

**ONE HUNDRED NINTH LEGISLATURE - FIRST SESSION - 2025**  
**COMMITTEE STATEMENT**  
**LB253**

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**Hearing Date:** Monday February 24, 2025  
**Committee On:** Banking, Commerce and Insurance  
**Introducer:** Bostar  
**One Liner:** Provide for insurance and medicaid coverage of biomarker testing

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File

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**Vote Results:**

**Aye:** 8 Senators Jacobson, Bostar, Dungan, Hallstrom, Hardin, Riepe, von Gillern, Wordekemper  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Testimony:**

**Proponents:**

Senator Eliot Bostar  
Megan Ward  
Apar Kidhor Ganti  
Sherry Minor  
Alexander DeGarmo  
Caitie Ninegar  
Lisa Fuchs

**Representing:**

Opening Presenter  
American Cancer Society Cancer Action Network  
Nebraska Medicine, Nebraska Hospital Association  
American Cancer Society  
Alzheimer's Association of Nebraska  
Be Well Memory & Infusion  
American Lung Association

**Opponents:**

Jeremiah Blake  
Robert Bell

**Representing:**

Blue Cross Blue Shield of Nebraska  
Nebraska Insurance Federation

**Neutral:**

**Representing:**

\* ADA Accommodation Written Testimony

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**Summary of purpose and/or changes:**

LB 253 creates new sections of law to provide for biomarker testing as follows:

Section 1: Provides the definitions for four (4) terms used in the bill. Those terms are biomarker, biomarker testing, consensus statements, and nationally recognized clinical practice guidelines.

Section 2: Requires health insurers, nonprofit health service plans, and health maintenance organizations (collectively hereafter referred to as "Insurers") issuing, amending, delivering, or renewing health insurance contracts on or after



January 1, 2026 to include coverage for biomarker testing pursuant to criteria established under subsection (2) of section 2 of the bill.

Biomarker testing must be covered for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition when the test is supported by medical and scientific evidence. A non-exhaustive list of tests supported by medical and scientific evidence is included.

Insurers must also ensure that biomarker testing coverage is provided in a manner that limits disruptions in care, including the need for multiple biopsies or biospecimen samples.

If prior authorization is required, Insurers, prior authorization entities, or any third parties acting on behalf of an organization or entity subject to section 2 of the bill must approve or deny a prior authorization request and notify the patient, the patient's health care provider, and any entity requesting authorization of the service within 72 hours for nonurgent requests or within 24 hours for urgent requests.

The patient and prescribing practitioner must have access to a clear, readily accessible, and convenient process to request an exception to a coverage policy or an adverse prior authorization determination. The process must be made readily accessible on the Insurer's website.

Section 3: Provides nearly the same requirements as found in section 2, but makes them applicable to the medical assistance program and the Department of Health and Human Services.

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Mike Jacobson, Chairperson

