



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

Before the

House Committee on Consumer Protection and Commerce

Tuesday, February 11, 2025

2:00 p.m.

State Capitol, Conference Room 329 & via Videoconference

On the following measure:

H.B. 553, H.D. 1, RELATING TO INSURANCE

Chair Matayoshi and Members of the Committee:

My name is Jerry Bump, and I am the Acting Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to, beginning 1/1/2026, require health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

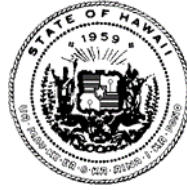
We note that it is unclear whether the amendments in sections 1 through 3 of this bill, which require health plans to provide benefits for biomarker testing, would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), or subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits "in addition to the essential health benefits."

For the Committee's information, Hawaii Revised Statutes section 23-51 provides, in part, that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [sic] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]" Although the auditor did complete Report No. 25-01, "Assessment of Proposed Mandatory Health Insurance Coverage for Medically Necessary Biomarker Testing," the Department notes that the auditor's report was based on House Bill No. 2223, House Draft 1, Regular Session 2024 (HB 2223, HD1) which contains differences from the proposed mandated coverage in this bill.

Finally, the Department is unclear how the process to request an exception in both sections 1 and 2, at page 2, lines 16-17, and page 6, lines 8-9, of the bill would operate with section 432E-5, Hawaii Revised Statutes, which requires that a health carrier shall establish and maintain a procedure to provide for the resolution of an enrollee's complaints and internal appeals.

Thank you for the opportunity to testify.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWE LAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 9, 2025

TO: The Honorable Representative Scot Z. Matayoshi, Chair
House Committee on Consumer Protection & Commerce

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 553 HD1 – RELATING TO INSURANCE.**

Hearing: February 11, 2025, 2:00 p.m.
Conference Room 329 & Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent, offers comments, and respectfully requests an amendment.

PURPOSE: Beginning 1/1/2026, requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing. HD1

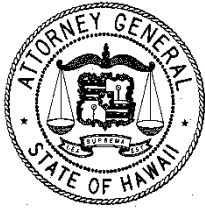
The Committees on Health and Human Services and Homelessness amended the measure by (1) Changing the effective date to July 1, 3000, to encourage further discussion and (2) making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

DHS recognizes the importance of the rapidly evolving biomarking testing for targeted diagnosis, treatment, and management of various diseases in recent years. All of the Med-QUEST Medicaid managed care plans cover biomarker testing when medically necessary, which is the standard in this bill for Medicaid managed care plans. This aligns with the findings of the State Auditor's report to the Legislature, "Assessment of Proposed Mandatory Health Insurance

Coverage For Medically Necessary Biomarker Testing; A Report to the Governor and the Legislature of the State of Hawai'i; Report No. 25-01; January 2025." The Auditor concluded that mandated coverage for medically necessary biomarker testing services is redundant of the coverage already required by Hawai'i's Patients' Bill of Rights and Responsibilities Act, specifically, section 432E-1.4, Hawaii Revised Statutes.

The bill also requires DHS to submit State Plan Amendments to cover medically necessary biomarking testing. However, biomarking testing is already a covered service using the medically necessary standard, and no State Plan Amendments are needed. Thus, Section 5 (page 9, lines 6-9) mandating (a) reimbursement for the medically necessary services of biomarker testing by all health plans under the State's Medicaid managed care program and (b) DHS to submit state plan amendment, are redundant and would unnecessarily take resources away from administering the Medicaid program. Therefore, DHS respectfully requests that Section 5 in its entirety be deleted from this bill.

Thank you for the opportunity to provide comments on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:

H.B. NO. 553, H.D. 1, RELATING TO INSURANCE.

BEFORE THE:

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

DATE: Tuesday, February 11, 2025 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Andrew I. Kim or Christopher J.I. Leong, Deputy Attorneys General

Chair Matayoshi and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

Pursuant to section 23-51, Hawaii Revised Statutes (HRS), "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage." Although the Auditor completed Report No. 51-01, "Assessment of Proposed Mandatory Health Insurance Coverage for Medically Necessary Biomarker Testing," that report was based on H.B. No. 2223, H.D. 1, Regular Session of 2024, which required coverage for "medically necessary services of biomarker testing." This bill does not have the "medically necessary" coverage requirement and contains additional differences with H.B. No. 2223, H.D. 1, Regular Session of 2024.

Accordingly, we recommend that the Legislature include a new section with the following wording in this bill to exempt the bill from the audit requirement set forth in section 23-51, HRS: "Section 23-51, HRS, shall not apply to this Act." Alternatively, the

Legislature could introduce concurrent resolutions requesting the Auditor to prepare and submit to the Legislature a report that assesses both the social and financial affects of the proposed mandated coverage required under this bill. The Legislature also has the option to amend this bill to match the proposed mandated coverage in H.B. No. 2223, H.D. 1, Regular Session 2024, that was analyzed by the Auditor in Report No. 51-01.

Additionally, this bill would require Qualified Health Plans to provide coverage for the cost of biomarker testing. A Qualified Health Plan is an insurance plan that meets the requirements of the Affordable Care Act and is certified by the Health Insurance Marketplace. Under 45 C.F.R. § 155.170, a state may require a Qualified Health Plan to offer benefits in addition to essential health benefits, but only if it defrays the cost of the additional required benefits for the Qualified Health Plan. 45 C.F.R. § 155.170(a)(2) provides:

A benefit required by State action taking place on or before December 31, 2011, a benefit required by State action for purposes of compliance with Federal requirements, or a benefit covered in the State's EHB-benchmark plan is considered an EHB. A benefit required by State action taking place on or after January 1, 2012, other than for purposes of compliance with Federal requirements, that is not a benefit covered in the State's EHB-benchmark plan is considered in addition to the essential health benefits.

Hawaii's EHB-benchmark Plan is the Hawaii Medical Service Association's Preferred Provider Plan 2010.

It is unclear whether Hawaii's EHB-benchmark plan provides the proposed mandated coverage under this bill. The plan appears to cover many tests, such as genetic testing and screening, but it is not clear to us whether all the required benefits under the proposed mandated coverages are included. If the proposed mandated coverage is not included in the EHB-benchmark plan or required under federal law, the State may be required to defray the cost.

Thank you for the opportunity to provide comments.



‘ŌNAEHANA KULANUI O HAWAI‘I

Legislative Testimony

Hō‘ike Mana‘o I Mua O Ka ‘Aha‘ōlelo

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Tuesday, February 11, 2025 at 2:00 p.m.

By

Teruo Yamauchi, MD
Naoto T. Ueno MD, PhD, Director
University of Hawai‘i Cancer Center

And

Michael Bruno, PhD, Provost
University of Hawai‘i at Mānoa

LATE

HB 553 HD1 – RELATING TO INSURANCE

Chair Matayoshi, Vice Chair Chun, and Members of the Committee:

The University of Hawai‘i Cancer Center (UH Cancer Center) thanks you for the opportunity to provide testimony in **strong support** for House Bill 553 HD1. This measure addresses the critical matter of ensuring insurance coverage for biomarker testing which is crucial in advancing the standard of care for individuals facing various diseases and conditions, particularly in the field of oncology where biomarker testing plays a pivotal role in personalized medicine.

The UH Cancer Center is at the forefront of cancer research and patient care, and we firmly believe that the inclusion of biomarker testing coverage in health insurance policies is a significant step towards improving patient outcomes and promoting evidence-based healthcare practices.

Biomarker testing is an invaluable tool in the diagnosis, treatment, appropriate management, and ongoing monitoring of diseases or conditions. This testing allows for a more precise and personalized approach to medical care by identifying specific genetic, molecular, or biochemical markers associated with an individual's disease. By integrating biomarker screening into routine cancer surveillance, healthcare providers can detect malignancies at earlier stages, when treatments are typically more effective and less expensive. Identifying tumors before they progress not only improves patient outcomes but also reduces the economic toll on patients and society such as fewer hospital stays, less time loss at work, and minimized productivity losses. Moreover, it enables healthcare providers to tailor treatments based on the unique characteristics of a patient's condition, leading to more effective and targeted interventions. In addition, it is imperative to utilize biomarker testing to circumvent unwanted physical and financial ramifications that may arise as a result of cancer drug therapy. Healthcare providers can not only minimize the risk of treatment-related side-effects, but also reduce the

financial burden associated with ineffective therapies. Therefore, the integration of biomarker testing into clinical practice is pivotal in ensuring optimal patient outcomes and fostering a more sustainable healthcare system.

House Bill 553 HD1 is comprehensive in its approach, mandating coverage for biomarker testing when supported by medical and scientific evidence. The criteria outlined in the bill, including FDA-approved or FDA-cleared tests, indications for FDA-approved drugs, warnings and precautions on FDA-approved drug labels, CMS national coverage determinations, and adherence to nationally recognized clinical practice guidelines, ensure that coverage is grounded in rigorous scientific standards.

By requiring insurance coverage for biomarker testing, HB 553 HD1 aligns with the advancements in medical research and the evolving landscape of precision medicine. This not only benefits patients by providing access to cutting-edge diagnostics and treatments but also contributes to the overall improvement of healthcare outcomes in our community.

In conclusion, the UH Cancer Center wholeheartedly supports HB 553 HD1, recognizing its potential to enhance the quality of healthcare delivery in our state. We urge you to consider the positive impact this legislation can have on patient care and to pass this bill for the benefit of all residents of Hawai'i.

Mahalo for your attention to this matter.

HB-553-HD-1

Submitted on: 2/8/2025 9:53:08 PM

Testimony for CPC on 2/11/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lourdes Vergara Marcelo	Lou's Quality Home Health Care Services	Support	Written Testimony Only

Comments:

My name is Lourdes Vergara Marcello, an RN . I strongly support HB 553 HD1

Relating to Insurances

Timely Biomarkers testing can help achieve better health outcomes, improve quality of life for those afflicted by Cancer , and reduce cost by connecting patients to the most effective treatment , medications for the Cancer patients. .

Biomarker Testing is the key to unlocking precision or personalized medicine .

Nearly 60 % of Cancer Rx or medications approved in the last 5 years require or recommend Biomarker testing before use .

Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and other quality of life for the Cancer patients .

Thank you .

Lourdes Vergara Marcelli , Reg. Nurse

Mililani, Hawaii , 96789

tel: 808 623 7109

Testimony of
John M. Kirimitsu
Counsel

Before:
House Committee on Consumer Protection & Commerce
The Honorable Scot Z. Matayoshi, Chair
The Honorable Cory M. Chun, Vice Chair

February 11, 2025
2:00 pm
Conference Room 329

Re: HB 553, HD1 Relating to Insurance

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB 553, HD1 mandating coverage for biomarker testing.

