# PROPOSED BILL ON PROTECTING GENETIC INFORMATION

Public Consultation – Policy Document

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Ministry of Health, Singapore

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**Singapore's Approach to Safeguarding Genetic Information**

1. Genetic testing examines a person's DNA[1], RNA, chromosomes, or genes and can be used to identify an individual's genetic predisposition to specific diseases. With an understanding of his risk profile, an individual can then take steps to reduce his risk of developing those diseases, such as adopting a healthier lifestyle, going for regular screening or receiving earlier treatment. This leads to better health outcomes for individuals, their families and society.

2. To bring the benefits of genetic testing to more Singaporeans, MOH is establishing national programmes to improve access for specific genetic tests, where there are clear and proven follow-on interventions which will enable individuals to modify their risk. The first such programme is the National Familial Hypercholesterolaemia Genetic Testing Programme, launched in June 2025.[2] Building on this, MOH will also be subsidising genetic testing and the relevant downstream interventions for Hereditary Breast and Ovarian Cancer from December 2026.[3]

3. However, individuals may hesitate to go for genetic testing due to concerns about how their results could be used outside of healthcare settings. For example, they may worry that insurers could use their genetic information to charge higher premiums, impose exclusions relating to the disease or deny them coverage altogether. They may also be concerned that employers could use such information to make decisions in hiring, promotion or termination.[4] Such fears discourage people from getting tested, even when it benefits their health.

4. To scale genetic testing and reap its full benefits, it is important that individuals have confidence that their genetic information will be appropriately protected and used.

**Why is a New Law Needed?**

5. MOH will be introducing stronger legal protections through the proposed Genetic Information Bill, which will set out clear rules on the use of genetic information in non-clinical settings, starting with insurance and employment. This builds on the current MOH-Life Insurance Association Moratorium on Genetic Testing and Insurance which seeks to protect genetic test results from use in insurance underwriting.[5]

[1] Deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) are types of nucleic acids that store and transmit genetic information in living organism.
[2] Source: https://www.moh.gov.sg/newsroom/launch-of-national-familial-hypercholesterolaemia-genetic-testing-programme-/
[3] Source: https://www.moh.gov.sg/newsroom/keeping-healthcare-affordable/
[4] A public perception survey found that two in five Singaporeans have concerns about genetic testing. Among them, around two-thirds were worried about the impact on insurance underwriting and around one-third were concerned about possible effects on employment. Source: Takahashi, S., Lan, T., Toh, H.J. et al. Addressing genetic discrimination for stronger legal protections and enhanced public awareness. *npj Genomic Medicine.* 11, 5 (2026). https://doi.org/10.1038/s41525-025-00542-z
[5] Source: https://www.moh.gov.sg/others/resources-and-statistics/moratorium-on-genetic-testing-and-insurance/

Countries that have introduced legislative protections on the use of genetic information, such as the United States, Switzerland and Germany, have similarly covered insurance and employment.

6. Genetic information is different from other types of personal information. It is unique to each person, cannot be changed and may also reveal information about close biological relatives. Importantly, a genetic test often shows only that someone has a higher chance of developing a disease. However, it does not mean that the person is definitely ill or has the medical condition. Whether a medical condition or disease develops often depends on many other factors, including lifestyle and diet.

7. The proposed Bill is therefore guided by the core principle that individuals should not be assessed based on their genetic predispositions. It will also balance this against the broader societal interest by addressing anti-selection considerations – for example, insurance premiums could increase for everyone, if individuals with genetic predispositions with higher probability of developing specific conditions decide to purchase high-value insurance policies than they would otherwise have done, without disclosing them.

8. The proposed Bill will extend beyond genetic information obtained under national programmes, to cover all genetic information, including those derived from commercially available genetic tests.

