

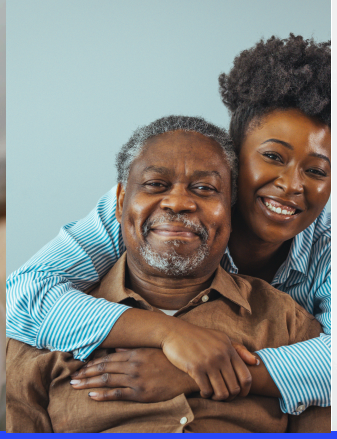

Biomarker testing Is transforming the treatment of cancer and other diseases while helping to reduce health care costs.

Biomarker testing is key to matching patients with the most effective treatment for cancer and other diseases. Biomarker testing helps clinicians identify the right treatment at the right time. Research shows that biomarker-informed cancer treatments can improve outcomes, extend survival and, for many patients, significantly enhance quality of life. In 2023, the state legislature passed legislation, with overwhelming bipartisan support, to ensure equitable coverage for proven biomarker testing for more New Yorkers.

This was a landmark victory for health equity, ensuring that the type of insurance a patient carried would not determine whether they could access precision medicine, the most advanced, targeted approach to cancer and other complex diseases.

Unfortunately, the governor's budget rolls back biomarker coverage for Medicaid patients, while people with private insurance are not impacted. By eliminating established Medicaid coverage criteria while leaving private insurance protections intact, the proposal fractures the consistency that allows providers to deliver equitable, evidence-based care across payors.

A rollback today would mean rolling back gains in health equity and could cost lives tomorrow. We must preserve Medicaid coverage of biomarker testing for New Yorkers. This proposal is short-sighted for the budget and will result in worse health outcomes.

ACS CAN is calling on state lawmakers to reject the governor's proposal to rollback Medicaid patients' access to biomarker testing. This proposal should not appear in the one-house budgets, nor in the final state budget. **Learn more at Fightcancer.org/nybio**

Reject Governor Hochul's Proposed Rollback of Biomarker Testing Access for Medicaid Patients

American Cancer Society Cancer Action Network℠

Coalition Calling For The Rejection of The Proposed Rollback of Biomarker Testing Access for Medicaid Patients

Advanced Medical Technology Association
Advocates for Universal DPD/DPYD Testing
AiArthritis: International Foundation for Autoimmune & Autoinflammatory Arthritis
ALS Association
ALS United Greater New York
Alzheimer's Association/Alzheimer's Impact Movement
American Association of Clinical Urologists
American Cancer Society Cancer Action Network
American Clinical Laboratory Association
American Lung Association
American Parkinson's Disease Association
American Society of Pharmacovigilance
Arthritis Foundation
Autoimmune Association
Biomarker Collaborative
Breast Cancer Coalition of Rochester
Cactus Cancer Society
Cancer Support Community
Cancer Support Team
CancerCare
Center for Independence of the Disabled, New York
Cheeky Charity
Coalition for 21st Century Medicine
Coalition of Hematology and Oncology Practices
Coalition of State Rheumatology Organizations
Colon Cancer Coalition
Color of Gastrointestinal Illnesses
Columbia University Herbert Irving Comprehensive Cancer Center
Crohn's & Colitis Foundation
Debbie's Dream Foundation: Curing Stomach Cancer
Emily Whitehead Foundation
EndPreeclampsia.org
Exon 20 Group
Familial Dysautonomia Foundation
Fight Colorectal Cancer
Fighting Chance
FORCE: Facing Our Risk of Cancer Empowered
GI Cancers Alliance, Inc
Global Coalition on Aging
Global Colon Cancer Association
Global Liver Institute
GO2 for Lung Cancer
Head and Neck Cancer Alliance
HEAL Collaborative
Honor the Gift
HPV Cancers Alliance
Hudson Headwaters Health Network
ICAN, International Cancer Advocacy Network
Infusion Access Foundation
KRAS Kickers
Lung Cancer Research Foundation
LUNGevity Foundation
Lupus and Allied Diseases Association, Inc.
M-CM Network
Medical Society of the State of New York
Memorial Sloan Kettering Cancer Center
MET Crusaders
Metro New York Health Care for All
Montefiore Einstein Comprehensive Cancer Center
Mosaic Health
Multiple Sclerosis of Central New York
NAACP NYS Conference
National Alliance on Mental Illness – New York State
National Comprehensive Cancer Network
National Organization for Rare Disorders
National Ovarian Cancer Coalition
New York Oncology Hematology
New York State Academy of Family Physicians
New York State Clinical Laboratory Association
New York State Radiological Society
NewYorkBIO
NewYork-Presbyterian Queens
Northwell Health Cancer Institute
NYU Langone Health
Oncology Nursing Society
One Cancer Place
Ovarian Cancer Research Alliance
Parkinson's Foundation
Patient Empowerment Network
Patients Rising
PDL1 Amplifieds
Roswell Park Comprehensive Cancer Center
Sandra and Edward Meyer Cancer Center at Weill Cornell Medicine.
Sharsheret
Sickle Cell & Thalassemia Patient Network
Sisters Network: A National African American Breast Cancer Survivorship Organization
Stony Brook Cancer Center
Stupid Cancer
Support For People With Oral and Head And Neck Cancer
Susan G. Komen
The Canavan Foundation
The Michael J. Fox Foundation
The New York State Neurological Society
The Raymond Foundation, Inc
The Tisch Cancer Institute at Mount Sinai
TOUCH, The Black Breast Cancer Alliance
Triage Cancer
VHL Alliance
Wilmot Cancer Institute at the University of Rochester Medical Center
ZERO Prostate Cancer

