

SENATE No. 3102

Senate, May 19, 2026 -- Text of amendment (510) (offered by Senator Oliveira) to the Ways and Means amendment (Senate, No. 4) to the House Bill making appropriations for the fiscal year 2027 for the maintenance of the departments, boards, commissions, institutions, and certain activities of the Commonwealth, for interest, sinking fund, and serial bond requirements, and for certain permanent improvements.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

1 by inserting after section ____ the following section:-

2 “SECTION ____ . Chapter 32A of the General Laws is hereby amended by inserting
3 after section 17Q, the following section:- Section 17R. (a) As used in this section, the following
4 words shall have the following meanings:“Biomarker” means a characteristic that is objectively
5 measured and evaluated as an indicator of normal biological processes, pathogenic processes, or
6 pharmacologic responses to a specific therapeutic intervention, including known gene-drug
7 interactions for medications being considered for use or already being administered. Biomarkers
8 include but are not limited to gene mutations, characteristics of genes or protein
9 expression.“Biomarker testing” is the analysis of a patient’s tissue, blood, or other biospecimen
10 for the presence of a biomarker. Biomarker testing includes but is not limited to single-analyte
11 tests, multi-plex panel tests, protein expression, and whole exome, whole genome, and whole
12 transcriptome sequencing.“Consensus statements” as used here are statements developed by an
13 independent, multidisciplinary panel of experts utilizing a transparent methodology and reporting
14 structure and with a conflict of interest policy. These statements are aimed at specific clinical

15 circumstances and base the statements on the best available evidence for the purpose of
16 optimizing the outcomes of clinical care. “Nationally recognized clinical practice guidelines” as
17 used here are evidence-based clinical practice guidelines developed by independent
18 organizations or medical professional societies utilizing a transparent methodology and reporting
19 structure and with a conflict of interest policy. Clinical practice guidelines establish standards of
20 care informed by a systematic review of evidence and an assessment of the benefits and risks of
21 alternative care options and include recommendations intended to optimize patient care. (b) The
22 commission shall provide to any active or retired employee of the commonwealth who is insured
23 under the group insurance commission coverage for biomarker testing as defined in this section,
24 pursuant to criteria established under subsection (c).

25 (c) Biomarker testing must be covered for the purposes of diagnosis, treatment,
26 appropriate management, or ongoing monitoring of an enrollee’s disease or condition when the
27 test is supported by medical and scientific evidence, including, but not limited to:

- 28 1. Labeled indications for an FDA-approved or -cleared test;
- 29 2. Indicated tests for an FDA-approved drug;
- 30 3. Warnings and precautions on FDA-approved drug labels;
- 31 4. Centers for Medicare and Medicaid Services (CMS) National Coverage
32 Determinations or any Medicare Administrative Contractor (MAC) Local Coverage
33 Determinations; or
- 34 5. Nationally recognized clinical practice guidelines and consensus statements.

35 (d) coverage as defined in subsection (c) of this section shall be provided in a manner that
36 limits disruptions in care including the need for multiple biopsies or biospecimen samples.

37 (e) In the case of coverage which requires prior authorization, a carrier or a utilization
38 review organization subject to this section must approve or deny a prior authorization request or
39 appeal and notify the enrollee, the enrollee's health care provider and any entity requesting
40 authorization of the service within 72 hours. If additional delay would result in significant risk to
41 the insured's health or well-being, a carrier or a utilization review organization shall approve or
42 deny the request within 24 hours. If a response by a carrier or utilization review organization is
43 not received within the time required under this paragraph, said request or appeal shall be
44 deemed granted.

45 (f) The patient and prescribing practitioner shall have access to a clear, readily accessible,
46 and convenient processes to request an exception to a coverage policy or an adverse utilization
47 review determination. The process shall be made readily accessible on the carrier's website.

48 SECTION _____. Chapter 118E of the General Laws is hereby amended by inserting after
49 section 10L, the following section:-

50 Section 10M. (a) As used in this section, the following words shall have the following
51 meanings:

52 "Biomarker" means a characteristic that is objectively measured and evaluated as an
53 indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a
54 specific therapeutic intervention, including known gene-drug interactions for medications being
55 considered for use or already being administered. Biomarkers include but are not limited to gene
56 mutations, characteristics of genes or protein expression.

