

**As Reported by the House Health Committee**

**136th General Assembly**

**Regular Session**

**2025-2026**

**Am. H. B. No. 8**

**Representative White, A.**

**Cosponsors: Representatives Schmidt, Somani**

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**A BILL**

To enact sections 3902.65 and 5164.13 of the 1  
Revised Code to require health benefit plan and 2  
Medicaid program coverage of biomarker testing. 3

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 3902.65 and 5164.13 of the 4  
Revised Code be enacted to read as follows: 5

**Sec. 3902.65.** (A) As used in this section, "biomarker," 6  
"biomarker testing," and "nationally recognized clinical 7  
practice guidelines" have the same meanings as in section 8  
5164.13 of the Revised Code. 9

(B) Notwithstanding section 3901.71 of the Revised Code, a 10  
health benefit plan issued, renewed, or modified in this state 11  
on or after the effective date of this section shall cover 12  
biomarker testing for any of the following purposes: 13

(1) Diagnosis; 14

(2) Treatment and appropriate management of a disease or 15  
condition; 16

(3) Ongoing monitoring of a disease or condition. 17

(C) A health benefit plan shall cover biomarker testing 18  
ordered and deemed medically necessary by a qualified treating 19  
health care provider working within the provider's scope of 20  
practice for the purposes included in division (B) of this 21  
section when the test is supported by medical or scientific 22  
evidence, as defined by section 3922.01 of the Revised Code, 23  
including at least one of the following: 24

(1) Labeled indications for a United States food and drug 25  
administration approved or cleared test; 26

(2) Indicated tests for a drug approved by the United 27  
States food and drug administration; 28

(3) Warnings and precautions for United States food and 29  
drug administration approved drug labels; 30

(4) National coverage determinations made by the United 31  
States centers for medicare and medicaid services; 32

(5) Medicare administrative contractor local coverage 33  
determinations; 34

(6) Nationally recognized clinical practice guidelines; 35

(7) Nationally recognized and peer reviewed studies 36  
indicating that the test materially improves health outcomes. 37

(D) If there are multiple available biomarker tests that 38  
offer comparable information, include all needed biomarkers, and 39  
are supported by medical or scientific evidence as required by 40  
division (C) of this section, a health benefit plan required to 41  
provide coverage under division (B) of this section shall cover 42  
at least one such test at the appropriate scope, duration, and 43  
frequency for the purposes described in that division. A 44  
provider ordering the biomarker test may request a coverage 45

exception for any reason, including time necessary to analyze a 46  
sample. 47

(E) A health plan issuer shall ensure coverage as required 48  
in division (B) of this section in a manner that limits 49  
disruptions in care, including the need for multiple biopsies or 50  
biospecimen samples. 51

(F) Any appeal of a biomarker testing coverage 52  
determination shall be handled in accordance with the health 53  
plan issuer's appeal policy and any other relevant provision of 54  
law, including section 1751.82 or Chapter 3922. of the Revised 55  
Code. The appeal process shall be made readily accessible to all 56  
participating providers and recipients in writing and online. 57

(G) Nothing in this section shall be construed to require 58  
coverage of biomarker testing for screening purposes. 59

(G) (1) Within ninety days after the effective date of this 60  
section, again not later than February 1, 2027, and not later 61  
than the first day of February of each year thereafter, the 62  
superintendent of insurance shall submit to the standing 63  
committees of both the house of representatives and of the 64  
senate with primary responsibility for insurance legislation a 65  
report on health benefit plan provider reimbursement rates for 66  
biomarker testing provided in this state by health benefit plans 67  
during the previous year. 68

(2) The report shall include the following statewide 69  
aggregate information for both calendar year 2024 and the 70  
calendar year immediately preceding the year the report is 71  
submitted: 72

(a) The total number of insured patients who received 73  
biomarker testing; 74

<u>(b) The number of prior authorization requests for</u>	75
<u>biomarker testing that were approved by the health plan issuer;</u>	76
<u>(c) The number of prior authorization requests for</u>	77
<u>biomarker testing that were denied by the health plan issuer;</u>	78
<u>(d) The average and median amounts billed by providers per</u>	79
<u>biomarker test and the average and median amounts reimbursed to</u>	80
<u>providers by health benefit plans per biomarker test;</u>	81
<u>(e) The ten most common conditions for which or reasons</u>	82
<u>why biomarker testing was ordered;</u>	83
<u>(f) The number of patients who switched or avoided certain</u>	84
<u>treatments as a result of biomarker testing results;</u>	85
<u>(g) Cost savings as a result of covering biomarker testing</u>	86
<u>under health benefit plans in this state.</u>	87
<u>(3) If any of the above data is not available, the report</u>	88
<u>shall indicate why the data is unavailable.</u>	89
<u>(4) The report also shall provide recommendations on</u>	90
<u>future reporting and cost considerations for the committee.</u>	91
<b>Sec. 5164.13. (A) As used in this section:</b>	92
<u>(1) "Biomarker" means a characteristic that is objectively</u>	93
<u>measured and evaluated as an indicator of normal biological</u>	94
<u>processes, pathogenic processes, or pharmacologic responses to</u>	95
<u>specific therapeutic intervention, including known gene-drug</u>	96
<u>interactions for drugs being considered for use or already</u>	97
<u>available for use. Biomarkers include, but are not limited to,</u>	98
<u>gene mutations, characteristics of genes, or protein expression.</u>	99
<u>(2) "Biomarker testing" means the analysis of tissue,</u>	100
<u>blood, or another biospecimen for the presence of a biomarker,</u>	101

and includes, but is not limited to, single-analyte tests, 102  
multiplex panel tests, protein expression, and whole exome, 103  
whole genome, and whole transcriptome sequencing. 104

