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GO2 FOUNDATION FOR LUNG CANCER

March 6, 2020

Garen Corbett, Director
University of California, Berkeley
California Health Benefits Review Program (CHBRP)
Berkeley, CA 94720-3116

Via Email: info@chbrp.org

Attention Garen Corbett, RE: AB 2640:

As Co-Founder, President & CEO of GO_2 Foundation for Lung Cancer (a recent merger of Lung Cancer Alliance and the Addario Lung Cancer Foundation), whose mission is transforming survivorship by saving, extending and improving the lives of those vulnerable, at risk and diagnosed with lung cancer. I am writing to express our support for AB 2640, introduced on February 20, 2020.

The proposed bill would amend SECTION 1. Section 1367.665 of the Health and Safety Code line 2 and SEC. 2. Section 10123.20 of the Insurance Code to prohibit an individual or group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2021, from requiring prior authorization for genetic biomarker testing for an enrollee or insured with metastatic or advanced stage 3 or 4 cancer.

Prior authorization, as mentioned in the bill, is a utilization management process used by health insurance companies to determine coverage for a prescribed procedure, service, or medication, which can also yield significant delays or denial of payment for covered services. As you may know, lung cancer is the leading cause of death among men and women, every racial and ethnic group in every state nationwide. Historically patients with lung cancer have experienced an exceptionally low survival rate (five-year survival rate of just over 19%) due to the overarching stigma and lack of early detection and treatment options. With recent exciting and dramatic breakthroughs, including life-saving screening and approval of more personalized and targeted drug therapies, patients now have more options as compared to a decade ago. Newer drugs such as targeted therapies are extending and improving lives, but it is imperative that patients receive timely diagnosis and testing so they receive the right drug at the right time.

Lung cancer is not just one disease but many diseases, often with high rate of mutations or tumor changes. A multi-center study across the US led by The Lung Cancer Mutation Consortium (https://www.ncbi.nlm.nih.gov/pubmed?term=24846037) found that about 60% of lung

adenocarcinoma (the most common type of lung cancer) patients had an actionable driver mutation (one that was associated with a potential personalized treatment option). We represent a community that adds approximately 230,000 Americans newly diagnosed with lung cancer each year. Each patient should receive comprehensive biomarker testing. Of the total number of patients diagnosed, we recommend all Non-Small Cell Lung Cancer (NSCLC) patients be tested at time of diagnosis. This is 85% of new cases or an estimated 195,500 people each year who should receive testing at their diagnosis. And then add in the people that relapse from treatment who should also receive comprehensive biomarker testing.

In our community, patients face enormous challenges around misdiagnoses, delays in diagnosis, single gene test coverage over guideline-based comprehensive testing, disparities in access to testing, and financial considerations. For these reasons, we endorse the proposed legislation (AB 2640) and ask for careful modifications on the recommended coverage. The state should take in account that within the current federal system, different coverage policies exist between Medicare and private insurers and most tests are only covered once, while comprehensive biomarker testing needs to be done multiple times throughout therapy in order to adapt treatment based on specific tumors or changes.

We recommend the inclusion of strong language that supports evidence-based medical guidelines or the National Comprehensive Cancer Network (NCCN) guidelines to allow for coverage of more biomarker test at the time of progression for cancer patients. In addition, we advocate to advance precision medicine by removing the access barriers to specialty care, comprehensive biomarker testing and specifically prohibiting prior authorization as a utilization management tool for biomarker testing.

As the legislative process continues, GO_2 Foundation for Lung Cancer looks forward to working with the CHBRP and the State Assembly to ensure greater outcomes for our community. Please contact Elridge Proctor, Senior Director, Government Affairs at 202-742-1427 or email Eproctor@go2foundation.org with any questions or information.

Sincerely,

Laurie Fenton Ambrose
Co-Founder, President & CEO
GO_2 Foundation for Lung Cancer