

SHB 1689 - H AMD 844

By Representative Stokesbary

ADOPTED 02/08/2022

1 On page 2, after line 16, insert the following:

2 "NEW SECTION. Sec. 2. A new section is added to chapter 74.09
3 RCW to read as follows:

4 (1) Upon initiation or renewal of a contract with the authority
5 to administer a medicaid managed care plan, a managed care
6 organization shall exempt an enrollee from prior authorization
7 requirements for coverage of biomarker testing for either of the
8 following:

9 (a) Stage 3 or 4 cancer; or

10 (b) Recurrent, relapsed, refractory, or metastatic cancer.

11 (2) For purposes of this section, "biomarker test" means a
12 single or multigene diagnostic test of the cancer patient's
13 biospecimen, such as tissue, blood, or other bodily fluids, for DNA,
14 RNA, or protein alterations, including phenotypic characteristics of
15 a malignancy, to identify an individual with a subtype of cancer, in
16 order to guide patient treatment.

17 (3) For purposes of this section, biomarker testing must be:

18 (a) Recommended in the latest version of nationally recognized
19 guidelines or biomarker compendia, such as those published by the
20 national comprehensive cancer network;

21 (b) Approved by the United States food and drug administration
22 or a validated clinical laboratory test performed in a clinical
23 laboratory certified under the clinical laboratory improvement
24 amendments or in an alternative laboratory program approved by the
25 centers for medicare and medicaid services;

26 (c) A covered service; and

27 (d) Prescribed by an in-network provider.

1 (4) This section does not limit, prohibit, or modify an
2 enrollee's rights to biomarker testing as part of an approved
3 clinical trial under chapter 69.77 RCW.

4 (5) Nothing in this section may be construed to mandate coverage
5 of a health care service.

6 (6) Nothing in this section prohibits a managed care plan from
7 requiring a biomarker test prior to approving a drug or treatment.

8 (7) This section does not limit an enrollee's rights to access
9 individual gene tests."

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11 Correct the title.

EFFECT: Applies the requirements of the bill to Medicaid managed
care plans offered by managed care organizations upon renewal or
initiation of a contract with the Health Care Authority.

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