EYE ON CANCER CARE

State Biomarker Coverage Laws

American Cancer Society Cancer Action Network™

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Issue

Over the past decades, there have been significant innovations in cancer care that have resulted in substantially improved cancer survival rates. For all cancers combined, the 5-year relative survival rate rose from 49 percent in the mid-1970s to a milestone 70 percent among people diagnosed from 2015 to 2021.[1] Increased survival rates are due in part to the advancement of cancer treatments, which have become more specialized over the years. Advancements in precision medicine have transformed cancer treatment by enabling care teams to use a patient's genomic profile and characteristics to guide treatment decisions, reducing cancer mortality rates and improving quality of life.[2]

Biomarker testing is a cornerstone of precision medicine.* Biomarkers are molecules in the body that can indicate disease presence or severity, including subtypes of cancer.[3] This testing allows doctors to precisely target a patient's specific cancer; as a result, some patients may not have to undergo more generalized treatments like chemotherapy and radiation that may not work as well for them or may be unnecessary.[4] Unfortunately, not all communities are benefiting equally from advancements in biomarker testing and precision medicine. Although these tests show great promise, significant barriers to access – such as cost and lack of insurance coverage – remain.[5] To help address these concerns and inequitable access, some states have enacted laws to expand coverage of biomarker testing.⁺ While state biomarker coverage laws are part of the solution and have the potential to improve uptake, they are only one tool for expanding access to biomarker testing and additional actions are needed to reduce barriers.

The Impact on Cancer Patients

For cancer patients, it is crucial to receive the right treatment at the right time. Biomarker testing helps physicians tailor their care plan and can provide access to life-saving treatments. In a 2023 survey of cancer patients and survivors, over three-quarters (77%) of those who have had biomarker testing agree that it gave their providers valuable information that improved their ability to treat the patient's cancer.[6] A uterine cancer survivor from North Carolina shared that after being told she had 6 months to a year to live, biomarker testing connected her to an immunotherapy trial that ultimately saved her life.

Some cancer treatments can also significantly impact patients' quality of life in the short-term – including side effects like severe fatigue, infection, nausea, lack of concentration, depression – and in the long-term – like heart or nerve damage or fertility problems.[7] Biomarker testing can reduce risk of exposure to these adverse side effects from unnecessary treatment.[8] In a survey of cancer patients, half of respondents reported they were able to avoid unnecessary treatments or procedures because they had biomarker testing.[6]

To ensure that patients have access to these cutting-edge tests when supported by medical and scientific evidence, it is crucial that health plans provide adequate coverage. Without access to biomarker testing, enrollees might have to choose between forgoing potentially game-changing testing and paying a large bill. After Marilyn from North Carolina was diagnosed with Stage 4 breast

* While biomarker testing is a critical component of cancer care, it is also used to guide treatment decisions in a growing range of other conditions and diseases including autoimmune diseases such as rheumatoid arthritis, rare diseases, mental health conditions, preeclampsia, Alzheimer's disease, and other neurological conditions.
⁺ This paper focuses on state biomarker legislation; federal legislation and requirements are outside its scope.