57 “Biomarker testing” is the analysis of a patient’s tissue, blood, or other biospecimen for
58 the presence of a biomarker. Biomarker testing includes but is not limited to single-analyte tests,
59 multi-plex panel tests, protein expression, and whole exome, whole genome, and whole
60 transcriptome sequencing.

61 “Consensus statements” as used here are statements developed by an independent,
62 multidisciplinary panel of experts utilizing a transparent methodology and reporting structure
63 and with a conflict of interest policy. These statements are aimed at specific clinical
64 circumstances and base the statements on the best available evidence for the purpose of
65 optimizing the outcomes of clinical care.

66 “Nationally recognized clinical practice guidelines” as used here are evidence-based
67 clinical practice guidelines developed by independent organizations or medical professional
68 societies utilizing a transparent methodology and reporting structure and with a conflict of
69 interest policy. Clinical practice guidelines establish standards of care informed by a systematic
70 review of evidence and an assessment of the benefits and risks of alternative care options and
71 include recommendations intended to optimize patient care.

72 (b) The division and its contracted health insurers, health plans, health maintenance
73 organizations, behavioral health management firms and third-party administrators under contract
74 to a Medicaid managed care organization or primary care clinician plan shall provide coverage
75 for biomarker testing as defined in this section, pursuant to criteria established under subsection
76 (c).

77 (c) Biomarker testing must be covered for the purposes of diagnosis, treatment,
78 appropriate management, or ongoing monitoring of an enrollee's disease or condition when the
79 test is supported by medical and scientific evidence, including, but not limited to:

80 1. Labeled indications for an FDA-approved or -cleared test

81 2. Indicated tests for an FDA-approved drug;

82 3. Warnings and precautions on FDA-approved drug labels;

83 4. Centers for Medicare and Medicaid Services (CMS) National Coverage
84 Determinations or any Medicare Administrative Contractor (MAC) Local Coverage
85 Determinations; or

86 5. Nationally recognized clinical practice guidelines and consensus statements.

87 (d) coverage as defined in subsection (c) of this section shall be provided in a manner that
88 limits disruptions in care including the need for multiple biopsies or biospecimen samples.

89 (e) In the case of coverage which requires prior authorization, a carrier or a utilization
90 review organization subject to this section must approve or deny a prior authorization request or
91 appeal and notify the enrollee, the enrollee's health care provider and any entity requesting
92 authorization of the service within 72 hours. If additional delay would result in significant risk to
93 the insured's health or well-being, a carrier or a utilization review organization shall approve or
94 deny the request within 24 hours. If a response by a carrier or utilization review organization is
95 not received within the time required under this paragraph, said request or appeal shall be
96 deemed granted.

97 (f) The patient and prescribing practitioner shall have access to a clear, readily accessible,
98 and convenient processes to request an exception to a coverage policy or an adverse utilization
99 review determination. The process shall be made readily accessible on the carrier’s website.

100 SECTION _____. Chapter 175 of the General Laws is hereby amended by inserting after
101 section 47KK, the following section:-

102 Section 47LL. (a) As used in this section, the following words shall have the following
103 meanings: “Biomarker” means a characteristic that is objectively measured and evaluated as an
104 indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a
105 specific therapeutic intervention, including known gene-drug interactions for medications being
106 considered for use or already being administered. Biomarkers include but are not limited to gene
107 mutations, characteristics of genes or protein expression.

108 “Biomarker testing” is the analysis of a patient’s tissue, blood, or other biospecimen for
109 the presence of a biomarker. Biomarker testing includes but is not limited to single-analyte tests,
110 multi-plex panel tests, protein expression, and whole exome, whole genome, and whole
111 transcriptome sequencing.

112 “Consensus statements” as used here are statements developed by an independent,
113 multidisciplinary panel of experts utilizing a transparent methodology and reporting structure
114 and with a conflict of interest policy. These statements are aimed at specific clinical
115 circumstances and base the statements on the best available evidence for the purpose of
116 optimizing the outcomes of clinical care.

