OHIO HOUSE OF REPRESENTATIVES

State Representative Andrea White

H.B. 8 – Increase Access to Biomarker Testing
House Health Committee Sponsor Testimony
February 4, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani and members of the House Health Committee, thank you for allowing me to share sponsor testimony on HB 8, which would increase and standardize access to biomarker testing for Ohioans battling cancer and other diseases throughout our state. Last General Assembly, the bill passed unanimously out of House Insurance Committee and then with a large majority off the House floor. Twenty states have already passed similar biomarker testing legislation and it is our goal is to have Ohio join this group to help all Ohioans 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 8, which is supported by more than 70 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 when it is backed by strict scientific and medical evidence requirements.

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.

By now, the evidence is very clear. This type of personalized medicine is leading to greatly improved survivorship, less pain, suffering and side effects, a reduction in lost time from work and family life, as well as significantly decreased costs by helping patients avoid 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 AND ONLY when there is clear evidence meeting the required criteria. Representatives from the Alzheimer’s Association, the Michael J. Fox Foundation, and several mental health providers have testified in favor of this bill confirming the need for the bill to be disease agnostic.

In the four years that we’ve been working on this bill, we have worked with many interested parties, including health care and testing providers, the Ohio Chamber of Commerce and Ohio NFIB, the Health Plans, patients, patient advocacy groups and other partners. Hours of back and forth conversations and multiple hearings over two General Assemblies have resulted in numerous changes which I believe have strengthened the bill and strengthened support – as evidenced, for example, by the Ohio Chamber moving from opponent to proponent of the bill. Additionally, as some of you are aware, NCOIL passed model legislation in 2023 and I want to point out that HB 8 as it stands is even more conservative with additional guardrails than NCOIL’s model bill.

Here is a summary of major changes we have made to date at the request of negotiating partners:

- We have aligned the definition of medical or scientific evidence directly to the one contained in 3922.01 - the ORC used by health plans, providers and patients for insurance disputes.
- A “medical necessity" provision was added with language that aligns with other existing Ohio Revised Code sections where medical necessity is specified.
- We added the clarification that we are not requiring coverage of biomarker testing for screening purposes.
- We removed "consensus statements" from the list of medical or scientific evidence that can be used for coverage determination.
- We added to the list of medical or scientific evidence "nationally recognized and peer reviewed studies indicating that the test materially improves health outcomes.”

One of the most significant changes between last GA and today is the overwhelming amount of data now available that is proving the business case -- that providing biomarker testing to get the right treatment at the right time for patients is actually saving not only lives but significant dollars --yielding overall cost savings according to some studies or zero to minimal overall cost increases for private payers and Medicaid in other studies. And keep in mind, most of these do not take into account the cost savings realized when the patient is not being treated incorrectly and then needs additional treatment or has side effects that cause emergency room or doctor visits with additional testing and costs.

The overall case for biomarker testing is in fact overwhelming- saving not only money, but most importantly lives, reducing lost time at work which is sorely needed with many of Ohio businesses facing workforce shortages and getting Ohioans back to their families and communities. As I mentioned earlier, 20 states have already passed biomarker legislation and 8 other states have legislation in the queue. It's our time Representatives. I urge you to act now and swiftly pass HB 8 for the health and wellbeing of our citizens and our communities. Chair Schmidt, Vice Chair Deeter, Ranking Member Somani and members of the House Health Committee, thank you for your time and I am happy to answer any questions you may have.