



Testimony of Lance Boucher
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In Support of LD 1577 “An Act to Require Health Insurance Coverage for Biomarker Testing”

Good morning Bailey and Perry and distinguished members of the Joint Standing Committee on Committee on Health Coverage, Insurance and Financial Services. My name is Lance Boucher and I am the Assistant Vice President, State Public Policy for the American Lung Association working out of our Augusta office.

The American Lung Association appreciates the opportunity to offer comments to you in support of LD 1577 “An Act to Require Health Insurance Coverage for Biomarker Testing.” This legislation will improve access to critical cancer care for patients in Maine, including those with lung cancer.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 34 million Americans living with lung diseases, including more than 1,600 living with lung cancer in Maine. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

Comprehensive biomarker testing allows doctors to identify abnormalities in a cell’s DNA, which in turn helps healthcare providers determine the best course of treatment for cancer patients. This is particularly important when treating lung cancer, as there are currently FDA-approved lung cancer treatments for tumor abnormalities in seven distinct genes.¹ Studies show that lung cancer patients that have access to biomarker testing and are thus able to receive targeted therapy treatments have better overall chances of survival.² Biomarker testing is a crucial part of both cancer care and treatment of other chronic conditions and has been incorporated into many clinical guidelines so that doctors may make the best decisions for their patients’ health.

Despite the evidence for the value of biomarker testing, most health coverage plans have been found to be more restrictive than the National Comprehensive Cancer Network’s guidelines for biomarker testing.³ Many patients who should receive biomarker testing

may be unable to do so because of insurance coverage restrictions and high out-of-pocket costs. Therefore, it is important that LD 1577 increases coverage of biomarker testing and removes some of these barriers to care. The Lung Association is especially pleased that this measure would ensure coverage of biomarker testing through MaineCare as well.

Maine has an opportunity to increase equitable access to health care by passing LD 1577. Current biomarker testing rates reflect significant racial disparities. For example, research shows that Black patients with non-small cell lung cancer are less likely to receive testing than white patients.⁴ The Lung Association supports this measure as a step towards closing these gaps.

Increasing coverage of biomarker testing will improve health equity in Maine and make cancer and chronic disease care more affordable and more accessible for patients. The American Lung Association urges your unanimous vote of “Ought to Pass” for LD 1577.

¹ [Lung Cancer Biomarker Testing | American Lung Association](#)

² [Value of Precision Medicine in Advanced Non-Small Cell Lung Cancer: Real-World Outcomes Associated with the Use of Companion Diagnostics - PubMed \(nih.gov\)](#); [The Effect of Advances in Lung-Cancer Treatment on Population Mortality - PubMed \(nih.gov\)](#)

³ [Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors \(futuremedicine.com\)](#)

⁴ Presley CJ, PR, Chiang AC, Longtine JA, Adelson KB, Herbst RS, Nussbaum NC, Sorg R, Abernethy AP, Agarwala V, and Gross CP. Disparities in next generation sequencing in a population-based community cohort of patients with advanced non-small cell lung cancer. *Journal of Clinical Oncology* 2017 35:15_suppl, 6563-6563.