

H. B. No. 8

As Introduced

_____ moved to amend as follows:

In line 19, delete "the" and insert "a"

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After line 49, insert:

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"(G) (1) Within ninety days after the effective date of
this section, again not later than February 1, 2027, and not
later than the first day of February of each year thereafter,
the superintendent of insurance shall submit to the standing
committees of both the house of representatives and of the
senate with primary responsibility for insurance legislation a
report on health benefit plan provider reimbursement rates for
biomarker testing provided in this state by health benefit plans
during the previous year.

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(2) The report shall include the following statewide
aggregate information for both calendar year 2024 and the
calendar year immediately preceding the year the report is
submitted:

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(a) The total number of insured patients who received
biomarker testing;

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| <u>(b) The number of prior authorization requests for</u> | 18 |
| <u>biomarker testing that were approved by the health plan issuer;</u> | 19 |
| <u>(c) The number of prior authorization requests for</u> | 20 |
| <u>biomarker testing that were denied by the health plan issuer;</u> | 21 |
| <u>(d) The average and median amounts billed by providers per</u> | 22 |
| <u>biomarker test and the average and median amounts reimbursed to</u> | 23 |
| <u>providers by health benefit plans per biomarker test;</u> | 24 |
| <u>(e) The ten most common conditions for which or reasons</u> | 25 |
| <u>why biomarker testing was ordered;</u> | 26 |
| <u>(f) The number of patients who switched or avoided certain</u> | 27 |
| <u>treatments as a result of biomarker testing results;</u> | 28 |
| <u>(g) Cost savings as a result of covering biomarker testing</u> | 29 |
| <u>under health benefit plans in this state.</u> | 30 |
| <u>(3) If any of the above data is not available, the report</u> | 31 |
| <u>shall indicate why the data is unavailable.</u> | 32 |
| <u>(4) The report also shall provide recommendations on</u> | 33 |
| <u>future reporting and cost considerations for the committee."</u> | 34 |
| In line 79, delete " <u>the</u> " and insert " <u>a</u> " | 35 |
| After line 108, insert: | 36 |
| <u>"(G) (1) Within ninety days of the effective date of this</u> | 37 |
| <u>section, again not later than February 1, 2027, and not later</u> | 38 |
| <u>than the first day of February of each year thereafter, the</u> | 39 |
| <u>medicaid director shall submit to the standing committees of</u> | 40 |
| <u>both the house of representatives and of the senate with primary</u> | 41 |
| <u>responsibility for insurance legislation a report on provider</u> | 42 |
| <u>reimbursement rates for biomarker testing provided under the</u> | 43 |
| <u>medicaid program in this state during the previous year.</u> | 44 |

(2) The report shall include the following statewide 45
aggregate information for both calendar year 2024 and the 46
calendar year immediately preceding the year the report is 47
submitted: 48

(a) The total number of patients who received biomarker 49
testing under the medicaid program; 50

(b) The number of prior authorization requests for 51
biomarker testing that were approved under the medicaid program; 52

(c) The number of prior authorization requests for 53
biomarker testing that were denied under the medicaid program; 54

(d) The average and median amounts billed by medicaid 55
providers per biomarker test and the average and median amounts 56
reimbursed by the medicaid program to medicaid providers for 57
biomarker testing, along with the average medicare provider 58
reimbursement for biomarker testing; 59

(e) The ten most common conditions for which or reasons 60
why biomarker testing was ordered; 61

(f) The number of patients who switched or avoided certain 62
treatments as a result of biomarker testing results; 63

(g) Cost savings as a result of covering biomarker testing 64
under the medicaid program during the applicable calendar year. 65

(3) If any of the above data is not available, the report 66
shall indicate why the data is unavailable. 67

(4) The report also shall provide recommendations on 68
future reporting and cost considerations for the committee." 69

The motion was _____ agreed to.

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| <u>SYNOPSIS</u> | 70 |
| Biomarker testing reporting | 71 |
| R.C. 3902.65 and 5164.13 | 72 |
| Requires the Superintendent of Insurance and the Medicaid Director to each submit, to the standing committees on insurance matters in the House of Representatives and the Senate, reports relating to provider reimbursement and cost savings due to the bill's coverage of biomarker testing. | 73 74 75 76 77 |
| Requires reports to be submitted within 90 days of the bill's effective date, again by February 1, 2027, and by February 1 annually thereafter. | 78 79 80 |
| Requires the reports to include specified information, including the total number of patients receiving biomarker testing, the number of prior authorization requests approved and denied, the average median billed by providers for each biomarker test and the median amount paid by insurers (or the Medicaid program) for the test, the ten most common reasons biomarker testing was ordered, and the numbers of patients who avoided treatments due to biomarker testing, and cost savings from the coverage of biomarker testing. | 81 82 83 84 85 86 87 88 89 |