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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES -- BIOMARKER TESTING COVERAGE

<u>Introduced By:</u> Senators Goodwin, McCaffrey, Coyne, Miller, Pearson, Gallo, and Ruggerio

Date Introduced: February 08, 2022

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance 2 Policies is hereby amended adding thereto the following section: 3 27-18-89. Coverage for biomarker testing. 4 (a) As used in this section: 5 (1) "Biomarker" means a characteristic that is objectively measured and evaluated as an 6 indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a 7 specific therapeutic intervention. Biomarkers include, but are not limited to, gene mutations or 8 protein expression. (2) "Biomarker testing" means the analysis of a patient's tissue, blood, or other biospecimen 9 10 for the presence of a biomarker. Biomarker testing includes, but is not limited to, single-analyte 11 tests, multi-plex panel tests, and whole genome sequencing. 12 (3) "Clinical utility" means the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the 13 14 clinical decision. The most appropriate test may include both information that is actionable and some information that cannot be immediately used in the formulation of a clinical decision. 15 (4) "Consensus statements" means statements developed by an independent, 16 multidisciplinary panel of experts utilizing a transparent methodology and reporting structure and 17

with a conflict of interest policy. These statements are aimed at specific clinical circumstances and

1	base the statements on the best available evidence for the purpose of optimizing the outcomes of
2	clinical care.
3	(5) "Nationally recognized clinical practice guidelines" means evidence-based clinical
4	practice guidelines developed by independent organizations or medical professional societies
5	utilizing a transparent methodology and reporting structure and with a conflict of interest policy.
6	Clinical practice guidelines establish standards of care informed by a systematic review of evidence
7	and an assessment of the benefits and costs of alternative care options and include
8	recommendations intended to optimize patient care.
9	(b) Every individual or group health insurance contract, or every individual or group
10	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
11	or renewed in this state on or after January 1, 2024, shall provide coverage for the services of
12	biomarker testing in accordance with each health insurer's respective principles and mechanisms
13	of reimbursement, credentialing, and contracting. Biomarker testing must be covered for the
14	purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's
15	disease or condition to guide treatment decisions, when the test provides clinical utility as
16	demonstrated by medical and scientific evidence, including, but not limited to:
17	(1) Labeled indications for an FDA-approved or -cleared test or indicated tests for an FDA-
18	approved drug;
19	(2) Centers for Medicare Services ("CMS") National Coverage Determinations or
20	Medicare Administrative Contractor ("MAC") Local Coverage Determinations; or
21	(3) Nationally recognized clinical practice guidelines and consensus statements.
22	(c) Coverage as defined in subsection (b) of this section shall be provided in a manner that
23	limits disruptions in care including the need for multiple biopsies or biospecimen samples.
24	(d) The patient and prescribing practitioner shall have access to clear, readily accessible,
25	and convenient processes to request an exception to a coverage policy of a health insurer, nonprofit
26	health service plan, and health maintenance organization. The process shall be made readily
27	accessible on the health insurers', nonprofit health service plans', or health maintenance
28	organizations' website.
29	SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
30	Corporations" is hereby amended by adding thereto the following section:
31	27-19-81. Coverage for biomarker testing.
32	(a) As used in this section:
33	(1) "Biomarker" means a characteristic that is objectively measured and evaluated as an
34	indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a

