JAN 1 9 2024

A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

- 1 SECTION 1. Chapter 431, Hawaii Revised Statutes, is
- 2 amended by adding a new section to article 10A to be
- 3 appropriately designated and to read as follows:
- 4 "§431:10A- Biomarker testing; coverage. (a) Each
- 5 individual or group policy of accident and health or sickness
- 6 insurance issued or renewed in this State on or after January 1,
- 7 2025, shall provide coverage for the services of biomarker
- 8 testing for the policyholder or any dependent of the
- 9 policyholder who is covered by the policy for the purposes of
- 10 diagnosis, treatment, appropriate management, or ongoing
- 11 monitoring of an insured's disease or condition to guide
- 12 treatment decisions when supported by medical and scientific
- 13 evidence, including but not limited to:
- 14 (1) Labeled indications for an FDA-approved or FDA-cleared
- 15 test;
- 16 (2) Indicated tests for an FDA-approved drug;
- 17 (3) Warnings and precautions on FDA-approved drug labels;



ı	<u>(4)</u> <u>C</u> €	enters for Medicare and Medicald Services national	
2	CC	overage determinations or medicare administrative	
3	CC	ontractor local coverage determinations; or	
4	<u>(5)</u> <u>Na</u>	ationally recognized clinical practice guidelines and	
5	<u>CC</u>	onsensus statements.	
6	(b) Co	overage under this section shall be provided in a	
7	manner that	limits disruptions in care, including the need for	
8	multiple bio	opsies and consensus statements.	
9	(C) Wh	nen coverage under this section is restricted for use	
10	by a policy, the patient and prescribing health care provider		
11	shall have access to clear, readily accessible, and convenient		
12	processes to	request an exception. The process shall be made	
13	readily accessible on the insurer's website.		
14	(d) Co	overage under this section may be subject to	
15	copayment, c	deductible, and coinsurance provisions of a policy of	
16	accident and health or sickness insurance that are no less		
17	favorable than the copayment, deductible, and coinsurance		
18	provisions f	for other medical services covered by the policy.	
19	(e) E	very insurer shall provide written notice to its	
20	policyholde	es regarding the coverage required by this section.	
21	The notice s	shall be in writing and prominently positioned in any	

- 1 literature or correspondence sent to policyholders and shall be
- 2 transmitted within calendar year 2025 when annual information is
- 3 made available to policyholders or in any other mailing to
- 4 policyholders, but in no case later than December 31, 2025.
- 5 (f) This section shall not apply to limited benefit health
- 6 insurance as provided in section 431:10A-607.
- 7 (g) For the purposes of this section:
- 8 "Biomarker" means a characteristic that is objectively
- 9 measured and evaluated as an indicator of normal biological
- 10 processes, pathogenic processes, or pharmacologic responses to a
- 11 specific therapeutic intervention, including known gene-drug
- 12 interactions for medications being considered for use or already
- 13 being administered. "Biomarkers" include but are not limited to
- 14 gene mutations, gene characteristics, or protein expression.
- 15 "Biomarker testing" means the analysis of a patient's
- 16 tissue, blood, or other biospecimen for the presence of a
- 17 biomarker. "Biomarker testing" includes but is not limited to
- 18 single-analyte tests, multi-plex panel tests, protein
- 19 expression, whole exome, and whole genome and whole
- 20 transcriptome sequencing.

1	"Clinical practice guidelines" means guidelines that				
2	establish standards of care informed by a systemic review of				
3	evidence and an assessment of the benefits and risks of				
4	alternative care options and include recommendations intended to				
5	optimize patient care.				
6	"Consensus statements" means statements developed by an				
7	independent multidisciplinary panel of experts utilizing a				
8	transparent methodology and reporting structure and that include				
9	a conflict of interest policy, which are aimed at specific				
10	clinical circumstances and based on the best available evidence				
11	for the purpose of optimizing the outcomes of clinical care.				
12	"FDA" means the United States Food and Drug Administration.				
13	"Nationally recognized clinical practice guidelines" means				
14	evidence-based clinical practice guidelines developed by				
15	independent organizations or medical professional societies				
16	utilizing a transparent methodology and reporting structure and				
17	that include a conflict of interest policy."				
18	SECTION 2. Chapter 432, Hawaii Revised Statutes, is				
19	amended by adding a new section to article 1 to be appropriately				
20	designated and to read as follows:				

