

§4320-I. Coverage for the cost of testing for bone marrow donation suitability

1. Required coverage. A carrier offering a health plan in this State shall provide coverage for laboratory fees up to \$150 arising from human leukocyte antigen testing performed to establish bone marrow transplantation suitability in accordance with the following requirements:

A. The enrollee covered under the health plan must meet the criteria for testing established by the National Marrow Donor Program, or its successor organization; [PL 2013, c. 603, §1 (NEW); PL 2013, c. 603, §2 (AFF).]

B. The testing must be performed in a facility that is accredited by a national accrediting body with requirements that are substantially equivalent to or more stringent than those of the College of American Pathologists and is certified under the federal Clinical Laboratories Improvement Act of 1967, 42 United States Code, Section 263a; [PL 2013, c. 603, §1 (NEW); PL 2013, c. 603, §2 (AFF).]

C. At the time of the testing, the enrollee covered under the health plan must complete and sign an informed consent form that authorizes the results of the test to be used for participation in the National Marrow Donor Program, or its successor organization, and acknowledges a willingness to be a bone marrow donor if a suitable match is found; and [PL 2013, c. 603, §1 (NEW); PL 2013, c. 603, §2 (AFF).]

D. The carrier may limit each enrollee to one test per lifetime. [PL 2013, c. 603, §1 (NEW); PL 2013, c. 603, §2 (AFF).]

[PL 2013, c. 603, §1 (NEW); PL 2013, c. 603, §2 (AFF).]

2. Prohibition on cost-sharing. A carrier may not impose any deductible, copayment, coinsurance or other cost-sharing requirement on an enrollee for the coverage required under this section.

[PL 2013, c. 603, §1 (NEW); PL 2013, c. 603, §2 (AFF).]

SECTION HISTORY

PL 2013, c. 603, §1 (NEW). PL 2013, c. 603, §2 (AFF).

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