1	specific therapeutic intervention. Biomarkers include but are not limited to gene mutations or
2	protein expression.
3	(2) "Biomarker testing" is the analysis of a patient's tissue, blood, or other biospecimen for
4	the presence of a biomarker. Biomarker testing includes but is not limited to single-analyte tests,
5	multi-plex panel tests, and whole genome sequencing.
6	(3) "Clinical utility" means the test result provides information that is used in the
7	formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the
8	clinical decision. The most appropriate test may include both information that is actionable and
9	some information that cannot be immediately used in the formulation of a clinical decision.
10	(4) "Consensus statements" as used here are statements developed by an independent,
11	multidisciplinary panel of experts utilizing a transparent methodology and reporting structure and
12	with a conflict of interest policy. These statements are aimed at specific clinical circumstances and
13	base the statements on the best available evidence for the purpose of optimizing the outcomes of
14	clinical care.
15	(5) "Nationally recognized clinical practice guidelines" as used here are evidence-based
16	clinical practice guidelines developed by independent organizations or medical professional
17	societies utilizing a transparent methodology and reporting structure and with a conflict of interest
18	policy. Clinical practice guidelines establish standards of care informed by a systematic review of
19	evidence and an assessment of the benefits and costs of alternative care options and include
20	recommendations intended to optimize patient care.
21	(b) Every individual or group health insurance contract, or every individual or group
22	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
23	or renewed in this state on or after January 1, 2024, shall provide coverage for the services of
24	biomarker testing in accordance with each health insurer's respective principles and mechanisms
25	of reimbursement, credentialing, and contracting. Biomarker testing must be covered for the
26	purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's
27	disease or condition to guide treatment decisions, when the test provides clinical utility as
28	demonstrated by medical and scientific evidence, including, but not limited to:
29	(1) Labeled indications for an FDA-approved or -cleared test or indicated tests for an FDA-
30	approved drug;
31	(2) Centers for Medicare Services ("CMS") National Coverage Determinations or
32	Medicare Administrative Contractor ("MAC") Local Coverage Determinations; or
33	(3) Nationally recognized clinical practice guidelines and consensus statements.
34	(c) Coverage as defined in subsection (b) is provided in a manner that limits disruptions in

1	care including the need for multiple biopsies or biospecimen samples.
2	(d) The patient and prescribing practitioner shall have access to clear, readily accessible,
3	and convenient processes to request an exception to a coverage policy of a health insurer, nonprofit
4	health service plan, and health maintenance organization. The process shall be made readily
5	accessible on the health insurers', nonprofit health service plans', or health maintenance
6	organizations' website.
7	SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
8	Corporations" is hereby amended by adding thereto the following section:
9	27-20-77. Coverage for biomarker testing.
10	(a) As used in this section:
11	(1) "Biomarker" means a characteristic that is objectively measured and evaluated as an
12	indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a
13	specific therapeutic intervention. Biomarkers include, but are not limited to, gene mutations or
14	protein expression.
15	(2) "Biomarker testing" is the analysis of a patient's tissue, blood, or other biospecimen for
16	the presence of a biomarker. Biomarker testing includes, but is not limited to, single-analyte tests,
17	multi-plex panel tests, and whole genome sequencing.
18	(3) "Clinical utility" means the test result provides information that is used in the
19	formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the
20	clinical decision. The most appropriate test may include both information that is actionable and
21	some information that cannot be immediately used in the formulation of a clinical decision.
22	(4) "Consensus statements" as used here are statements developed by an independent,
23	multidisciplinary panel of experts utilizing a transparent methodology and reporting structure and
24	with a conflict of interest policy. These statements are aimed at specific clinical circumstances and
25	base the statements on the best available evidence for the purpose of optimizing the outcomes of
26	clinical care.
27	(5) "Nationally recognized clinical practice guidelines" as used here are evidence-based
28	clinical practice guidelines developed by independent organizations or medical professional
29	societies utilizing a transparent methodology and reporting structure and with a conflict of interest
30	policy. Clinical practice guidelines establish standards of care informed by a systematic review of
31	evidence and an assessment of the benefits and costs of alternative care options and include
32	recommendations intended to optimize patient care.
33	(b) Every individual or group health insurance contract, or every individual or group
34	hospital or medical expense insurance policy plan or group policy delivered issued for delivery

