

March 20, 2025

**RE: Support HB 3421**

Mister Chair and Members of the Committee,

I am Jane Leo, Government Relations Manager, for the American Cancer Society Cancer Action Network (ACS CAN).

The American Cancer Society Cancer Action Network's (ACS CAN) mission is to advocate for evidence-based public policies to reduce the cancer burden for everyone. To that end, ACS CAN prioritizes policies that help every Oregonian prevent, find, treat, and survive cancer.

ACS CAN is here today to testify in strong support of HB 3421. We are thankful for Representatives Grayber and Chotzen's leadership on this important issue. **Timely access to comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can help achieve the triple aim of health care: better health outcomes, improved quality of life<sup>1,2</sup> and reduced costs.<sup>3,4,5</sup>**

HB 3421 will ensure Oregon patients covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate and supported by scientific evidence. The legislation limits the coverage to biomarker testing that is necessary and appropriate to guide patient care. Further, the bill defines the standards of evidence needed for testing to qualify for coverage.

**What is biomarker testing?**

Progress in improving health outcomes increasingly involves the use of precision medicine, using information about a person's own genes or proteins to more accurately diagnose or treat diseases like cancer. Biomarker testing analyzes tissue, blood, or other biospecimen to identify mutations that may impact treatment decisions. This testing is an important step to accessing precision medicine and targeted therapies that can lead to improved survivorship and better quality of life for cancer patients. An ACS CAN Survivor Views survey showed that both patients and survivors agree that biomarker testing improved their treatment – with 77% of those surveyed agreeing that biomarker testing gave their

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<sup>1</sup> Gutierrez, M. E., Choi, K., Lanman, R. B., Licitra, E. J., Skrzypczak, S. M., Pe Benito, R., Wu, T., Arunajadai, S., Kaur, S., Harper, H., Pecora, A. L., Schultz, E. V., & Goldberg, S. L. (2017). Genomic Profiling of Advanced Non-Small Cell Lung Cancer in Community Settings: Gaps and Opportunities. *Clinical lung cancer*, 18(6), 651–659. <https://doi.org/10.1016/j.clcc.2017.04.004>

<sup>2</sup> Mendelsohn, J., Lazar, V., & Kurzrock, R. (2015). Impact of Precision Medicine in Diverse Cancers: A Meta-Analysis of Phase II Clinical Trials. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 33(32), 3817–3825. <https://doi.org/10.1200/JCO.2015.61.5997>

<sup>3</sup> Brito RA, Cullum B, Hastings K, et al. Total cost of lung cancer care associated with broad panel versus narrow panel sequencing. *Journal of Clinical Oncology* 2020; 38, no. 15\_suppl; 7077. [https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15\\_suppl.7077](https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15_suppl.7077)

<sup>4</sup> Economic Impact of Next-Generation Sequencing Versus Single-Gene Testing to Detect Genomic Alterations in Metastatic Non-Small-Cell Lung Cancer Using a Decision Analytic Model  
DOI: 10.1200/PO.18.00356 *JCO Precision Oncology* - published online May 16, 2019.

<sup>5</sup> Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non-Small Cell Lung Cancer  
<https://doi.org/10.1016/j.jval.2018.04.1372>

providers valuable information that improved their ability to treat their cancer and 53% saying they are more likely to recover because of biomarker testing.<sup>6</sup>

While oncology has led the way in biomarker testing and biomarker-informed care, biomarker testing is also being used to research and treat chronic diseases such as Alzheimer's, Parkinson's, pre-eclampsia, arthritis, rare and autoimmune diseases. **By ensuring coverage for biomarker testing when it is supported by medical and scientific evidence, HB 3421 can help close the gap between the latest breakthroughs and Oregon patients' access to care.**

Not all communities are benefitting from the latest advancements in biomarker testing and precision medicine. **People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from biomarker testing.**<sup>7,8</sup> Insurance coverage is a significant barrier for patients access to biomarker testing. A recent survey of oncology providers showed 66% reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.<sup>9</sup> Ensuring more equitable access to biomarker testing by improving coverage for and access to testing across insurance types is key to improving health outcomes for Oregonians.

