes in people with several family members who have had breast cancer) or individuals already diagnosed with cancer if there are other factors to suggest that the cancer might have been caused by an inherited mutation.

MIA advises that the bill does not apply to the nongrandfathered individual and small employer markets. Should the bill be amended to apply to all markets, the State would be required to defray the cost of the new mandate to the extent it applies to the individual and small group ACA plans.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 476 (Senator Beidle) - Finance.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - February 10, 2025
rh/ljm Third Reader - March 18, 2025
Revised - Amendment(s) - March 18, 2025

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