

May 3, 2023

Minnesota Health and Human Services Conference Committee

RE: SF2995

Dear Chair Wiklund, Chair Liebling, and Committee Members:

On behalf of the undersigned patient and provider organizations, we are writing to express our support for Senate language in SF2995 (**Article 1, Sec. 18 and Article 2, Sec. 32**) to expand patient access to biomarker testing in Minnesota and improve quality of life for thousands of Minnesota patients. This language puts Minnesota's patients first, making sure they can get the right treatment at the right time.

Biomarker testing is the analysis of an individual's tissue, blood or other biospecimen of a biomarker. While most current applications of biomarker testing are in oncology and autoimmune disease, there is research underway to benefit patients with other conditions including heart disease, neurological conditions like Alzheimer's disease, and infectious disease.

Biomarker testing is a key part of precision medicine, providing information about a patient's cancer or chronic condition. The results can help doctors choose the most effective, lifesaving treatment for an individual patient. Biomarker testing is essential to high-quality, personalized care and can be a real gamechanger for treating serious illnesses, but unfortunately, some patients cannot easily access it.

Not all communities in Minnesota are benefitting from the latest advancements in biomarker testing and precision medicine. Improving access to biomarker testing is key for reducing disparities in health outcomes. The research shows that people of color – and particularly Black people – are not benefitting from biomarker testing at the same rates that white people are.

Insurance coverage has not kept pace with the speed of medical innovation, creating significant barriers to care for our most vulnerable patients. This legislation would improve **access to biomarker testing by ensuring state-regulated health insurance, including Medical Assistance and MinnesotaCare, will cover this critically important testing.**

This legislation establishes *clear guardrails* to align coverage of biomarker testing with robust and reputable sources of evidence. Tests will not meet the criteria spelled out without having clear benefit, and physicians will not order tests that won't provide useful information. Insurers are already covering much of this testing – this is about making sure *plans play by the same rules and keep up with science* so that patients get the testing they need to get the right treatment at the right time.

Biomarker testing can potentially *reduce health care costs* by identifying which treatments can be most effective for an individual patient. By avoiding treatments that will be ineffective or cause adverse side effects, patients can avoid unnecessary suffering and expedite cures.

The Minnesota Department of Commerce Mandate Review Report found this bill, which would level the playing field - ensuring coverage is provided for biomarker testing when it's supported by medical and scientific evidence, would result in a premium impact of \$0.09 – \$0.22 per member per month in the first year. This estimate does not account for any potential cost savings from avoiding ineffective or unnecessary treatments. A Milliman Report found the average cost to insurers per biomarker test was \$224 for the commercial market and \$78 for Medicaid.

Expanding access to biomarker testing will ensure more Minnesotans get the right treatment at the right time and open the door to precision medicine. *Appropriate biomarker testing can help to achieve better health outcomes, improved quality of life, and reduced costs.*

We respectfully request you include bipartisan biomarker testing language in your final Health and Human Services Omnibus. Please reach out to Emily Myatt (emily.myatt@cancer.org) at the American Cancer Society Cancer Action Network with any questions.

Sincerely,

