

Connecticut Oncology Association

TESTIMONY OF

DAWN HOLCOMBE

EXECUTIVE DIRECTOR

CONNECTICUT ONCOLOGY ASSOCIATION

SUBMITTED TO THE HUMAN SERVICES COMMITTEE

March 12, 2024

Re: Raised Bill #307-An Act Concerning Medicaid Coverage of Biomarker Testing

Dear Honorable Members of the Human Services Committee:

My name is Dawn Holcombe, and I am writing as the Executive Director on behalf of the Connecticut Oncology Association (which represents the Connecticut physicians and cancer centers that treat patients who have cancer) to **support the passage of Raised SB 307, An Act Addressing Concerning Medicaid Coverage of Biomarker Testing**. I am a resident of South Windsor, CT.

While I understand the concern that Governor Lamont and members of the Connecticut General Assembly have regarding the affordability of health care, and that the concerns have been expressed about the potential cost of establishing in legislation coverage for biomarker testing for Connecticut Medicaid enrollees, I would like to remind you that Connecticut cannot afford not to legislate such basic coverage.

This bill is basically very simple. It establishes coverage for biomarker testing for the purpose of diagnosis, treatment, appropriate management or ongoing monitoring of a Medicaid enrollee's disease or condition. It further conditions such coverage on medical and scientific evidence supporting such test, including Food and Drug Administration (FDA) approval or recommendation of the test on labels of drugs approved by the FDA, national coverage determinations, or nationally recognized clinical practice guidelines and consensus statements.

One could want nothing more from a piece of state legislation, except to extend such coverage protection to all the citizens of Connecticut, not just Medicaid enrollees. To me that is the biggest flaw in this bill.

Many others testifying today will tell you of the disparity in access to care, the communities being left out of the current standard of care medicine involving biomarkers and precision medicine. I fully support their testimony and emphasize that as a strong reason to pass this bill (and other legislation for commercial enrollees as well).

I would like to address another reason that aligns with the concern in CT related to the total cost of care. Medicine is changing rapidly. We are moving into a new world where precision medicine therapies are approved for use in a variety of tumors, and thus patients can benefit from biomarkers expressed in multiple tumor types, regardless of their location or histology.

Targeted therapies and immunotherapies rely on cancer biomarker testing to inform improved clinical decision-making and the outcomes of patients with cancer. Standards of care now grounded in the appropriate use of biomarker testing to lead to what should be the most effective treatment the first time. **Even if a particular treatment seems to be more costly than alternatives, when it is the right one, that overcomes the financial and health costs of struggling with less appropriate treatments that may be forced on a patient without access to the standard of care.**

Coverage policies that lag behind these standards, or worse, rely on prior authorizations, step edits and delaying mechanisms that could lead to no care, no access to targeted testing, or weeks and months of complex medical treatment that prove to be ineffective, are adding significant needless costs to the healthcare system. Patients struggle with their serious diagnosis and deserve to be treated with respect. **When coverage policies, either deliberately or through omission, do not keep pace with the evolving technology and knowledge of today's medical care, they let down their enrollees and they increase their own total costs of care.**

Raised SB No. 307 is simplicity itself: Provide coverage for patients that is based upon supporting medical and scientific evidence.

There can be no reason to not pass this.

We all know that commercial health plans or state departments like Medicaid may argue that they do consider evidence and there is no need for such legislation. I put that argument right back to them....if you consider evidence, there is nothing wrong with legislation that says evidence must be considered.

We also all know that every day, eligible patients are denied coverage for standard of care testing and treatments or subjected to delays and barriers in the name of cost savings that in fact, actually increase costs of care.

Please pass this bill and protect the citizens of CT who are battling cancer and other complex medical diseases. Let their physicians, who know their health and their needs, determine the correct biomarker testing and resulting targeted treatments for those patients. **Our patients deserve to be able to trust that their insurance plan and state will support them, and not limit access to standard of care advances.**

If you want to really protect the patients of CT and support cost-saving efficient care, amend this bill to apply to all patients in CT, not just Medicaid enrollees.

Protect your constituents, family and friends.

Thank you for your consideration,

Dawn Holcombe 

Executive Director

Connecticut Oncology Association

33 Woodmar Circle

South Windsor, CT 06074