



New York State Public Health Association (NYSPHA)

June 22, 2023

The Honorable Kathy Hochul
Governor of New York State
New York State Capitol
Albany, NY 12224

Re: NYSPHA recommends the Governor sign the Biomarker Legislation S1196/A1673 (Persaud/Hunter).

Dear Governor Hochul,

The New York State Public Health Association (NYSPHA) is pleased to provide our recommendations to you on these bills, which have passed both houses of the legislature. NYSPHA is the New York affiliate of the American Public Health Association (APHA) and serves as the statewide organization for members from all disciplines across the spectrum of public health professionals, organizations, academia, and students pursuing careers in public health. Our mission is to improve the public's health through advocacy, education, networking, and professional development.

NYSPHA urges you to sign S1196/A1673, the biomarker bill on behalf of the public health professionals we represent across New York State. 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.¹ 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.^{2,3} 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.

S1196A 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.⁴ 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. S1196A will help remove barriers to biomarker testing to ensure that patients can unlock the value and cost-savings potential of precision medicine.

NYSPPHA's Recommendation:

We respectfully ask you to sign the biomarker testing coverage bill S1196/A1673 (Persaud/Hunter).

Sincerely,



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References:

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4. 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