CITY & STATE NEW YORK

Opinion: New York must protect cancer patients' access to biomarker testing

Gov. Kathy Hochul's Executive Budget would weaken the evidence-based standards in New York's biomarker testing law, putting patient access at risk.

In 2023, New York passed a law ensuring that cancer patients can access biomarker testing. angelp via Getty Images

By Roxanne Persaud and Pamela Hunter

April 2, 2026 05:00 AM ET

When someone is diagnosed with cancer, time matters. Patients and their families are often forced to make urgent, life-altering decisions while navigating fear, uncertainty and a complex health care system. In those moments, access to the right diagnostic tools can make an extraordinary difference.

That's why New York took an important step forward when we passed our biomarker testing law, ensuring patients can access the precision diagnostics that guide modern cancer treatment. The law requires all state-regulated health plans, including Medicaid, to cover biomarker testing when a test meets established scientific standards such as Food & Drug Administration approvals, Centers for Medicare & Medicaid Services national coverage determinations, Medicare administrative contractor local coverage determinations, nationally recognized clinical guidelines or peer-reviewed evidence.

For patients, this law was a major victory. Too often in the past, individuals faced inconsistent insurance coverage and delays for tests that help physicians determine the most effective treatment. Across the country, states are recognizing the importance of precision diagnostics. Nearly half the nation has adopted the national model biomarker testing legislation, with states such as Mississippi joining the list just this year.

But New York's progress is now at risk.

Gov. Kathy Hochul's Executive Budget includes a proposal that would weaken the evidence-based standards in New York's biomarker testing law, putting patient access at risk. If enacted, New York would become the only state in the country to roll back the scientific criteria that ensure access to these tests.

For New Yorkers, the consequences could be profound. The result would be an unacceptable two-tiered system of care where some patients can receive precision diagnostics while others cannot. While the state Senate's One-House Budget preserves these standards, the Assembly's proposal takes a different approach. As budget negotiations continue, we must ensure the final budget fully protects these patient safeguards.

At the same time, protecting access to biomarker testing requires more than just preserving the statute. It requires strong oversight to make sure the law works for patients in practice. Biomarker testing provides physicians with critical information about which treatments are most likely to work. In cancers such as lung, breast, and colorectal, the right test can mean the difference between starting a targeted therapy immediately or enduring months of ineffective treatment.

For many communities, including those we represent in New York City and upstate, access to these diagnostics is especially important. Diverse and medically underserved populations already face disparities in early detection and advanced cancer care. Precision medicine should help close those gaps, not widen them.

Yet even with the law on the books, concerns persist about unclear insurer policies, gaps in coverage and denials that conflict with the statute's intent.

To fulfill the promise of this law, New York must remain vigilant. Regulators should issue clear guidance to insurers, improve transparency around coverage policies and enforce consequences when plans fail to comply. Patients and providers must also understand their rights so they can challenge improper denials.

Other states are already taking proactive steps. Medicaid programs across the country are updating biomarker testing fee schedules, and insurance regulators in states including Arizona, Colorado, Georgia, Louisiana, Nevada, New Jersey and Oklahoma have issued bulletins or rules reinforcing compliance with their biomarker coverage laws. New York should be just as proactive.

Strong enforcement is also essential to addressing health disparities. Low-income patients and communities of color often face the greatest barriers to advanced diagnostics and precision medicine. Ensuring consistent access to biomarker testing is one way we can help close those gaps and improve outcomes.

New York led the way by expanding access to precision medicine through our biomarker testing law. Now we must ensure that promise is fully realized. That means preserving the law's evidence-based standards and holding all state-regulated insurers, including Medicaid, accountable for full compliance.

