



THE JACKSON LABORATORY

LEADING THE SEARCH FOR TOMORROW'S CURES

PUBLIC HEARING TESTIMONY
IN SUPPORT OF LD 107

January 28, 2025

An Act to Require Health Insurance Coverage for Biomarker Testing

Joint Standing Committee on
Health Coverage, Insurance and Financial Services

**Submitted by Jens Reuter, M.D., Chief Medical Officer
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The Jackson Laboratory**

Good morning, Senator Bailey, Representative Mathieson and distinguished members of the Committee on Health Coverage, Insurance and Financial Services. My name is Jens Reuter; I am a physician, Chief Medical Officer, and Medical Director of the Maine Cancer Genomics Initiative at The Jackson Laboratory. I am pleased to testify in support of L.D. 107, an Act to Require Health Insurance Coverage for Biomarker Testing.

The Jackson Laboratory is an independent, nonprofit, biomedical research institution headquartered in Bar Harbor. The mission of The Jackson Laboratory is to discover precise genomic solutions to disease and empower the global biomedical community in the shared quest to improve human health. This mission is critically important to the State of Maine, where some of the leading causes of death—cancer, diabetes, Alzheimer's Disease—are diseases where the incidence, treatment, and outcome of the illness is significantly based in personal genetics. According to the U.S. Centers for Disease Control and Prevention, over 3,400 Mainers died of cancer in 2022; a rate 14th highest in the United States. Cancer is one of JAX's core research areas—the JAX Cancer Center is one of only seven NCI-recognized basic science research centers in the US.

At JAX, we believe the future of medicine involves understanding a person's disease at an individual level and treating it based on those unique features. As opposed to the historical "one-size-fits-all" approach, which has proven inadequate and sometimes harmful, we now possess novel technologies that enable us to treat patients as individuals—**assessing the genetics of individuals and genomics of diseases through biomarker testing is the foundation of this individualized medicine approach.**

Utilizing the genetic and genomic makeup of patients and their diseases, healthcare providers are armed with critical information to make more informed decisions about a person's health and treatment options, leading to earlier and more accurate prediction of disease risk, disease diagnosis, personalized treatment, and monitoring of disease progression.

In Maine, JAX has been leading the Maine Cancer Genomics Initiative (MCGI) since 2016, which aims to provide oncologists with the tools necessary to personalize cancer treatments—by supporting them to incorporate genomic biomarker testing into the treatment plans for their patients across the entire state. Because of the MCGI, and due in part to the results of

biomarker tests, patients have the opportunity to receive tailored treatments prescribed by their oncologists or to enroll on a novel clinical trial.

Through this work the MCGI team provides compelling evidence that personalized cancer treatments provide significant benefit to patients. **In a publication¹ from May 2024, we showed that Maine-based patients receiving a personalized treatment approach were 31% less likely to die within one year compared to those who did not receive personalized treatment. This study shows a significant one-year survival benefit from genomic tumor testing.**

Therefore, expanding genomic tumor testing (biomarker) coverage is good for providers, as it provides enhanced information with which to make treatment decisions; it is good for patients who can get the individualized care they need to improve health outcomes and quality of life; and, it is also good for payors, as it drives the right treatment at the right time, leading to an overall reduction of healthcare costs.

Ineffectual treatment is costly—not just in medical bills, but also in precious time and emotional duress. Ineffectual treatment can give rise to unwanted side effects and false hope during an already painful time, in addition to wasting months and dollars that could otherwise be used to pursue a more effective treatment avenue. Biomarker testing also provides cancer patients with some peace of mind that all information to inform their treatment has been obtained and all possible options have been considered.

The American Cancer Society Cancer Action Network (ACS-CAN) has made biomarker testing coverage a nationwide priority due to the worrying trend that coverage access is failing to keep pace with innovations and advancements in treatment. They report that the number of targeted therapies that require biomarker testing is increasing rapidly, and cancer clinical trials are increasingly driven by biomarkers and the development of targeted therapies. ACS-CAN projects that nearly 60% of all cancer drugs approved in the last five years require or recommend biomarker testing before use. In 2018, 55% of all oncology clinical trials involved the use of biomarkers as compared with 15% in 2000.

This is not just a significant problem in health coverage losing pace with scientific progress, but it can exacerbate underlying health equity issues currently being experienced by low-income, rural and other underserved populations that frequently face greater barriers to healthcare access, especially when it comes to more innovative methods like precision medicine and genomic care.

Individuals in the aforementioned populations are less likely to receive genomic testing, even when they qualify based on medical guidelines, due to significant access challenges including lack of insurance coverage, financial burden, cultural factors, privacy concerns and experiences of discrimination within healthcare.

This committee has an important opportunity to limit the barriers to utilization of the significant tools currently available to advance health outcomes through more precise, effective and cost-saving biomarker testing, improving the lives of all Maine residents. I ask you to vote this bill "ought to pass."

¹ Anderson, Eric C et al. "Genome-matched treatments and patient outcomes in the Maine Cancer Genomics Initiative (MCGI)." *npj Precision Oncology* vol. 8,1 67. 9 Mar. 2024, doi:10.1038/s41698-024-00547-4