1	" <u>§43</u>	2- Biomarker testing; coverage. (a) Every
2	individua	l or group hospital or medical service plan contract
3	issued or	renewed in this State on or after January 1, 2025,
4	shall pro	vide coverage for the services of biomarker testing for
5	the subsc	riber or member or any dependent of the subscriber or
6	member wh	o is covered by the plan contract for the purposes of
7	diagnosis	, treatment, appropriate management, or ongoing
8	monitoring of a subscriber's or member's or dependent's disease	
9	or condition to guide treatment decisions, when supported by	
10	medical a	nd scientific evidence, including but not limited to:
11	(1)	Labeled indications for an FDA-approved or FDA-cleared
12		test;
13	(2)	Indicated tests for an FDA-approved drug;
14	(3)	Warnings and precautions on FDA-approved drug labels;
15	(4)	Centers for Medicare and Medicaid Services national
16		coverage determinations or medicare administrative
17		contractor local coverage determinations; or
18	(5)	Nationally recognized clinical practice guidelines and
19		consensus statements.

(b) Coverage under this section shall be provided in a				
manner that limits disruptions in care, including the need for				
multiple biopsies and consensus statements.				
(c) When coverage under this section is restricted for use				
by a plan contract, the patient and prescribing health care				
provider shall have access to clear, readily accessible, and				
convenient processes to request an exception. The process shall				
be made readily accessible on the mutual benefit society's				
website.				
(d) Coverage under this section may be subject to				
copayment, deductible, and coinsurance provisions of a plan				
contract that are no less favorable than the copayment,				
deductible, and coinsurance provisions for other medical				
services covered by the plan contract.				
(e) Every mutual benefit society shall provide written				
notice to its subscribers and members regarding the coverage				
required by this section. The notice shall be in writing and				
prominently positioned in any literature or correspondence sent				
to subscribers and members and shall be transmitted within				
calendar year 2025 when annual information is made available to				

subscribers or members or in any other mailing to subscribers or 1 members, but in no case later than December 31, 2025. 2 3 (f) For the purposes of this section: 4 "Biomarker" means a characteristic that is objectively 5 measured and evaluated as an indicator of normal biological 6 processes, pathogenic processes, or pharmacologic responses to a specific therapeutic intervention, including known gene-drug 7 8 interactions for medications being considered for use or already 9 being administered. "Biomarkers" include but are not limited to 10 gene mutations, gene characteristics, or protein expression. 11 "Biomarker testing" means the analysis of a patient's 12 tissue, blood, or other biospecimen for the presence of a biomarker. "Biomarker testing" includes but is not limited to 13 14 single-analyte tests, multi-plex panel tests, protein expression, whole exome, and whole genome and whole 15 16 transcriptome sequencing. 17 "Clinical practice guidelines" means guidelines that 18 establish standards of care informed by a systemic review of 19 evidence and an assessment of the benefits and risks of 20 alternative care options and include recommendations intended to

optimize patient care.

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"Consensus statements" means statements developed by an 2 independent multidisciplinary panel of experts utilizing a 3 transparent methodology and reporting structure and that include 4 a conflict of interest policy, which are aimed at specific 5 clinical circumstances and based on the best available evidence for the purpose of optimizing the outcomes of clinical care. 6 7 "FDA" means the United States Food and Drug Administration. 8 "Nationally recognized clinical practice guidelines" means 9 evidence-based clinical practice guidelines developed by 10 independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and 11 12 that include a conflict of interest policy." 13 SECTION 3. Section 432D-23, Hawaii Revised Statutes, is 14 amended to read as follows: 15 "§432D-23 Required provisions and benefits. 16 Notwithstanding any provision of law to the contrary, each 17 policy, contract, plan, or agreement issued in the State after 18 January 1, 1995, by health maintenance organizations pursuant to 19 this chapter, shall include benefits provided in sections 20 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 21

- 1 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,
- 2 431:10A-133, 431:10A-134, 431:10A-140, and [431:10A-134,]
- **3** 431:10A- and chapter 431M."
- 4 SECTION 4. The coverage and benefits to be provided by a
- 5 health maintenance organization under section 3 of this Act
- 6 shall take effect for all policies, contracts, plans, or
- 7 agreements issued or renewed in the State on or after January 1,
- **8** 2025.
- 9 SECTION 5. Statutory material to be repealed is bracketed
- 10 and stricken. New statutory material is underscored.
- 11 SECTION 6. This Act shall take effect upon its approval.

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INTRODUCED BY:



Report Title:

Health Insurance; Biomarker Testing; Mandatory Coverage

Description:

Beginning 1/1/2025, requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for biomarker testing.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.