



**Testimony of Michael Rollo, Vermont Government Relations Director,  
American Cancer Society Cancer Action Network**

**In Support of S. 154 “An act relating to health insurance coverage for biomarker testing” as  
amended by the Senate**

**April 9, 2026**

Good afternoon, Chair Black, and members of the Health Care Committee. My name is Michael Rollo, and I am the Vermont Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, advocates for evidence-based public policies to reduce the cancer burden for everyone. As the nation’s leading advocate for legislative solutions that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

On behalf of ACS CAN, I would like to thank you for this opportunity to submit the following testimony on S. 154. 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<sup>i</sup> and reduced costs.<sup>ii,iii</sup>

The original goal of this legislation was to ensure that Vermonters covered by commercial insurance and Medicaid had comprehensive coverage for biomarker testing when medically appropriate. Now that the bill has been replaced entirely by an actuarial study and analysis, we still support the legislation as we see this as an appropriate step in ensuring both expanded access to important testing/monitoring tools and solvency of our health care system. We look forward to working with members of the General Assembly and regulators to ensure the language of the bill achieves those goals.

Progress in improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person’s own genes or proteins to prevent, diagnose or treat diseases like cancer. Biomarker testing analyzes tissue, blood, or other biospecimens 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.<sup>iv</sup>

Not all communities are benefitting 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.

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People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from biomarker testing. 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 mortality when compared to commercially insured patients.<sup>v</sup> 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 for residents with Medicaid – advances in precision oncology could increase existing health disparities.<sup>vi</sup>

To be clear, biomarker testing is not indicated or appropriate for all patients, not even for all cancer patients – where biomarker testing is often utilized. We are not advocating for universal coverage of biomarker testing; rather, this legislation is tied to rigorous sources of medical and scientific evidence that guide who should receive this testing. In addition, as demonstrated in the stories you will hear today and read in the attachment to my testimony, there are countless examples of cancer patients in VT where biomarker testing led to decisions to forego unnecessary care like chemotherapy and radiation or resulted in transitions away from ineffective treatments. When patients forego unnecessary treatment there are direct and immediate results in terms of improving the individual’s quality of life and often in reducing out-of-pocket costs, including systemwide costs. Avoiding unnecessary side effects of ineffective treatment also can result in cost savings and can better support a patient’s ability to work, support their family, and engage in their community.

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.

The power of access to biomarker testing is truly a “gamechanger” for many cancer patients. **S. 154, as amended and passed by the Senate, would be critical move in the right direction to removing barriers to biomarker testing to ensure that patients can unlock the value and cost-savings potential of precision medicine.** We look forward to working with this committee and regulators to ensure more patients get the right treatment at the right time. I would be happy to answer any questions you may have about this important issue.

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<sup>i</sup> ACS CAN. Improving Access to Biomarker Testing: Advancing Precision Medicine in Cancer Care. September 2020. <https://www.fightcancer.org/sites/default/files/Improving%20Access%20to%20Biomarker%20Testing.pdf>

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<sup>ii</sup> Biomarker Testing Can Direct Care, but Only If Clinicians Perform the Right Tests. Evidence-Based Oncology, February 2020, Volume 26, Issue 2. <https://www.ajmc.com/view/biomarker-testing-can-direct-care-but-only-if-clinicians-perform-the-right-tests>

<sup>iii</sup> Mikyung Kelly Seo & John Cairns. Do cancer biomarkers make targeted therapies cost-effective? A systematic review in metastatic colorectal cancer. PLOS. September 26, 2018 <https://doi.org/10.1371/journal.pone.0204496>

<sup>iv</sup> ACS CAN. Improving Access to Biomarker Testing: Advancing Precision Medicine in Cancer Care. September 2020.

<sup>v</sup> Gross, C. P., Meyer, C. S., Ogale, S., Kent, M., & Wong, W. B. (2022). Associations Between Medicaid Insurance, Biomarker Testing, and Outcomes in Patients With Advanced NSCLC, *Journal of the National Comprehensive Cancer Network*, 20(5), 479-487.e2.

<sup>vi</sup> Ryan W. Huey, MD, Ernest Hawk, MD, MPH, and Anaeze C. Offodile II, MD, MPH. Mind the Gap: Precision Oncology and Its Potential to Widen Disparities. *Journal of Oncology Practice*. May 21, 2019:

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