



**Testimony of Julia MacDonald, Maine Government Relations Director,  
American Cancer Society Cancer Action Network**

**In Support of LD 107 “An Act to Require Health Insurance Coverage for Biomarker Testing”**

**January 28th, 2025**

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee. My name is Julia MacDonald, and I am the Maine Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We advocate for evidence-based public policies to reduce the cancer burden for everyone. As the nation’s leading advocate for legislative solutions that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

On behalf of ACS CAN, I would like to thank you for this opportunity to submit the following testimony in strong support of LD 107. We thank Representative Sam Zager for his hard work on this bill. We ask you and the members of your committee to pass this critical legislation that will improve patient access to care.

First, a biomarker is a sign of a normal biological process, disease or abnormal function that can be measured; these markers are often gene mutations or protein expressions. Biomarker testing can be used to match patients with treatments with fewer side effects, longer survival and allow patients to avoid treatments that are likely to be ineffective or unnecessary. Biomarkers is part of what is referred to as ‘precision medicine.’ Over 60% of oncology drugs released in the past five years recommend the use of biomarker testing.<sup>1</sup> Similar legislation requiring the coverage of biomarker testing has now been enacted in 20 states. Timely access to comprehensive biomarker testing will enable more patients to access the right treatment at the right time to potentially achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs.<sup>2</sup>

This legislation will ensure Mainers covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate. Many plans already cover some biomarker testing. Not all communities are benefitting from the latest advancements in biomarker testing and precision medicine. Communities that have been marginalized, including communities of color and individuals with lower socioeconomic status, are less likely to receive biomarker testing. People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from

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<sup>1</sup> Global Oncology Trends 2021, IQVIA institute, June 2021

<sup>2</sup> ACS CAN. Improving Access to Biomarker Testing: Advancing Precision Medicine in Cancer Care. September 2020.

biomarker testing. One jarring example of the current disparities in access to biomarker testing: a recent study showing patients with Medicaid diagnosed with advanced non-small cell lung cancer are not only at a 19% higher risk of not receiving biomarker testing and a 30% higher risk of not benefiting from precision medicine; they also have a 23% higher risk of mortality when compared to commercially insured patients.<sup>3</sup> Ensuring equitable access to biomarker testing by improving coverage for and access to testing across insurance types is key to reducing health disparities. Indeed, without action like this to expand coverage for biomarker testing – including Medicaid – advances in precision oncology could increase existing health disparities.<sup>i4</sup>

To be clear, biomarker testing is not indicated or appropriate for all cancer patients. We are not advocating for universal biomarker testing; rather, this legislation is tied to rigorous sources of medical and scientific evidence that guide who should receive this testing. In addition, biomarker testing is transforming cancer and other disease treatment by enabling more precise and cost-effective care. There are countless examples of cancer patients in Maine where biomarker testing led to decisions to forego unnecessary care like chemotherapy and radiation or resulted in transitions away from ineffective treatments. Many studies have shown that comprehensive biomarker testing often leads to substantial longer-term savings by facilitating more effective treatment decisions.<sup>5</sup> When patients can avoid unnecessary care there are direct and immediate results in the individual's out-of-pocket costs, systemwide costs, and often in terms of improved quality of life. Avoiding unnecessary side effects of ineffective treatment also can result in cost savings and can better support a patient's ability to work, support their family, and engage in their community.

In closing, LD 107 is not just about advancing precision medicine; it's about advancing equity and compassion for all Mainers. By ensuring comprehensive coverage for biomarker testing, we can help bridge the gap in access to life-saving treatments, particularly for those in underserved communities. This legislation stands as a testament to Maine's commitment to reducing health disparities and empowering patients with the right tools to fight their battles against cancer and other diseases effectively and with dignity. On behalf of ACS CAN and the patients we represent, I urge you to support LD 107. Thank you.