Kaiser Permanente Hawaii would like to offer comments and request an amendment.

Kaiser supports biomarker testing to determine the best treatment options for patients, but believes that this mandate is unnecessary. In the 2025 State Auditor's Report No. 25-01 "*Assessment of Proposed Mandatory Health Insurance Coverage For Medically Necessary Biomarker Testing*" it was reported that:

We found that biomarker testing is already included in health insurance policies issued in Hawai'i. The bill's mandated coverage for medically necessary biomarker testing services is redundant of the coverage already required by Hawai'i's Patients' Bill of Rights and Responsibilities Act.

In that report, the state auditor concluded:

For the reasons explained above, we conclude that the coverage that HB 2223, HD 1 seeks to mandate is already mandated by existing law and already provided by Hawai'i's plan providers.

A copy of the state auditor's report can be found at <https://files.hawaii.gov/auditor/Reports/2025/25-01.pdf>

Should this bill move forward, Kaiser requests an amendment on Page 1, lines 4-12, to include the nationally recognized "medically necessary" standard, which will ensure that the biomarker treatment is within the accepted standards in the medical community and also prevent coverage for unnecessary tests that increase costs without improving care (added language is [bracketed]):

"§431:10A- Biomarker testing; coverage. (a) Each individual or group policy of accident and health or sickness insurance issued or renewed in the State on or after January 1, 2026, shall

provide coverage for [medically necessary] biomarker testing for the policyholder, or any dependent of the policyholder who is covered by the policy, for purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an insured person's disease or condition, or to guide treatment decisions when supported by medical and scientific evidence, including:

Thank you for the opportunity to comment.



February 11, 2025

Committee on Consumer Protection and Commerce
State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Chairperson Matayoshi, Vice Chairperson Chun, and Members of the Consumer Protection and Commerce Committee:

On behalf of the Oncology Nursing Society (ONS) and the 218 oncology nurse members in the state of Hawaii, I am writing to express our strong support for **HB553**, which requires insurance coverage for biomarker testing. We believe that this legislation is critical in ensuring that oncology patients receive the most effective and personalized treatments available.

A biomarker is a biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. It may be used to see how well the body responds to a treatment for a disease or condition.

Biomarker testing is a significant advancement in cancer care and plays a vital role in modern oncology by helping identify the specific characteristics of an individual's cancer. Personalized treatment plans based on biomarker results allow oncologists to match patients with the most effective therapies for their unique cancer profile. This targeted approach not only improves treatment outcomes but also minimizes unnecessary side effects associated with ineffective treatments.

Research consistently demonstrates the positive impact of biomarker utilization on patient care. Studies have shown that patients receiving targeted therapies based on biomarker testing have improved progression-free survival rates and quality of life compared to those receiving conventional treatments. Additionally, as cancer treatment continues to evolve, the importance of access to biomarker testing becomes increasingly significant in navigating the rapidly changing landscape of oncological care.

Providing coverage for biomarker testing fosters equity in access to the latest advancements in cancer treatment. It ensures that patients, regardless of their financial situation, can benefit from critical testing that can inform their treatment decisions. Furthermore, by supporting a wider range of treatment options, this legislation empowers the oncology community to provide tailored care, giving them the tools necessary to make informed clinical decisions.



**Oncology Nursing
Society**

Support. Synergy. Strength.

In conclusion, **HB553**, represents a significant step forward in creating a more equitable and effective oncology treatment environment in Hawaii. We strongly urge the committee to support this legislation to ensure that all cancer patients have access to the biomarker testing necessary for their care.

Thank you for your attention to this important matter. Should you require any further information or wish to discuss our support, please feel free to contact healthpolicy@ons.org

Sincerely,

The Oncology Nursing Society (ONS)

ONS is a professional association that represents the over 100,000 oncology nurses in the United States and is the professional home to more than 35,000 members. ONS is committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve the quality of life and outcomes for patients with cancer and their families.



Alone we are rare. Together we are strong.®

February 7, 2024

The Honorable Scot Matayoshi, Chair
House Committee on Consumer Protection &
Commerce
Hawai'i State Capitol, Room 422
415 South Beretania St.
Honolulu, HI 96813

The Honorable Cory Chun, Vice Chair
House Committee on Consumer Protection &
Commerce
Hawai'i State Capitol, Room 406
415 South Beretania St.
Honolulu, HI 96813

Re: Support for House Bill 553 – Coverage for Biomarker Testing

Dear Chair Matayoshi, Vice Chair Chun, and Members of the Committee on Consumer Protection & Commerce;

On behalf of the more than 30 million Americans living with one of the over 10,000 known rare diseases, the National Organization for Rare Disorders (NORD) writes to share our support for House Bill 553 (HB553), legislation that would require access to biomarker testing. However, it is vital that HB553 is not limited to one disease area in order for the legislation to fully benefit our community. We encourage you to support this legislation without any amendments that would limit its use to any one particular disease group.

NORD is a unique federation of non-profits and health organizations dedicated to improving the health and well-being of people living with rare diseases. NORD was founded over 40 years ago, after the passage of the Orphan Drug Act (ODA), to formalize the coalition of patient advocacy groups that were instrumental in passing that landmark law. NORD's mission has always been, and continues to be, to improve the health and well-being of people with rare diseases by driving advances in care, research, and policy. We believe that all patients should have access to quality, accessible, innovative, and affordable health coverage that is best suited to their medical needs.

Biomarkers are characteristics, such as radiographic abnormalities or biological molecules found in blood, tissue, or other bodily fluid that can be objectively measured to determine the sign of a condition or disease. The result of a biomarker test can be used to assess how well a patient responds to a treatment for a disease or condition, as well as determine the best course of action for a patient.ⁱ This can significantly improve patient outcomes; for instance, in rare cancers, including pediatric cancers, this can mean that treatments can be targeted specifically for the

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genetic or molecular makeup of the tumor.ⁱⁱ Biomarker testing allows for targeted care and precision medicine, thus decreasing the treatment time and increasing the likelihood of survivorship for patients.ⁱⁱⁱ While currently biomarker testing is often used in oncology, biomarker testing can benefit patients in many disease groups, including autoimmune diseases, and research is underway that may unlock benefits in other rare conditions. **This is why it is essential that HB553 remain disease agnostic.**

Unfortunately, patient access to biomarker testing is often delayed or denied by health insurance plans. HB553 would require coverage for biomarker testing if the use of the test is supported by medical and scientific evidence. Furthermore, it would establish clear parameters and processes for utilization review, including prior authorization, to ensure limited disruptions in care for patients.

We urge you to support this legislation to ensure all patients can benefit from this quickly evolving aspect of precision medicine by swiftly passing HB553 out of the House Consumer Protection and Commerce Committee. Thank you for your attention to this matter. For any questions, please contact me at lviscarra@rarediseases.org.

Sincerely,



Lindsey Viscarra
State Policy Manager
National Organization for Rare Disorders

ⁱ Biomarkers. ONS. (n.d.). Retrieved December 7, 2022, from <https://www.ons.org/genomics-taxonomy/biomarkers>

ⁱⁱ Biomarker testing for cancer treatment. National Cancer Institute. (n.d.). Retrieved December 7, 2022, from <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment#:~:text=Biomarker%20testing%20is%20a%20way,how%20certain%20cancer%20treatments%20work>.

ⁱⁱⁱ Biomarker testing for cancer treatment. National Cancer Institute. (n.d.). Retrieved December 7, 2022, from <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment#:~:text=Biomarker%20testing%20is%20a%20way,how%20certain%20cancer%20treatments%20work>.

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Leslie Del Ponte
Executive Director

February 10, 2025

House Consumer Protection and Commerce Committee
415 South Beretania St.
Honolulu, HI 96813

Re: Support HB 553 – Coverage of Biomarker Testing

Chair Matayoshi, Vice Chair Chun and members of the House Consumer Protection and Commerce Committee

The Coalition of State Rheumatology Organizations (CSRO) supports HB 553, which would ensure patients can access biomarker testing that allows health care providers to better determine the best treatment plan for the patient. CSRO serves the practicing rheumatologist and is comprised of over 40 state rheumatology societies nationwide with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

Rheumatologic diseases, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

Biomarker testing is a pivotal advancement in precision medicine and an essential tool for rheumatologists and other physicians in determining the most effective treatment for individual patients based on unique biological information derived from proteins and genes. Biomarkers have the potential to revolutionize how we approach treatment selection, allowing for targeted therapies that can significantly improve health outcomes and quality of life for patients with rheumatologic conditions. As we move toward a healthcare landscape that emphasizes efficiency and patient-centered care, HB 553 will help ensure that these innovative diagnostic tools are accessible to all patients who could benefit from them.

The complexities of rheumatologic conditions often necessitate a lengthy and painful diagnosis process for patients, typically characterized by a trial-and-error approach to find the right therapy. This not only prolongs patient suffering but also results in increased healthcare expenditures as patients cycle through various treatments that may not be suitable for their specific conditions. By incorporating biomarker testing into medical practice, rheumatologists can identify effective therapies more quickly, leading to timely and personalized patient care. Early detection can also prevent or significantly delay disease progression, including side effects, functional decline and adverse events.

We urge the House Consumer Protection and Commerce Committee to support and advance HB 553, recognizing the profound impact it will have on patient care and overall healthcare costs. Together, we can make strides toward a healthcare model that prioritizes precision, efficiency, and the well-being of patients. We thank you for your

consideration and are happy to further detail our comments to the Committee upon request.

Respectfully,

Handwritten signature of Aaron Broadwell in black ink.

Aaron Broadwell, MD, FACR
President
Board of Directors

Handwritten signature of Madelaine A. Feldman in black ink.

Madelaine A. Feldman, MD, FACR
VP, Advocacy & Government Affairs
Board of Directors



February 10, 2025

Hawai'i House of Representatives
Committee on Consumer Protection & Commerce
415 South Beretania Street
Honolulu, HI 96813

Via Electronic Correspondence

RE: Letter in Support of House Bill 553

Dear Committee on Consumer Protection & Commerce,

Aimed Alliance is a not-for-profit health policy organization that seeks to protect and enhance the rights of healthcare consumers and providers. We are writing to express our support for House Bill 553, which would require health plans to cover biomarker testing for the diagnosis, treatment, management, and ongoing monitoring of diseases. Expanding coverage for biomarker testing will help advance medical diagnostics and personalized treatment, ensuring that individuals receive the most effective care.