For patients and families facing cancer, access to the right test at the right time can change everything. New York cannot afford to go backward.

Roxanne Persaud is a state senator representing the 19th Senate District in Brooklyn and Queens. Pamela Hunter is an Assembly member representing the 128th Assembly District in Syracuse.

ACS CAN SUPPORTS

A9571/S172A: Improving NY's Paid Family Medical Leave Program

Battling cancer is hard. Continuing to work full or even part time while undergoing cancer treatment is almost impossible. **Nearly 3 out of 4 cancer patients and survivors say they missed work due to their illness and 2 out of 3 missed more than a month of work.** Making matters worse, more than a third of those who missed work did not receive any pay for the time missed.

Studies show that cancer patients who have paid leave have higher rates of job retention and lower rates of financial burden. Yet not all cancer patients, survivors and caregivers who work have access to paid leave, and without it they risk losing employment or not getting the care they need.

New York made history when it enacted the Paid Family Leave program in 2016. The program was built on the state's decades-old temporary disability leave program. Together, paid family leave (PFL) and temporary disability insurance (TDI) constitute New York's paid family and medical leave program. While PFL is used to bond with a new child, care for a seriously ill loved one, or address the impact of military deployment, TDI is the program New Yorkers rely on when they need to take care of their own serious health needs.

When **PFL** was passed in 2016, it guaranteed New Yorkers 12 weeks of paid, job-protected leave at 67% of their wages -- up to **$1,151.16 per week** in 2024. But **TDI** remained untouched, languishing at a benefit level unchanged since 1989 -- a maximum of just **$170 per week**.

Importance of Intermittent Leave in Cancer Care

New York's paid leave program is woefully inadequate for those workers who need time off to care for themselves, not just their loved ones. Making matters worse, is the inability for workers to take time off intermittently to care for themselves or a loved one. While New York's Paid Family Leave (PFL) and Temporary Disability Insurance (TDI) programs ensure that a patient can take time for theirs or a loved one's treatment, the shortest duration that a patient may take time under PFL is one day at a time, and **TDI does not cover any intermittent leave.**

For many cancer patients this is problematic. Conditions like cancer (or treatment of cancer) are often sporadic or intermittent lasting weeks or months. That's why it is so important to give employees the right to take a few hours or days of leave at a time, if necessary, for their own serious health conditions or to care for family members with serious health conditions.

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A nationwide survey of cancer patients showed that of those cancer patients who had to take unpaid leave from work during their treatment **37% took either hours or days at a time, which is considered intermittent**, and 11% had a mix of increments of time taken. For those who benefitted from paid medical leave, 30% took time in increments of hours or days.

All working cancer patients, survivors, and caregivers should have access to paid family and medical leave that allows them to take time off work, including intermittently, to attend to their own or a loved one's care without losing their job or income. **No cancer patient should have to choose between feeding their family and keeping up with their treatment.**

Support A9571/S172A

A9571/S172A would transform New York's paid medical leave program and make a profound difference in the lives of New Yorkers, especially those already living paycheck to paycheck.

All working cancer patients, survivors, and caregivers should have access to paid family and medical leave that allows them to take time off work, including intermittently, to attend to their own or a loved one's care without losing their job or income.

A9571/S172A contains the reforms needed to make these programs work for all New Yorkers. To give New Yorkers the paid medical leave they need, the program must include all the reforms included in

A9571/S172A**:**

- Remove the $170/week cap on benefits for one's serious health condition and increase that cap to 67% of the State's average weekly wage by 2029;
- Provide intermittent leave;
- Protect workers' jobs and health insurance during medical leave;

These reforms are affordable. Paid family leave is entirely employee-funded, and temporary disability insurance is a shared employer-employee cost; the program's updates can be funded with only a small adjustment to current costs to employers and employees. A9571/S172A

If New Jersey Can Than So Can New York

On January 17, 2026, in one of his final acts as governor, Phil Murphy signed into law a bill that will greatly expand the reach and protection of the New Jersey Family Leave Act (NJFLA). NJ's Temporary Disability Insurance provides eligible employees with up to 26 weeks of partial wage replacement (85% of weekly wages, up to $1,119 in 2026). The new law also greatly expands state law to include new job-protection provisions for employees taking medical leave and receiving state Temporary Disability Insurance benefits. If New Jersey can deliver for their residents, then so can New York.

