
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1594 Session of
2023

INTRODUCED BY OTTEN, MADDEN, T. DAVIS, HANBIDGE, DONAHUE, KHAN,
SANCHEZ, BOROWSKI AND CERRATO, AUGUST 7, 2023

REFERRED TO COMMITTEE ON INSURANCE, AUGUST 7, 2023

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in casualty insurance, providing
12 for coverage for biomarker testing.

13 The General Assembly of the Commonwealth of Pennsylvania
14 hereby enacts as follows:

15 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
16 as The Insurance Company Law of 1921, is amended by adding a
17 section to read:

18 Section 635.9. Coverage for Biomarker Testing.--(a) A
19 health insurance policy offered, issued or renewed in this
20 Commonwealth or a government program shall provide coverage for
21 genetic or molecular testing for cancer, including tumor
22 mutation testing, next generation sequencing, hereditary
23 germline mutation testing, pharmacogenomic testing, whole exome

1 and genome sequencing and biomarker testing. Testing under this
2 subsection shall be covered in a manner that provides the most
3 complete range of results to a patient's health care provider
4 without requiring multiple biopsies or biospecimen samples. The
5 minimum coverage required under this subsection shall include
6 all costs associated with genetic or molecular testing for
7 cancer for the purpose of diagnosis, treatment, appropriate
8 management or ongoing monitoring of a patient's disease or
9 condition when the testing is medically necessary, including
10 labeled indications for diagnostic tests to direct treatment
11 decisions that are approved or authorized by the United States
12 Food and Drug Administration or indicated diagnostics tests for
13 a drug that is approved by the United States Food and Drug
14 Administration.

15 (b) Within one year of the effective date of this
16 subsection, the Legislative Budget and Finance Committee shall
17 report to the Banking and Insurance Committee of the Senate and
18 the Insurance Committee of the House of Representatives on the
19 impact of providing coverage for genetic or molecular testing
20 for cancer under subsection (a) of this section, including an
21 analysis of the impact of providing access to genetic or
22 molecular testing for cancer to individuals based on race,
23 gender, age and government program or health insurance policy.

24 (c) As used in this section:

25 "Biomarker" means a characteristic that is objectively
26 measured and evaluated as an indicator of normal biological
27 processes, pathogenic processes or pharmacologic responses to a
28 specific therapeutic intervention. The term includes gene
29 mutations or protein expression.

30 "Biomarker testing" means the analysis of a patient's tissue,

1 blood or fluid biospecimen for the presence of a biomarker.
2 Biomarker testing includes, but is not limited to, single-
3 analyte tests, multiplex panel tests and partial or whole
4 genome, whole exome and whole transcriptome sequencing.

5 "Government program" means a program of government sponsored
6 or subsidized health care coverage, including:

7 (1) The children's health insurance program under Article
8 XXIII-A.

9 (2) The Commonwealth's medical assistance program under
10 subdivision (f) of Article IV of the act of June 13, 1967
11 (P.L.31, No.21), known as the "Human Services Code."

12 "Health insurance policy" means an individual or group
13 insurance policy, subscriber contract, certificate or plan
14 issued by an insurer that provides medical or health care
15 coverage, including emergency services. The term does not
16 include any of the following:

17 (1) An accident only policy.

18 (2) A credit only policy.

19 (3) A long-term care or disability income policy.

20 (4) A specified disease policy.

21 (5) A Medicare supplement policy.

22 (6) A fixed indemnity policy.

23 (7) A hospital indemnity policy.

24 (8) A dental only policy.

25 (9) A vision only policy.

26 (10) A worker's compensation policy.

27 (11) An automobile medical payment policy.

28 (12) A TRICARE policy, including a Civilian Health and
29 Medical Program of the Uniformed Services (CHAMPUS) supplement
30 policy.

1 (13) Any other similar policy providing for limited
2 benefits.

3 "Insurer" means an entity licensed by the Insurance
4 Department with accident and health authority to issue a health
5 insurance policy that is offered or governed under any of the
6 following:

7 (1) This act, including section 630 and Article XXIV.

8 (2) The act of December 29, 1972 (P.L.1701, No.364), known
9 as the "Health Maintenance Organization Act."

10 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
11 corporations) or 63 (relating to professional health services
12 plan corporations).

13 Section 2. This act shall take effect in 60 days.