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DATE: July 1, 2026

TO: Disability/Health Carriers and Producers

FROM: Dean L. Cameron, Director

SUBJECT: Genetic Information Nondiscrimination Protections (Reissuance of Bulletin 09-10)

The purpose of this bulletin is to provide the Department's stance on Genetic Information Nondiscrimination Act (GINA), Public Law 110-233, enacted May 21, 2008.

The Genetic Information Nondiscrimination Act (GINA) is a federal law that prohibits discrimination in health insurance (and employment) on the basis of genetic information. GINA defines "genetic information" as:

- An individual's genetic tests;
- The genetic tests of the individual's family members;
- The manifestation of a disease or disorder in a family member, including a fetus or embryo; and
- The request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual.

GINA applies to health plans covered by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), including:

- Group health plans,
- Individual health plans, *excluding* Medicare-related plans,
- Medicare-related plans,

GINA does not apply to policies classified as "excepted benefits," life insurance, disability income insurance or long-term care insurance.

Health plans subject to GINA may not:

- Request, require, or purchase genetic information for underwriting purposes, or collect such information about an individual before the individual is enrolled or covered under the plan;
- Adjust premiums or contribution amounts based on genetic information (but may adjust premiums based on the actual manifestation of a disease or disorder in an enrolled individual);
- Treat genetic information as a preexisting condition (previously only applicable to group health plans subject to HIPAA);

Discriminate against any family member due to another family member's manifestation of a disease or disorder, the genetic information of any fetus carried by a pregnant family member, or genetic information of any legally held embryo.

Idaho Code § 41-1313(3) prohibits discrimination based on a genetic test or private genetic information (as defined in Idaho Code § 39-8302) in the issuance of coverage, or setting of rates, terms or conditions of any disability insurance policy or contract. This includes but is not limited to disability income insurance, health benefit plans, supplemental insurance, and long-term care insurance. Therefore, the protections of Idaho Code § 41-1313(3) apply to a wider range of insurance products than GINA.

For Medicare-related insurance, the "Medicare Improvements for Patients and Providers Act of 2008" ("MIPPA", Public Law 110-275) revised the minimum standards for Medicare Supplement (Medigap) plans to include genetic information, testing, and services protections consistent with GINA. The Department originally adopted these standards on July 1, 2009, under IDAPA 18.01.54, which has since been renumbered to IDAPA 18.04.10, "Medicare Supplement Insurance Standards."

Beginning January 1, 2014, the Affordable Care Act (ACA) extended the federal prohibition on discrimination based on health status-related factors, which include genetic information, to issuers offering individual market health plans. *See* PHSA § 2705 (42 U.S.C. § 300gg-4). The ACA's guaranteed issue and community-rating requirements separately bar the use of genetic information in determining individual-market eligibility or premium rates. These protections operate in tandem with the GINA and Idaho Code safeguards.

Insurers should ensure that all forms submitted to the Department are compliant with applicable federal and state laws regarding genetic information, testing, and services.

This Bulletin is not new law but is an agency interpretation of existing law, except as authorized by law or as incorporated into a contract. Requests for additional information or other inquiries regarding this Bulletin can be directed to the Rates and Forms Section at 208-334-4250.