Ohio Association of Health Plans

November 29, 2022

Chairman Scott Lipps House Health Committee 77 S. High St., 13th Floor Columbus, Ohio 43215

Dear Chairman Lipps,

On behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to offer written opponent testimony on House Bill 608, legislation that would take coverage decisions for biomarker testing away from health plans.

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 608 concerns coverage of biomarker testing. Biomarker testing is a way to look for genes, proteins, and other substances known as biomarkers¹. In some cases, this can shed light on diseases such as cancer. However, these tests are a newer form of technology.

It's important to know that Health Plans are not opposed to biomarker testing, in **fact Health Plans already cover some biomarker testing today**. However, Health plans are opposed to covering *all* FDA approved biomarker tests, which is what HB 608 does.

OAHP members are excited to see new technology enter the market that could bring better health outcomes to its members. That's why many plans offer coverage of some biomarker testing today. Today they cover biomarker tests that they determine have the clinical data to back up the efficacy of the testing. This also allows 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. HB 608 requires all FDA approved tests to be covered. 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 of a test outside of its FDA approval, 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 testing to ensure the clinical appropriateness and effectiveness of what is covered. This bill would take that ability away from Health Plans.

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If all biomarker tests are not covered, a Health Plan retains the ability to negotiate for the price of the testing, passing those savings onto its members. However, if all FDA approved biomarker tests are required to be covered there is no incentive for biomarker testing companies to negotiate pricing. Further, if biomarker testing companies know all test must covered, they can charge whatever they want for their test. This means prices will increase and 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 608. 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.

Sincerely,

Gretchen Blazer Thompson

Director of Government Affairs

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