1	or renewed in this state on or after January 1, 2024, shall provide coverage for the services of
2	biomarker testing in accordance with each health insurer's respective principles and mechanisms
3	of reimbursement, credentialing, and contracting. Biomarker testing must be covered for the
4	purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's
5	disease or condition to guide treatment decisions, when the test provides clinical utility as
6	demonstrated by medical and scientific evidence, including, but not limited to:
7	(1) Labeled indications for an FDA-approved or -cleared test or indicated tests for an FDA-
8	approved drug;
9	(2) Centers for Medicare Services ("CMS") National Coverage Determinations or
10	Medicare Administrative Contractor ("MAC") Local Coverage Determinations; or
11	(3) Nationally recognized clinical practice guidelines and consensus statements.
12	(c) Coverage as defined in subsection (b) is provided in a manner that limits disruptions in
13	care including the need for multiple biopsies or biospecimen samples.
14	(d) The patient and prescribing practitioner shall have access to clear, readily accessible,
15	and convenient processes to request an exception to a coverage policy of a health insurer, nonprofit
16	health service plan, and health maintenance organization. The process shall be made readily
17	accessible on the health insurers', nonprofit health service plans', or health maintenance
18	organizations' website.
19	SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
20	Organizations" is hereby amended by adding thereto the following section:
21	27-41-94. Coverage for biomarker testing.
22	(a) As used in this section:
23	(1) "Biomarker" means a characteristic that is objectively measured and evaluated as an
24	indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a
25	specific therapeutic intervention. Biomarkers include but are not limited to gene mutations or
26	protein expression.
27	(2) "Biomarker testing" is the analysis of a patient's tissue, blood, or other biospecimen for
28	the presence of a biomarker. Biomarker testing includes, but is not limited to, single-analyte tests,
29	multi-plex panel tests, and whole genome sequencing.
30	(3) "Clinical utility" means the test result provides information that is used in the
31	formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the
32	clinical decision. The most appropriate test may include both information that is actionable and
33	some information that cannot be immediately used in the formulation of a clinical decision.

2	with a conflict of interest policy. These statements are aimed at specific clinical circumstances and
3	base the statements on the best available evidence for the purpose of optimizing the outcomes of
4	clinical care.
5	(5) "Nationally recognized clinical practice guidelines" as used here are evidence-based
6	clinical practice guidelines developed by independent organizations or medical professional
7	societies utilizing a transparent methodology and reporting structure and with a conflict of interest
8	policy. Clinical practice guidelines establish standards of care informed by a systematic review of
9	evidence and an assessment of the benefits and costs of alternative care options and include
10	recommendations intended to optimize patient care.
11	(b) Every individual or group health insurance contract, or every individual or group
12	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
13	or renewed in this state on or after January 1, 2024, shall provide coverage for the services of
14	biomarker testing in accordance with each health insurer's respective principles and mechanisms
15	of reimbursement, credentialing, and contracting. Biomarker testing must be covered for the
16	purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's
17	disease or condition to guide treatment decisions, when the test provides clinical utility as
18	demonstrated by medical and scientific evidence, including, but not limited to:
19	(1) Labeled indications for an FDA-approved or -cleared test or indicated tests for an FDA-
20	approved drug:
21	(2) Centers for Medicare Services ("CMS") National Coverage Determinations or
22	Medicare Administrative Contractor ("MAC") Local Coverage Determinations; or
23	(3) Nationally recognized clinical practice guidelines and consensus statements.
24	(c) Coverage as defined in subsection (b) is provided in a manner that limits disruptions in
25	care including the need for multiple biopsies or biospecimen samples.
26	(d) The patient and prescribing practitioner shall have access to clear, readily accessible,
27	and convenient processes to request an exception to a coverage policy of a health insurer, nonprofit
28	health service plan, and health maintenance organization. The process shall be made readily
29	accessible on the health insurers', nonprofit health service plans', or health maintenance
30	organizations' website.
31	SECTION 5. This act shall take effect upon passage.
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multidisciplinary panel of experts utilizing a transparent methodology and reporting structure and

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES -- BIOMARKER TESTING COVERAGE