117 “Nationally recognized clinical practice guidelines” as used here are evidence-based
118 clinical practice guidelines developed by independent organizations or medical professional

119 societies utilizing a transparent methodology and reporting structure and with a conflict of
120 interest policy. Clinical practice guidelines establish standards of care informed by a systematic
121 review of evidence and an assessment of the benefits and risks of alternative care options and
122 include recommendations intended to optimize patient care.

123 (b) An individual policy of accident and sickness insurance issued under section 108 that
124 provides benefits for hospital expenses and surgical expenses and any group blanket policy of
125 accident and sickness insurance issued under section 110 that provides benefits for hospital
126 expenses and surgical expenses delivered, issued or renewed by agreement between the insurer
127 and the policyholder, within or outside the commonwealth, shall provide benefits for residents of
128 the commonwealth and all group members having a principal place of employment in the
129 commonwealth for biomarker testing as defined in this section, pursuant to criteria established
130 under subsection (c).

131 (c) Biomarker testing must be covered for the purposes of diagnosis, treatment,
132 appropriate management, or ongoing monitoring of an enrollee's disease or condition when the
133 test is supported by medical and scientific evidence, including, but not limited to:

- 134 1. Labeled indications for an FDA-approved or -cleared test
- 135 2. Indicated tests for an FDA-approved drug;
- 136 3. Warnings and precautions on FDA-approved drug labels;
- 137 4. Centers for Medicare and Medicaid Services (CMS) National Coverage
138 Determinations or any Medicare Administrative Contractor (MAC) Local Coverage
139 Determinations; or

140 5. Nationally recognized clinical practice guidelines and consensus statements.

141 (d) coverage as defined in subsection (c) of this section shall be provided in a manner that
142 limits disruptions in care including the need for multiple biopsies or biospecimen samples.
143 disruptions in care including the need for multiple biopsies or biospecimen samples.

144 (e) In the case of coverage which requires prior authorization, a carrier or a utilization
145 review organization subject to this section must approve or deny a prior authorization request or
146 appeal and notify the enrollee, the enrollee's health care provider and any entity requesting
147 authorization of the service within 72 hours. If additional delay would result in significant risk to
148 the insured's health or well-being, a carrier or a utilization review organization shall approve or
149 deny the request within 24 hours. If a response by a carrier or utilization review organization is
150 not received within the time required under this paragraph, said request or appeal shall be
151 deemed granted.

152 (f) The patient and prescribing practitioner shall have access to a clear, readily accessible,
153 and convenient processes to request an exception to a coverage policy or an adverse utilization
154 review determination. The process shall be made readily accessible on the carrier's website.

155 SECTION _____. Chapter 176A of the General Laws is hereby amended by inserting
156 after section 8MM, the following section:-

157 Section 8NN. (a) As used in this section, the following words shall have the following
158 meanings:

159 "Biomarker" means a characteristic that is objectively measured and evaluated as an
160 indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a

161 specific therapeutic intervention, including known gene-drug interactions for medications being
162 considered for use or already being administered. Biomarkers include but are not limited to gene
163 mutations, characteristics of genes or protein expression.

164 “Biomarker testing” is the analysis of a patient’s tissue, blood, or other biospecimen for
165 the presence of a biomarker. Biomarker testing includes but is not limited to single-analyte tests,
166 multi-plex panel tests, protein expression, and whole exome, whole genome, and whole
167 transcriptome, sequencing.

168 “Consensus statements” as used here are statements developed by an independent,
169 multidisciplinary panel of experts utilizing a transparent methodology and reporting structure
170 and with a conflict of interest policy. These statements are aimed at specific clinical
171 circumstances and base the statements on the best available evidence for the purpose of
172 optimizing the outcomes of clinical care.

173 “Nationally recognized clinical practice guidelines” as used here are evidence-based
174 clinical practice guidelines developed by independent organizations or medical professional
175 societies utilizing a transparent methodology and reporting structure and with a conflict of
176 interest policy. Clinical practice guidelines establish standards of care informed by a systematic
177 review of evidence and an assessment of the benefits and risks of alternative care options and
178 include recommendations intended to optimize patient care.

