

The logo for the Ohio Association of Health Plans features a stylized lowercase letter 'i' on the left. The dot of the 'i' is a light blue circle, and the stem is a dark blue shape that curves to the right. To the right of the 'i' is the text 'Ohio Association of Health Plans' in a bold, red, sans-serif font.

# Ohio Association of Health Plans

June 7, 2023

Chairman Brian Lampton  
House Insurance Committee  
77 S. High St., 13th Floor  
Columbus, Ohio 43215

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and members of House Insurance: my name is Gretchen Blazer Thompson, and I am the Director of Government Affairs for the Ohio Association of Health Plans (OAHP). On behalf of OAHP, thank you for the opportunity to offer opponent testimony to House Bill 24 (HB 24), legislation that would require coverage for all biomarker testing, even biomarker tests for which clinical efficacy has not been proven.

OAHP is the state's leading trade association representing the health insurance industry. Our member plans provide health benefits to more than 9 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid, and the Federal Insurance Marketplace. Our members offer a broad range of health insurance products to Ohioans in the commercial marketplace and are committed partners in public programs.

HB 24 concerns coverage of biomarker testing, which is new technology that looks for genes, proteins, and other substances known as biomarkers<sup>1</sup>. In some cases, these tests can shed light on diseases such as cancer.

It's important to know that Health Plans are not opposed to biomarker testing; in fact, **Health Plans already cover multiple biomarker tests today**. However, Health Plans are opposed to being required to cover *any and all* biomarker tests. HB 24 would require both Medicaid Managed Care Plans and Commercial Health Plans to cover of all tests that meet **just one** of the following requirements:

- Is FDA approved;
- A test indicated for a FDA approved drug;
- Warnings and precautions FDA approved drug labels;
- National coverage determinations made by CMS;
- Medicare administrative contactor local coverage determinations;
- Nationally recognized clinical practice guidelines;
- Consensus statements

This essentially means the bill requires coverage of all biomarker tests, even if they are *not* FDA approved and don't have the clinical evidence and data to justify use and coverage. If a test doesn't have the evidence behind it, Health Plans run the risk of covering tests that don't have the appropriate level of correct results. This means a test could

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<sup>1</sup> <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment#:~:text=Biomarker%20testing%20is%20a%20way,how%20certain%20cancer%20treatments%20work>.

incorrectly indicate a biomarker, which could result in an individual undergoing unnecessary treatment, or an individual not getting the treatment they need.

OAHP members are excited to see new technology enter the market that could bring better health outcomes to their members. That's why many plans already offer coverage of multiple biomarker tests. Today they cover biomarker tests that are determined to have the clinical evidence and data to back up the efficacy of the testing. These coverage decisions also allow plans to negotiate the price of testing to bridge access and affordability for its members.

However, this bill takes that ability away from Health Plans. This means a Health Plan has little to no ability to ensure that the biomarker testing covered has clinical utility in a particular circumstance. If a Health Plan cannot evaluate the clinical necessity, it can no longer determine what tests are the most efficacious to cover. Health Plans employ physicians and other medical professionals to help evaluate things like biomarker tests to ensure the clinical appropriateness and effectiveness of what is covered. Again, this bill would take that ability away from Health Plans.

Today, a Health Plan has the ability to negotiate for the price of the testing, passing those savings onto its members. However, if HB 24 passes, there would be no incentive for biomarker testing companies to negotiate pricing. Further, if biomarker testing companies know all tests must be covered, they can charge whatever they want for their test. This means testing prices will increase, which will be reflected in premiums.

**We challenge you to ask yourself, if Health Plans already cover some form of biomarker testing today, what is the need for this legislation?**

Thank you for the opportunity to offer opponent testimony to HB 24. On behalf of the more than 9 million Ohioans to whom member plans provide health care coverage, we will continue to fight for affordable, accessible health care for all Ohioans.