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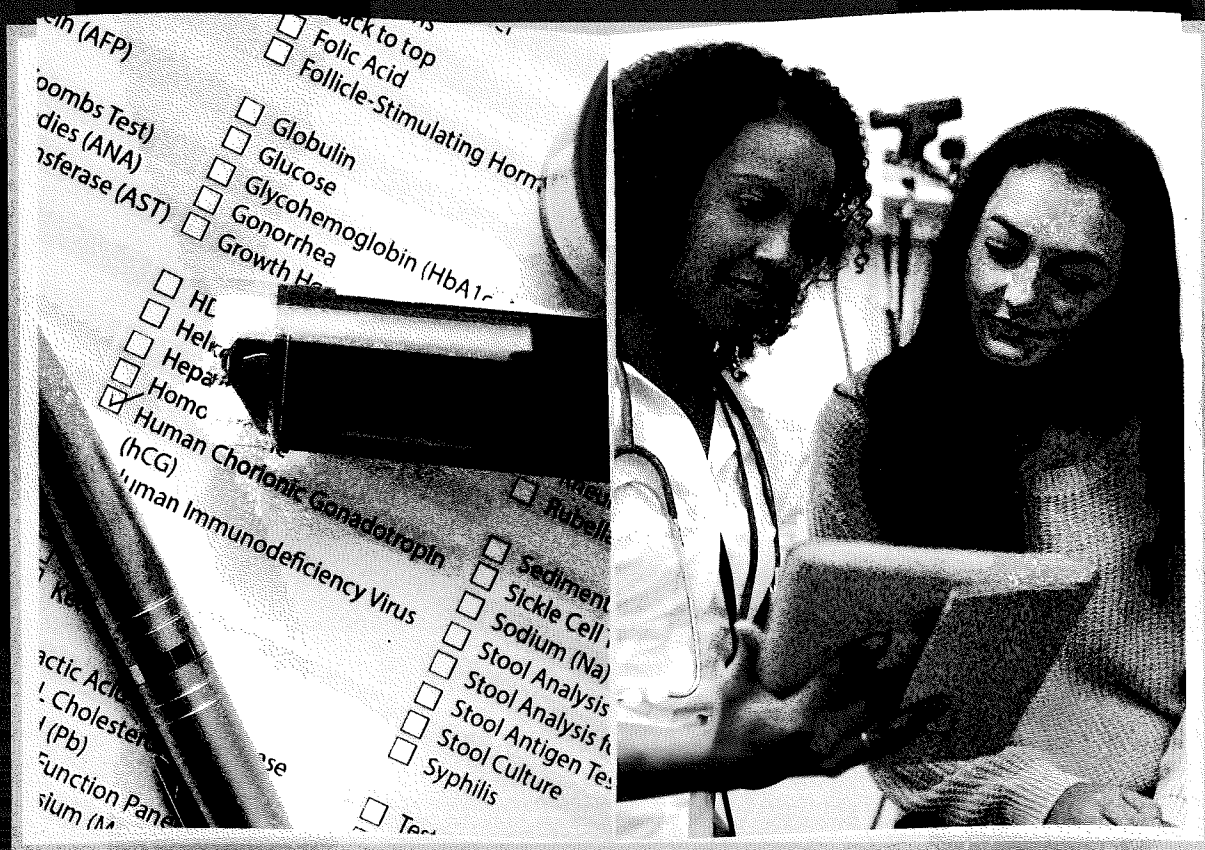
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<sup>3</sup> Gross, C. P., Meyer, C. S., Ogale, S., Kent, M., & Wong, W. B. (2022). Associations Between Medicaid Insurance, Biomarker Testing, and Outcomes in Patients with Advanced NSCLC, *Journal of the National Comprehensive Cancer Network*, 20(5), 479-487.e2.

<sup>4</sup> Ryan W. Huey, MD, Ernest Hawk, MD, MPH, and Anaeze C. Offodile II, MD, MPH. Mind the Gap: Precision Oncology and Its Potential to Widen Disparities. *Journal of Oncology Practice*. May 21, 2019; DOI <https://doi.org/10.1200/JOP.19.00102>

<sup>5</sup> See i.e. "Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non-Small Cell Lung Cancer" <https://doi.org/10.1016/j.jval.2018.04.1372>



# Biomarker Testing in Maine: A Storybook

# Introduction

Progress in improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person's own genes or proteins to diagnose or treat diseases like cancer. Biomarker testing opens the door to precision medicine, including targeted therapies that can result in improved survivorship and better quality of life. **Maine has the opportunity to expand residents' access to this potentially lifesaving testing.** LD 1577 would make it possible for more patients to get the right treatment at the right time. The following stories highlight the benefit of biomarker testing on patient care.



## Diane Davis | East Millinocket

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I was initially diagnosed with cancer at age 44. If I had biomarker testing then, I may have been able to avoid: the further spread of my cancer, the chemotherapy, and everything that came with it.

Diane is a three time cancer survivor. She was first diagnosed with uterine cancer at age 44, and she was treated with surgery. But years later, Diane was again in pain and knew something wasn't right. She and her health care providers investigated, and she was diagnosed with ovarian cancer. She began a treatment plan that many cancer patients may expect: her providers surgically removed the tumor, and she began standard chemotherapy after the surgery. But Diane did not expect that three months into chemotherapy, her cancer would be back and have spread to her lymph nodes. Her prognosis was very poor, and she had few options.

