

SB0608_MHAMD_FAV.pdf

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Position: FAV

**Senate Bill 608 Maryland Medical Assistance Plan and Health Insurance -
Pharmacogenomic Testing - Required Coverage**

Finance Committee

March 4, 2026

Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 608.

SB 608 requires Maryland Medicaid and commercial health insurers to provide coverage for pharmacogenomic testing when ordered for treatment of depression or anxiety.

Pharmacogenomic testing holds enormous promise for improving the treatment of mental health disorders. These tests, which only need to be administered once in a patient's lifetime, evaluate genetic variants that affect how a drug is metabolized and acts on a patient's body. The results can help clinicians determine which medications may require dose adjustments, may be less likely to work, or may have an increased risk of side effects.

Medications are often a primary course of care for depression or anxiety, but few patients achieve remission with their first prescription. This results in an inefficient, frustrating trial-and-error process that delays treatment and could lead to worsening of symptoms, preventable emergency department usage and psychiatric hospitalization.

This process also contributes to higher overall health care costs. According to a [2020 analysis](#) of claims data for 21 million commercially insured individuals, patients with behavioral health conditions in addition to physical health conditions drive high total health care costs, yet among these patients, spending for behavioral health treatment is just a small portion of total health care spending, while the vast majority of spending is for physical treatment.¹ The report demonstrates clearly that early identification and effective treatment of mental illness provides both human *and* financial benefits.

Pharmacogenomic testing informs prescribing, improves patient outcomes, and reduces overall health care costs. For these reasons, MHAMD supports SB 608 and urges a favorable report.

¹ Davenport, S., Gray, T.J., Melek, S. "How do individuals with behavioral health conditions contribute to physical and total healthcare spending?" *Milliman*. August 13, 2020.

For more information, please contact Dan Martin at (410) 978-8865

SB 608 Testimony Paul Sheives Myriad Genetics.pdf

Uploaded by: Paul Sheives

Position: FAV

Senate Bill 608 Maryland Medical Assistance Plan and Health Insurance -
Pharmacogenomic Testing - Required Coverage

Finance Committee March 4, 2026

Position: Favorable

Good afternoon. My name is Paul Sheives, Vice President of Government Affairs for Myriad Genetics, one of the oldest personalized medicine laboratories in the country. Thank you for the opportunity to provide testimony today in support of Senate Bill 608, legislation that will ensure equitable access to critical pharmacogenomic mental health testing services for Maryland patients.

Today, Maryland is grappling with rising levels of mental illness, worsened by a shortage of mental health providers and facilities, particularly in rural and underserved communities. Mental healthcare providers urgently need tools and solutions to address this growing crisis and assist their patients in recovery. Medication is the most common form of treatment of depression, yet only a little more than 1/3 of patients reach remission on their first medication. Pharmacogenomic tests, which only need to be administered once in a patient's lifetime, evaluate genetic variants that affect how a drug is metabolized. Patients that hyper-metabolize the drug will never have enough in their system to reach efficacy without a dosage adjustment; conversely, patients that hypo-metabolize the drug experience adverse events.

Myriad's GeneSight test has been the subject of numerous clinical studies that demonstrate clinical efficacy and cost avoidance through use of the test. A recently published meta-analysis of Level 1 data on GeneSight demonstrates a 41% increase in pooled remission rates in patients with depression compared to treatment as usual.ⁱ A nearly 2000-patient independent study in the VA showed that use of the test increased the likelihood of remission in major depressive disorder and decreased the time to remission.ⁱⁱ Published studies demonstrate that total cost of care for patients that use GeneSight compared to treatment-as-usual save \$3400 annually.ⁱⁱⁱ This is achieved by getting patients to the right drug faster thereby decreasing polypharmacy costs, inpatient hospitalizations and emergency room visits.^{iv}

Swift stabilization of psychiatric patients by avoiding prolonged medication trials can prevent psychiatric-related hospitalizations, unnecessary trips to state detention facilities, and allow patients to return to their lives and work sooner. When mental health is managed effectively, overall healthcare management improves. For example, controlling severe depression enhances the management of comorbid conditions like diabetes or heart disease.