Biomarker testing is a valuable tool used by healthcare practitioners to gather individualized patient data, enabling the tailored prevention, diagnosis, and treatment of diseases.¹ By analyzing biological specimens, like tissue and blood, biomarker testing identifies key indicators like genetic anomalies and molecular markers.² Ensuring coverage for biomarker testing is essential to improving accessibility to this effective diagnostic tool, ultimately maximizing therapeutic benefits and enhancing patient outcomes.³

While biomarker testing has made significant strides in oncology, its benefits extend beyond cancer care. A growing body of evidence supports its clinical utility in a wide range of diseases, including preeclampsia,⁴ cardiovascular diseases,⁵ diabetes,⁶ neurodegenerative disorders,⁷ and

¹ Ali Bodaghi et al., *Biomarkers: Promising and valuable tools towards diagnosis, prognosis and treatment of Covid-19 and other diseases*, 9 HELYION e13323 (2023).

² Biomarker Testing, *Oncology Nursing Society*, <https://www.ons.org/genomics-taxonomy/biomarker-testing>

³ Biomarker Tests and Cancer Treatment, *American Cancer Society*, <https://www.cancer.org/cancer/diagnosis-staging/tests/biomarker-tests.html>.

⁴ Thermo Fisher, *Scientific Announces FDA Clearance of Breakthrough Immunoassays to Aid in the Risk Assessment of Preeclampsia*, Businesswire (2023), <https://www.businesswire.com/news/home/20230519005071/en/Thermo-Fisher-Scientific-Announces-FDA-Clearance-of-Breakthrough-Immunoassays-to-Aid-in-the-Risk-Assessment-of-Preeclampsia>.

⁵ Crystal Ghanous et al., *Advances in Cardiovascular Biomarker Discovery*, 8 BIOMEDICINES 552 (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7759775/>

⁶ Brenda Dorcelly et al., *Novel biomarkers for prediabetes, diabetes, and associated complications*, 10 DIABETES METABOLIC SYNDROME AND OBESITY 345–61 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5565252/>

⁷ Daniel Alcolea et al., *Blood Biomarkers in Neurodegenerative Diseases: Implications for the Clinical Neurologist*, 101 NEUROLOGY (2023), <https://n.neurology.org/content/101/4/172#:~:text=The%20most%20rigorously%20studied%20blood,detect%20AD%20in%20older%20adults.>



autoimmune diseases.⁸ For example, the FDA recently approved a biomarker test for preeclampsia, enabling earlier identification of high-risk pregnancies and improving maternal and neonatal health outcomes.⁹ Expanded access to biomarker testing will lead to improved patient outcomes and increased innovation across medical specialties.

In conclusion, we urge for the swift passage of H.B. 553, which would require health plans to cover biomarker testing for the diagnosis, treatment, management, and ongoing monitoring of diseases. We strongly encourage legislative action to make this life-saving tool more accessible to all.

Sincerely,

Olivia Backhaus
Staff Attorney

⁸ Fenghe Zhang et al., Biomarkers in autoimmune diseases of the central nervous system, 114 *Frontiers in Immunology* (2023), <https://www.frontiersin.org/articles/10.3389/fimmu.2023.1111719/full#:~:text=They%20are%20easy%20to%20quantify,of%20disability%20in%20clinical%20practice>.

⁹ Thermo Fisher Scientific Announces FDA Clearance of Breakthrough Immunoassays to Aid in the Risk Assessment of Preeclampsia, *Buisnesswire*.

2025 Hawaii
Leadership Board

Testimony to the House Committee on Consumer Protection Tuesday, February 11, 2:00 PM Hawaii State Capitol, Conference Room 329, and Videoconference

RE: House Bill No. 553 HD1 – RELATING TO INSURANCE

Travis Kikuchi, *Chair*
Senior Vice President
Central Pacific Bank

Lori McCarney, *Immediate*
Past Chair Community
Advocate

Tricia Medeiros, *Past Chair*
Chief Operating Officer
The Plaza Assisted Living

Gina Fujikami, *MD*
The Queen's Medical
Center

Kai Ohashi,
Financial Advisor Edward
Jones

Michael Robinson,
Vice President Hawaii Pacific
Health

Kimberly Soares, *Vice*
President Atlas Insurance

Gino Soquena,
Executive Director
Hawaii Building and
Construction Trade Council

Gordon Takaki, *Past*
President Hawaii Island
Chamber of Commerce

Cary Tanaka,
Past President
Island Insurance
Companies

Caroline Witherspoon,
President Becker
Communications

LJ R. Duenas,
Executive Director
Alzheimer's Association

Chair Matayoshi, Vice Chair Chun, and Members of the Committees:

My name is Coby Chock, and I am testifying on behalf of the Alzheimer's Association Hawaii Chapter. We are in **strong support** of HB 553 HD1, which relates to insurance.

Currently, over 6 million Americans are living with Alzheimer's, yet nearly half remain undiagnosed. Early diagnosis is crucial as it opens doors to essential care and support services, enhances quality of life, and mitigates the financial burden of the disease. With the FDA's recent approval of treatments that slow Alzheimer's progression, early detection has become even more vital to maximize the benefits of these therapies.

Scientific advancements have brought us promising tools, such as a blood test for cognitive decline with a 90% accuracy rate. Despite these breakthroughs, the path to a dementia diagnosis is often lengthy and challenging, depriving families of valuable time. Presently, diagnosis depends heavily on observing cognitive decline, which means significant brain damage has already occurred by the time of diagnosis.

Researchers are diligently working to find straightforward and precise methods to detect Alzheimer's before severe symptoms manifest. Biomarkers, or biological indicators, are among the most promising avenues. Progress in biomarker research now allows us to observe Alzheimer's-related changes in the brain, monitor disease progression, and evaluate treatment efficacy.

However, the benefits of these scientific advancements are not fully realized due to limited accessibility. Insurance coverage for biomarker testing, including blood, saliva, and imaging tests, has not kept up with these innovations. The Alzheimer's Association is dedicated to removing these barriers to ensure that everyone affected by dementia can access these critical diagnostic tools.

Thank you for your attention and support. We urge you to back initiatives that expand access to biomarker testing, ultimately improving the lives of those impacted by Alzheimer's disease. Mahalo for the opportunity to testify in support! If you have questions, please contact me at 808-451-3410 or ckchock@alz.org



Coby Chock
Director of Public Policy and Advocacy
Alzheimer's Association - Hawaii

HB-553-HD-1

Submitted on: 2/10/2025 11:46:27 AM

Testimony for CPC on 2/11/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shahryar Baig	Fight Colorectal Cancer	Support	Written Testimony Only

Comments:

February 10, 2025

Chair Takayama, Chair Marten and joint committee members:

On behalf of Fight Colorectal Cancer, a national patient advocacy organization dedicated to the colorectal cancer community, we appreciate the committee's continued diligence and focus on preventive health care and affording the fullest set of health screening tools for patients and support HB553.

Specific to colorectal cancer, there are known biomarkers which if found can be a useful tool in specific and targeted treatment in a patient. The National Comprehensive Cancer Network (NCCN) in its latest guidelines recommends mismatch repair (MMR) or microsatellite instability (MSI) testing for all patients diagnosed with colon cancer as early as Stage 0 through Stage IV / Metastatic Disease before treatment for greatest efficacy.

We appreciate that this legislation allows for "biomarker testing" to include tissue, blood and other biospecimen. Biomarker testing can also help identify inherited syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP). Understanding these inherited syndromes can not only help guide treatment decisions, but also potentially help prevent cancer in close relatives who may also have these conditions.

We thank Representatives Chun, Amato, Grandinetti, Hussey, Iwamoto, Lamosao, Lowen, Marten, Miyake, Olds, Perruso, Poepoe, Sayama, Takayama, and Takenouchi for introducing this legislation; and the House Committees on Health and Human Services & Homelessness for allowing public input and amendment through the legislative process.

Thank you for your consideration and we look forward to seeing this important legislation move forward.

Sincerely,

Shahryar M. Baig

State Policy Manager

Fight Colorectal Cancer

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Tuesday, February 11, 2025

2:00 PM – Room 329

Testimony In Support of House Bill 553, House Draft 1, Relating to Insurance

The American Lung Association in Hawai'i urges lawmakers to support House Bill 553 HD1 to increase coverage of biomarker testing. This legislation will improve access to critical cancer care for patients in Hawai'i, including those with lung cancer.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 35 million Americans living with lung diseases, including the nearly 800 people who get diagnosed with lung cancer each year in Hawai'i. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

Comprehensive biomarker testing allows doctors to identify abnormalities in a cell's DNA, which in turn helps healthcare providers determine the best course of treatment for cancer patients. This is particularly important when treating lung cancer, as there are currently FDA-approved lung cancer treatments for tumor abnormalities in at least nine distinct genes.ⁱ Studies show that individuals with lung cancer who have access to biomarker testing and are thus able to receive targeted therapy treatments have better overall chances of survival.ⁱⁱ Biomarker testing is a crucial part of both cancer care and treatment of other chronic conditions and has been incorporated into many clinical guidelines so that doctors may make the best decisions for their patients' health.

Despite the evidence for the value of biomarker testing, many health coverage plans have been found to be more restrictive than the National Comprehensive Cancer Network's guidelines for biomarker testing.ⁱⁱⁱ Many patients who should receive biomarker testing may be unable to do so because of insurance coverage restrictions and high out-of-pocket costs. Therefore, it is important that this legislation increases coverage of biomarker testing and removes some of these barriers to care.

We have an opportunity to increase equitable access to healthcare by passing this bill. Current biomarker testing rates show significant racial disparities. For example, research shows that people of color with non-small cell lung cancer are less likely to receive testing than white patients.^{iv}

It is imperative that this legislation include coverage for biomarker testing outside of oncology. Treatment for many chronic diseases may also rely on biomarker testing, such as rheumatoid arthritis, diabetes, and certain rare diseases. The Lung Association urges lawmakers to keep the scope of the legislation broad so that patients in Hawai'i receive the best care that they can.

Increasing coverage of biomarker testing will improve health equity in and make cancer and chronic disease care more affordable and more accessible for patients. The American Lung Association in urges you to support House Bill 553 HD1.

Pedro Haro
Executive Director
American Lung Association in Hawai'i
pedro.haro@lung.org

ⁱ [Lung Cancer Biomarker Testing | American Lung Association](#)

ⁱⁱ [Value of Precision Medicine in Advanced Non-Small Cell Lung Cancer: Real-World Outcomes Associated with the Use of Companion Diagnostics - PubMed \(nih.gov\)](#); [The Effect of Advances in Lung-Cancer Treatment on Population Mortality - PubMed \(nih.gov\)](#)

ⁱⁱⁱ [Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors \(futuremedicine.com\)](#)

^{iv} Presley CJ, PR, Chiang AC, Longtine JA, Adelson KB, Herbst RS, Nussbaum NC, Sorg R, Abernethy AP, Agarwala V, and Gross CP. Disparities in next generation sequencing in a population-based community cohort of patients with advanced non-small cell lung cancer. Journal of Clinical Oncology 2017 35:15_suppl, 6563-6563.



