



March 25, 2026

The New Hampshire House of Representatives
Committee on Commerce and Consumer Affairs
107 North Main Street
Concord, NH 03301

Dear Chairman Hunt and Members of The Committee on Commerce and Consumer Affairs,

On behalf of the patients and health care providers we represent across New Hampshire, we respectfully request that you **amend and pass** SB 606, to ensure patients with Medicaid have coverage for biomarker testing when medically appropriate.

Biomarker testing connects patients with the most effective treatments.

Precision medicine uses biomarker testing to gather information about a person’s own body to prevent, diagnose, or treat disease.ⁱ This information is found by testing a patient’s tissue, blood, or other biospecimen for the presence of a biomarker (e.g., genetic alterations, molecular signatures). The results of biomarker testing can help determine the treatments that will work best for a specific patient and can also allow patients to avoid treatments that are likely to be ineffective.

Access to biomarker testing can help achieve the triple aim of health care including better health outcomes, improved quality of life, and reduced costs. This testing can lead to treatments with fewer side effects, longer survival, and allow patients to avoid treatments that are likely to be ineffective or unnecessary. Studies have found upfront broader biomarker testing results in substantial cost savings for commercial payersⁱⁱ and decreased expected testing procedure costs to the health plan.ⁱⁱⁱ Some studies have found minimal cost increases as a result of the costs of more effective treatment and prolonged patient survival.^{iv} Unfortunately, there are significant gaps in coverage and patients are missing out on needed biomarker testing. Studies show that Medicaid enrollees are less likely than commercially insured patients to receive the testing they need.^v

The purpose of SB606 is to enable more New Hampshire residents with Medicaid to access the biomarker testing they need. The New Hampshire Senate passed SB 606 on March 13, 2026. Unfortunately, the bill was amended in this process. We urge the House to amend the bill so it achieves the intended purpose of providing Medicaid coverage for biomarker testing for the purposes of diagnosis, treatment, appropriate management and ongoing monitoring when a test meets a specified standard of evidence demonstrating it is appropriate for a patient.

This legislation, if amended, would establish clear guardrails to align coverage of biomarker testing with robust and reputable sources of evidence, for the purposes of testing defined in the bill. Tests will not meet the criteria spelled out without having clear benefit, and physicians will not order tests that won’t provide useful information. This structure ensures patients have access to the testing they need. The following amendments are needed:

1. Linking Clinical Utility to the Evidence Criteria

As written, the bill allows DHHS to determine if the test provides clinical utility instead of linking clinical utility to the evidence criteria as we had agreed upon. A test meeting one of the evidence criteria and being ordered by a provider satisfies the clinical utility requirement.

2. Striking or Allowing Treating Provider to Determine Medical Necessity

The language also requires the New Hampshire Medicaid program to determine if the test is “medically necessary”. This codifies current practice and would not improve access for patients. We understand that there are concerns regarding reimbursement for services if the term is not included. To this end, it’s important to note that 17 states have enacted policies to require Medicaid

coverage of biomarker testing without “medically necessary” language included, with no reported problems having services reimbursed for the biomarker tests they are covering.

3. Striking the “Sufficient Funding” Language

If passed, this allows the program to choose to not implement the law.

This language has been thoroughly vetted and received **broad support from patients, providers, and lawmakers**. Comparable legislation has become law in 20 other states, including Connecticut, Georgia, Indiana, Iowa, Kentucky, Mississippi, New Jersey, Rhode Island, and Texas, with overwhelming bipartisan support.

The use of biomarker testing and targeted therapy has been progressing rapidly and has become the standard of care for certain cancers. There are now multiple FDA-approved targeted therapies across several cancer. Biomarker testing is increasingly important to the treatment of other diseases as well including Alzheimer’s, rheumatoid arthritis, other autoimmune conditions, organ and tissue transplant, rare diseases, and preeclampsia.

SB606, if amended and passed, would be critical to removing barriers to biomarker testing to ensure that patients can unlock the value and cost-savings potential of precision medicine. We have included our proposed amendments and are grateful for your consideration and support.

If you have any questions about this legislation, please reach out to Mike Rollo, New Hampshire and Vermont Government Relations Director with the American Cancer Society Cancer Action Network, at Mike.Rollo@cancer.org.

Sincerely,

AiArthritis: International Foundation for Autoimmune & Autoinflammatory Arthritis

Aimed Alliance

ALS Association

American Cancer Society Cancer Action Network (ACS CAN)

American Association of Clinical Urologists (AACU)

American Lung Association

Arthritis Foundation

Autoimmune Association

Biomarker Collaborative

Cactus Cancer Society

CancerCare

Cancer Support Community

Coalition of State Rheumatology Organizations (CSRO)

Colon Cancer Coalition

Color of Gastrointestinal Illnesses

Crohn's & Colitis Foundation

Debbie's Dream Foundation: Curing Stomach Cancer

EndPreeclampsia.org

Every Life Foundation

Exon 20 Group

Fight Colorectal Cancer

FORCE: Facing Our Risk of Cancer Empowered

GI Cancers Alliance, Inc

Global Coalition on Aging

Global Colon Cancer Association

Global Liver Institute

GO2 for Lung Cancer

Head and Neck Cancer Alliance

HEAL Collaborative
Honor the Gift
ICAN, International Cancer Advocacy Network
Infusion Access Foundation (IAF)
KRAS Kickers
Lung Cancer Research Foundation
LUNGeivity Foundation
Lupus and Allied Diseases Association, Inc.
MET Crusaders
The Michael J. Fox Foundation
National Ovarian Cancer Coalition
Oncology Nursing Society

One Cancer Place
Ovarian Cancer Research Alliance
Parkinson's Foundation
Patient Empowerment Network
Patients Rising
PDL1 Amplifieds
The Raymond Foundation, Inc
Sharsheret
Stupid Cancer
Triage Cancer
VHL Alliance
ZERO Prostate Cancer

ⁱ NCI Dictionary of Cancer Terms. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/precision-medicine>.

ⁱⁱ 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

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ⁱⁱⁱ 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>

^{iv} 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>

^v 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.