



Ohio House Insurance Committee

March 29, 2023

Proponent Testimony – HB 24, Biomarker Testing
Leo Almeida, Ohio Government Relations Director, ACS CAN

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and members of the House Insurance Committee, I am Leo Almeida, Ohio Government Relations Director for the American Cancer Society Cancer Action Network. On behalf of the over 74,000 Ohioans who will be diagnosed with cancer this year, ACS CAN is in strong support of HB 24. We ask this committee to pass this critical legislation that seeks to improve patient access to care. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life,ⁱ and reduced costs.^{ii iii}

This legislation will ensure Ohioans covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate. Progress in improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person's own genes or proteins to prevent, diagnose, or treat diseases like cancer. Biomarker testing analyzes tumor samples to identify mutations that may impact treatment decisions.

This testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.^{iv} Thirty-seven of the 62 oncology drugs launched in the past five years require or recommend biomarker testing prior to use.^v Biomarker testing is an important tool that can be utilized by cancer patients, but there is currently limited and disparate access to biomarker testing.^{vi} According to a 2020 ACS CAN Survivor Views survey of cancer patients and survivors, 29% of patients who discussed the need for biomarker testing with their doctor did not receive this testing because it was not covered by their insurer or the out of pocket costs would be too high.^{vii}

ⁱ ACS CAN. Improving Access to Biomarker Testing: Advancing Precision Medicine in Cancer Care. September 2020. <https://www.fightcancer.org/sites/default/files/Improving%20Access%20to%20Biomarker%20Testing.pdf>

ⁱⁱ Biomarker Testing Can Direct Care, but Only If Clinicians Perform the Right Tests. Evidence-Based Oncology, February 2020, Volume 26, Issue 2. <https://www.ajmc.com/view/biomarker-testing-can-direct-care-but-only-if-clinicians-perform-the-right-tests>

ⁱⁱⁱ Mikyung Kelly Seo & John Cairns. Do cancer biomarkers make targeted therapies cost-effective? A systematic review in metastatic colorectal cancer. PLOS. September 26, 2018 <https://doi.org/10.1371/journal.pone.0204496>

^{iv} ACS CAN. Improving Access to Biomarker Testing: Advancing Precision Medicine in Cancer Care. September 2020.

^v Global Oncology Trends 2021. IQVIA Institute; June 2021.

^{vi} ADVI. Payer Coverage Policies of Tumor Biomarker Testing. September 2020.

https://www.fightcancer.org/sites/default/files/ACS%20CAN%20and%20LUNGevity_Payer%20Coverage%20Policies%20of%20Tumor%20Biomarker%20Testing.pdf

^{vii} ACS CAN. Survivor Views: Biomarker Testing Survey Findings Summary. September 2020.

<https://www.fightcancer.org/sites/default/files/Survivor%20Views%20Biomarker%20Testing%20Polling%20Memo.pdf>

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 by \$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. The average cost to insurers per biomarker test in the private market was \$224.^{viii} Without insurance coverage, biomarker tests could cost patients anywhere from \$300 to over \$10,000, depending on the type of test.^{ix} Furthermore, patients and their insurance providers may save money by not paying for ineffective treatments, which at times, can be avoided by utilizing biomarker testing.

Improving access to biomarker testing and thereby access to targeted therapies is a strategy to reduce health disparities and improve outcomes for cancer patients. Not all communities are benefitting from the latest advancements in biomarker testing and precision medicine. Communities that have been marginalized including communities of color and individuals with lower socioeconomic status are less likely to receive biomarker testing. People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from biomarker testing. Ensuring equitable access to biomarker testing by improving coverage for and access to testing across insurance types is key to reducing health disparities. Indeed, without action like this to expand coverage for biomarker testing – including Medicaid – advances in precision oncology could increase existing health disparities.^x

According to a 2021 ACS CAN Survivor Views survey of oncology providers, 66% reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.^{xi} A recent study found that 78% of Ohioans are covered by plans that have more restrictive coverage for biomarker testing than what is recommended by the National Comprehensive Cancer Network® (NCCN) guidelines for several advanced cancers.^{xii} HB 24 would make it possible for more patients to get the right treatment at the right time. It is critical that Ohio’s cancer patients have the best chance of beating this disease by having access to biomarker testing.

Thank you for your consideration of this important legislation. I’m happy to answer any questions you might have.

^{viii} Gabriela Dieguez and Jennifer Carioto: The Landscape of Biomarker Testing Coverage in the United States. Milliman White Paper. February 2022: https://www.milliman.com/-/media/milliman/pdfs/2022-articles/2-16-22_the_landscape_of_biomarker_testing_coverage_in_the_us.ashx

^{ix} McDowell, Sandy. “Cancer Patients May Not Be Told About Costs of Genomic Testing.” American Cancer Society, November 2019: <https://www.cancer.org/latest-news/cancer-patients-may-not-be-told-about-costs-of-genomic-testing.html>.

^x Ryan W. Huey, MD, Ernest Hawk, MD, MPH, and Anaeze C. Offodile II, MD, MPH. Mind the Gap: Precision Oncology and Its Potential to Widen Disparities. *Journal of Oncology Practice*. May 21, 2019: DOI <https://doi.org/10.1200/JOP.19.00102>

^{xi} ACS CAN “Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers.” December 2021.

^{xii} Wong WB, Anina D, Lin CW, Adams DV. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. *Per Med*. 2022;10.2217/pme-2021-0174. (<https://www.ncbi.nlm.nih.gov/pubmed/35118882>)