

Committee on Banking and Insurance

CS/CS/HB 885 — Coverage for Biomarker Testing

by Health & Human Services Committee, Select Committee on Health Innovation; Rep. Gonzalez Pittman and others (CS/CS/SB 964 by Appropriations Committee on Health and Human Services; Banking and Insurance Committee; and Senator Calatayud)

The bill requires the Florida Medicaid program and the Division of State Group Insurance program to provide coverage for biomarker testing for the diagnosis, treatment, management, and ongoing monitoring of disease or condition of an enrollee or insured, respectively, to guide treatment decisions when such testing provides clinical utility as demonstrated by medical and scientific evidence. The biomarker testing services may not be construed to require coverage of biomarker testing for screening purposes. The Florida Medicaid program and the Division of State Group Insurance program are required to outline a process for insureds and providers to access a process to request an authorization for biomarker testing.

A biomarker is a biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition. Biomarker testing is a method to look for genes, proteins, and other substances (biomarkers or tumor markers) that can provide information about cancer and other conditions.

The provision relating to mandated coverage of biomarker testing for Medicaid managed care plans takes effect October 1, 2024. The bill directs the Agency for Health Care Administration (AHCA) to include the rate impact relating to mandated coverage of biomarker testing for managed care plans in the applicable Medicaid managed medical assistance program and the long-term managed care program rates. The provision mandating coverage of biomarker testing relating to optional Medicaid services, authorizes the AHCA to seek federal approval necessary to implement the mandated coverage requirement. The mandated coverage requirement for the Division of State Group program applies to state group health insurance policies issued on or after January 1, 2025.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2024, except as otherwise expressly provided.

Vote: Senate 39-0; House 114-0