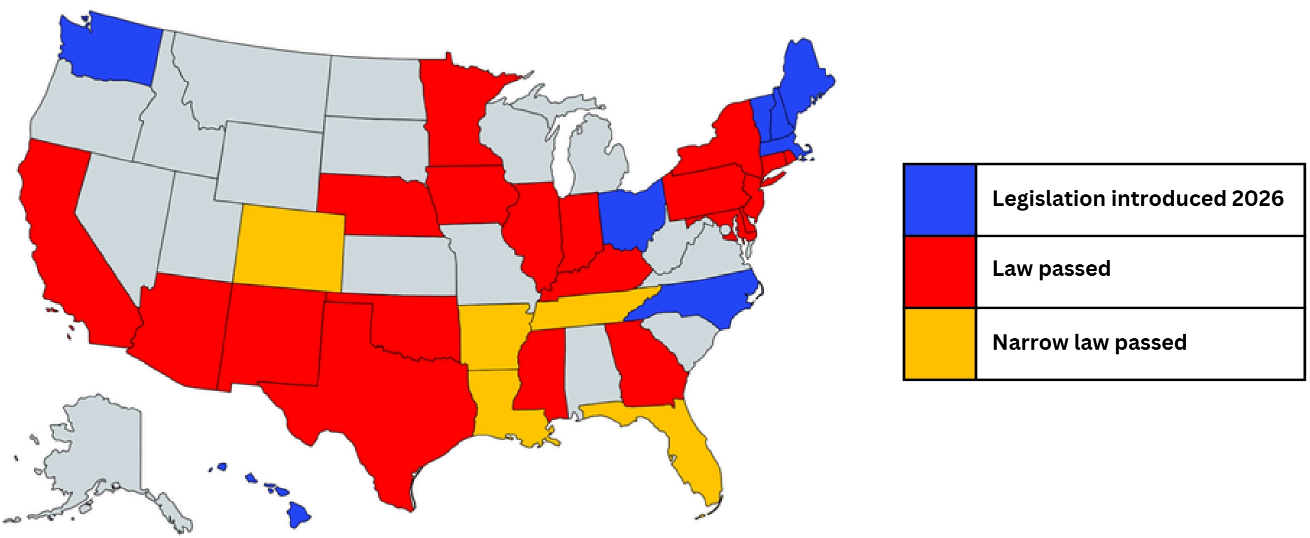
cancer, she received biomarker testing to determine exactly what type of breast cancer she had and identify alternative targeted treatment options. As a former senior level health insurance executive, she was shocked to receive an $8,000 bill for the testing that she assumed would be covered. While Marilyn faced significant out-of-pocket costs for testing in a state that has not passed a biomarker coverage law, she noted "[her] biomarker testing has opened up treatments that can keep [her] alive for years to come."[9]

> **"My biomarker testing has opened up treatments that can keep me alive for years to come. How could they deny me that?" - Marilyn, breast cancer patient from North Carolina**

Key Issues in Covering Biomarker Testing

As biomarker testing has become an increasingly important tool for guiding treatment decisions, some states have enacted legislation to expand insurance coverage for these tests. As of July 2026, 25‡ states have passed laws requiring some level of biomarker testing coverage.[10] However, these vary in scope and coverage criteria. For example, some laws, such as in Arkansas[11] and Louisiana,[12] require coverage only in private plans, while Florida's[13] law applies only to Medicaid and state employee health plans. Patients in the remaining states or excluded plans may have no or limited coverage, depending on their plan, resulting in uneven access across the country and a fragmented insurance coverage landscape.

Legislation to Expand Access to Biomarker Testing



Note: This chart was updated 7/23/2026
Legislation enacted: AZ, AR*, CA, CO*, CT, DE (awaiting signature), FL**, GA, IL, IN, IA, KY, LA*, MD, MN, MS, NE^, NJ, NM, NY, OK, PA, RI, TN**, TX'
Legislation introduced in 2026: DE, HI, MA, ME, NH, NC, OH, VT, WA
* Private plans only   **Public plans only   ^Nebraska law applies to a limited list of diseases and conditions

Even in states that have enacted biomarker testing coverage laws, implementation and enforcement challenges can limit their impact. Provider knowledge of biomarker testing and awareness of coverage requirements play a significant role in whether patients receive testing. As such, many patients may not know these tests are available or relevant to their care.[14] In addition, the documentation and

‡ This number includes Delaware which has a biomarker coverage bill awaiting the governor's signature.

administrative requirements from insurers can be lengthy, which physicians often cite as a challenge to timely testing.[14] A lack of transparency in coverage decisions and onerous utilization management techniques, such as prior authorization, can further restrict access.