*Questions:*

- *Do you agree with MOH's approach to safeguarding genetic information from use in non-clinical settings?*
- *If the proposed Bill is enacted, would you feel more willing to take a genetic test?*

## Scope of the Proposed Bill

### *Genetic Information Protected*

9. The proposed Bill will cover an individual's genetic information and the genetic information of the individual's biological relatives / family members.[6]

a. It includes:
    i. An individual's genetic predispositions, i.e. information that you have a higher chance of developing certain diseases or conditions in the future. For example, if a person tested positive for a genetic test, but is currently healthy with no signs or symptoms of the related disease and has not

[6] Genetic information includes raw genetic information (e.g. whole exome or genome sequencing information) and processed information obtained from genetic testing (e.g. a genetic test result).

been given a diagnosis – the person should not have to disclose their genetic information.

ii. Any genetic tests taken by the individual and the results, regardless of the reason for the genetic test – including for clinical (e.g. assess, diagnose or predict a condition), non-clinical (e.g. general wellness), or research purposes.

b. It does not include:

i. An individual's current health conditions (e.g. diagnoses of diseases or medical conditions). For example, insurers may continue to request and consider current medical conditions when assessing insurance applications, and employers may consider an employee's current health status where it is relevant to the job or for workplace safety. This approach is consistent with international and current practices.

ii. Any family history of individuals' medical conditions. For example, insurers may continue to request and consider the family history of individuals when assessing insurance applications, as per current practice.

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| Example 1: Familial Hypercholesterolaemia (FH)<br><br>Bob and Dylan both took part in the national genetic testing programme for Familial Hypercholesterolaemia (FH), and they both tested positive. A positive genetic test means that they have a greater risk of high cholesterol levels and developing heart diseases.<br><br>Bob was found to have normal levels of low-density lipoprotein cholesterol (LDL-C, commonly known as 'bad' cholesterol), with no signs or symptoms of FH. This means that Bob carries a genetic predisposition, with no diagnosis. Under the proposed Bill, Bob's genetic test result and predisposition are protected, and he does not need to disclose them for an insurance application nor to an employer.<br><br>Dylan, on the other hand, was found to have high LDL-C levels and was diagnosed with FH by his doctor. Under the proposed Bill, Dylan's genetic test result is protected and does not need to be disclosed. However, Dylan's diagnosis of FH is now part of his health information and should be disclosed for an insurance application or to an employer, where required.<br><br>Nonetheless, by taking a genetic test, both Bob and Dylan are able to take charge of their health by adopting healthier lifestyles and starting medication to lower their risk of heart disease in the future. As Bob has not yet developed Hypercholesterolaemia, his lifestyle modifications could help him avert or delay its onset. |
| Example 2: Hereditary Breast Cancer (HBC)<br><br>Amy and Jane both underwent genetic testing for Hereditary Breast Cancer (HBC), and both tested positive. This means that they have a greater risk of developing breast and other related cancers in the future. |

Amy is currently healthy with no signs or symptoms of breast cancer. This means that she carries a genetic predisposition, with no diagnosis. Under the proposed Bill, Amy’s genetic test result and predisposition are protected, and she does not need to disclose them for an insurance application nor to an employer. Within the healthcare setting, Amy would be followed up on and undergo more frequent surveillance to pick up any early signs of breast cancer or undergo risk-reducing surgeries to lower her chance of developing breast cancer in the future.

Jane, on the other hand, was also found to have a cancerous breast lump and was subsequently diagnosed with HBC by her doctor. Under the proposed Bill, Jane's genetic test result is protected and does not need to be disclosed. Jane’s diagnosis of HBC is now part of her health information and should be disclosed for an insurance application, where required. The positive genetic testing result could make a difference in the recommended follow-up for the breast lump, such as the extent of the surgery or choice of chemotherapy drug treatments.

*Question:*

- *Do you think that the scope of genetic information covered under the proposed Bill is appropriate or sufficient?*

***Key Protections***

10. As a start, the proposed Bill will apply to insurers and employers in relation to all insurance policies and all forms of employment recognised under Singapore law, for Singapore Residents. It will apply:

a. To all MAS-licensed insurers and in relation to insurance underwriting activities and decisions. Underwriting is the process of assessing an applicant’s risk profile to determine the terms and coverage of the insurance contract.
b. Across all employment stages and decisions, including recruitment, hiring, promotion, performance evaluation, termination, dismissal or retrenchment.

11. Given that genetic testing and precision medicine are advancing rapidly, the proposed Bill will give MOH and other agencies the flexibility to include additional sectors in the future to ensure protections remain relevant.

