SENATE BILL 608

J5, J4 6lr2956
SB 961/25 – FIN

By: **Senator Mautz**
Introduced and read first time: February 5, 2026
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 4, 2026

CHAPTER _____

AN ACT concerning

Maryland Medical Assistance Plan and Health Insurance – Pharmacogenomic Testing – Required Coverage

FOR the purpose of requiring the Maryland Medical Assistance Program and certain health insurers, nonprofit health services plans, and health maintenance organizations to provide coverage for single–gene and multigene pharmacogenomic testing in certain circumstances; ~~limiting the prior authorization requirements that certain health insurers, nonprofit health services plans, and health maintenance organizations may implement for pharmacogenomic testing;~~ and generally relating to coverage of pharmacogenomic testing.

BY adding to
Article – Health – General
Section 15–102.3(p) and 15–103(a)(2)(xxix)
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, without amendments,
Article – Health – General
Section 15–103(a)(1)
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General

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.

Section 15–103(a)(2)(xxvii) and (xxviii)
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)

BY adding to
Article – Insurance
Section 15–864
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

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

Article – Health – General

15–102.3.

(P) ~~(1)~~ BEGINNING JULY 1, 2027, THE PROVISIONS OF § 15–864(C) AND (D) OF THE INSURANCE ARTICLE APPLY TO MANAGED CARE ORGANIZATIONS IN THE SAME MANNER THEY APPLY TO CARRIERS.

~~(2) A MANAGED CARE ORGANIZATION THAT DOES NOT COMPLY WITH § 15–864(C) AND (D) OF THE INSURANCE ARTICLE SHALL BE SUBJECT TO A MONETARY PENALTY OF UP TO $10,000 PER INSTANCE OF NONCOMPLIANCE AND AN ADDITIONAL PENALTY OF $1,000 PER DAY FOR EACH DAY THE NONCOMPLIANCE CONTINUES AFTER NOTIFICATION OF NONCOMPLIANCE FROM THE DEPARTMENT TO THE MANAGED CARE ORGANIZATION.~~

~~(3) (I) THE DEPARTMENT MAY REQUIRE A MANAGED CARE ORGANIZATION THAT DOES NOT COMPLY WITH § 15–864(C) AND (D) OF THE INSURANCE ARTICLE TO SUBMIT AND IMPLEMENT A CORRECTIVE ACTION PLAN WITHIN 30 DAYS AFTER RECEIPT OF A REQUEST FOR A CORRECTIVE ACTION PLAN FROM THE DEPARTMENT.~~

~~(II) FAILURE TO IMPLEMENT A CORRECTIVE ACTION PLAN REQUIRED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY RESULT IN ADDITIONAL ENFORCEMENT ACTIONS.~~

~~(4) A MANAGED CARE ORGANIZATION SUBJECT TO A PENALTY UNDER THIS SUBSECTION MAY REQUEST AN ADMINISTRATIVE HEARING UNDER TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE.~~

~~(5) (I) THE DEPARTMENT SHALL CONDUCT PERIODIC AUDITS AND REVIEWS OF MANAGED CARE ORGANIZATIONS TO DETERMINE COMPLIANCE WITH THIS SUBSECTION.~~

~~(II) THE DEPARTMENT SHALL ESTABLISH A PROCESS FOR PATIENTS, PRESCRIBERS, AND LABORATORIES TO REPORT INSTANCES OF NONCOMPLIANCE WITH THIS SUBSECTION.~~

15–103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

(2) The Program:

(xxvii) Beginning on January 1, 2026, if providing coverage for the delivery of anesthesia, shall provide coverage for the delivery of anesthesia in accordance with § 15–862 of the Insurance Article; **[**and**]**

(xxviii) Beginning on January 1, 2026, shall provide calcium score testing in accordance with § 15–863 of the Insurance Article**; AND**

(XXIX) BEGINNING ON JULY 1, 2027, SHALL PROVIDE COVERAGE FOR SINGLE–GENE AND MULTIGENE PHARMACOGENOMIC TESTING IN ACCORDANCE WITH § 15–864 OF THE INSURANCE ARTICLE.

Article – Insurance

15–864.

(A) IN THIS SECTION, "PHARMACOGENOMIC TESTING" MEANS LABORATORY GENETIC TESTING, INCLUDING SINGLE–GENE AND MULTIGENE PANEL TESTING, CONDUCTED TO EVALUATE HOW AN INDIVIDUAL'S GENETIC PROFILE MAY IMPACT THE EFFICACY, SAFETY, OR TOXICITY OF MEDICATIONS.

(B) 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.

