



November 28, 2022

Dear Chairman Lipps and distinguished members of the House Committee on Health:

Our organization writes in support of HB 608, which requires coverage of biomarker testing by health plans and Ohio Medical Assistance. Patients with blood cancers or disorders often need biomarker testing to determine targeted treatment or therapy for their disease.

The National Marrow Donor Program/Be the Match (NMDP/BTM) operates the federally authorized program that matches unrelated volunteer donors with patients in the United States and abroad who have been diagnosed with leukemia or more than 75 otherwise fatal blood disorders and diseases that require a stem cell transplant for the best chance at disease cure. Under contract with the Department of Health and Human Services/Health Resources & Services Administration, the program is charged with providing equal access for all patients in a need of a life-saving cellular therapy. The Be The Match Registry<sup>®</sup> is the most diverse registry in the world and provides patients with access to more than 41 million potential donors worldwide.

As the steward of this critical federal public health program, we partner with nearly 200 hospital transplant programs and their transplant clinicians in assisting the find for a suitable, lifesaving donor for their patient's needs, when they need it. Eight of these transplant centers are in Ohio, and in the past five years these centers have served more than 1,000 patients with a life-threatening disease.

According to NMDP patient navigators, **out of pocket costs can be a significant burden to patients if insurers do not cover the cost of biomarker tests.** The cost of biomarker testing for NMDP patients varies widely depending on the type of test, the type of cancer or disease, and insurance plan. The average cost in 2021 for a biomarker test is \$1,700, with targeted gene panels being the most common tests.<sup>1</sup> These tests are critical for treatment of our patients.

**Insurance coverage for biomarker testing is necessary to increase the number of patients who have access to these tests, and to encourage providers to offer these tests to patients to determine the best course of treatment.** Patients directly benefit from receiving biomarker testing to determine the most targeted treatment for cancer or chronic disease. Genetic or multigene tests can determine the treatment or therapy with the best potential outcomes for the patient.

**Expanding insurance coverage for cellular therapies, including biomarker testing, leads to improved outcomes for patients.** Results of a biomarker test can be used to match a patient with a targeted therapy that may be available as an FDA-approved treatment, an **off-label** treatment, or help patients qualify for participation in a clinical trial. Targeted therapies have the ability to block or turn off signals that cause cancer cells to grow and divide, prevent the cells from living longer than normal, or destroy cancer cells, and their success depends on identifying a patient's specific biomarker profile.

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<sup>1</sup> <https://www.sciencedirect.com/science/article/pii/S1525157821000052>



Proposed legislation to cover comprehensive biomarker testing, such as HB 608, can lead to better health outcomes, improved quality of life and reduced costs. Please stand with our patients and support HB 608 and vote yes to pass this important legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffery J. Auletta".

Jeffery J. Auletta, M.D.  
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