



July 17, 2023

Dear Governor Hochul,

On behalf of the millions of patients and health care providers we represent across New York, we urge you to promptly sign S1196.

Biomarker testing connects patients with the most effective treatments.

Precision medicine uses biomarker testing to gather information about a person's own body to prevent, diagnose, or treat disease.ⁱ This information is found by testing a patient's tissue, blood, or other biospecimen for the presence of a biomarker (e.g., genetic alterations, molecular signatures). The results of biomarker testing can help determine the treatments that will work best for a specific patient and can also allow patients to avoid treatments that are likely to be ineffective.

In certain areas of medicine, like cancer care, advances in precision medicine have been progressing rapidly in recent years and have led to targeted cancer therapies that work by interfering with specific cellular processes involved in the growth, spread, and progression of cancer. In other words, effective treatments can be selected based on the tumor itself, rather than just its location in the body. Additionally, appropriate biomarker testing can help doctors determine which cancer patients are more likely to have recurring or more aggressive disease so that patients at low risk of recurrence may choose to avoid unnecessary treatment.

Research shows that targeted therapy can improve health outcomes, increase quality of life, and prolong patient survival.^{ii,iii}

Using the traditional trial and error method to identify an effective treatment for a particular patient can take months — even years. In chronic, degenerative diseases like rheumatoid arthritis, any length of time spent trying (and failing) on ineffective treatments allows the disease to continue causing irreversible damage to the joints, increasing health care consumption and costs. In cancer care and some autoimmune conditions, the length of time it takes to identify an effective treatment can be a matter of life or death. **In all cases, ineffective treatments exacerbate the physical, emotional, and economic burdens of disease, and the price is paid by both the patient and the insurer.**

S1196 aligns insurance coverage of biomarker testing with the latest medical evidence.

This language has been thoroughly vetted and received **broad support from patients, providers, industry, and lawmakers.** Comparable legislation has passed and been signed into law in Arizona, Arkansas, Georgia, Illinois, Kentucky, Louisiana, Maryland, Minnesota, New Mexico, Oklahoma, Rhode Island, and Texas with overwhelming bipartisan support.

Despite evidence pointing to the clinical benefits associated with biomarker testing, routine clinical use does not always follow, and testing rates lag behind clinical guideline recommendations. In a 2021 survey, 66% of oncology providers reported that insurance coverage for biomarker testing is a significant or moderate barrier to appropriate biomarker testing.^{iv}

Without action to expand coverage and access to biomarker testing, advances in precision medicine could exacerbate existing disparities in access to care and, consequently, health outcomes associated with race, ethnicity, income, and geography.

Despite the clear benefits of biomarker testing, many insurance plans do not cover evidence-based biomarker testing for all patients who need it. Improving coverage for and access to biomarker testing across insurance types is key to reducing health disparities. We must remove barriers to biomarker testing and precision medicine, and ensure all patients, regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status or zip code, benefit from better care. S1196 will help remove barriers to biomarker testing to ensure that patients can unlock the value and cost-savings potential of precision medicine.

If you have any questions about this legislation, please reach out to Michael Davoli, New York Government Relations Director with the American Cancer Society Cancer Action Network, at michael.davoli@cancer.org or Hilary Gee Goeckner, at hilary.gee@cancer.org.

Sincerely,

**Aimed Alliance
ALS Association
American Cancer Society Cancer Action Network**

**American Kidney Fund
American Lung Association
Arthritis Foundation**

Association of Oncology Social Work (AOSW)
Brooklyn College Cancer Center
CancerCare
Cancer Support Community/Gilda's Club
Catalytic Impact Foundation
CLL Society
Coalition of State Rheumatology Organizations
Colorectal Cancer Alliance
Columbia University Herbert Irving
Comprehensive Cancer Center
Crohn's and Colitis Foundation
End Preeclampsia
Exon20 Group
Fight Colorectal Cancer
Global Colon Cancer Association
Global Healthy Living Foundation
Go2 for Lung Cancer
HEAL Collaborative
ICAN - International Cancer Advocacy Network
International Foundation for Autoimmune &
Autoinflammatory Arthritis (AiA)
KRAS Kickers
Lung Cancer Research Foundation
LUNGevity Foundation
Lupus and Allied Diseases Association, Inc.
Medical Society State of New York
Melanoma Research Foundation

Mended Hearts, Inc.
Michael J. Fox Foundation
NAACP New York State Conference
National Comprehensive Cancer Network (NCCN)
National Donor Marrow Program/Be the Match
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Ovarian Cancer Coalition
National Psoriasis Foundation
New York Oncology Hematology
New York State Academy of Family Physicians
New York State Osteopathic Medical Society
New York State Public Health Association
NYU Langone Health
Oncology Nursing Society
One Cancer Place
Ovarian Cancer Project
Patients Rising Now
PD1 Amplifieds
Rochester Regional Health
Susan G. Komen
Transplant Life Foundation
Triage Cancer
VHL Alliance
Weill Cornell Medicine – The Sandra and Edward
Meyer Cancer Center

ⁱ NCI Dictionary of Cancer Terms. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/precision-medicine>.

ⁱⁱ Gutierrez, M. E., Choi, K., Lanman, R. B., Licitra, E. J., Skrzypczak, S. M., Pe Benito, R., Wu, T., Arunajadai, S., Kaur, S., Harper, H., Pecora, A. L., Schultz, E. V., & Goldberg, S. L. (2017). Genomic Profiling of Advanced Non-Small Cell Lung Cancer in Community Settings: Gaps and Opportunities. *Clinical lung cancer*, 18(6), 651–659. <https://doi.org/10.1016/j.clcc.2017.04.004>

ⁱⁱⁱ Mendelsohn, J., Lazar, V., & Kurzrock, R. (2015). Impact of Precision Medicine in Diverse Cancers: A Meta-Analysis of Phase II Clinical Trials. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 33(32), 3817–3825. <https://doi.org/10.1200/JCO.2015.61.5997>

^{iv} ACS CAN. "Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers." Dec, 2021.

https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf