



March 5, 2025

Dear Chair Wiklund and members of the Senate Health and Human Services Finance and Policy Committee:

ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, advocating for evidence-based public policies to reduce the cancer burden for everyone. We want to express our support for portions of SF1059, specifically the language around establishing coverage for care coordination.

In Minnesota, more than 37,000 people will be diagnosed with cancer in 2025 and 10,490 will die from the disease. Navigating the health care system can be confusing and complicated, especially after receiving a complex medical diagnosis like cancer.

We would like to see patient navigation, a form of care coordination, explicitly called out in the bill as a covered service. Patient navigation provides individualized assistance that helps patients overcome barriers in the healthcare system. Oncology patient navigation spans the full cancer continuum, ensuring that patients receive the health and psychosocial care they need.

Although cancer death rates have been declining for several decades, not all people have benefited equally from the advances in prevention, early detection, and treatment. Patient navigation can help eliminate health disparities by addressing the needs of people who have been historically marginalized and excluded, as well as those living in under-resourced communities.

Patient navigators have been shown to help increase cancer screenings rates, help patients better understand treatment options, and help ensure patients receive needed post-treatment care. Additionally, patient navigation has demonstrated a proven return on investment by identifying cancers at earlier, more treatable stages. Early-stage diagnoses often lead to less invasive and more cost-effective treatments, resulting in better patient outcomes and reduced overall healthcare costs.

Unfortunately, patient navigation services are still absent or limited in many cancer programs and hospital settings due to cost concerns and lack of clinical reimbursement. A patchwork of coverage exists depending on the where patients live and the type of insurance coverage they have and is not consistent throughout the cancer care continuum. Access to patient navigation services will only be achieved by ensuring payment for patient navigation services is available across both public and private payers.

We want to thank Senator Marty for bringing forward legislation that addresses the value of care coordination to Minnesota's patients, survivors, and caregivers.

Sincerely,

Emily Myatt

Minnesota Government Relations Director