

Senator Melissa Wiklund
Chair, Health and Human Services Committee
Minnesota State Senate
St. Paul, Minnesota

March 16, 2023

Chair Wiklund and Distinguished Committee Members,

We are writing to express our strong support for the Biomarker Testing (SF1948) bill, which would require health plans to provide coverage for biomarker testing. Biomarkers are used to improve treatment precision. Improving treatment precision improves treatment outcomes and as a result, reduces cost over time. As healthcare professionals we can attest to the improvements in care that biomarkers have provided. There are several points that we encourage the committee to consider when evaluating this legislation.

1. The bill appropriately articulates strong requirements for scientific and medical evidence that would be relied on to mandate coverage of biomarker testing. These requirements are stringent, but adhere to standards that we already apply as healthcare professionals for a high level of evidence.
2. Appropriate use of biomarkers for prescribing the best drug and dose from the beginning can decrease costs over time due to improved treatment outcomes. The committee should be confident that the scientific and medical evidence required for payment in this bill will deter inappropriate use and will not excessively drive costs for payers. This is supported by the recent Dept of Commerce evaluation of economic impact.
3. Minnesota has inadequate insurance coverage for biomarkers by commercial payers and CMS. As an example, for pharmacogenomic biomarker testing, the CMS national coverage determination (NCD) is extraordinarily weak and there is no local coverage determination (LCD) in MN. We are one of only 10 remaining states without an LCD for pharmacogenomic biomarker testing. This has severely limited clinical utilization to patients with financial means to pay out of pocket. This adversely affects all Minnesotans, and perpetuates health disparities, especially the elderly and poor who cannot pay out of pocket, and denies safer and more effective therapy to those patients needing testing.
4. Minnesota has numerous healthcare professionals that are deeply educated and knowledgeable on biomarkers and have been part of evaluation of evidence and authoring of relevant biomarker guidelines and consensus statements. They would be willing to help equitably implement this bill into practice that does not economically harm our insurers while improving lives and reducing the suffering of Minnesotans.
5. The Minnesota Pharmacogenomics Consortium, led by the University of Minnesota and composed of healthcare professionals across the state, is a group that has collaborated for more than 4 years to drive improvements in medication management, appropriate incorporation of genomic guidance into patient care while reducing our medication expenditures. Our consortium will help facilitate appropriate use of genomic testing in Minnesota, if requested.
6. We recently surveyed over 800 Minnesotans about pharmacogenomic biomarkers. They expressed an overwhelming acceptability for these tests, but expected low out-of-pocket cost. In reality the full cost is the responsibility of most patients in Minnesota [PMID: 36294754].

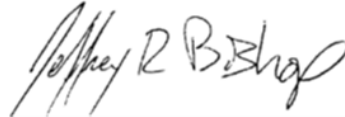
7. We reviewed the economic analysis by the Dept of Commerce. It does not appear that the economic analysis accounted for the improved efficacy and safety of treatment using a biomarker-driven approach, which may offset the modest cost of obtaining biomarker testing.

As individuals with expertise in this field, we support this bill. Thank you for the opportunity to comment.

Sincerely,



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Jeffrey R. Bishop, PharmD, FCCP

Members of Statewide Pharmacogenomics Consortium		
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