February 11, 2025

The Honorable Scot Z. Matayoshi, Chair
The Honorable Cory M. Chun, Vice Chair
House Committee on Consumer Protection & Commerce

Re: HB553 HD1- RELATING TO INSURANCE

Dear Chair Matayoshi, Vice Chair Chun, and members of the committee;

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 553 HD1, which beginning 1/1/2026, requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

While the State Auditor's office provided an assessment on coverage for medically necessary biomarker testing (Auditor's Report No. 25-01), HB 553 seeks to mandate coverage for biomarker testing regardless of medical necessity. There already is a definition in statute for what is deemed medically necessary in Hawaii.

If the committee chooses to move this measure forward, we **request that the bill be amended to ensure that the mandated biomarker testing be for only those that are medically necessary.**

While these tests can save lives if the right test is performed, unproven tests can be both harmful and costly. As an example, Arizona recently legislated coverage for an unproven and fraudulent biomarker test. The mandate resulted in unnecessary appointments, unneeded medication, invasive diagnostic tests, and eventually a \$4.65 million consumer-fraud settlement.

We, along with other health plans, are constantly monitoring scientific evidence of clinical benefit and update our policies regularly based on new information. As written, HB553 HD1 may require a new assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes since it creates new mandated benefits which could increase costs for health plan members.

Thank you for the opportunity to provide comments on this measure.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

February 11, 2025

To: Chair Matayoshi, Vice Chair Chun, and Members of the House Committee on Consumer Protection and Commerce (CPC)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 11, 2025; 2:00 pm/Conference Room 329 & Videoconference

Re: Testimony with comments on HB 553 HD1 – Relating to Insurance.

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to offer comments on HB 553 HD1. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP's member organizations recognize the significant benefits of biomarker testing in cancer treatment. However, we are concerned that the current bill lacks a medical necessity component. This omission could lead to the coverage of biomarker tests that are not clinically justified, resulting in increased healthcare costs that would ultimately be passed on to consumers. We urge you to consider this important aspect.

Thank you for your attention to this matter.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

27 West Morten Avenue
Phoenix, AZ 85021-7246
phone (602) 618-0183 · fax (602) 926-8109
programs@askican.org · askican.org

3944 Pine Avenue
Long Beach, CA 90807
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Molecular Diagnostics Council*
Anthony M. Magliocco, MD, Chairman
Arthur E. Sitelman, MD
Qingmei Xie, MD



February 10, 2025

The Honorable Scot Z. Matayoshi
Chair
Committee on Consumer Protection & Commerce
Hawai'i State Capitol, Room 422
415 South Beretania Street
Honolulu, HI 96813

The Honorable Cory Chun
Vice Chair
Committee on Consumer Protection & Commerce
Hawai'i State Capitol, Room 406
415 South Beretania Street
Honolulu, HI 96813

Re: HB 553, Relating to Insurance—Biomarker Testing

Dear Chair Matayoshi, Vice Chair Chun, and Members of the House
Committee on Consumer Protection & Commerce,

We are writing in strong support of HB 553 to require health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for biomarker testing beginning on January 1, 2026. HB 553 will ensure that those Hawaiians covered by these plans will be covered for biomarker testing when medically appropriate.

The human impact is that more accurate testing sooner in the patient's journey both extends lives and saves many lives. The full fiscal impact must include two factors, a) the long-term fiscal impact of getting people on the right treatment sooner as this saves money for the health care system, including those systems managed by the state, and b) the economic impact of the regained productivity (and tax payments) of anyone who is or will be in the workforce. Extending lives, with a high quality of life, through better treatments, and saving lives through curing that patient—and both of these are

direct impacts of increased biomarker testing—means that Hawaii will have more tax revenues from a healthier workforce.

Founded in 1996, ICAN, International Cancer Advocacy Network, is a Phoenix-based non-profit that has helped over 19,000 Stage IV metastatic cancer patients in Hawai'i, throughout the United States, and in 82 countries. We work every day to secure the most effective drugs and treatments for our patients.

Our goal is to find the right drugs at the right time for each individual patient. Nothing is more critical in achieving that goal than testing for the ever-increasing number of actionable biomarkers identified in cancer. This testing allows the choice of the targeted drug most likely to reduce or eliminate that individual patient's specific cancer. Biomarker testing replaces educated guesswork with scientific evidence and makes truly personalized, precision medicine possible.

Stage IV metastatic cancer patients simply do not have the time to try any but the most optimal treatment options. Without the correct tests, delays in finding the right drugs at the right time lead to adverse consequences for the patient in terms of the cancer progressing to a more serious stage. This puts the patient in a weakened condition when and if the right drugs are finally found—thus making that therapy less effective.

The negative result for the healthcare system—a very avoidable negative result—is that the patient's care actually costs more overall: the costs of the wrong drugs initially, and then the higher costs for all the conditions that the patient suffers as a result of the inadequately treated and worsening disease.

For patients dealing with cancer, or other lethal or chronic diseases, finding “the right drug” for relief, treatment, or cure, can be a long struggle. The last thing that should happen is to make the patient (or an often overworked and overmatched oncology practice) fight with an insurance company to get the right test to know which drugs are most likely to work.

To delay the optimal treatment for any patient is wrong. To delay the optimal treatment for a Stage IV metastatic cancer patient is simply cruel beyond belief.

HB 553 ensures that the most vulnerable patients can quickly receive the treatments that biomarker tests indicate are most likely to be effective.

Codifying these critical patient protections into Hawaiian law is the right thing to do. Please let Stage IV metastatic cancer patients and their physicians fight cancer, not insurance companies.

Expanding coverage for biomarker testing will also help achieve other critical objectives of our health care system: reducing health disparities for the poor, for underserved ethnic or racial groups, and for residents of rural areas who lack access to comprehensive cancer centers.

On behalf of all the patients we serve in Hawaii who will be helped by HB 553, we thank you for your consideration of this very worthy legislation, and we look forward to seeing it successfully go through the legislative process and be signed into law.

That will be a day that all Hawaiians can celebrate.

Please do not hesitate to contact me at marcia@askican.org or (602) 513-9217 if you need any additional information. Thank you for your consideration.

Respectfully submitted,

Marcia K. Horn

Marcia K. Horn, JD
President and CEO
ICAN, International Cancer Advocacy Network
27 West Morten Avenue
Phoenix, AZ 85021-7246

(602) 618-0183
marcia@askican.org
<https://askican.org>

P. S. We realize there may be an effort to restrict biomarker testing to just cancer. Although ICAN is solely focused on helping cancer patients—specifically Stage IV cancer patients, the most serious stage—we strongly support biomarker testing for all diseases where it is medically appropriate.

Ask yourself this: if a loved one had a lethal or chronic disease, whether cancer or any other, wouldn't you want them to have access to the tests that can lead them to a better course of treatment and possibly be the difference in whether they survive?

If your answer is yes, then please ensure that the loved ones of others also have the ability to access biomarker testing for all diseases.

HB-553-HD-1

Submitted on: 2/10/2025 1:21:08 PM

Testimony for CPC on 2/11/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cheryl Beckley	American Cancer Society Cancer Action Network.	Support	Written Testimony Only

Comments:

My name is Cheryl Beckley, and I am an advocate for the American Cancer Society Cancer Action Network. I am writing to express my **strong support** for HB553 HD1.

I recently attended the funeral of a dear friend—a mother, wife, and loved one—who lost her life to cancer at a young age, leaving behind two children, just 10 and 12 years old. This heartbreaking loss reinforces the urgent need for timely biomarker testing, which can lead to better health outcomes, improved quality of life, and reduced healthcare costs by connecting patients with the most effective treatments for their cancer.

Biomarker testing is a critical step in accessing precision medicine, including targeted therapies that can significantly improve survivorship and overall well-being for cancer patients. Ensuring insurance coverage for this testing will help save lives and provide patients with the best possible chance at fighting their disease.

I respectfully urge you to support HB553 HD1 and help make biomarker testing accessible to those who need it most.

Thank you for your time and consideration.



House Committee on Consumer Protection & Commerce
Representative Scot Matayoshi, Chair
Representative Cory Chun, Vice Chair

Hearing Date: Tuesday, February 11, 2025

ACS CAN IN STRONG SUPPORT FOR HB 553 HD1 – RELATING TO INSURANCE.

Cynthia Au, Government Relations Director – Hawai‘i Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to testify in STRONG **SUPPORT** of HB 553 HD1: Relating to Insurance.

The American Cancer Society Cancer Action Network (ACS CAN) writes to you today in strong support of HB 553 HD1. We ask you and the members of your committee to pass this critical legislation that will improve patient access to care. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life^{1,2} and reduced costs.^{3,4,5}

This legislation will ensure the people of Hawaii covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate. Progress in

¹ 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>

² 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>

³ Brito RA, Cullum B, Hastings K, et al. Total cost of lung cancer care associated with broad panel versus narrow panel sequencing. *Journal of Clinical Oncology* 2020; 38, no. 15_suppl; 7077. https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15_suppl.7077

⁴ Economic Impact of Next-Generation Sequencing Versus Single-Gene Testing to Detect Genomic Alterations in Metastatic Non-Small-Cell Lung Cancer Using a Decision Analytic Model
DOI: 10.1200/PO.18.00356 *JCO Precision Oncology* - published online May 16, 2019.

⁵ Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non-Small Cell Lung Cancer
<https://doi.org/10.1016/j.jval.2018.04.1372>

improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person's own genes or proteins to more accurately diagnose or treat diseases like cancer. Biomarker testing analyzes tissue, blood, or other biospecimen to identify mutations that may impact treatment decisions. This testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients. There is currently limited and disparate access to biomarker testing.^{6,7,8} According to a recent survey of oncology providers, 66% reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.⁹

Improving access to biomarker testing and thereby access to targeted therapies is a strategy to reduce health disparities and improve outcomes for cancer patients. A recent peer-reviewed study found that 64% of Hawaii policies reviewed were “more restrictive” than NCCN guidelines for biomarker testing for advanced breast, non-small cell lung cancer, melanoma and prostate cancer.¹⁰ This is evidence that there are Hawaiians who could benefit from biomarker testing that are likely being left behind due to inadequate coverage policies. Not all communities are benefiting from the latest advancements in biomarker testing and precision medicine. Communities that have been marginalized including communities of color and individuals with lower socioeconomic status are less likely to receive biomarker testing. People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from biomarker testing.^{11,12} One jarring example of the current disparities in access to biomarker testing: a recent study showing patients with Medicaid diagnosed with advanced non-small cell lung cancer are not only at a 19% higher risk of not receiving biomarker testing and a 30% higher risk of not benefiting from precision medicine; they also have a 23% higher risk of

⁶ Presley, C., Soulos, P., Chiang, A., Longtine, J., Adelson, K., Herbst, R., Nussbaum, N., Sorg, R., Abernethy, A., Agarwala, V., & Gross, C. (2017). Disparities in next generation sequencing in a population-based community cohort of patients with advanced non-small cell lung cancer. *Journal of Clinical Oncology*. 35. 6563-6563. 10.1200/JCO.2017.35.15_suppl.6563.