Updated 3.29.2026

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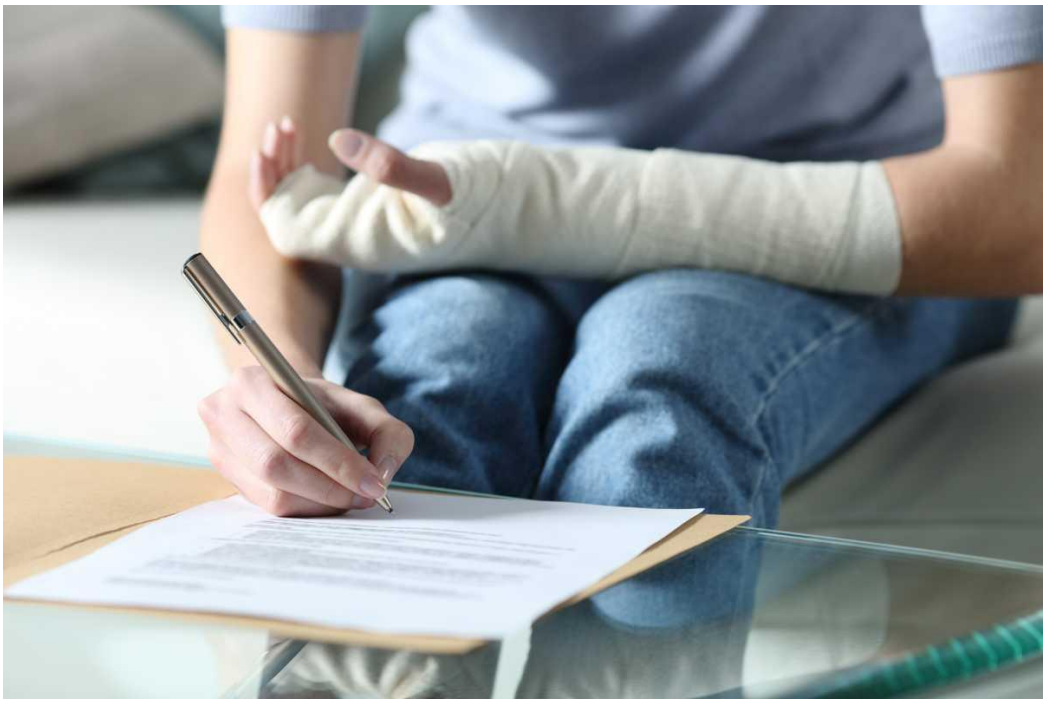
Op-Ed | Overhauling New York's paid medical leave law would benefit small businesses

By Dave Bolotsky and Randy Peers April 4, 2026



If you lose your job in New York, you can receive unemployment insurance payments of up to $869 per week. If a family member needs care, Paid Family Leave can provide up to $1,230 per week. But if you are injured outside of work — hit by a car, struck down by illness, suddenly unable to work through no fault of your own — the maximum benefit is just $170 a week. That figure has not been updated since 1989.

Small businesses know what it looks like when that inadequacy becomes someone's reality. Uncommon Goods is based in Brooklyn, employing about 140 year-round workers and around 1,000 during the peak holiday season. On Christmas Eve 2025, one Uncommon Goods warehouse team member was hit by a car on his way to work. He is lucky to be alive. He sustained a shattered pelvis, has undergone multiple surgeries, and remains hospitalized. Since his injury, Uncommon Goods has done what we can to support

him financially — because $170 a week is not support. It is an insult to someone who has given years of honest work.

His situation made something abstract suddenly concrete: New York's Temporary Disability Insurance program is broken, and the people it fails most are the ones who can least afford it.

The fix is straightforward. Workers who need time off to recover from their own illness or injury should receive the same wage replacement as those who take Paid Family Leave to care for a loved one – it is only fair. It is not a windfall. It is the bare minimum for a worker who cannot earn a paycheck through no fault of their own. And the cost to small businesses would be minimal — fully funded by small contributions from employers and employees.

Small businesses support this update because it is the right thing to do. It would also be good for business. Research consistently shows that robust paid leave programs improve employee engagement, morale, and loyalty. And when workers feel financially pressured to return before they are ready — or to work through illness they cannot afford to acknowledge — it costs companies, and society, more in the long run than any benefit contribution ever would.

New York considered legislation in 2025 that would make exactly this update. It did not pass. In 2026, the Governor and the legislature have another chance to make this change. The math is not complicated. The need is not abstract. The cost is manageable. What is missing is simply the will to act.

Uncommon Goods' team member is still in the hospital. He is not thinking about legislation or benefit formulas. He is thinking about his recovery, his future and whether he will be okay. The least New York can do is to make sure that when the next person finds themselves in this position, the state's answer is something better than $170 a week.

