Proposed law requires health care insurers to cover biomarker testing for diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition when the test is supported by, but not limited to the labeled indications for tests approved or cleared by the United States Food and Drug Administration (FDA), or indicated tests for drugs approved by the FDA, or the Centers for Medicare and Medicaid Services National Coverage Determinations, or Medicare Administrative Contractor Local Coverage Determinations, or nationally recognized clinical practice guidelines and consensus statements. Proposed law provides for definitions of "consensus statements", "nationally recognized clinical practice guidelines", and "health coverage plan". Under "health coverage plan", proposed law excludes the Office of Group Benefits. Proposed law effective on July 1, 2022.

There is no anticipated direct material effect on governmental expenditures as a result of this measure. Genetic testing of certain cancer mutations, subject to medical necessity, is already an existing benefit. The proposed law specifies the circumstances in which coverage of a biomarker test (a type of genetic test) must be delivered. The proposed law excludes the Office of Group Benefits (OGB). Also, since this measure does not mandate a new coverage, the proposed law has no impact on health insurance policies issued under the insurance exchanges or the private insurance industry.

There is no anticipated direct material effect on governmental revenues as a result of this measure.