179 (b) Any contract between a subscriber and the corporation under an individual or group
180 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
181 coverage for biomarker testing as defined in this section, pursuant to criteria established under
182 subsection (c).

183 (c) Biomarker testing must be covered for the purposes of diagnosis, treatment,
184 appropriate management, or ongoing monitoring of an enrollee's disease or condition when the
185 test is supported by medical and scientific evidence, including, but not limited to:

186 1. Labeled indications for an FDA-approved or -cleared test 2. Indicated tests for an
187 FDA-approved drug;

188 3. Warnings and precautions on FDA-approved drug labels;

189 4. Centers for Medicare and Medicaid Services (CMS) National Coverage
190 Determinations or any Medicare Administrative Contractor (MAC) Local Coverage
191 Determinations; or

192 5. Nationally recognized clinical practice guidelines and consensus statements.

193 (d) coverage as defined in subsection (c) of this section shall be provided in a manner that
194 limits disruptions in care including the need for multiple biopsies or biospecimen samples.

195 (e) In the case of coverage which requires prior authorization, a carrier or a utilization
196 review organization subject to this section must approve or deny a prior authorization request or
197 appeal and notify the enrollee, the enrollee's health care provider and any entity requesting
198 authorization of the service within 72 hours. If additional delay would result in significant risk to
199 the insured's health or well-being, a carrier or a utilization review organization shall approve or
200 deny the request within 24 hours. If a response by a carrier or utilization review organization is
201 not received within the time required under this paragraph, said request or appeal shall be
202 deemed granted.

203 (f) The patient and prescribing practitioner shall have access to a clear, readily accessible,
204 and convenient processes to request an exception to a coverage policy or an adverse utilization
205 review determination. The process shall be made readily accessible on the carrier’s website.

206 SECTION _____. Chapter 176B of the General Laws is hereby amended by inserting
207 after section 4MM, the following section:-

208 Section 4NN. (a) As used in this section, the following words shall have the following
209 meanings:

210 “Biomarker” means a characteristic that is objectively measured and evaluated as an
211 indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a
212 specific therapeutic intervention, including known gene-drug interactions for medications being
213 considered for use or already being administered. Biomarkers include but are not limited to gene
214 mutations, characteristics of genes or protein expression.

215 “Biomarker testing” is the analysis of a patient’s tissue, blood, or other biospecimen for
216 the presence of a biomarker. Biomarker testing includes but is not limited to single-analyte tests,
217 multi-plex panel tests, protein expression, and whole exome, whole genome, and whole
218 transcriptome sequencing.

219 “Consensus statements” as used here are statements developed by an independent,
220 multidisciplinary panel of experts utilizing a transparent methodology and reporting structure
221 and with a conflict of interest policy. These statements are aimed at specific clinical
222 circumstances and base the statements on the best available evidence for the purpose of
223 optimizing the outcomes of clinical care.

224 “Nationally recognized clinical practice guidelines” as used here are evidence-based
225 clinical practice guidelines developed by independent organizations or medical professional
226 societies utilizing a transparent methodology and reporting structure and with a conflict of
227 interest policy. Clinical practice guidelines establish standards of care informed by a systematic
228 review of evidence and an assessment of the benefits and risks of alternative care options and
229 include recommendations intended to optimize patient care.

230 (b) Any subscription certificate under an individual or group medical service agreement
231 delivered, issued or renewed within the commonwealth shall provide coverage for biomarker
232 testing as defined in this section, pursuant to criteria established under subsection (c).

233 (c) Biomarker testing must be covered for the purposes of diagnosis, treatment,
234 appropriate management, or ongoing monitoring of an enrollee’s disease or condition when the
235 test is supported by medical and scientific evidence, including, but not limited to:

236 1. Labeled indications for an FDA-approved or -cleared test

237 2. Indicated tests for an FDA-approved drug;

238 3. Warnings and precautions on FDA-approved drug labels;

239 4. Centers for Medicare and Medicaid Services (CMS) National Coverage
240 Determinations or any Medicare Administrative Contractor (MAC) Local Coverage
241 Determinations; or

242 5. Nationally recognized clinical practice guidelines and consensus statements.