Her doctor ordered biomarker testing, and the results she received opened up treatment options Diane did not previously have. Her biomarkers showed she was a good fit for immunotherapy, and thankfully, Diane felt better within one treatment. She finished immunotherapy three years ago, and she is stable and cancer-free. Unfortunately, this effective treatment did not come without a cost. Diane's Marketplace health insurance denied coverage of her biomarker testing, and she received a bill for \$20,000. Luckily Diane received assistance from her testing provider for her life-saving biomarker testing, but not all cancer patients are so lucky.

## Helen Roy | China



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I will never forget getting the call from my oncologist once the biomarker test results were back. She told me the results showed I would not need to do a course of chemotherapy. My relief at this news was incredible.

In 2013, after transferring to Husson University to complete her degree, Helen was diagnosed with breast cancer at her routine screening. She underwent a lumpectomy to remove the tumor. Helen's doctor ordered biomarker testing on her tumor cells, and she told Helen that the lab doing the test would give her a call to discuss the cost, insurance coverage, and possibility of financial assistance. Helen was managing a heavy course load at Husson and a time-consuming commute to Bangor, and it was stressful for her to consider the need to juggle chemotherapy and on-going health care costs in addition to that.

Thankfully, her test results revealed that she had a low chance of cancer recurring and would *not* benefit from chemotherapy. If not for biomarker testing, it could have been impossible for Helen to finish a degree and progress her career at the same time as investing her time, energy, and money into more intensive treatment such as chemotherapy. Instead, her doctor ordered a round of radiation treatments for the late spring of 2014, and Helen takes oral medications to treat her breast cancer and prevent it from spreading. She graduated from Husson in May 2016, and she is happy and fulfilled in her career. She feels blessed to have the cancer journey she had thanks to biomarker testing.



## Mary Ann Cumming | Standish

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Biomarker testing should be covered for every person who could benefit. I wonder how many women suffered through chemo and radiation when there might have been other options; I wonder how many women gave up believing those were their only choices.

When Mary Ann was diagnosed with breast cancer in 2016, she was all too familiar with the realities of living with cancer, having grown up as a caregiver to her father during his cancer treatment. Her cancer was discovered because of her recommended screenings, and she had her tumor surgically removed. Her breast cancer was treated with internal radiation, and she regained her health. But years later in 2022, her breast cancer came back. She underwent her second surgery, and this time her doctor ordered biomarker testing on the tumor to learn more about Mary Ann's cancer and her treatment options.

Her test results indicated that Mary Ann would *not* benefit from additional chemotherapy or radiation, and she was so grateful that she did not elect to participate in those taxing procedures. Despite her biomarker testing results saving her from receiving ineffective, costly chemotherapy, one of the tests was not covered by her insurance. Thankfully, the biomarker testing company decided to cover the remainder of Mary Ann's bill and save her from the great expense of preserving her livelihood, and she has become an advocate to ensure more cancer patients can access biomarker testing and understand their options.



## Alex Babcock | Portland

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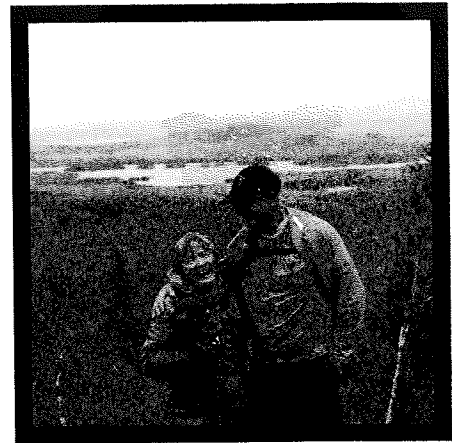
My insurance denied coverage of the biomarker testing on the grounds that it wasn't necessary, when it literally saved my life.

Alex is a hardworking member of her community, who tends to put her health on the backburner in favor of her career. When she started experiencing symptoms in 2018, she all but wrote them off - thinking “I’m just exhausted and stressed from work.” But finally, she visited her primary care provider later that year. After a chest x-ray revealed a mass on her lung, she had an emergency CT scan. Alex’s pulmonologist said based on her age and lack of risk factors that she likely had lymphoma, but if she had lung cancer there are tests that could help access the best treatment option and prognosis. Unfortunately, she was diagnosed with stage IV lung cancer.

Her pulmonologist recommended biomarker testing. The results didn’t come for weeks, and in that time Alex had started traditional chemotherapy and received a bill for \$10,000 when her insurance denied coverage of her biomarker testing. While biomarker testing was deemed not necessary by her insurance company, it allowed Alex to access the right treatment for her. Her biomarker testing helped to identify the medication to treat her cancer, and it saved her life. Alex is still on that medication today, and she is stable. She is able to be the best mother and community member she can be thanks to her biomarker testing and the targeted treatment it led to.



