Joint Committee on Health Coverage, Insurance and Financial Services
Cross Building, Room 220
100 State House Station
Augusta, ME 04333

**May 3, 2023**

Chair Bailey, Chair Perry, and Members of the Joint Committee on Health Coverage, Insurance and Financial Services,

On behalf of the 395,000 Maine residents with doctor-diagnosed arthritis, thank you for the opportunity to submit testimony **in support of LD 1577**, which would allow more Maine residents to benefit from the most effective treatments for arthritis and other health conditions. This legislation requires insurance coverage for biomarker testing that is supported by medical and scientific evidence, including nationally recognized clinical practice guidelines, for the purposes of diagnosis, treatment, management, or ongoing monitoring of a disease.

**Given the complexity of arthritic diseases and demographic impact, understanding arthritis is the first step in managing it.** Arthritis isn't a single disease; the term refers to joint pain or joint disease, and there are more than 100 types of arthritis and related conditions. People of all ages, races and sexes live with arthritis, and it is the leading cause of disability in the United States.

Autoimmune forms of arthritis like rheumatoid arthritis can be complex and with multiple classes of biologics to treat the disease, it can take multiple attempts on different drugs to identify the one that will work best. A 2016 Arthritis Foundation (AF) survey found it took an average of 2-3 drugs before a patient became stable, and in the meantime, patients are faced with worsening of disease and the physical, financial, and emotional toll that comes with that. Early symptom management is key to preventing more severe disease long-term and the resulting negative impacts.

Biomarker testing could revolutionize the early part of a patient's disease journey by getting them in the right class of medications earlier. Strengthening the treatment of arthritis through more targeted therapies can lead to improved health outcomes, better quality of life for patients, and lower health costs for the entire health system.

Below are some current examples of biomarker testing for patients living with arthritis:

- Polyglutamate testing, which measures methotrexate's effectiveness and can allow a doctor to adjust doses.
- Vectra DA, which is a blood test that measures 12 biomarkers of Rheumatoid Arthritis (RA). The test is *not* used to diagnose RA, but monitors disease activity and can help predict joint damage.
- Anti-CCP2 Test, which selects the cyclic citrullinated peptides (CCPs) that best detect RA, making it more sensitive and specific. It can be used as another tool to help diagnose and manage care for patients living with RA.
- Anti-MCV, which looks for antibodies common in early autoimmune arthritis. It helps to quickly identify RA patients who may present with other forms of arthritis.

Unfortunately, not all communities are benefitting from the latest advancements in biomarker testing, like those listed above. Marginalized communities including communities of color, individuals with lower socioeconomic status, rural communities, and those receiving care in nonacademic medical centers are less likely to receive biomarker testing. Improving coverage for and access to biomarker testing across insurance types is key to reducing these health disparities. Increasing access to biomarker tests to help get patients on the right treatment quickly is a vital component in advancing care options for all patients.

The Arthritis Foundation thanks the committee for their consideration of LD 1577 and urges all members to support this critical legislation to expand access to precision medicine for those living with arthritis and other chronic diseases in Maine.

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