(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR SINGLE–GENE AND MULTIGENE PHARMACOGENOMIC TESTING IF:

(1) THE PHARMACOGENOMIC TESTING IS ORDERED BY A TREATING PROVIDER FOR AN INSURED OR ENROLLEE WITH A DIAGNOSIS OF DEPRESSION OR ANXIETY; ~~AND~~

(2) (I) THE PHARMACOGENOMIC TESTING IS USED TO GUIDE THE SELECTION, DOSING, OR MANAGEMENT OF A MEDICATION FOR AN INDIVIDUAL; OR

(II) THE TREATING PROVIDER IS CONSIDERING A MEDICATION CHANGE, DOSE ADJUSTMENT, OR AUGMENTATION AND THE MEDICATION UNDER CONSIDERATION HAS A KNOWN GENE–DRUG INTERACTION;

(3) THE INDIVIDUAL IS BEING TREATED, OR IS EXPECTED TO BE TREATED, WITH A MEDICATION FOR WHICH EVIDENCE–BASED PHARMACOGENOMIC INFORMATION IS AVAILABLE DEMONSTRATING A CLINICALLY MEANINGFUL IMPACT ON DRUG EFFICACY, SAFETY, OR RISK OF ADVERSE EVENTS;

(4) THE PHARMACOGENOMIC TESTING IS CONSISTENT WITH GENERALLY ACCEPTED STANDARDS OF MEDICAL PRACTICE, INCLUDING CLINICAL GUIDELINES, PEER–REVIEWED MEDICAL LITERATURE, OR DRUG LABELING APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION;

(5) THE RESULTS OF THE PHARMACOGENOMIC TESTING ARE INTENDED TO BE USED IN CLINICAL DECISION MAKING TO OPTIMIZE THERAPEUTIC OUTCOMES, REDUCE THE LIKELIHOOD OF ADVERSE DRUG REACTIONS, OR AVOID INEFFECTIVE THERAPY; AND

(6) THE PHARMACOGENOMIC TESTING IS COVERED BY THE FEDERAL MEDICARE PROGRAM UNDER A NATIONAL OR LOCAL COVERAGE DETERMINATION ISSUED BY A MEDICARE ADMINISTRATIVE CONTRACTOR.

~~**(D) A PRIOR AUTHORIZATION REQUIREMENT IMPOSED FOR COVERAGE REQUIRED UNDER THIS SECTION:**~~

~~**(1) SHALL PROVIDE A CLEAR AND MEANINGFUL PATHWAY FOR COVERAGE THAT ENSURES TIMELY ACCESS TO THE COVERAGE REQUIRED UNDER SUBSECTION (C) OF THIS SECTION;**~~

~~**(2) SHALL REQUIRE ONLY THE MINIMUM NECESSARY DOCUMENTATION FROM THE TREATING PROVIDER TO DETERMINE WHETHER THE PATIENT MEETS THE CRITERIA FOR COVERAGE UNDER SUBSECTION (C) OF THIS SECTION;**~~

~~(3) SHALL ALLOW A SUFFICIENT AUTHORIZATION TIME FRAME FOLLOWING THE COLLECTION OF A SPECIMEN FOR PHARMACOGENOMIC TESTING FOR THE SUBMISSION OF A PRIOR AUTHORIZATION REQUEST AND CLAIMS RELATED TO PHARMACOGENOMIC TESTING;~~

~~(4) SHALL ALLOW A PRIOR AUTHORIZATION REQUEST TO BE SUBMITTED BY A TREATING PROVIDER OR A LABORATORY PROVIDER; AND~~

~~(5) MAY NOT IMPOSE UNDUE ADMINISTRATIVE BURDENS OR DELAYS THAT CREATE BARRIERS TO CARE FOR AN INSURED OR ENROLLEE.~~

~~(E) (1) AN ENTITY THAT DOES NOT COMPLY WITH THIS SECTION SHALL BE SUBJECT TO A MONETARY PENALTY OF UP TO $10,000 PER INSTANCE OF NONCOMPLIANCE AND AN ADDITIONAL PENALTY OF $1,000 PER DAY FOR EACH DAY THE NONCOMPLIANCE CONTINUES AFTER NOTIFICATION OF NONCOMPLIANCE FROM THE COMMISSIONER TO THE ENTITY.~~

~~(2) (I) THE COMMISSIONER MAY REQUIRE AN ENTITY THAT DOES NOT COMPLY WITH THIS SECTION TO SUBMIT AND IMPLEMENT A CORRECTIVE ACTION PLAN WITHIN 30 DAYS AFTER RECEIPT OF A REQUEST FOR A CORRECTIVE ACTION PLAN FROM THE COMMISSIONER.~~

~~(II) FAILURE TO IMPLEMENT A CORRECTIVE ACTION PLAN REQUIRED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY RESULT IN ADDITIONAL ENFORCEMENT ACTIONS.~~

~~(3) AN ENTITY SUBJECT TO A PENALTY UNDER THIS SUBSECTION MAY REQUEST AN ADMINISTRATIVE HEARING UNDER TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE.~~

~~(F) (1) THE COMMISSIONER SHALL CONDUCT PERIODIC AUDITS AND REVIEWS OF ENTITIES SUBJECT TO THIS SECTION TO DETERMINE COMPLIANCE WITH THIS SECTION.~~

~~(2) THE COMMISSIONER SHALL ESTABLISH A PROCESS FOR PATIENTS, PRESCRIBERS, AND LABORATORIES TO REPORT INSTANCES OF NONCOMPLIANCE WITH THIS SECTION.~~

(D) THE FAILURE OF A CARRIER TO PROVIDE COVERAGE FOR A PHARMACOGENOMIC TEST REQUIRED TO BE COVERED UNDER THIS SECTION CONSTITUTES AN ADVERSE DECISION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October 1, 2026~~ January 1, 2027.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.