

# SENATE BILL REPORT

## SB 5298

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As Reported By Senate Committee On:  
Health & Long-Term Care, January 30, 1998

**Title:** An act relating to health insurance discrimination on the basis of genetic information.

**Brief Description:** Prohibiting health insurance discrimination on the basis of genetic information.

**Sponsors:** Senators Franklin, Kohl, Prentice, Wood, Spanel, Winsley, Wojahn, Sheldon, Snyder, Patterson, Brown, Heavey, Rasmussen, McAuliffe, Fairley and Goings.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/27/97; 1/30/98 [DP].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass.

Signed by Senators Deccio, Chair; Wood, Vice Chair; Benton, Fairley, Franklin, Strannigan and Wojahn.

**Staff:** Jonathan Seib (786-7427)

**Background:** Genetic tests are conducted by analyzing body or blood tissue to produce a map— of an individual's chromosomes. In recent years, researchers have linked numerous genes to physical traits, and genetic testing is becoming available for medical diagnoses. Genetic tests can now be used to detect susceptibility to various cancers, cystic fibrosis, hemophilia, Huntington's disease, sickle-cell anemia and other diseases. In addition, genetic testing is now used in prenatal analysis.

Many states require genetic testing of newborns to help target preventive treatment of certain genetic diseases such as phenylketonuria (PKU) (required in 50 states), hypothyroidism, galactosemia and cystic fibrosis. Thirty states require testing for sickle-cell anemia.

Proponents of genetic testing argue its disease preventive benefits. Opponents are concerned that genetic test results might lead to discrimination by insurers or employers.

The 1996 federal Health Insurance Portability and Accountability Act prohibits a group health plan from denying enrollment based on an individual's genetic information. In addition, some 22 states have passed legislation further limiting insurance carrier use of genetic test results in denying applications, adjusting premiums, terminating or not renewing coverage or taking other adverse action.

**Summary of Bill:** A health carrier (health maintenance organization, health care service contractor or disability insurer) may not deny or cancel health coverage, or vary premiums,

terms, or conditions for health plan coverage on the basis of genetic information or because of a request for genetic services, as defined in the act.

No carrier may require disclosure of genetic information from an enrollee or a prospective enrollee. Nor may a carrier disclose such information, if they obtain it, without the enrollee's prior, written consent.

The Insurance Commissioner may adopt rules and must enforce the requirements of the act.

A person may bring civil action to enjoin action in violation of the act, or in order to recover damages.

Nothing in the act may be construed to require a health plan to provide benefits to a particular person.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** As we move more and more into high technology, it is felt by many that discriminatory practice takes place and that genetic information should be the property of the person from whom it is taken and that such information should be released only upon written authority of that person.

**Testimony Against:** This bill is not necessary in a guaranteed issue state such as Washington. Under current law, insurance companies are not allowed to screen on the basis of genetic information, or disclose genetic information.

**Testified:** PRO: Senator Franklin, prime sponsor; David Allen, Theresa Miller, American Cancer Society; CON: Ken Bertrand, Group Health; Scott Denies, Pierce County Medical.