

104TH CONGRESS
2^D SESSION

S. 1694

To prohibit insurance providers from denying or canceling health insurance coverage, or varying the premiums, terms, or conditions for health insurance coverage on the basis of genetic information or a request for genetic services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 23, 1996

Ms. SNOWE introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To prohibit insurance providers from denying or canceling health insurance coverage, or varying the premiums, terms, or conditions for health insurance coverage on the basis of genetic information or a request for genetic services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Genetic Information
5 Nondiscrimination in Health Insurance Act of 1996”.

1 **SEC. 2. PROHIBITION OF HEALTH INSURANCE DISCRIMINA-**
2 **TION ON THE BASIS OF GENETIC INFORMA-**
3 **TION.**

4 (a) IN GENERAL.—An insurance provider may not
5 deny or cancel health insurance coverage, or vary the pre-
6 miums, terms, or conditions for health insurance coverage,
7 for an individual or a family member of an individual—

8 (1) on the basis of genetic information; or

9 (2) on the basis that the individual or family
10 member of an individual has requested or received
11 genetic services.

12 (b) LIMITATION ON COLLECTION AND DISCLOSURE
13 OF INFORMATION.—

14 (1) IN GENERAL.—An insurance provider may
15 not request or require an individual to whom the
16 provider provides health insurance coverage, or an
17 individual who desires the provider to provide health
18 insurance coverage, to disclose to the provider ge-
19 netic information about the individual or family
20 member of the individual.

21 (2) REQUIREMENT OF PRIOR AUTHORIZA-
22 TION.—An insurance provider may not disclose ge-
23 netic information about an individual without the
24 prior written authorization of the individual or legal
25 representative of the individual. Such authorization
26 is required for each disclosure and shall include an

1 identification of the person to whom the disclosure
2 would be made.

3 (c) ENFORCEMENT.—

4 (1) PLANS OTHER THAN EMPLOYEE HEALTH
5 BENEFIT PLANS.—The requirements established
6 under subsections (a) and (b) shall be enforced by
7 the State insurance commissioner for the State in-
8 volved or the official or officials designated by the
9 State, except that in no case shall a State enforce
10 such requirements as they relate to employee health
11 benefit plans.

12 (2) EMPLOYEE HEALTH BENEFIT PLANS.—
13 With respect to employee health benefit plans, the
14 Secretary shall enforce the requirements established
15 under subsections (a) and (b) in the same manner
16 as provided for under sections 502, 504, 506, and
17 510 of the Employee Retirement Income Security
18 Act of 1974 (29 U.S.C. 1132, 1134, 1136, and
19 1140).

20 (3) PRIVATE RIGHT OF ACTION.—A person may
21 bring a civil action—

22 (A) to enjoin any act or practice which vio-
23 lates subsection (a) or (b),

1 (B) to obtain other appropriate equitable
2 relief (i) to redress such violations, or (ii) to en-
3 force any such subsections, or

4 (C) to obtain other legal relief, including
5 monetary damages.

6 (4) JURISDICTION.—State courts of competent
7 jurisdiction and district courts of the United States
8 have concurrent jurisdiction of actions under this
9 subsection. The district courts of the United States
10 shall have jurisdiction, without respect to the
11 amount in controversy or the citizenship of the par-
12 ties, to grant the relief provided for in paragraph (3)
13 in any action.

14 (5) VENUE.—For purposes of this subsection
15 the venue provisions of section 1391 of title 28,
16 United States Code, shall apply.

17 (6) REGULATIONS.—The Secretary may pro-
18 mulgate such regulations as may be necessary or ap-
19 propriate to carry out this section.

20 (d) APPLICABILITY.—

21 (1) PREEMPTION OF STATE LAW.—A State may
22 establish or enforce requirements for insurance pro-
23 viders or health insurance coverage with respect to
24 the subject matter of this section, but only if such

1 requirements are more restrictive than the require-
2 ments established under subsections (a) and (b).

3 (2) RULE OF CONSTRUCTION.—Nothing in this
4 section shall be construed to affect or modify the
5 provisions of section 514 of the Employee Retire-
6 ment Income Security Act of 1974 (29 U.S.C.
7 1144).

8 (3) CONTINUATION.—Nothing in this section
9 shall be construed as requiring a group health plan
10 or an employee health benefit plan to provide bene-
11 fits to a particular participant or beneficiary.

12 (e) DEFINITIONS.—For purposes of this Act:

13 (1) EMPLOYEE HEALTH BENEFIT PLAN.—The
14 term “employee health benefit plan” means any em-
15 ployee welfare benefit plan, governmental plan, or
16 church plan (as defined under paragraphs (1), (32),
17 and (33) of section 3 of the Employee Retirement
18 Income Security Act of 1974 (29 U.S.C. 1002)) that
19 provides or pays for health insurance coverage (such
20 as provider and hospital benefits) whether—

21 (A) directly;

22 (B) through a group health plan; or

23 (C) otherwise.

1 (2) FAMILY MEMBER.—The term “family mem-
2 ber” means, with respect to an individual, another
3 individual related by blood to that individual.

4 (3) GENETIC INFORMATION.—The term “ge-
5 netic information” means information about genes,
6 gene products, or inherited characteristics.

7 (4) GENETIC SERVICES.—The term “genetic
8 services” means health services to obtain, assess,
9 and interpret genetic information for diagnostic and
10 therapeutic purposes, and for genetic education and
11 counselling.

12 (5) GROUP HEALTH PLAN.—The term “group
13 health plan” has the meaning given such term in
14 section 607 of the Employee Retirement Income Se-
15 curity Act of 1974 (29 U.S.C. 1167), and includes
16 a multiple employer welfare arrangement (as defined
17 in section 3(40) of such Act) that provides health in-
18 surance coverage.

19 (6) HEALTH INSURANCE COVERAGE.—The term
20 “health insurance coverage” means a contractual ar-
21 rangement for the provision of a payment for health
22 care, including—

23 (A) a group health plan; and

24 (B) any other health insurance arrange-
25 ment, including any arrangement consisting of

1 a hospital or medical expense incurred policy or
2 certificate, hospital or medical service plan con-
3 tract, or health maintenance organization sub-
4 scriber contract.

5 (7) INDIVIDUAL HEALTH PLAN.—The term “in-
6 dividual health plan” means any health insurance
7 coverage offered to individuals that is not a group
8 health plan.

9 (8) INSURANCE PROVIDER.—The term “insur-
10 ance provider” means an insurer or other entity pro-
11 viding health insurance coverage.

12 (9) PERSON.—The term “person” includes cor-
13 porations, companies, associations, firms, partner-
14 ships, societies, and joint stock companies, as well as
15 individuals.

16 (10) SECRETARY.—The term “Secretary”
17 means the Secretary of Labor.

18 (11) STATE.—The term “State” means any of
19 the 50 States, the District of Columbia, Puerto Rico,
20 the Northern Mariana Islands, the Virgin Islands,
21 American Samoa, and Guam.

22 (f) TECHNICAL AMENDMENT.—Section 508 of the
23 Employee Retirement Income Security Act of 1974 (29
24 U.S.C. 1138) is amended by inserting “and under the Ge-

1 netic Insurance Nondiscrimination in Health Insurance
2 Act of 1995” before the period.

3 (g) EFFECTIVE DATE.—This section shall apply to
4 health insurance coverage offered or renewed on or after
5 the end of the 90-day period beginning on the date of the
6 enactment of this Act.

○