Pharmacogenomic mental health tests have already been covered by the federal Medicare Program for over a decade, as well as by many State Medicaid programs and some large commercial insurance carriers. This bill does not require regulated insurers to cover all pharmacogenomic tests for mental health – it closes the gap for coverage that already exists for those tests that have met the high bar of achieving Medicare coverage. For these reasons, I urge members of this committee to safeguard patient access to pharmacogenomic testing for patients in Maryland by supporting the passage of Senate Bill 608.

Thank you,

Paul Sheives, JD, MS

ⁱ Albers R, et al. Meta-analysis of Response and Remission Outcomes With a Weighted Multigene Pharmacogenomic Test for Adults With Depression. *J Clin Psychopharmacol*. 2025 Nov-Dec;45(6):570-579.

ⁱⁱ Oslin DW, et al. Effect of Pharmacogenomic Testing for Drug-Gene Interactions on Medication Selection and Remission of Symptoms in Major Depressive Disorder: The PRIME Care Randomized Clinical Trial. *JAMA*. 2022 Jul 12;328(2):151-161.

ⁱⁱⁱ Del Tredici et al. Real-World Impact of Pharmacogenomic Testing on Medication Use and Healthcare Resource Utilization in Patients with Major Depressive Disorder. *J Clin Psychopharmacol*. 2025 Jul-Aug;45(4):320-328.

^{iv} Benitez J, et al. Use of combinatorial pharmacogenomic guidance in treating psychiatric disorders. *Per Med*. 2018 Nov;15(6):481-494.

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Uploaded by: Matthew Celentano

Position: UNF



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March 4, 2026

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 608 – Maryland Medical Assistance Program and Health Insurance - Pharmacogenomic Testing - Required Coverage

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 608 – Maryland Medical Assistance Program and Health Insurance - Pharmacogenomic Testing - Required Coverage* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to finding ways to cover all screenings and medically necessary services when appropriate, but we unfortunately cannot support this approach, especially without further premium impact analysis. We are unclear what the impact to plans would be to mandate coverage for single-gene and multigene pharmacogenomic testing. Coverage is typically based on a patient's individual medical history, current medications, and diagnosis, ensuring the test is relevant to their specific clinical situation, but that doesn't mean that it is appropriate for every patient. Most carriers cover forms of pharmacogenomic testing already, so we are unclear if the mandate is needed.

We also urge the committee to refer to the interim study done by the Maryland Health Care Commission (MHCC) on the topic which clearly states, "PGx tests are generally accurate in finding the relevant genes, showing strong reliability. However, this does not mean the test can always predict how well a medication will work for each patient. PGx testing may be helpful for patients who do not experience improvement of symptoms after trying several different medications. PGx testing is *not recommended* as a routine test before starting treatment. A patient's medical history and symptoms should remain the main guide when a provider evaluates which medication to prescribe first."

League members also have concerns about the evidence of these tests and their applicability to the broader Maryland population. The MHCC study also raises these concerns when it mentions that, "several issues complicate the interpretation of PGx testing evidence. Study populations were predominantly white and included only patients with prior antidepressant treatment, which may limit generalizability. In addition,

several trials were industry-funded or lacked full blinding, and the analysis did not evaluate the potential impact of medication changes or augmentation strategies. Moreover, PGx test results may not remain static over time.”

The MHCC work continues and addresses the implications of a new mandate in this space by stating, “Rising mandate-related costs may constrain some employers, particularly small firms, from offering comprehensive benefits or may lead to increased employee cost sharing. Over the past five years, the average annual premium for family coverage has increased by 24%, reflecting continued upward pressure on employer-sponsored health plan costs.”

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland’s law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, and especially in this time of heightened sensitivity to affordability in health insurance premiums for consumers, we urge caution in moving forward with potentially expensive mandates, especially ones that have outstanding clinical questions yet to be resolved.

For these reasons, the League urges the committee to give Senate Bill 608 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal line extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee