

Health Coverage, Insurance and Financial Services Committee
100 State House Station
Augusta, ME 04333

Re: Support for LD 107 Biomarker Testing Coverage

January 28, 2025

Dear Chair Bailey and members of Health Coverage, Insurance and Financial Services Committee,

On behalf of more than 303,000 Maine residents with doctor-diagnosed arthritis, thank you for the opportunity to submit testimony in **support of LD 107**, which would allow more 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.

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. It's most common among women, and although it's not a disease of aging, some types of arthritis occur in older populations and others more predominantly in younger.

Given the complexity of arthritic diseases and demographics impacted, understanding arthritis is the first step in managing it. Symptoms of types of arthritis can vary and even be mistaken for other illnesses and disorders, so biomarker testing is an imperative tool to pinpointing diagnosis, prognosis and treatment plans. Considering there are multiple classes of drugs to treat types of arthritis, using biomarker testing can aid in developing precise health plans. Revolutionizing health outcomes through more targeted therapies can lead to improved survivorship and better mobility and quality of life for patients.

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. Coverage for biomarker testing is failing to keep pace with innovations and advancements in treatment, which is why increasing access is an important component in advancing care options for patients.

The Arthritis Foundation thanks the committee for their consideration of LD 107 and urges all members to support this critical legislation to expand access to precision medicine for arthritis patients in Maine.

Sincerely,



Melissa Horn
Director of State Legislative Affairs
Arthritis Foundation
1615 L St. NW Suite 320
Washington, D.C. 20036
240.468.7464 | mhorn@arthritis.org