⁷ Norris, R. P., Dew, R., Sharp, L., Greystoke, A., Rice, S., Johnell, K., & Todd, A. (2020). Are there socio-economic inequalities in utilization of predictive biomarker tests and biological and precision therapies for cancer? A systematic review and meta-analysis. *BMC medicine*, 18(1), 282. <https://doi.org/10.1186/s12916-020-01753-0>.

⁸ Kehl, K. L., Lathan, C. S., Johnson, B. E., & Schrag, D. (2019). Race, Poverty, and Initial Implementation of Precision Medicine for Lung Cancer. *Journal of the National Cancer Institute*, 111(4), 431–434. <https://doi.org/10.1093/jnci/djy202>.

⁹ 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

¹⁰ Wong WB, Anina D, Lin CW, Adams DV. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. *Per Med*. 2022 May;19(3):171-180. doi: 10.2217/pme-2021-0174. Epub 2022 Feb 4. PMID: 35118882.

¹¹ Kim, E. S., Roy, U. B., Ersek, J. L., King, J., Smith, R. A., Martin, N., Martins, R., Moore, A., Silvestri, G. A., & Jett, J. (2019). Updates Regarding Biomarker Testing for Non-Small Cell Lung Cancer: Considerations from the National Lung Cancer Roundtable. *Journal of thoracic oncology: official publication of the International Association for the Study of Lung Cancer*, 14(3), 338–342. <https://doi.org/10.1016/j.jtho.2019.01.002>

¹² F. R., Kerr, K. M., Bunn, P. A., Jr, Kim, E. S., Obasaju, C., Pérol, M., Bonomi, P., Bradley, J. D., Gandara, D., Jett, J. R., Langer, C. J., Natale, R. B., Novello, S., Paz-Ares, L., Ramalingam, S. S., Reck, M., Reynolds, C. H., Smit, E. F., Socinski, M. A., Spigel, D. R., ... Thatcher, N. (2018). Molecular and Immune Biomarker Testing in Squamous Cell Lung Cancer: Effect of Current and Future Therapies and Technologies. *Clinical lung cancer*, 19(4), 331–339. <https://doi.org/10.1016/j.clcc.2018.03.014>

mortality when compared to commercially insured patients.¹³ Ensuring equitable access to biomarker testing by improving coverage for and access to testing across insurance types is key to reducing health disparities. Indeed, without action like this to expand coverage for biomarker testing – including Medicaid – advances in precision oncology could increase existing health disparities.¹⁴

As precision medicine becomes the standard of care in treatment for diseases like cancer, mental health, and autoimmune diseases, biomarker testing has risen in importance as the gateway to many of these therapies. Attached to this testimony is a fact sheet showing the support of patient and provider organizations. Biomarker testing impacts more than cancer patients. Patients with lupus, ALS, preeclampsia, or arthritis benefit from biomarker testing. There is groundbreaking research in biomarker testing for Alzheimer's and heart disease.

To make sure more Hawaii patients have the access they need to this game changing testing, the legislature should ensure that necessity is determined by doctors and the latest evidence, not insurance companies. This legislation is designed to align the evidence that plans follow in determining which patients can access biomarker testing. The legislation already establishes limits on circumstances when testing should be covered and the evidence that must be demonstrated in order for testing to qualify for coverage. To date, 20 other states including California, Arizona, New Mexico, Texas and New York, have enacted similar laws aligning insurance coverage of biomarker testing with the latest medical and scientific evidence across disease types. HB 553 HD1 would make it possible for more patients to get the right treatment at the right time.

Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at Cynthia.Au@Cancer.org or 808.460.6109.

¹³ Gross CP, Meyer CS, Ogale S, Kent M, Wong WB. Associations Between Medicaid Insurance, Biomarker Testing, and Outcomes in Patients With Advanced NSCLC. *J Natl Compr Canc Netw*. 2022;20(5):479-487.e2. doi:10.6004/jnccn.2021.7083

¹⁴ Huey RW, Hawk E, Offodile AC 2nd. Mind the Gap: Precision Oncology and Its Potential to Widen Disparities. *J Oncol Pract*. 2019 Jun;15(6):301-304. doi: 10.1200/JOP.19.00102. Epub 2019 May 21. PMID: 31112478.

EXPAND ACCESS TO BIOMARKER TESTING IN HAWAII

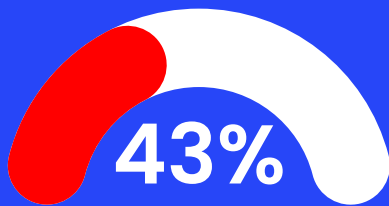
THE RIGHT TREATMENT AT THE RIGHT TIME

WHAT IS BIOMARKER TESTING?

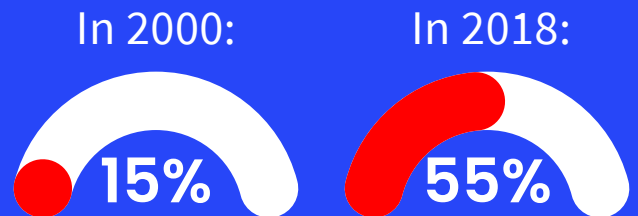
Biomarker testing is often used to help determine the best treatment for a patient.

- It is the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker.
- Biomarker testing is an important step for accessing precision medicine, including targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.
- While most current applications of biomarker testing are in oncology and autoimmune disease, there is research underway to benefit patients with other conditions including heart disease, Alzheimer's disease, and other neurological conditions, rare disease, infectious disease and respiratory illness.

THE IMPORTANCE OF BIOMARKER TESTING



Of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing prior to use¹



Of cancer clinical trials involved biomarkers²

BIOMARKER TESTING & HEALTH EQUITY

- **Not all communities in Hawaii are benefiting from the latest advances in biomarker testing and precision medicine.**
 - Patients who are older, non-white, uninsured or Medicaid-insured, are less likely to be tested for certain guideline-indicated biomarkers.
 - There are lower rates of testing in community settings versus academic medical centers.

THE BOTTOM LINE

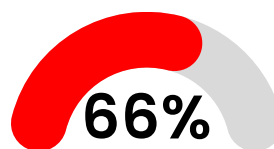
Access to appropriate biomarker testing may help to achieve:

- better health outcomes
- improved quality of life
- reduced costs

Insurance coverage for biomarker testing is failing to keep pace with innovation and advancement in treatment.

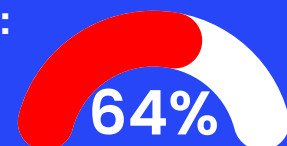
- Without action, this could increase existing disparities in health outcomes by race, ethnicity, income and geography.

Twenty states have recently passed legislation to expand coverage of comprehensive biomarker testing.



Of oncology providers reported that insurance coverage is a **significant or moderate barrier** to appropriate biomarker testing for their patients³

In HAWAII:



Of fully insured covered lives are enrolled in a plan with coverage that is more restrictive than National Comprehensive Cancer Network guidelines⁴

SUPPORTERS OF HAWAII BIOMARKER TESTING LEGISLATION HB 553 & SB 969



- ¹ Suehnholz SP, Nissan MH, Zhang H, et. al. Quantifying the Expanding Landscape of Clinical Actionability for Patients with Cancer. Cancer Discov. 2023.
- ² The Evolution of Biomarker Use in Clinical Trials for Cancer Treatments: Key Findings and Implications. Personalized Medicine Coalition, 2019.
- ³ ACS CAN. "Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers." December 2021.
- ⁴ Wong WB, Anina D, Lin CW, and Adams D. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. Per Med 2022; 10.2217/pme-2021-0174.

For more information please contact:

Cynthia Au, ACS CAN Hawaii Government Relations Director

✉ Cynthia.Au@cancer.org

☎ 808.460.6109

Attached is a list **228** individuals who have signed the petition below.



Right Treatment *for the* Right Patient *at the* Right Time

Biomarker testing helps connect patients with the most effective treatments for their cancer – **but not all patients who need it are benefiting from this important testing.**

Why is ensuring equitable access to biomarker testing important?

- Targeted therapies based on the results of biomarker testing, can lead to improved survivorship and better quality of life for cancer patients.
- Insurance coverage for biomarker testing is failing to keep pace with innovations and advancements in treatment preventing all communities from benefiting from the latest advancements in biomarker testing and precision medicine.

I urge members of the Hawai'i Legislature to support expanding access to biomarker testing.

Sign digitally here →



Name: _____

Address _____ City _____

Zip code: _____ Email: _____

☐ Yes, sign me up for email updates on this and other cancer-fighting campaigns!

