March 18, 2025

Commissioner Sharon P. Clark
Kentucky Department of Insurance
P.O. Box 517
Frankfort, KY 40602-0517

RE: Public Comments on Amendment to Kentucky's Essential Health Benefit – Benchmark Plan

Dear Commissioner Clark,

Our groups appreciate the opportunity to comment on the proposed changes to Kentucky's Benchmark Plan (BMP) for plan year 2027. We appreciate the inclusion of biomarker testing consistent with House Bill 180 as a covered benefit in the BMP. This explicit clarification for the coverage of biomarker testing will ensure more Kentuckians can access the testing needed to more accurately diagnose and treat many conditions, including cancer.

Precision medicine uses biomarker testing to gather information about a person's own body to prevent, diagnose, or treat disease.[1] 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. Currently, communities that have been excluded including communities of color, individuals with lower socioeconomic status, rural residents, and patients receiving care in non-academic medical centers are less likely to receive guideline-indicated biomarker testing.[2,3,4,5,6,7]

The BMP update is consistent with House Bill 180, now Chapter 77, which requires plans to cover biomarker testing *for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of an insured's disease or condition when the test is supported by medical and scientific*

[1] NCI Dictionary of Cancer Terms. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/precision-medicine. Accessed September 7, 2020.
[2] 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.
[3] 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.
[4] Lamba, N., & Iorgulescu, B. (2020). Disparities in microsatellite instability/mismatch repair biomarker testing for patients with advanced colorectal cancer. Cancer Epidemiol Biomarkers Prev December 1 2020 (29) (12 Supplement) PO-091; DOI: 10.1158/1538-7755.DISP20-PO-091.
[5] 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.
[6] 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
[7] 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.cllc.2018.03.014

evidence, which includes *(a) Labeled indications for an FDA-approved or FDA-cleared test; (b) Indicated tests for an FDA-approved drug; (c) Warnings and precautions on FDA-approved drug labels; (d) Centers for Medicare and Medicaid Services national coverage determinations; (e) Medicare Administrative Contractor local coverage determinations; (f) Nationally recognized clinical practice guidelines; or (g) Consensus statements.*

Ensuring appropriate access to comprehensive biomarker testing will open advances in precision medicine to more Kentuckians. We appreciate your work to ensure that plans comply with the requirements of House Bill 180. If you have any questions, please feel free to contact the American Cancer Society Cancer Action Network (ACS CAN) Kentucky government relations director Doug Hogan at doug.hogan@cancer.org.

Sincerely,

AiArthritis: International Foundation for Autoimmune & Autoinflammatory Arthritis
ALS Association
American Association of Clinical Urologists (AACU)
American Cancer Society Cancer Action Network
Arthritis Foundation
Biomarker Collaborative
Cancer*Care*
Cancer Support Community
Cervivor, Inc.
CLL Society
Colon Cancer Coalition
Color of Gastrointestinal Illnesses
Coalition of State Rheumatology Organizations (CSRO)
Crohn's & Colitis Foundation
Debbie's Dream Foundation: Curing Stomach Cancer
End Preeclampsia
Exon 20 Group
Fight Colorectal Cancer
Global Colon Cancer Association
Global Liver Institute
GO2 for Lung Cancer
HEAL Collaborative
Honor the Gift
ICAN, International Cancer Advocacy Network
KRAS Kickers
Lung Cancer Research Foundation
LUNGevity Foundation
Lupus and Allied Diseases Association, Inc.
MET Crusaders
Michael J. Fox Foundation
National Comprehensive Cancer Network® (NCCN®)
National Ovarian Cancer Coalition
Oncology Nursing Society
One Cancer Place
Patient Empowerment Network
Patients Rising
PD-L1 Amplifieds
Sharsheret
Triage Cancer
VHL Alliance
ZERO Prostate Cancer