



February 2, 2021

Chairperson Kimberly Poore Moser
702 Capital Ave.
Annex Room 315
Frankfort, KY 40601

Dear Chair Moser,

We are writing this letter in support of 2021 HB 108, AN ACT relating to the codification of existing Medicaid cancer coverage, sponsored by Representative Melinda Gibbons Prunty.

It is no secret that Kentucky leads the nation in cancer cases and cancer deaths. Yet, we have made great strides through our statewide cancer control network and pragmatic policies, which have reduced barriers to screening and prevention. Focused efforts around colorectal cancer (CRC) prevention have been supported by our legislative and executive branches over the past 10 years.

As a direct result, Kentucky is nationally recognized as the #1 state in the nation for CRC screening improvements. This teamwork and bipartisan approach has reduced CRC cases by 25% and CRC deaths by over 30%. In 2020 alone, 400 Kentuckians did not develop CRC and 250 people did not die from it, thanks to improved screening rates. We can and we have made a difference.

Yet, our challenges remain. We still lead the nation in overall CRC incidence. We lead the nation in CRC cases under age 50 where 16% (1/6) have genetic syndromes as the underlying cause. Also, breast cancer mortality exceeds the national average despite high rates of screening. There is something else going on.

Between 5% and 10% of certain cancers are genetic in origin and therefore inherited. Identifying those who have already developed cancer is important as we can better manage their future risks and their family's risks. Genetic testing will also assist in determining the most appropriate forms of treatment, utilizing cutting edge immunotherapy through oncology, many of which are being developed right here in the state of Kentucky. Using genetic testing to help predict the risk of developing a cancer and then applying more intense screening and risk reduction behaviors help us to PREVENT cancers and SAVE lives.

Genetics are already essential to precision medicine as we offer better treatment options, including immunotherapy, for those with certain cancer genetic profiles.

Cancer though is complicated. One gene can cause multiple cancers (such as Lynch Syndrome, hereditary breast and ovarian cancer syndrome due to BRCA 1,2) and alternatively, one cancer type can be associated with many different genetic causes (i.e., breast, pancreas,

uterine, prostate, and ovarian cancers). Therefore, a panel of genetic tests improves the probability of linking a personal or family history of cancer to a specific genetic cause. Think of ordering a CAT scan of the abdomen to evaluate abdominal pain. We don't choose a single organ to look at, though we may have a suspicion. It gives information on multiple possible causes.

Cancers with a potential hereditary (genetic) cause are well known to all of us: colorectal, breast, ovarian, uterine, endometrial, pancreas, stomach, prostate, kidney/urinary systems and even some brain cancers and melanomas. A formidable list for sure. An accurate family cancer history with evidence-based and guideline-driven multigene panel (MGP) testing for hereditary cancer syndromes is essential to prevent or achieve early cancer diagnosis.

Multiple protections for insurability and job discrimination are already in place federally for those undergoing genetic testing since the passage of the 2006 GINA Act, promoting a wider use in medical practices. Unfortunately, genetic testing is still not being used to the greatest potential by a long shot.

One important reason, addressed in HB 108, is the current confusion in the Kentucky health care marketplace on what Medicaid covers specific to preventative testing based on a patient's risk assessment and family history. We commend Medicaid for currently covering cancer risk-genetic testing based on NCCN Guidelines, but this coverage should be codified in statute. This legislation would bring certainty to patients and providers across all Medicaid plans on what is covered and make sure that all ACS Screening Guidelines tests for CRC have to be offered fairly for all of Medicaid's patients across all of their plans.

Kentucky Medicaid providers and patients need every tool at their disposal to prevent and control cancer. Ensuring coverage for cancer-causing genetic abnormalities will save lives, prevent unnecessary suffering, and advance our cancer control mission for the Commonwealth of Kentucky.

Respectfully submitted,



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