243 (d) coverage as defined in subsection (c) of this section shall be provided in a manner that
244 limits disruptions in care including the need for multiple biopsies or biospecimen samples.

245 (e) In the case of coverage which requires prior authorization, a carrier or a utilization
246 review organization subject to this section must approve or deny a prior authorization request or
247 appeal and notify the enrollee, the enrollee's health care provider and any entity requesting
248 authorization of the service within 72 hours. If additional delay would result in significant risk to
249 the insured's health or well-being, a carrier or a utilization review organization shall approve or
250 deny the request within 24 hours. If a response by a carrier or utilization review organization is
251 not received within the time required under this paragraph, said request or appeal shall be
252 deemed granted.

253 (f) The patient and prescribing practitioner shall have access to a clear, readily accessible,
254 and convenient processes to request an exception to a coverage policy or an adverse utilization
255 review determination. The process shall be made readily accessible on the carrier's website.

256 SECTION ____ . Chapter 176G of the General Laws is hereby amended by inserting after
257 section 4EE, as so appearing, the following section:-

258 Section 4FF. (a) As used in this section, the following words shall have the following
259 meanings:

260 "Biomarker" means a characteristic that is objectively measured and evaluated as an
261 indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a
262 specific therapeutic intervention, including known gene-drug interactions for medications being
263 considered for use or already being administered. Biomarkers include but are not limited to gene
264 mutations, characteristics of genes or protein expression. "Biomarker testing" is the analysis of a
265 patient's tissue, blood, or other biospecimen for the presence of a biomarker. Biomarker testing

266 includes but is not limited to single-analyte tests, multi-plex panel tests, protein expression, and
267 whole exome, whole genome, and whole transcriptome sequencing.

268 “Consensus statements” as used here are statements developed by an independent,
269 multidisciplinary panel of experts utilizing a transparent methodology and reporting structure
270 and with a conflict of interest policy. These statements are aimed at specific clinical
271 circumstances and base the statements on the best available evidence for the purpose of
272 optimizing the outcomes of clinical care.

273 “Nationally recognized clinical practice guidelines” as used here are evidence-based
274 clinical practice guidelines developed by independent organizations or medical professional
275 societies utilizing a transparent methodology and reporting structure and with a conflict of
276 interest policy. Clinical practice guidelines establish standards of care informed by a systematic
277 review of evidence and an assessment of the benefits and risks of alternative care options and
278 include recommendations intended to optimize patient care.

279 (b) Any individual or group health maintenance contract that is issued or renewed within
280 or without the commonwealth shall provide coverage for biomarker testing as defined in this
281 section, pursuant to criteria established under subsection (c).

282 (c) Biomarker testing must be covered for the purposes of diagnosis, treatment,
283 appropriate management, or ongoing monitoring of an enrollee’s disease or condition when the
284 test is supported by medical and scientific evidence, including, but not limited to:

- 285 1. Labeled indications for an FDA-approved or -cleared test
- 286 2. Indicated tests for an FDA-approved drug;

- 287 3. Warnings and precautions on FDA-approved drug labels;
- 288 4. Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations or any
- 289 Medicare Administrative Contractor (MAC) Local Coverage Determinations; or
- 290 5. Nationally recognized clinical practice guidelines and consensus statements.

291 (d) coverage as defined in subsection (c) of this section shall be provided in a manner that

292 limits disruptions in care including the need for multiple biopsies or biospecimen samples.

293 (e) In the case of coverage which requires prior authorization, a carrier or a utilization

294 review organization subject to this section must approve or deny a prior authorization request or

295 appeal and notify the enrollee, the enrollee's health care provider and any entity requesting

296 authorization of the service within 72 hours. If additional delay would result in significant risk to

297 the insured's health or well-being, a carrier or a utilization review organization shall approve or

298 deny the request within 24 hours. If a response by a carrier or utilization review organization is

299 not received within the time required under this paragraph, said request or appeal shall be

300 deemed granted.

301 (f) The patient and prescribing practitioner shall have access to a clear, readily accessible,

302 and convenient processes to request an exception to a coverage policy or an adverse utilization

303 review determination. The process shall be made readily accessible on the carrier's website.”