We care about your privacy and protect how your information is used. To view our complete privacy policy, or if you have any questions, please visit: fightcancer.org/privacypolicy



Biomarker Testing Petition				
I SUPPORT! Right Treatment of the Right Patient at the Right Time				
I urge members of the Hawaii Legislature to support expanding access to biomarker testing.				
	Name	Address	City	Zip code
1	Tricia Buskirk	75-664 Moa Lanakia St	Kailua Kona	96740
2	Yoanna L Tamura	2304 Aumakua St	Pearl City	96782
3	Beverly C. Wong	3522 Ala Aloalo Place	Honolulu	96818
4	Francis Wong	3522 Ala Aloalo	Honolulu	96818
5	Brad Stout	1285 Waalanuenue Ave	Hilo	96720
6	Merrick Nishimoto	P.O. Box 116	Kealahou	96750
7	Dennis Tatti	25-5772 Makelina Pl	Kailua-Kona	96740
8	Annette O'Brien	33 Puuttina St	Hilo	96720
9	Frances Forde	PO Box 10850	Hilo	96721
10	Ashley Mainaupo	PO Box 1623	Keaau	96749
11	Lianna Kaetsu	PO Box 7177	Hilo	96720
12	Lisa Robertson	PO Box 7499	Hilo	96720
13	James Tom	155 N. Beretania E1009	Honolulu	96817
14	Titi Ricafort	952051 Waikalan Pl Apt E504	Miliani	96789
15	Marytess Camal	94-730 Lumiauau St	Waipahu	96191
16	Jade Nikeido	463 Keanuhea	Kula	96790
17	Neau Paleka	480 East Kuiana Rd	Haiku	96708
18	Guiyan Lee	500 Lunalilo Home Road 15F	Honolulu	96825
19	Keli Chikeur	670 Prospect St. Apt #704	Honolulu	96818
20	Mavis Hur	98-1005 Moanaiua Rd.	Aiea	96701
21	Sandra Shin	2304 Halikea Dr.	Honolulu	96821
22	Kyllie Siu	15 Iliaina Pl	Kailua	96734
23	Traci Sparks	1366 Laukalii St.	Honolulu	96821
24	Alton Fujio	1578 Ala Napunani	Honolulu	96818
25	Ann Marie Serrao	PO Box 144	Hilo	96721
26	Wilson Lan	303 Kealahou St	Honolulu	96825
27	Sean Keenan	5532 Pia St	Honolulu	96821
28	Neil Shim	1613 A Kamehameha IV Rd	Honolulu	96819
29	Ron Foo	2304 Halikea Dr	Honolulu	96821
30	Renee Osat-Kawasuki	1162 Mokuhano St. B201	Honolulu	96825
31	Brigid Omeaoa	927 Hahaione St	Honolulu	96825
32	Simley Deuchar	3859 Owena St	Honolulu	96815
33	Jane Takura	3677 Loulu St	Honolulu	96822
34	Christina Salisbury	75-6081 Alii Dr #DD102	Kailua-Kona	96740
35	Tim Buskirk	75-664 Mea Lanakela St	Kailua-Kona	96740
36	Andrea Tatti-Ramirez	74-5154 Hokalii Place	Kailua-Kona	956740
37	Ted Lea	PO Box 45	Kailua-Kona	96745
38	Karen Teshima	130 Ainalako Rd	Hilo	96720

	Biomarker Testing Petition			
	I SUPPORT! Right Treatment of the Right Patient at the Right Time			
	I urge members of the Hawaii Legislature to support expanding access to biomarker testing.			
39	Chany Hamilton	4547 Pnihi Rd	Kapaa	96746
40	Alek Ahana	368 Keokiana Pl	Kapaa	96746
41	Laura Creider	91-1387 Keoneula Blvd	Ewa Beach	96706
42	Evalei Shimabukuro	4214 Wumanao St	Anahola	96703
43	Maty L Simmons	4431 Kale Pl Apt #9	Lihue	96766
44	Marissa Erglin	2889 Mokoi St	Lihue	96766
45	Shirley Wilkie	PO Box 791	Kapaa	96746
46	Lissa Lang	3727 Waha Rd	Kalaheo	96741
47	Joni Trinidad	PO Box 1214	Lihue	96766
48	Dixie Prichard	626 Kamala Rd #D	Kapaa	96746
49	Patricia M Huff	3427 Nalohia Pl	Kalaheo	96741
50	Kevin Huff	3427 Nalohia Pl	Kalaheo	96741
51	Laura Walters	95-675 Holani St.	Mililani	96789
52	Joannie Lewis	2525 Kapi'olani Blvd.	Honolulu	96826
53	Leong Gouland	915 Laki Rd.	Honolulu	96817
54	Coreen Yasuda	1861 A Lanikeha Place	Pearl city	96782
55	Kuuipo	85-1 75 Farrington Highway	Waianae	96792
56	Michael Voss	134 Pai Cir Unit101	Wahiawa	96786
57	Katelyn voss	134 Pai Cir Unit101	Wahiawa	96786
58	Gail Maemori	94-1169 Lumipolu St		96797
59	Debbiedean Menor	67-271 Kukea Cir	Waialua	96791
60	Chandra Quinlan	94-1461 Waipio Uka Place, P103	Waipahu	96797
61	AURORA VALENZUEZA	91-935 Ulolani St.	EVA BEACH	96706
62	Jennifer Seki-Wong	1471 Molehu Drive	Honolulu	96818
63	Myra Yamada	95-1034 Hoalia ste	96789	96789
64	SHEMNON MIYAMOTO	95-102P MANOA ST.	MILILANI	96709
65	Brandy Lagon	977 Prospect St.#B	Honolulu	96822
66	Leona Santiago Stephens	3215 Ala Ilima St. #B-PH5	Honolulu	96818
67	Miulene Pilanca	949 Ala Nanala St. #1302	Honolulu	96818
68	Amanda-Joy Tautoa	779 Kam Hwy Apt 404	Pearl City	96782
69	Lybi Gonzales	91-1039 Paeolulu	Kapolei	96707
70	L. Yoshimoto	1480 F Pukele Ave	Honolulu	96816
71	Tori Outlaw	1054 Kalo Pl	Manoa	
72	Charles Hinnan	2015 Lime Street	Honolulu	96826
73	Cass Schuesslar	1088 Bishop Street	Honolulu	96813
74	Kennedy London	1054 Kalo Place	Honolulu	96826
75	Mari Tadaki	2005 Ind Way	Honolulu	96816
76	Lindsey K Leinaer	59524 Aukauka Pl	Haleiwa	96712
77	Frank Lee	1557 Mokuna Place	Honolulu	96816
78	Cheyenne Cullen	1995 Pauoa Road Apt B	Honolulu	96813

	Biomarker Testing Petition			
	I SUPPORT! Right Treatment of the Right Patient at the Right Time			
	I urge members of the Hawaii Legislature to support expanding access to biomarker testing.			
79	Monique Gomes	45850 Luana Place	Kaneohe	96744
80	Melanie Kushi	913633 Kauluekoko St	Ewa	96707
81	Paula Lewis	1742 Young St 103	Honolulu	96826
82	Nicole Belcher	1001 Queen St #2103	Honolulu	96814
83	Rebecca Smith	1655 Makatoa St #1218	Honolulu	96814
84	Bridget Ryan-Kern	1003 5th Ave	Honolulu	96816
85	Hannah François	1132 Bishop St #2408	Honolulu	96813
86	Elsonne Miyashiro	2155 Palolo Ave	Honolulu	96816
87	Emily Hinrichs	45-760 Nanihoku way	Kaneohe	96744
88	Joshua Parks	7773 Sauo Dr	Wahiawa	96786
89	Kaley Wong	2609 Alawa Bud	Honolulu	96815
90	Amy Humphrey	99-519 Aiea Heights	Aiea	96701
91	Eujil Peralta	1321 Waimano Home Rd	Pearl City	96782
92	Adam Cadora	830 Cedar St.	Honolulu	96814
93	Lili Hallelt	3138 Waialae Ave	Honolulu	96816
94	MARIAN Roquette	84-680 Kili Dr. #1105	Waianae	96792
95	Barbara Michelman	381 Halemaumau Pl	Honolulu	96821
96	Constance Keahu Warringt	1562 ALA Aoloa Loop	Honolulu	96819
97	Elina Grugiar Bed	2747 Hillside Ave.	Honolulu	96822
98	Tyla Kalvaitis	6001 Farm ave	Pearl City	96786
99	Hyacinth Jurmey	1320 Alexander St.	Honolulu	96826
100	Laura Pietsch	490 Aulima Loop	Kailua	96734
101	Elizabeth Cotteel	201 Opihikau Way	Honolulu	96825
102	Angela Penn	3288 Moanalua Rd	Honolulu	96819
103	JOHN LEDEREL	2226 Liliha	Honolulu	96817
104	Erin Fukaya	701 Ilalo Street	Honolulu	96813
105	Judy Ko	500 Ala Moana	Honolulu	96813
106	Wynette Kitajima MD	PO Box 10	Kealahou	96750
107	Grace Hou	5824 N Camino Esplenda	Tucson	85718
108	Michele Yematsu	500 Ala Moana Blvd	Honolulu	96813
109	Kristle Akau	85-220 Lualualei Homestead Rd.	Waianae	96792
110	Karen Karbe	46-214 Konena Pl	Kaneohe	96744
111	Leslie Kumia	91-1085 Hanaloa st.	Ewa Beach	96706
112	May Allen	P.O. Box 235375	Honolulu	96823
113	Michael Shimada	3157 Charles St	Honolulu	96816
114	Teri Deptula	954096 Anna St		96789
115	Alva Sonomiera	98809 Paikauhale St	Mililani	96789
116	Amanda Park	95-1094 Hakala St	Mililani	96789
117	Russell & Bernardine Yama	95-1046 Aelike St.	Mililani	96789
118	Susie Omori	1065 Lima Dr	Honolulu	94817

	Biomarker Testing Petition			
	I SUPPORT! Right Treatment of the Right Patient at the Right Time			
	I urge members of the Hawaii Legislature to support expanding access to biomarker testing.			
119	Neelima M	BYUH. Lie -96762	Laie	96762
120	Janelle Gonzalo	92-427 Leiole st	Kapolei	96707
121	Jill Isono	1070 Ala Napunani St #301	Honolulu	96818
122	Audrey Adachi	94-1178 Nanilihilihi	Waipahu	96797
123	Susan Dela Pina	91-956 akaholo St	Ewa Beach	96706
124	ZAN DELAPINA	91-1018 Anaunau St.	Ewa Beach	96706
125	Hazel Kane	94-166 Kiala hoop	Mililani	96789
126	Victoria Martin	47-441 Ahuimanu rd	Kaneohe	96744
127	JASMINE DICKINSON	46-171 NONA Loop	Kaneohe	96744
128	Katrina Molenda	44-023 Kaimalu	Kaneohe	96744
129	Nancy Von Borzastowski	5121 Iroquios Ave	Ewa Beach	96706
130	Jill Baisac	94-1167 Nanilihilini St.	Waipahu	96797
131	Gail Sagimoto	45-346 Koa Kaniko St	Kaneohe	96744
132	Kehau Takahashi	89-336 Mano Ave	Waianae	96792
133	Melissa Adams	94-979 Kau'ola Pl. #105	Waipahu	96797
134	Edith Shigemoto	92-755 Makakilo Dr	Kapolei	96707
135	Nani Drimmondo	3461 Paalea St.	Honolulu	96816
136	LAURA E LYONS	2333 Kapiolani Blvd #1016	Honolulu	96825
137	R. Jung	2465 Ala Wai Blvd#104	Honolulu	96815
138	Karen Kanbe	44-214 Koaena Pl	Kaneohe	96744
139	G. Kawakami	46-289 Auna St	Kaneohe	96744
140	Grace DueNaluz	91-1143 Laupapa St	Ewa Beach	96706
141	Hilario G. Sagasay	99-438 Hapaini Pl	Waipahu	96797
142	Cipriano D. Corpuz	173 Anapalau St.	Honolulu	96825
143	Andres Ibero	1631 Kilohane	Honolulu	96819
144	Denise Tejada	1966 California St.	Wahiawa	96786
145	Onofre Jacinio	1733 Houghtailing St.	Honolulu	96817
146	Ashley Rodrigues	2116 Kolo Place	Wailuku	96793
147	Georgiane Koyanagi	37 Mokuhala Pl	Wailuku	96793
148	Kaleimaile Eldredge	141 Kuula St.	Kahului	96732
149	Noelani Eldredge	141 Kuula St.	Kahului	94732
150	Luz DiGNEY	39E Makahehi Place	Kahului	96732
151	Sarah Lane	55 Healaoi Pl	Makawao	96768
152	Kameron lum	573 Kaiwahine St. #201	Kihei	96753
153	Jordan Hernandez-Rodas	573 Kaiwahine St. Apt. 201	Kihei	96753
154	CHRISTIAN LUM	573 KAIWAHINE ST. 201	Kihei	96753
155	Rayana K.Lum	573 Kaiwahinest. #103	Kihei	96753
156	David Kauhoahaa	42 Kai Kame Pl	Kihei	96753
157	CASSIE PALI	42 KAIKANE PL	Kihei	96753
158	Patrica Kono	PO Box 881029	Pukalani	96788