One jarring example of the current disparities in access to biomarker testing: a recent study showing patients with Medicaid diagnosed with advanced non-small cell lung cancer are not only at a 19% higher risk of not receiving biomarker testing and a 30% higher risk of not benefiting from precision medicine, they also have a 23% higher risk of mortality when compared to commercially insured patients.<sup>10</sup>

### **What does this bill do?**

Currently most plans are covering some testing for some patients, but there are gaps between what is covered and what the evidence supports. This legislation is designed to align the evidence that plans follow in determining which patients can access biomarker testing.

**The bill does not require all biomarker testing to be covered. It limits both the circumstances when testing should be covered** (diagnosis, treatment, ongoing monitoring and appropriate management of a disease or condition) **and the evidence that must be demonstrated in order for testing to qualify for coverage** (FDA-approved or cleared tests, labeled indications and warnings for FDA-approved drugs, Medicare national and local coverage determinations, nationally recognized clinical practice guidelines).

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<sup>6</sup> ACS CAN. Survivor Views: Biomarker Testing. September 2023.

[https://www.fightcancer.org/sites/default/files/national\\_documents/survivorviews\\_biomarkers.pdf](https://www.fightcancer.org/sites/default/files/national_documents/survivorviews_biomarkers.pdf)

<sup>7</sup> Kim, E. S., Roy, U. B., Ersek, J. L., King, J., Smith, R. A., Martin, N., Martins, R., Moore, A., Silvestri, G. A., & Jett, J. (2019). Updates Regarding Biomarker Testing for Non-Small Cell Lung Cancer: Considerations from the National Lung Cancer Roundtable. *Journal of thoracic oncology: official publication of the International Association for the Study of Lung Cancer*, 14(3), 338–342. <https://doi.org/10.1016/j.jtho.2019.01.002>

<sup>8</sup> F. R., Kerr, K. M., Bunn, P. A., Jr, Kim, E. S., Obasaju, C., Pérol, M., Bonomi, P., Bradley, J. D., Gandara, D., Jett, J. R., Langer, C. J., Natale, R. B., Novello, S., Paz-Ares, L., Ramalingam, S. S., Reck, M., Reynolds, C. H., Smit, E. F., Socinski, M. A., Spigel, D. R., ... Thatcher, N. (2018). Molecular and Immune Biomarker Testing in SquamousCell Lung Cancer: Effect of Current and Future Therapies and Technologies. *Clinical lung cancer*, 19(4), 331–339. <https://doi.org/10.1016/j.clcc.2018.03.014>

<sup>9</sup> ACS CAN. "Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers." Dec, 2021.

[https://www.fightcancer.org/sites/default/files/national\\_documents/provider\\_utilization\\_of\\_biomarker\\_testing\\_polling\\_memo\\_dec\\_2021.pdf](https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf)

<sup>10</sup> Gross CP, Meyer CS, Ogale S, Kent M, Wong WB. Associations Between Medicaid Insurance, Biomarker Testing, and Outcomes in Patients With Advanced NSCLC. *J Natl Compr Canc Netw*. 2022;20(5):479-487.e2. doi:10.6004/jnccn.2021.7083

This does not require coverage of biomarker testing for screening purposes, and plans could still require utilization management, including prior authorization.

**To date, 20 other states including California, Arizona, New York, Illinois and Texas, have enacted similar laws aligning insurance coverage of biomarker testing with the latest medical and scientific evidence across disease types.<sup>11</sup>**

### **How much does biomarker testing cost?**

**Timely access to comprehensive biomarker testing can help achieve the triple aim of health care including better health outcomes, improved quality of life, and reduced costs.** Comprehensive biomarker testing looks for all recommended biomarkers based on clinical guidelines. This testing can lead to treatments with fewer side effects, longer survival and allow patients to avoid treatments that are likely to be ineffective or unnecessary. Exposure to these ineffective treatments can exacerbate the physical, emotional, and economic burdens of disease.

