



# OHIO HOUSE OF REPRESENTATIVES

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*State Representative Andrea White*

HB 24 – Sponsor Testimony  
Insurance Committee  
3-15-2023

Chair Lampton, Vice Chair Barhorst and Ranking Member Miranda, thank you for allowing me to share sponsor testimony on HB 24, which would increase and standardize access to biomarker testing for Ohioans battling cancer and other diseases throughout our state. The bill passed almost unanimously out of the Health Committee toward the end of the last General Assembly. This legislation is about helping patients receive the right treatment at the right time to improve their chances of survival.

I am sure everyone here has been touched by cancer in some way, whether it's a family member, a friend, a coworker. It is deeply personal. As a grandmother, a daughter-in-law and a sister-in-law, I have watched my family members suffer greatly from this disease. I've also seen their lives extended with the miracles of God and the blessings of modern medicine. HB 24, which is supported by more than 40 health care and advocacy organizations, is going to help Ohioans who are battling cancer and other illnesses have a better chance of surviving and thriving through access to biomarker testing where it is national recognized as the standard of care.

Advancements in cancer treatment are saving more lives than ever before – which has led to a record decline in cancer deaths in recent years. This important progress is being driven in part by precision medicine using targeted medication therapies which identify and attack certain types of cancer cells based on their specific biomarkers. These biomarkers are identified by using biomarker testing which, while considered the standard of care for many types of cancer, is still not always covered by public and private insurers.

A “biomarker” is a sign of disease or abnormal function otherwise known as a genetic mutation, which can be measured in blood, tissue or other biospecimens. Today, health care providers

can use “biomarker testing” to analyze specimens to identify specific biomarkers and match a patient to one of nearly 80 treatments aimed to attack only those targeted cancer cells.

Biomarker testing can also be used to identify which cancer patients are at low risk of metastasis or death- allowing them to forgo unnecessary and costly treatment. This type of personalized medicine can lead to greatly improved survivorship, less pain, suffering and side effects, a reduction in lost time from work and family life, as well as decreased costs by avoiding expensive and ineffective treatments and repeat emergency room visits and other hospitalizations.

Biomarker testing includes single gene tests, multi-gene panel tests, and partial or whole genome sequencing. While some plans may already cover some types of biomarker testing, coverage varies greatly across payers and cancer types, and there are different approaches in making coverage decisions depending on insurance providers. This legislation seeks to level the playing field and increase access to the right type of cancer care for everyone – reducing health disparities and improving outcomes for many cancer patients. Additionally, the bill will only require coverage for biomarker testing that is tied to rigorous sources of medical and scientific evidence and robust standards of the U.S. Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS) or nationally recognized clinical practice guidelines, like the National Comprehensive Cancer Network (NCCN).

Today, nearly 80 oncology medicines come with required or recommended predictive biomarker testing, up from 20 in 2011. Additionally, 60 percent of oncology drugs launched in the past five years require or recommend biomarker testing prior to use. While the use of biomarker testing and targeted therapy have been progressing rapidly to help patients battling cancer, research is currently being done in other fields including cardiology, rheumatology and neurology. That is why this legislation is written as “disease agnostic”. It will cover biomarker testing for any disease area where there are proven applications of testing with clear evidence meeting the required criteria.

Currently, four states (Arizona, Illinois, Louisiana, and Rhode Island) have passed legislation requiring insurance coverage for biomarker testing, with bills pending in five other states. More than 44 Ohio health care and community organizations are supporting this legislation.

Additionally, a recent study from Milliman provides an actuarial analysis of more robust insurance coverage of comprehensive biomarker testing. This study shows a small potential

impact on insurance premiums as a result of higher utilization of biomarker testing. Based on Milliman's administrative claims data, expansion of biomarker testing coverage could increase commercial premiums from \$0.14 to \$0.51 per member per month; these projections include additional profit and administrative costs for insurers. Medicaid impact would be \$0.05 to \$0.09 per member per month. This number of course does not reflect all of the cost savings of patients, employers, and insurance providers that will be realized by utilizing the right treatments at the right time instead of ineffective treatments that can create those residual costs we talked about earlier.

In a study sponsored by CVS Health looking at total cost of care for non-small cell lung cancer patients who received broad panel biomarker testing in comparison to narrow panel biomarker testing; broad panel testing had an average additional up-front cost increase of approximately \$1,200 in comparison to narrow panel biomarker testing. However, those patients who underwent broad panel biomarker testing experienced a savings of approximately \$8,500 per member per month in total cost of care, as a result of more optimal treatment. Other studies have found upfront broader biomarker testing results in substantial cost savings for commercial payers \$3,809 – \$250,842 depending on the type of testing and decreased expected testing procedure costs to the health plan by \$24,651. More details are provided on the handout on your iPad labeled "Biomarker Testing and Cost Savings."

All Ohioans should have access to biomarker testing if and when they need it. This bill will ensure coverage across private insurers and Medicaid for appropriate comprehensive biomarker testing in order to improve access to precision medicine for patients who need it. Thank you so much for allowing me to testify before committee and I will stand for any questions at this time.