(3) "Nationally recognized clinical practice guidelines" 105  
are evidence-based clinical practice guidelines establishing 106  
standards of care informed by a systematic review and assessment 107  
of benefits and risks of alternative care options and include 108  
recommendations intended to optimize patient care, developed by 109  
independent organizations or medical professional societies 110  
utilizing a transparent methodology and reporting structure and 111  
with a conflict of interest policy. 112

(B) The medicaid program shall cover biomarker testing, 113  
subject to division (C) of this section, for any of the 114  
following purposes: 115

(1) Diagnosis; 116

(2) Treatment and appropriate management of a disease or 117  
condition; 118

(3) Ongoing monitoring of a disease or condition. 119

(C) The medicaid program shall cover biomarker testing 120  
ordered and deemed medically necessary by a qualified treating 121  
health care provider working within the provider's scope of 122  
practice for the purposes included in division (B) of this 123  
section when the test is supported by medical or scientific 124  
evidence, as defined by section 3922.01 of the Revised Code, 125  
including at least one of the following: 126

(1) Labeled indications for a United States food and drug 127  
administration approved or cleared test; 128

(2) Indicated tests for a drug approved by the United 129

<u>States food and drug administration;</u>	130
<u>(3) Warnings and precautions for United States food and</u>	131
<u>drug administration approved drug labels;</u>	132
<u>(4) National coverage determinations made by the United</u>	133
<u>States centers for medicare and medicaid services;</u>	134
<u>(5) Medicare administrative contractor local coverage</u>	135
<u>determinations;</u>	136
<u>(6) Nationally recognized clinical practice guidelines;</u>	137
<u>(7) Nationally recognized and peer reviewed studies</u>	138
<u>indicating that the test materially improves health outcomes.</u>	139
<u>(D) If there are multiple available biomarker tests that</u>	140
<u>offer comparable information, include all needed biomarkers, and</u>	141
<u>are supported by medical or scientific evidence as required by</u>	142
<u>division (C) of this section, the medicaid program shall cover</u>	143
<u>at least one such test at the appropriate scope, duration, and</u>	144
<u>frequency for the purposes described in division (B) of this</u>	145
<u>section. A provider ordering the test may request a coverage</u>	146
<u>exception for any reason, including time necessary to analyze a</u>	147
<u>sample.</u>	148
<u>(E) The Medicaid program shall ensure coverage as required</u>	149
<u>in division (B) of this section in a manner that limits</u>	150
<u>disruptions in care, including the need for multiple biopsies or</u>	151
<u>biospecimen samples.</u>	152
<u>(F) Any appeal of a biomarker testing coverage policy</u>	153
<u>shall be handled in accordance with section 5160.31 of the</u>	154
<u>Revised Code. The appeal process shall be made readily</u>	155
<u>accessible to all participating providers and recipients in</u>	156
<u>writing and online.</u>	157

<u>(G) Nothing in this section shall be construed to require</u>	158
<u>coverage of biomarker testing for screening purposes.</u>	159
<u>(G) (1) Within ninety days of the effective date of this</u>	160
<u>section, again not later than February 1, 2027, and not later</u>	161
<u>than the first day of February of each year thereafter, the</u>	162
<u>medicaid director shall submit to the standing committees of</u>	163
<u>both the house of representatives and of the senate with primary</u>	164
<u>responsibility for insurance legislation a report on provider</u>	165
<u>reimbursement rates for biomarker testing provided under the</u>	166
<u>medicaid program in this state during the previous year.</u>	167
<u>(2) The report shall include the following statewide</u>	168
<u>aggregate information for both calendar year 2024 and the</u>	169
<u>calendar year immediately preceding the year the report is</u>	170
<u>submitted:</u>	171
<u>(a) The total number of patients who received biomarker</u>	172
<u>testing under the medicaid program;</u>	173
<u>(b) The number of prior authorization requests for</u>	174
<u>biomarker testing that were approved under the medicaid program;</u>	175
<u>(c) The number of prior authorization requests for</u>	176
<u>biomarker testing that were denied under the medicaid program;</u>	177
<u>(d) The average and median amounts billed by medicaid</u>	178
<u>providers per biomarker test and the average and median amounts</u>	179
<u>reimbursed by the medicaid program to medicaid providers for</u>	180
<u>biomarker testing, along with the average medicare provider</u>	181
<u>reimbursement for biomarker testing;</u>	182
<u>(e) The ten most common conditions for which or reasons</u>	183
<u>why biomarker testing was ordered;</u>	184
<u>(f) The number of patients who switched or avoided certain</u>	185

<u>treatments as a result of biomarker testing results;</u>	186
<u>(g) Cost savings as a result of covering biomarker testing</u>	187
<u>under the medicaid program during the applicable calendar year.</u>	188
<u>(3) If any of the above data is not available, the report</u>	189
<u>shall indicate why the data is unavailable.</u>	190
<u>(4) The report also shall provide recommendations on</u>	191
<u>future reporting and cost considerations for the committee.</u>	192
<b>Section 2.</b> It is the intent of the General Assembly to	193
ensure coverage for appropriate biomarker testing supported by	194
medical or scientific evidence, as defined by section 3922.01 of	195
the Revised Code, with the goal of producing long-term	196
healthcare cost savings and improving health outcomes for	197
Ohioans covered under this act. The General Assembly does not	198
intend to create a landscape which allows manufacturers and	199
administrators of biomarker tests to substantially increase	200
pricing for existing and new biomarker tests as a result of the	201
coverage requirements for certain health insurance markets under	202
this act.	203