153rd GENERAL ASSEMBLY
FISCAL NOTE

BILL:	**SENATE SUBSTITUTE NO. 1 TO SENATE BILL NO. 120**
SPONSOR:	**Senator Mantzavinos**
DESCRIPTION:	**AN ACT TO AMEND TITLES 18, 29, AND 31 OF THE DELAWARE CODE RELATING TO HEALTH INSURANCE.**

Assumptions:

1. This Act is effective upon signature by the Governor. Upon enactment, the mandates of the Act apply to all policies, contracts, or certificates issued, renewed, modified, altered, amended or reissued after December 31, 2027.
2. This Act requires health insurance plans provide coverage for biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a covered person's disease or condition when the test is medically necessary as demonstrated by medical and scientific evidence.
3. The provisions of this Act do not prevent the application of cost-share mechanisms; coordination of benefits; requirements restricting coverage to services by a licensed, certified or carrier approved provider or facility; and the use of utilization management. Further, the Act does not require coverage of biomarker testing for screening purposes or coverage of investigatory and experimental biomarker testing.
4. The provisions of this Act would apply to the State's Medicaid program, authorized in Title 31 of the Delaware Code, and the State Employee Group Health Insurance Plan ("GHIP"), authorized in Title 29 of the Delaware Code.
5. The Department of Health and Social Services (DHSS) estimates a utilization rate of 1% of Medicaid enrollees (currently 253,000). The estimated cost assumes each affected enrollee would receive one biomarker test per year and the weighted average cost per biomarker test is $313.
    a. Per DHSS, a Federal Fiscal Year 2026 Federal Medical Assistance Percentage (FMAP) of 59.41% (40.59% State) is applied for this analysis.
6. The GHIP currently covers biomarker testing as clinically indicated. The estimated cost to the GHIP considers the expanded coverage as directed by the Act.
7. To the extent that the provisions of this Act may be interpreted to constitute an essential health benefit (EHB) on Affordable Care Act (ACA) plans, there may be additional fiscal impacts to the State. Under ACA provisions (45 CFR 155.170), any benefit mandate enacted by the State beyond what is considered an EHB is subject to State defrayal of the estimated costs to the ACA plans.

Cost:

	GHIP	Medicaid	Total
Fiscal Year 2027:	$0	$0	$0
Fiscal Year 2028:	$0	$160,714	$160,714
Fiscal Year 2029:	$70,000 - $134,000	$324,642	$394,692 - $458,642

Prepared by Robert Scoglietti
Office of the Controller General