	Biomarker Testing Petition			
	I SUPPORT! Right Treatment of the Right Patient at the Right Time			
	I urge members of the Hawaii Legislature to support expanding access to biomarker testing.			
159	Lucy Kono	166 Haulani st.	Pukalani	96788
160	Joanna Stearns	801 South St #4610	Honolulu	96813
161	Suzanne Carll	235 Queen St	Honolulu	96813
162	Anelalani Raposas	84814 FARRINGTON Hwy\	Waianae	96792
163	Chad Takasaki	2015 Lime St. #501	Honolulu	96825
164	Janet Hong	47-173B Hui Akepa Pl	Kaneohe	96744
165	ASHLEY YAP	640 Hahaione St	HONOLULU	96825
166	Shana Pilelo	94-439 Opihn St.	Waipahu	96797
167	Robert Young	94-325 Makohilani St.	Mililani	96789
168	Brannagan Mukaisu	316 Elelupe Rd. B	Honolulu	96821
169	Desiree Santana-Windham	94-765 Kaiao St	Waipahu	96797
170	Ron Samiamo	1121 Ala Mapunani St #703	Honolulu	96818
171	Keahi Birch	1113 Kainui Dr.	Kailua	96734
172	Sheri Iseri		Pearl Cily	96782
173	Lyle Santiago-Stephans	3215 ALA ILIMA ST.	Honolulu	96818
174	Donna Segiore	7146 Swissshelar Liy	Hillsboro	45133
175	Janis Takemoto	94-1481 Waipio UKG	Waipahu	96797
176	Emi Sampson	1065 Ilima Dr	Honolulu	96817
177	Brian Datuin	98-512 Kamahao St. Pl	Pearl Cily	96782
178	Casey Metrose	94-1067 Kapehu Street	Waipahu	96797
179	Elizabeth Johnson	3030 Ala ILima #1203	Honolulu	96818
180	Danielle Jones	3030 Ala Ilima st.	Honolulu	96818
181	Jane L. Hinrichs	45-760 Nanihoku Way	Kaneohe	96744
182	Kaleo Kia	440 Auwina Pl.	Kailua	96734
183	THERESA WIDMER	65-120 HUKILAU Lp	Waialua	96791
184	Mary Souza	1511 Nuuanu Ave Unit 114	Honolulu	96817
185	Bridget Hannu	94-428 Hokulewa Pi	Mililani	96789
186	Sophia Hanning	1335 Kanewai St	Honolulu	96816
187	Teagan Richards	1350 Ala Moana	Honolulu	96814
188	Kristiana Jamora	1335 Kanewai St.	Honolulu	96816
189	Katelyn Vanasupa	4152 Hanson St	Kailua	96734
190	Linda Hue	94-1018 Alau St.	Waipahu	96797
191	Fran Arline	98-941 A Kaonohi St.	Aiea	96701
192	HEIDI KELLER	Ilo PAR PL	LAKE MARY	32746
193	Christine Martinez	94-1484 Lanikuhana st #517	Mililani	96789
194	Cheryl Okuma	PO Box 1058 96793 Okuma	Wailuku	96793
195	Lila Johnson	520 Lunalilo Home Rd Unit 5405	Honolulu	96825
196	Lisa Uyehara	613 Kumukahi Pl	Honolulu	96825
197	Daryl Kurozawa	81 -6629 Aolani St	Kealakekua	96750

	Biomarker Testing Petition			
	I SUPPORT! Right Treatment of the Right Patient at the Right Time			
	I urge members of the Hawaii Legislature to support expanding access to biomarker testing.			
198	Rebecca Ward	4340 Pahoa Ave Apt 17C	Honolulu	96816
199	Valerie Weiss	6616 Alahele St	Kapaa	96746
200	Kathryn Omine		Honolulu	96822
201	Hereck Kauhako	758 Kapahulu Ave Ste Pm 100	Honolulu	96816
202	Cathy Stathakos	PO Box 22566	Honolulu	96823
203	Benita Brazier	PO Box 2665	Honolulu	96803
204	Makenna Thomas		Los Angeles	90024
205	Katherine Mobley	2432 Sonoma St	Honolulu	96822
206	Mark Vasconcellos	1717 Mott-Smith Dr Apt 2202	Honolulu	96822
207	Emma Ashworth	23534 Oriente Way	Ramona	92065
208	Blas Silva	91-721 Puamaeole St Apt 19C	Ewa Beach	96706
209	Robert Nehmad	935 Kauku Pl	Honolulu	96825
210	Charlene Kim	2315 Halekoa Dr	Honolulu	96821
211	Ryan Shontell		Honolulu	96826
212	Brandi Mikami		Honolulu	96813
213	Marci Takemoto		Honolulu	96826
214	Timothy Kim	2315 Halekoa Dr	Honolulu	96821
215	Cheryl Beckley	75 -5873 Walua Rd	Kailua Kona	96740
216	Gilda Valera	4280 Ono St	Lihue	96766
217	Madison Sweaney		Kapolei	96707
218	Elvelyn Fernandez	2385 Haumana Pl	Honolulu	96819
219	Lourdes Marcelo	94 -200 Mahapili St	Mililani	96789
220	John Lederer		Honolulu	96817
221	Kristin Bongaard		Kula	96790
222	Lourdes Marcelo	94 -200 Mahapili St	Mililani	96789
223	Peter Hirano	1422 Ohialoke St	Honolulu	96821
224	Richie Palafox	76 -6214 Leone Pl	Kailua Kona	96740
225	Elynelle Dechoso	94 -1197 Lumikula St	Waipahu	96797
226	Taylor Manskr			
227	Samantha Reed	68 -3485 Malina St Unit A	Waikoloa	96738
228	Bri Fuller	766 Hibiscus St	Honolulu	96818

HB-553-HD-1

Submitted on: 2/8/2025 11:32:40 AM

Testimony for CPC on 2/11/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cheryl K. Okuma	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 553 HD1 – Relating to Insurance

Tuesday, February 11, 2025; TIME: 2:00pm

Committee on Consumer Protection & Commerce

Chair Scot Matayoshi, Vice Chair Cory Chun and committee members:

My name is Cheryl K. Okuma and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB553 HD1.

I am a breast cancer survivor. In my immediate family of five (5), two others have endured other forms of cancer (prostate, colon). On my paternal side, my aunt is also a breast cancer survivor—twice. This causes me to wonder whether genetics is a factor. When I fill out forms for my check ups and exams I am asked if other immediate family members and those on my paternal and maternal side have had cancer, and what type.

Biomarker testing would provide a better way to determine what factors are involved, and in turn lead to the best treatment for cancer patients. Access to biomarker testing will lead to better health outcomes for cancer patients.

Progress in improving cancer outcomes increasingly involves the use of precision medicine, using information of a person's genes, proteins or other substances to diagnose and treat cancer

in a targeted way. Biomarker testing is a personalized, important step to accessing precision medicine and therapies, but insurance coverage is failing to keep pace.

Biomarker testing will lead to improved survivorship and better quality of life for cancer patients. Nearly 60% of all cancer drugs approved in the last 5 years require or recommend biomarker testing before use.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

TO: House Committee on Consumer Protection & Commerce
Representative Scot Z. Matayoshi, Chair
Representative Cory M. Chun, Vice Chair

DATE: Tuesday, February 11, 2025
TIME: 2:00 PM
PLACE: Via Videoconference
Conference Room 329

TESTIMONY IN SUPPORT OF HB 553 HD1, RELATING TO INSURANCE

Dear Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Dr. Cynthia J. Goto, and I am writing to express my support for House Bill 553 HD1, relating to insurance. This bill requires health plans to provide coverage for biomarker testing.

According to the American Lung Association State of Lung Cancer Report published in 2024¹, 21% of lung cancer cases are caught at an early stage in Hawaii, which is significantly lower than the national rate of 27%. Hawaii ranks 47th among the 47 states with data on diagnosis of lung cancer at an early stage placing it in the bottom tier of stage at diagnosis. In addition, the survival rate of people diagnosed with lung cancer in Hawaii is 25%, which is also significantly lower than the national rate of 28%.

Hawaii has yet to require any insurance coverage of comprehensive biomarker testing, which can help determine what treatment options would be best for individuals with lung cancer and other diseases.

Timely biomarker testing can help achieve better health outcomes, improve quality of life and reduce costs by connecting patients to the most effective treatment for their cancer.

Please support House Bill 553 HD1 to help save lives by protecting and expanding access to quality and affordable healthcare.

Thank you for the opportunity to testify.

Cynthia J. Goto, M.D.

¹ <https://www.lung.org/research/state-of-lung-cancer/states/hawaii>

TESTIMONY IN SUPPORT OF HB 553, HD 1
RELATING TO INSURANCE
February 11, 2025

House Committee on Consumer Protection & Commerce
Representative Scot Z Matayoshi, Chair
Representative Cory M Chun, Vice Chair
Members

My name is Julian Lipsher a member of the American Lung Association of Hawaii's Local Leadership Board, testifying as an individual in support of HB 553, HD 1, Relating to Insurance.

The bill would require, beginning 1/30/26, health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

Biomarker testing would help achieve patient outcomes that could better identify targeted treatments, improve health outcomes, improve quality of life and reduce costs. Biomarker testing is key to identifying the most effective treatment options for cancer patients as well as for other diseases.

Despite being part of standard of care treatment for many cancers, Hawaii currently does not require insurance coverage of comprehensive biomarker testing. Hawaii insurers are failing to uphold current best practices in cancer care.

