March 10, 2026

Chair Lyons and Members of the Senate Committee on Health and Welfare:

Thank you for the opportunity to submit written testimony in support of S.154 which will expand access to comprehensive biomarker testing for patients in Vermont. As of the writing of this letter, similar legislation has been signed into law by 22 states with bipartisan support.[1]

Biomarker testing has been shown to improve the predictive accuracy of prostate cancer risk, help avoid ineffective treatments, and guide treatment decisions for prostate cancer patients.[2] Because of these benefits, nationally recognized clinical practice guidelines for prostate cancer screening recommend the use of biomarker testing. Although an increasing number of biomarker tests are performed to help treat prostate cancer patients,[2] 66 percent of oncology providers have reported that insurance coverage for biomarker testing is a significant or moderate barrier to appropriate biomarker testing.[3]

Improving insurer coverage for and access to biomarker testing is critical to reducing health disparities in prostate cancer and other diseases. Prostate cancer has the worst racial disparity among all cancers in the United States,[4] with Black men having a two-fold higher rate of prostate cancer mortality relative to men of other races.[5] Unfortunately, Black cancer patients are less likely to receive biomarker testing compared to White patients.[6] Studies have shown that when offered the same access to care as their White counterparts, Black men have similar prostate cancer outcomes, suggesting that the disparity in outcomes stems from social determinants of health and other factors that limit effective access to screening and early detection.[7]

Biomarker testing for prostate cancer patients improves outcomes, is critical to reducing health disparities, and is recommended in clinical practice guidelines. However, insurance plans do not cover biomarker testing for patients who need it. Therefore, I urge your support for S.154, to expand access to biomarker testing for patients.

Thank you, and please follow up with me with any questions.

Respectfully,
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[1] Biomarker testing coverage for all state-regulated plans: AZ, CA, CT, GA, IL, IN, IA, KY, MD, MN, NE, NM, NJ, NY, OK, PA, RI, TX Biomarker testing coverage for some plans: AR, CO, FL, LA
[2] Le, T., Rojas, P. S., Fakunle, M., & Huang, F. W. (2023). Racial disparity in the genomics of precision oncology of prostate cancer. Cancer reports (Hoboken, N.J.), 6 Suppl 1(Suppl 1), e1867. https://doi.org/10.1002/cnr2.1867
[3] Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers, December 2021, American Cancer Society Cancer Action Network. https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf
[4] Siegel, D. A., O'Neil, M. E., Richards, T. B., Dowling, N. F., & Weir, H. K. (2020). Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. In MMWR. Morbidity and Mortality Weekly Report (Vol. 69, Issue 41, pp. 1473–1480). Centers for Disease Control MMWR Office. https://doi.org/10.15585/mmwr.mm6941a1
[5] Lowder, D., Rizwan, K., McColl, C., Paparella, A., Ittmann, M., Mitsiades, N., & Kaochar, S. (2022). Racial disparities in prostate cancer: A complex interplay between socioeconomic inequities and genomics. In Cancer Letters (Vol. 531, pp. 71–82). Elsevier BV. https://doi.org/10.1016/j.canlet.2022.01.028
[6] 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
[7] Riviere P, Luterstein E, Kumar A, et al. Survival of African American and non-Hispanic white men with prostate cancer in an equal-access health care system. Cancer. 2020;126(8):1683-1690. doi:10.1002/cncr.32666