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March 14, 2023

The Honorable Zack Stephenson
Chair
Commerce Finance and Policy Committee
House of Representatives
449 State Office Building
St. Paul, MN 55155

Re: Support for HF 1978-- Health plans required to provide coverage for biomarker testing (Rep. Reyer)

Dear Chair Stephenson and Members of the Committee,

We are writing in strong support of HF 1978—Health Plans Required to Provide Coverage for Biomarker Testing, introduced by Rep. Reyer, which will ensure that those Minnesotans covered by state regulated insurance plans, and Medicaid, will be covered for biomarker testing when medically appropriate.

Founded in 1996, ICAN, International Cancer Advocacy Network, is a Phoenix-based non-profit that has helped over 17,500 Stage IV metastatic cancer patients in Minnesota, throughout the United States, and in 72 foreign countries. We work every day to secure the most effective drugs and treatments for our patients.

Our goal is to find the right drugs at the right time for each individual patient. Nothing is more critical in achieving that goal than testing for the ever-increasing number of actionable biomarkers identified in cancer. This testing allows the choice of the targeted drug most likely to reduce or eliminate that individual patient's specific cancer. Biomarker testing replaces educated guesswork with scientific evidence and makes truly personalized, precision medicine possible.

Stage IV metastatic cancer patients simply do not have the time to try any but the most optimal treatment options. Without the correct tests, delays in finding the right drugs at the right time lead to adverse consequences for the patient in terms of the cancer progressing to a more serious stage. This puts the patient in a weakened condition when and if the right drugs are finally found—thus making that therapy less effective.

The negative result for the healthcare system—a very avoidable negative result—is that the patient’s care actually costs more overall: the costs of the wrong drugs initially, and then the higher costs for all the conditions that the patient suffers as a result of the inadequately treated and worsening disease.

For patients dealing with cancer, or other lethal or chronic diseases, finding “the right drug” for relief, treatment, or cure, can be a long struggle. The last thing that should happen is to make the patient (or an often overworked and overmatched oncology practice) fight with an insurance company to get the right test to know which drugs are most likely to work.

To delay the optimal treatment for any patient is wrong. To delay the optimal treatment for a Stage IV metastatic cancer patient is simply cruel beyond belief.

HF 1978 ensures that the most vulnerable patients can quickly receive the treatments that biomarker tests indicate are most likely to be effective.

Codifying these critical patient protections into Minnesota law is the right thing to do. Please let Stage IV metastatic cancer patients and their physicians fight cancer, not insurance companies.

Expanding coverage for biomarker testing will also help achieve other critical objectives of our health care system: reducing health disparities for the poor, for underserved ethnic or racial groups, and for residents of rural areas who lack access to comprehensive cancer centers.

On behalf of all the patients we serve in Minnesota who will be helped by HF 1978, we thank you for your consideration of this very worthy legislation, and we look forward to seeing it successfully go through the legislative process and be signed into law.

That will be a day that all Minnesotans can celebrate.

Please do not hesitate to contact me at marcia@askican.org or (602) 618-0183 if you need any additional information. Thank you for your consideration.

Respectfully submitted,

Marcia K. Horn

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