Dave Bolotsky is the founder of Uncommon Goods in Brooklyn and one of the 85,000 small business owners in Small Business Majority's network. Randy Peers is President & CEO of the Brooklyn Chamber of Commerce.

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fightcancer.org

ACS CAN SUPPORTS

S5565 / A6586: Improving Access To Patient Navigation Services

Navigating the health care system can be confusing and complicated. Making decisions after receiving a complex medical diagnosis such as cancer is challenging for anyone. Patient navigation is the individualized assistance that helps a patient overcome health care system barriers from prevention and early detection of disease to accessing necessary access to quality health and psychosocial care. Patient navigation extends across the full care continuum, beginning with screening and early detection, and extends through diagnosis, treatment, survivorship, and end-of-life. Access to patient navigation services can help patients and survivors get the care they need.

Improving Patient Outcomes and Reducing Health Care Costs

- Patient navigation services can help eliminate health disparities and reduce costs across the care continuum by addressing the needs of people who have been historically marginalized and excluded as well as those living in under resourced rural and urban communities.

> "Patient navigation can facilitate improved health care access and quality for underserved populations through advocacy and care coordination."

- Research has shown that inpatient navigation programs decrease hospitalizations and intensive care unit admissions and improve timely diagnostic follow-up. In the outpatient setting, patient navigation increases scheduled appointment arrivals, adherence to recommended cancer screening, and the likelihood that treatment is initiated within 30 to 60 days from diagnosis. This impact is realized across all populations, as navigation is proven to help eliminate health disparities and improve health equity in cancer care[1]

- Patient navigation services have a proven return on investment by helping identify and diagnose disease at earlier stages when less invasive and less costly treatment options are available to patients, often resulting in better outcomes.

- Multiple studies have shown that patient navigation services can reduce overall health care costs. In one study costs to Medicare declined significantly for navigated patients compared with non-navigated patients, with total costs reduced by $781.29 more per quarter per navigated patient for an estimated $19 million decline per year across the network compared to the non-navigated group.[2]

    A study of a citywide patient navigation program for breast cancer found that the potential costs savings from averted hospitalizations and emergency room visits for 63 additional patients who received timely treatment is estimated at $21,798-$30,429 and $2536-$5692 per patient, respectively, compared to treatment as usual.[3]

Despite the record of success, patient navigation services are still absent or limited in many cancer programs and hospital settings due to a lack of clinical reimbursement. A recent survey of cancer patients by the American Cancer Society showed that while nearly all (91%) of patients surveyed agree that it is important for cancer patients to have access to a patient navigator, only fifty-five percent say their primary oncology provider has a patient navigator available on staff.

Sustainable funding through reimbursement is needed

Throughout the U.S., a patchwork of coverage exists depending on the where patients live and the type of insurance coverage they have and is not continuous throughout the cancer care continuum due to a lack of insurance reimbursement. **S5565 / A6586** will require all state regulated health plans in New York State, including Medicaid, to reimburse for patient navigation services provided to patients to improve access to care for individuals who are eligible for **screening, follow-up, or treatment services related to serious illnesses like, but not limited to, cancer.** The definitions of eligibility, covered services, and qualifications are consistent with Medicare's rules for reimbursable patient navigation services.

Eligibility: Eligibility for patient navigation services coverage under S5565 / A6586 includes individuals with a serious condition that is expected to last at least three months and places the individual at high risk for hospitalization; nursing home placement; a sudden worsening of preexisting symptoms; physical or mental decline; or death.

Covered services: Patient navigation reimbursable services shall include but not be limited to:

- Screening for nonclinical and social needs that do not require a licensed healthcare provider to complete such as referrals and follow-up to connect individuals to services including, but not limited to transportation, employment, job training, food insecurity, childcare, housing, language or health literacy support;
- Help with enrollment or maintaining enrollment in government programs or other assistance programs;
- Arranging for and accompaniment to in-person and virtual healthcare visits; or
- Other prevention, screening and treatment health education, health navigation, health advocacy, or individual supports including transition of care supports.

Qualifications: To qualify for reimbursement for patient navigation services, the provider must:

- Be trained and have completed a national patient navigation certification or credentialing program, or other certification or training program approved by the state department of health;
- Be employed by or in consultation with article twenty-eight facilities, diagnostic and treatment centers, federally qualified health centers, clinics, physicians or other licensed healthcare providers, to provide patient navigation services; or
- Be authorized to provide patient navigation services under the general supervision of a licensed physician or other licensed healthcare provider.

S5565 / A6586 will improve access to quality care among communities that have been under-resourced by extending the reach of navigation services and ensuring that these services can be paid for over the long term. Therefore, **ACS CAN Supports S5565/A6586.**

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