According to the 2024 American Lung Association State of Lung Cancer Report, only 21% of lung cancer cases are caught at an early stage, lower than the national rate of 27%. Hawaii ranks 47th among 47 states with data on diagnosis of lung cancer. Additionally, the survival rate of people diagnosed with lung cancer in Hawaii is 25%, significantly lower than the national rate of 28%. Clearly, biomarker testing would improve both the survival rate and quality of life of Hawaii patients.

Your support in passing HB 553, HD 1 would significantly benefit the lives of cancer patients in Hawaii.

Thank you for the opportunity to testify.

Julian Lipsher, MPH

RE: Strong Support of HB553 – Relating to Insurance
Tuesday, February 11, 2025; TIME: 2:00PM
COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Chair Matayoshi, Vice Chair Chun and committee members:

My name is Natalie Hyman and I am a patient advocate living with Stage IV metastatic breast cancer. I am in STRONG SUPPORT of HB553.

I was diagnosed with stage IV metastatic breast cancer in 2020 and am still here today thanks in part to biomarker testing. At the time of my initial diagnosis, my oncologist ordered biomarker testing of my tumor. This tumor testing was the professional standard of care in breast cancer oncology. This is probably why my local oncologist ordered this test without expressing any concerns to me about possible insurance denial. The results of this test would reveal if any targeted therapies might work on my cancer.

My insurer denied coverage for this test based on their determination of medical necessity. The company's reason for denying me coverage for this standard of care biomarker testing was: "The use of comprehensive genomic profiling (expanded cancer mutation panels) for selecting targeting cancer treatment does not meet payment determination criteria because there is a lack of evidence that this technique improves health outcomes.

Many patients give up upon initial insurance denial because they do not have the energy or knowledge to appeal it. In my case, the testing company agreed to appeal on my behalf with help from my oncologist. Despite their months-long efforts, the insurer still refused to pay for this test. The cost was \$5,800. This biomarker test arguably meets the definition of medical necessity under current Hawaii law.

Medically necessary - as decided by the insurance plan's medical director – is often inconsistent with the recommendations of the treating physician, professional standards of care, and clinical practice guidelines.

Another example of my insurer denying coverage for a medically necessary biomarker test happened to me in 2023. In July 2023, my cancer progressed, which meant I needed to change treatments. Earlier that year (January 27, 2023), the FDA approved elacestrant for ESR1-mutated metastatic breast cancer with disease progression following at least one line of endocrine therapy. The FDA also approved a companion diagnostic device (a specific biomarker test) to identify patients with breast cancer for treatment with elacestrant. My cancer subtype and treatment history aligned with this newly approved drug; therefore, my oncologist ordered the corresponding test. It revealed that I did have the ESR1 mutation, and I was approved to receive elacestrant treatment. However, my insurer did not approve coverage for this biomarker test. Now it has been over 18 months and the insurer still has not issued a coverage decision. This test costs \$9,650. **This biomarker testing upon my cancer progression fit within the Hawaii statutory definition of "medical necessity" and yet the insurer will not pay for it. This test was FDA approved and directly impacted my ability to use a new drug – that may be my best chance**

against cancer. Moreover, ESR1 biomarker testing is specifically recommended in the NCCN Guidelines for breast cancer.

Hawaii's statutory definition of "medical necessity" depends upon the insurance company's medical director agreeing that the requested health intervention is indeed medically necessary. This puts the insurance company's interests above patient health outcomes. Current Hawaii law allows insurance companies to deny coverage by using the ambiguous and subjective definition of "medical necessity."

Patients should be able to get biomarker testing when it is ordered by their doctor and there is sufficient evidence that it can help guide their treatment. But that's not what's happening today. As my experience and others show, currently insurers in our state can use their own determinations of medical necessity to limit access to proven and necessary testing. In order to help future patients avoid the stress and struggle that I've experienced, I urge you to support HB553.

With thanks,

Natalie Hyman
Kailua, Hawaii 96734

HB-553-HD-1

Submitted on: 2/10/2025 6:51:42 AM

Testimony for CPC on 2/11/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristine Ashcraft	Individual	Support	Written Testimony Only

Comments:

It is vitally important to keep this legislation and maintain it as a disease agnostic. Access to evidence-based genetic testing should not stand in the way of cancer care, but it is also vital in many other clinical areas such as PGx testing for Plavix response in cardiovascular care. As you know, Hawaii just won a 916 million lawsuit against the makers of Plavix for not sharing that patients of Asian and Pacific Islander heritage are likely to fail treatment. Important genetic testing like this impacts many medications and disease states including cancer. Moreover, most studies show that PGx reduces spend from \$128-\$219 per month depending on the complexity of the patient population.

Chair Takayama, Chair Marten and joint committee members:

Our names are Susan and Peter Hirano.

We submit this testimony in **STRONG SUPPORT** of HB553.

In October 2021 Susan was diagnosed with Stage 4 breast cancer. The diagnosis rocked our world and set us on a journey that continues on today.

We recall our oncologist, Dr. Clayton Chong (who has since passed away), talking with us very early in this journey about doing a “biomarker test” on Susan’s biopsy.

This test as he explained it, would help us identify what path we can take for treatment.

It never occurred to us that this test would not be considered “medically necessary” and would not be covered by our insurance plan. After all, the test was ordered by a trusted oncologist with years of experience.

We were shocked to see this claim denied along with a \$9,650 bill from Guardant Health. The explanation of benefits from the insurance company read: “This claim was reviewed by our medical staff. The information we have in your case does not meet the medical criteria for payment.”

We appealed the denial and the claim was ultimately approved for partial payment. However, the thought that an insurance company could deem this test “unnecessary” makes no sense. To add to that, in the stage of Susan’s cancer journey we were in, we were emotionally fragile state trying to absorb and accept this unexpected turn in our lives - and having to expend energy with an insurance company to appeal a claim for a necessary test is frustrating beyond measure.

One final note.

Over the last 3+ years in this cancer journey we have come to understand that there are amazing medical advances to treat different types of cancer. **MANY** of these treatments are targeted therapies engineered specifically for certain mutations.

These mutations are not known without biomarker testing.

Without biomarker testing, these therapies may never be identified for use by patients like Susan. These new therapies have the potential to provide cancer patients a higher quality of life; a longer life; and maybe some day even a cure.

Thank you for the opportunity to provide our story.

Respectfully,

Peter and Susan Hirano

Honolulu

Beverly Wong
Honolulu, Hawaii 96818

RE: Strong Support of HB 553 HD1 – Relating to Insurance

House Committee on Consumer Protection & Commerce
Representative Scot Matayoshi, Chair
Representative Cory Chun, Vice Chair

Hearing Date: Tuesday, February 11, 2025

Chair Scot Matayoshi, Vice Chair Cory Chun and committee members:

I am Beverly Wong, an advocate of the American Cancer Society Cancer Action Network, and strongly support HB553 HD1: Relating to Insurance.

Due to the years of successful cancer research, my son was cured from his Acute Leukemia/Lymphomia and it is now in remission.

I beg you to pass this very important bill which will save many lives in the future and bring happiness to so many more families.

With thanks,

Beverly Wong
Honolulu, Hawaii 96818

Lynda Asato
1255 Nuuanu Avenue #1714
Honolulu, HI 96817
808-342-1850

RE: Strong Support of HB 553 HD1 – Relating to Insurance

Tuesday, February 11, 2025; TIME: 2:00pm

Committee on Consumer Protection & Commerce

Chair Scot Matayoshi, Vice Chair Cory Chun and committee members:

My name is Lynda and I am an advocate for the American Cancer Society Cancer Action Network as well as a cancer survivor of 30 + years. I am in STRONG SUPPORT of HB553 HD1.

I had to pay for my own genetic testing for Breast Cancer in 1993 and again in 2017. The cost was about \$3,000 each time. Insurance did not pay for the testing. Through the tests, I found out that I am not among those with BRCA genetic disorders. I am PALB2 and have that genetic mutation. The knowledge helps me to make better decisions about my health. I have paid for my own testing in the past and it was very costly, but helpful in my treatment choices over these years.

I am hoping that my insurance will pay for biomarker testing when I need it, should my cancer recur. I'm older and have been through three bouts of cancer, which makes me at higher risk of recurrence. I'm also retired so not able to readily pay for higher cost testing, as well as treatments, when medically necessary, which will require biomarker testing to qualify for now and in the future. Now that I am on a fixed income and retired, I would like to have insurance coverage for myself and others with cancer.

Nearly 60% of all cancer drugs approved in the last 5 years require or recommend biomarker testing before use.

I believe Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients like me.

For these reasons, I'm a strong supporter of HB 553 HD1. Thank you for accepting my testimony.

Mahalo,

Lynda Asato, Retired health advocate and educator
1255 Nuuanu Avenue #1714
Honolulu, HI 96817
808-342-1850

Carol Marx
Kailua, Hawaii - 96734

RE: Strong Support of HB 553 HD1 – Relating to Insurance

Tuesday, February 11, 2025; TIME: 2:00pm

Committee on Consumer Protection & Commerce

Chair Scot Matayoshi, Vice Chair Cory Chun and committee members:

My name is Carol Marx, and I am an advocate for the American Cancer Society Cancer Action Network and a member on ACS' Hawaii Guam Board. I am in STRONG SUPPORT of HB553 HD1.

I have lost a 21-year-old niece to colon cancer and my 61-year-old sister-in-law to ovarian cancer. Jackie, at age 20 survived only seven months post diagnosis while Oanh lived ten years post her stage-4 ovarian cancer discovery. Biomarker testing helped Oanh see her children graduate college, get married and know of a grandchild on the way.

I learned about biomarker testing through my sister-in-law's remarkable journey of care. She participated in clinical trials which used biomarkers to identify specific courses of action as molecular indicators helped her doctor direct her personal treatment.

Your approval of this bill will make a difference for families in Hawaii for the following:

- Provides the key to unlocking precision or personalized medicine.
- Helps to achieve better health outcomes, improve quality of life and reduce costs by connecting patients to the most effective treatment for their cancer.
- Provides access to this standard care of treatment for cancer patients through the improved insurance coverage.
- Makes available nearly 60% of all cancer drugs approved in the last 5 years that required or recommended biomarker testing before use.

Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,
Carol Marx
Kailua, Hawaii - 96734

LATE

HB-553-HD-1

Submitted on: 2/10/2025 8:07:03 PM

Testimony for CPC on 2/11/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Avery Olson	Individual	Support	Written Testimony Only

Comments:

Aloha all,

I am Dr. Avery Olson, a practicing OB/GYN in Hawaii. Please provide coverage for this service, which allows for better care for the people of our great state!

Support HB553.

-Dr. Avery