May 3, 2023

Health and Human Services Conference Committee

RE: SF2995– Health and Human Services Omnibus Bill

Dear Chair Wiklund, Chair Liebling, and members of the Committee:

The American Cancer Society Cancer Action Network (ACS CAN) is committed to making sure all Minnesotans have a fair and just opportunity to prevent, find, treat, and survive cancer. It is with these goals in mind that we provide the following comments on both the Senate and House Health and Human Services omnibus budget bills.

1. ACS CAN supports expanding access to biomarker testing through insurance coverage (Senate Article 1, Sec. 18 and Article 2, Sec. 32).

ACS CAN supports Senate language (SF1948 Seeberger/HF1976 Reyer) to improve coverage of comprehensive biomarker testing. Biomarker testing is an important step to accessing precision medicine that can lead to improved survivorship and better quality of life for cancer patients, but insurance coverage is failing to keep pace with innovation. *Better treatments and outcomes can also lead to cost savings.*

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 state-regulated 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.

ACS CAN supports expanding access to commercial tobacco cessation treatment (House Article 1, Sec. 23, 31).

ACS CAN supports House language to address barriers to commercial tobacco cessation treatment for Medical Assistance and MinnesotaCare enrollees, ensuring more Minnesotans have a comprehensive cessation benefit that covers individual, group, and telephone counseling and all FDA-approved tobacco cessation medications without barriers. In Minnesota's Medical Assistance program alone, smoking-related health care costs more than \$600 million. *Removing barriers to quitting will save money and lives*.

3. ACS CAN supports modifications to the Cancer Reporting System (House Article 3, Sec. 84, 202).

We support House Language to allow Minnesota to share its cancer data with other state and national cancer registries, which will make sure our researchers have the data they need to find new cures and treatments and ensure federal funding continues to come into our state to support the fight against cancer.

4. ACS CAN supports dedicating any funds from the JUUL Lawsuit to tobacco prevention and treatment (Senate Article 4, Sec. 3, 35 and House Article 3, Sec. 3, 70)

Thank you to the Senate and House for including this language in both omnibus bills. This language dedicates any revenue collected from the pending JUUL settlement to proven, evidence-based programs to prevent youth tobacco use, help those addicted quit, and address tobacco-related health disparities.

5. ACS CAN supports the Minnesota Palliative Care Advisory Council (Senate Article 4, Sec. 81 and House Article 3, Sec. 191).

Thank you to the Senate and House for including similar language around palliative care. Both bills restore funding for the Minnesota Palliative Care Advisory Council (PCAC) and remove the PCAC sunset date, and we would request that the final omnibus also include Senate language to fund a DHS study to examine a palliative care benefit for Medical Assistance and MinnesotaCare enrollees.



Thank you for your continued leadership on issues important in the fight against cancer. We look forward to supporting your efforts in the last weeks of session to ensure this language is included in the final health omnibus bill.

Sincerely,

Emily Myatt

Emily Myatt Regional Government Relations Director American Cancer Society Cancer Action Network