## Corinne Pert | Blue Hill



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With the initial diagnosis, I was feeling pretty hopeless – until they did biomarker testing. Later when the cancer progressed, I was prepared; I knew there were other drugs, other treatments, other possibilities for me. It was much less scary. Because I knew about my biomarkers.

In 2015, Corinne developed a severe cough and other symptoms that led to more frequent visits to her doctor's office. At first she didn't think much of her symptoms, believing they may be a response to a recent house fire. Unfortunately by early 2016, Corinne's condition had worsened. She went to a walk-in clinic for an x-ray, and the next day her doctor ordered a CT scan. It took a few weeks for Corinne to get a diagnosis, which caused significant distress. After further testing, she was diagnosed with lung cancer. Corinne called Dana-Farber Cancer Institute right away, and there she was able to get more detailed information about her cancer cells by undergoing biomarker testing.

She simultaneously received radiation as palliative care; her doctors were hoping it would shrink the tumor enough so that she could breathe easily. Unfortunately, due to her receiving that essential palliative care, insurance denied coverage of biomarker testing on the basis that she was already receiving treatment. But really, Corinne's biomarker testing results guided her to begin treating her cancer with an effective targeted therapy drug that gave her life back. And over a year later when cancer spread to her brain, Corinne already had valuable information about her biomarkers that qualified her for the medication that has allowed her to live a happy life.



## Kate Knox | Portland

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Biomarker testing is an important part of the process for many patients. It should be covered. You and your doctor need that information for your treatment, recovery and quality of life.

In 2021, at the same time as Kate and family welcomed a third child, she was diagnosed with breast cancer. She underwent surgery to have the tumor removed, and Kate vividly remembers one major decision made prior to the lumpectomy. There was a form that stood out. She recalls how the hospital took extra time explaining that the biomarker tests that could help inform her treatment "were expensive" and if their insurance did not cover the testing, they'd have to pay out-of-pocket. Without much discussion, they agreed, the risk not to have the test could be lifechanging.

Kate is not easily overwhelmed, but waiting for test results that would inform her cancer treatment protocol was difficult. Finally, the results became available, and they provided an essential roadmap for Kate's treatment plan - chemotherapy was not needed. Kate's treatment, after removal of the lump, was eight weeks of radiation and five years on an estrogen receptor medication. Kate's treatment plan was the solid footing that she had longed for since her diagnosis. The biomarker testing provided the details needed to survive her breast cancer.



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From the provider perspective, biomarker testing is highly useful, and it needs to be covered by insurance like any other necessary part of a patient's cancer care.

Dr. Seth Blank has been a thoracic surgeon at MaineGeneral Medical Center since 2016, after having previously practiced at Maine Medical Center and Mercy Hospital in Portland. Dr. Blank is a founding member of Maine Medical Center's Thoracic Oncology Center, and he established Mercy Hospital's Lung Cancer Screening Program -- the first Lung Cancer Screening Program in Maine.

Dr. Blank was practicing when biomarker testing first became feasible in the 1990's, and he remembers the tremendous excitement and enthusiasm of the provider population about this new technology.

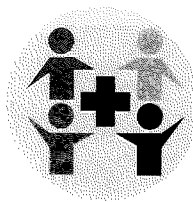
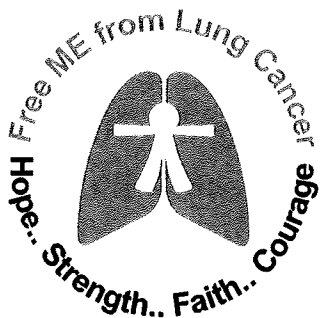
Now more than 30 years later, the utility of biomarker test results when a patient needs extended treatment has only increased. As more effective cancer drugs are developed, biomarker testing results are even more useful to Dr. Blank and his colleagues in providing the most effective care they can to patients.

As a surgeon, Dr. Blank has encountered lung cancer and mesothelioma patients who are inoperable. Thankfully after biomarker testing, they could access other forms of treatment like chemotherapy and immunotherapy based on biomarkers that led to positive outcomes of long-term survival or even becoming cancer-free without surgery.

## Acknowledgements

Thank you to the cancer survivors across Maine who have shared their stories to contribute to this storybook.

Thank you to our partners at *Free ME from Lung Cancer* and *Consumers for Affordable Health Care* for helping to reach Mainers who have benefitted from biomarker testing and have important stories to share.



**Consumers for  
Affordable  
Health Care**