

## 2025 South Dakota Legislature

**House Bill 1112****AMENDMENT 1112A  
FOR THE INTRODUCED BILL**

1 **An Act to require the coverage of biomarker testing in certain health insurance**  
2 **policies.**

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 **Section 1. That a NEW SECTION be added to chapter 58-17:**

5 Any policy of health insurance delivered, issued for delivery, or renewed in this  
6 state, on or after January 1, 2026, must provide coverage for biomarker testing, when  
7 ordered by a qualified health care provider operating within the provider's scope of  
8 practice, for the purposes of diagnosis, treatment, appropriate management, or ongoing  
9 monitoring of an enrollee's disease or condition, ~~and when the testing is supported by~~  
10 medical and scientific evidence.

11 If prior authorization is required, the health insurer or other entity acting on behalf  
12 of the health insurer, must approve or deny a prior authorization request and notify the  
13 patient, the patient's health care provider, and any entity requesting the authorization of  
14 the service within seventy-two hours for nonurgent requests or within twenty-four hours  
15 for urgent requests.

16 For the purposes of this section, the following terms mean:

17 (1) "Biomarker," a characteristic that is objectively measured and evaluated as an  
18 indicator of a normal biological process, pathogenic process, or pharmacologic  
19 response to a specific therapeutic regimen, ~~including gene mutations,~~  
20 characteristics of genes, or protein expression; and

21 (2) "Biomarker testing," the analysis of a patient's tissue, blood, or other biospecimen  
22 for the presence of a biomarker, ~~using a test approved by the United States Food~~  
23 and Drug Administration.

24 This section does not apply to policies that provide specified disease or other limited  
25 benefit coverage.

26 **Section 2. That a NEW SECTION be added to chapter 58-18:**

1 Any group health policy delivered, issued for delivery, or renewed in this state, on  
2 or after January 1, 2026, must provide coverage for biomarker testing, when ordered by  
3 a qualified health care provider operating within the provider's scope of practice, for the  
4 purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an  
5 enrollee's disease or condition, ~~and when the testing is supported by medical and scientific~~  
6 evidence.

7 If prior authorization is required, the health insurer or other entity acting on behalf  
8 of the health insurer, must approve or deny a prior authorization request and notify the  
9 patient, the patient's health care provider, and any entity requesting the authorization of  
10 the service within seventy-two hours for nonurgent requests or within twenty-four hours  
11 for urgent requests.

12 For the purposes of this section, the following terms mean:

13 (1) "Biomarker," a characteristic that is objectively measured and evaluated as an  
14 indicator of a normal biological process, pathogenic process, or pharmacologic  
15 response to a specific therapeutic regimen, including gene mutations,  
16 characteristics of genes, or protein expression; and

17 (2) "Biomarker testing," the analysis of a patient's tissue, blood, or other biospecimen  
18 for the presence of a biomarker, using a test approved by the United States Food  
19 and Drug Administration.

20 This section does not apply to policies that provide specified disease or other limited  
21 benefit coverage.

### 22 **Section 3. That a NEW SECTION be added to chapter 58-18B:**

23 Every small employer health benefit plan delivered, issued for delivery, or renewed  
24 in this state, on or after January 1, 2026, must provide coverage for biomarker testing,  
25 when ordered by a qualified health care provider operating within the provider's scope of  
26 practice, for the purposes of diagnosis, treatment, appropriate management, or ongoing  
27 monitoring of an enrollee's disease or condition, ~~when the testing is supported by medical~~  
28 ~~and scientific evidence.~~

29 If prior authorization is required, the health benefit plan or other entity acting on  
30 behalf of the health benefit plan, must approve or deny a prior authorization request and  
31 notify the patient, the patient's health care provider, and any entity requesting the  
32 authorization of the service within seventy-two hours for nonurgent requests or within  
33 twenty-four hours for urgent requests.

34 For the purposes of this section, the following terms mean:

1 (1) "Biomarker," a characteristic that is objectively measured and evaluated as an  
2 indicator of a normal biological process, pathogenic process, or pharmacologic  
3 response to a specific therapeutic regimen, ~~including gene mutations,~~  
4 ~~characteristics of genes, or protein expression; and~~

5 (2) "Biomarker testing," the analysis of a patient's tissue, blood, or other biospecimen  
6 for the presence of a biomarker, ~~using a test approved by the United States Food~~  
7 ~~and Drug Administration.~~

8 This section does not apply to policies that provide specified disease or other limited  
9 benefit coverage.