**Often paying more upfront for comprehensive testing can result in overall savings in treatment costs.**

- In a study sponsored by CVS Health looking at total cost of care for non-small cell lung cancer patients who received broad panel biomarker testing in comparison to narrow panel biomarker testing; broad panel testing had an average additional up-front cost increase of approximately \$1,200 in comparison to narrow panel biomarker testing. However, those patients who underwent broad panel biomarker testing experienced a savings of approximately \$8,500 per member per month in total cost of care, as a result of more optimal treatment.<sup>12</sup>
- Other studies have found upfront broader biomarker testing results in substantial cost savings for commercial payers (\$3,809; \$127,402; and \$250,842 less than exclusionary, sequential testing, and hotspot panels, respectively)<sup>13</sup> and decreased expected testing procedure costs to the health plan by \$24,651.<sup>14</sup>
- Some studies have found minimal cost increases as a result of the costs of more effective treatment and prolonged patient survival.<sup>15,16</sup>

According to a 2022 analysis of biomarker testing coverage by Milliman, the average allowed unit cost to insurers per biomarker test ranges from \$78.71 (Medicaid) to \$224.40 (large group self-insured)<sup>17</sup>.

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<sup>11</sup> See [www.fightcancer.org/biomarkers](https://www.fightcancer.org/biomarkers)

<sup>12</sup> Brito RA, Cullum B, Hastings K, et al. Total cost of lung cancer care associated with broad panel

<sup>13</sup> Economic Impact of Next-Generation Sequencing Versus Single-Gene Testing to Detect Genomic Alterations in Metastatic Non–Small-Cell Lung Cancer Using a Decision Analytic Model DOI: 10.1200/PO.18.00356 JCO Precision Oncology - published online May 16, 2019.

<sup>14</sup> Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non–Small Cell Lung Cancer <https://doi.org/10.1016/j.jval.2018.04.1372>

<sup>15</sup> Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non–Small Cell Lung Cancer <https://doi.org/10.1016/j.jval.2018.04.1372>

<sup>16</sup> Budget impact analysis of comprehensive genomic profiling in patients with advanced non-small cell lung cancer James Signorovitch, Zhou Zhou, Jason Ryan, Rachel Anhorn & Anita Chawla (2019), Journal of Medical Economics, 22:2, 140-150, DOI: 10.1080/13696998.2018.1549056

<sup>17</sup> The landscape of biomarker testing coverage in the United States: Quantifying the impact of expanding biomarker testing coverage in the commercial and Medicaid markets. [https://www.milliman.com/-/media/milliman/pdfs/2022-articles/2-16-22\\_the\\_landscape\\_of\\_biomarker\\_testing\\_coverage\\_in\\_the\\_us.ashx](https://www.milliman.com/-/media/milliman/pdfs/2022-articles/2-16-22_the_landscape_of_biomarker_testing_coverage_in_the_us.ashx)

When biomarker testing is not covered by insurance, patients can be on the hook for hundreds or even thousands of dollars in out-of-pocket costs.<sup>18</sup>

This study also projected the impact of legislation requiring robust coverage of biomarker testing, projecting an impact of \$0.08-\$0.51 per member per month. This does not account for any potential cost savings from avoiding ineffective treatments.<sup>19</sup>

HB 3421 would make it possible for more Oregon patients to get the right treatment at the right time. We ask for your support of HB 3421.

Thank you for your time and consideration.

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<sup>18</sup> Survivor Views: Biomarker Testing. ACS CAN. Sept. 2020.

<https://www.fightcancer.org/sites/default/files/Survivor%20Views%20Biomarker%20Testing%20Polling%20Memo.pdf>

<sup>19</sup> The landscape of biomarker testing coverage in the United States: Quantifying the impact of expanding biomarker testing coverage in the commercial and Medicaid markets. [https://www.milliman.com/-/media/milliman/pdfs/2022-articles/2-16-22\\_the\\_landscape\\_of\\_biomarker\\_testing\\_coverage\\_in\\_the\\_us.ashx](https://www.milliman.com/-/media/milliman/pdfs/2022-articles/2-16-22_the_landscape_of_biomarker_testing_coverage_in_the_us.ashx)