March 6, 2020

Assemblywoman Lorena Gonzalez
Chair, California Latino Legislative Caucus
Chair, Assembly Appropriations Committee
State Capitol
P.O. Box 942849
Sacramento, CA 94249-0080

Dear Assemblywoman Gonzalez:

As Co-Founder, President & CEO of GO2 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.

As you 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 your proposed legislation and ask for careful modifications on the recommended coverage. The bill should take into 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.

The lung cancer community is too familiar with the consequences of being given wrong treatment due to lack of insufficient testing. To further 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, we recommend the inclusion of language that supports:

- Comprehensive Biomarker testing for the total number of patients diagnosed each year in the U.S. or at-least all NSCLC patients and affordable coverage for all relapses.
- Currently only one test is covered and only for advanced stage 3/4 cancer. But the science and clinical need for earlier stage testing has arrived, so we recommend the law be written to adapt to changes in science or align with the Comprehensive Cancer Network (NCCN) guidelines to allow for coverage of more test at the time of progression.
- To promote precision medicine and remove the access barriers to specialty care and comprehensive biomarker testing, we encourage you to maintain in the final bill strong language that removes prior authorization as a utilization management tool for biomarker testing.

As the state legislative process continues, GO2 Foundation for Lung Cancer looks forward to working with Assemblywoman Gonzalez 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
GO2 Foundation for Lung Cancer