12. MOH’s proposed key obligations under the proposed Bill, which are consistent with legislative protections adopted in other countries, are:

Table: Key Obligations for Insurers and Employers

| Insurance | Employment |
|---|---|
| a. Insurers cannot require or pressure a person to take a genetic test as a pre-condition for insurance. | a. Employers cannot require or pressure a person to take a genetic test as a condition of employment. |
| b. Insurers cannot ask for or use a person's genetic information (including genetic predisposition when a person is not diagnosed with the medical condition yet) when assessing their insurance application, such as when deciding to offer coverage or to determine their premiums or policy terms. | b. Employers cannot ask for or use a person's genetic information (including genetic predisposition when a person is not diagnosed with the medical condition yet) when making employment decisions such as hiring, promotion or termination. |

13. These obligations will apply even if:

a. The genetic information was accidentally disclosed, to ensure that it remains protected even when it has been accidentally disclosed.
b. The genetic information was voluntarily disclosed by the individual for his advantage. This guards against indirect pressure on individuals to undergo genetic testing or disclose their results so that those with negative (more favourable) results can secure better insurance terms or employment opportunities.
    i. Example of the Hereditary Breast Cancer (HBC) test. If voluntary disclosure were allowed, all women who do not disclose a negative HBC test result could be assumed to carry the gene and be treated as high-risk by default.
c. The insurer or employer obtained the genetic information before the proposed Bill comes into effect.

14. These provisions will help to ensure that individuals will feel sufficiently reassured to undergo genetic testing and do not feel pressured to reveal their genetic information to obtain better insurance coverage or employment opportunities.

*Questions:*

- *Do you think that the key obligations are appropriate or sufficient to protect genetic information?*
- *What are your views on voluntary disclosure, i.e. allowed to voluntarily share their genetic information with insurers or employers?*
- *Do you agree that the key obligations should apply even for genetic information disclosed accidentally or voluntarily?*

### *Exceptions*

15. The intent of insurance is for society to protect themselves and share the risk of uncertain and unexpected events. However, when genetic information is protected, there is a possibility that some individuals may choose to purchase high-value insurance policies with knowledge of a near-assured pay-out, if they already know from a genetic test that they are very likely to develop a severe disease.[7] This is known as anti-selection and results in increased premiums for everyone.

16. To strike a balance between protecting an individual's genetic information and ensuring a sustainable insurance system, the proposed Bill will include a financial limit exception for insurance. For insurance policies (e.g. life or critical illness) with a large sum assured or pay-out above this financial limit, insurers will be allowed to request and use genetic information when assessing applications. Below this limit, genetic information remains fully protected and cannot be requested or used by insurers.

<u>Example 3: How the proposed financial limit exception applies to insurance policies</u>

Assume that the proposed Bill sets the financial limit for insurance policies at a sum assured or pay-out of $1 million.

Tom applies for a life insurance policy with a sum assured of $500,000, while Gary applies for a life insurance policy with a sum assured of $2 million.

As Tom's policy is below the financial limit, the insurer cannot request or use his protected genetic information when assessing the application. In contrast, because Gary's policy exceeds the financial limit, the proposed exception will apply, and the insurer can request and use Gary's genetic information in assessing his application for the life insurance policy.

17. MOH is working with the Monetary Authority of Singapore and the insurance industry to determine an appropriate financial limit. Similar to the approach adopted by other countries, the financial limit will be set on a per-policy basis and will be calibrated using appropriate benchmarks, such as selected percentile of sum assured, or based on multiples of median income.[8]

18. As genetic testing continues to advance and new use cases emerge, the proposed Bill is designed to have the flexibility to accommodate additional exceptions where appropriate, allowing it to keep pace with future developments and innovation.

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[7] An example is Huntington's disease.
[8] The Ministry of Manpower, Manpower Research & Statistics Department publishes an annual median gross monthly income from employment of full-time employed residents in Singapore.

*Questions:*

- *What do you think about the proposed financial limit exception to address anti-selection risks?*
- *How do you think the financial limit should be set? What would be a suitable benchmark?*

**Conclusion**

19. Genetic testing has the potential to improve health by enabling earlier detection, more personalised care and better treatment. The proposed Bill will provide clear safeguards on genetic information use in insurance and employment decisions. This aims to give Singaporeans greater confidence to make decisions about genetic testing based on their own healthcare needs.

20. MOH welcomes your feedback on the proposed Bill. Your views will contribute to developing robust policies that give Singaporeans the confidence to make informed decisions about genetic testing and improve their health outcomes.

21. Please submit your feedback via the online form on REACH. This public consultation will close on 4 September 2026.