

Testimony on HB 3421 Biomarker Testing Mandate

March 19, 2025

Chair Nosse and Members of the Committee,

My name is Mary Anne Cooper, and I am the Oregon Director of Public Affairs and Government Relations at Regence BlueCross BlueShield of Oregon. As one of the state's largest health insurers, Regence is committed to addressing both persistent and emerging health needs for the nearly 1 million Oregonians we serve. In keeping with our values as a tax-paying nonprofit, 90% of every premium dollar goes to pay our members' medical claims and expenses.

We understand that chronic and complex disease rates are rising, creating tremendous challenges for those impacted. From cardiovascular conditions to autoimmune disorders, many Americans face serious health challenges that require early detection and precise diagnosis. While Regence currently covers certain forms of biomarker testing based on medical necessity, we must carefully balance access to care with affordability—our members' primary concern.

HB 3421 would require coverage of biomarker testing approved by guidelines that are not necessarily evidence based. Some biomarker tests do help patients receive the most appropriate care; however, some are not medically necessary and add no proven benefit. By broadly requiring coverage of biomarker testing, the State would introduce medical risk to patients by testing genetic markers that are not well validated. This could lead to treatments that increase the risk of unintended harm to patients. It is in everyone's best interests to cover biomarker tests that have proven evidence so that we can improve treatment decisions and health outcomes. When biomarker tests have good evidence of benefit, insurers will cover them.

This bill would also increase costs by allowing providers to order expensive tests that may have no impact on a patient's treatment plan, adding financial burden without corresponding value. As stewards of our members' health care dollars, we must flag that our own internal estimates of this bill would significantly impact affordability by adding approximately \$5.5 million annually to plan costs. To further illustrate cost increases, Ohio's fiscal note on a similar bill found there would be an impact of roughly \$756,000 per year to the state, \$2.8 million per year to school districts, and \$2.2 million per year to local governments. The costs to patients only continue with the financial burden of unproven testing and resulting treatments.

As Oregon works to lower health care costs for all residents, we urge the State to exercise caution regarding this biomarker mandate. While we support the goal of early disease detection and prevention, this bill, as written, could undermine cost containment efforts by requiring coverage of tests that lack evidence-based support and may not enhance patient care.

Respectfully,

Mary Anne Cooper
Director of Public Affairs and Government Relations
Regence BlueCross BlueShield of Oregon