Despite these challenges, states that have enacted biomarker testing coverage laws have generally experienced more favorable testing trends than the national average.[14] For example, biomarker testing rates among Medicaid patients with non-small cell lung cancer (NSCLC) fell by 4.8 percent nationally from 2021 to 2024.[14] In contrast, during the same period, rates declined less sharply in Arizona (-4.0%) and increased in California (+1.5%) and Illinois (+9.1%), all of which have enacted biomarker coverage laws.[14]

Several states have adopted additional policies and strategies to encourage biomarker testing uptake. For example, in May 2026, the Illinois legislature passed Senate Bill 3509 to strengthen the state's existing biomarker law by updating key definitions, ensuring coverage for evidence-based testing options, and increasing transparency in insurer coverage decisions and utilization management practices to promote more equitable access.[15] California[16] and Texas[17] have also sought to reduce administrative barriers within their Medicaid programs by establishing processes to request coverage for additional biomarker tests. In addition, insurance commissioners in states such as Arizona,[18] Georgia,[19] Illinois,[20] Kentucky,[21] Louisiana,[22] and Oklahoma[23] have issued insurance guidance bullets to clarify coverage requirements and promote more consistent implementation. These efforts highlight the significant potential of biomarker coverage laws, while also demonstrating that complementary policies and administrative/regulatory actions post enactment may be necessary to ensure broad and equitable access to biomarker testing.[§]

State Action to Improve Biomarker Testing Implementation

States	Strategy	Actions
Illinois [15]	Make access more equitable	Updated key definitions in biomarker laws related to coverage and insurer transparency.
Indiana [24]	Identify required procedure codes	Issued a guidance bulletin outlining procedure codes that meet the criteria for coverage.
California and Texas [16, 17]	Reduce administrative barriers	Established processes to request coverage for additional biomarker tests within Medicaid.
Arizona [20]	Highlight instances of non-compliance	Issued a guidance bulletin providing examples of denied coverage for biomarker testing and clarifying requirements.
Georgia [19]	Identify required coverage categories	Issued a guidance bulletin including a non-exhaustive list of tests and categories that meet the coverage threshold.
Kentucky [21]	Support enforcement of coverage requirements	Issued a guidance bulletin clarifying and reinforcing biomarker coverage law requirements, including that insurers do not have discretion to require additional or different coverage criteria, such as prior authorization requirements.
Louisiana and Oklahoma [22, 23]	Clarify coverage criteria	Issued guidance bulletins clarifying the interpretation of the law and defining the coverage threshold.

[§] In the Notice of Benefit and Payment Parameters (NBPP) for plan year (PY) 2027 Final Rule, CMS finalized a policy requiring states to defray the cost of state-mandated benefits in certain situations. As states assess the implications of this policy for existing biomarker testing coverage requirements, ACS CAN urges policymakers to recognize the importance of maintaining access to biomarker testing for patients for whom it may benefit.

Policy Recommendations

Advancements in biomarker testing have transformed cancer treatment, improving survival and quality of life by connecting patients with the therapies most likely to benefit them. Coverage of this testing is an essential step towards patients accessing precision treatments. ACS CAN supports policies to expand insurance coverage of comprehensive biomarker testing. ACS CAN recommends that:

- In states without biomarker coverage laws, state policymakers enact comprehensive legislation** that would require Medicaid and state-regulated private plans to cover evidence-based biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition, with coverage requirements that keep pace with scientific advancements.
- In states with biomarker coverage laws, state regulators work with interested stakeholders (providers, insurers, and patient groups) to ensure ongoing compliance with the legislation and to eliminate any barriers to coverage.
- States work with provider organizations to develop and disseminate provider education tools to support awareness of biomarker coverage requirements and facilitate ordering and appeals.
- Insurance commissioners in states with existing biomarker laws issue bulletins and issue ongoing guidance to promote uniformity in the application of required biomarker test coverage, facilitate necessary oversight, and conduct outreach to plans to ensure ongoing compliance.
- State insurance commissioners and Medicaid directors monitor implementation and investigate appeals of denied claims as well as lab and provider complaints.

** See Mississippi's law for an example of comprehensive legislation:
https://billstatus.ls.state.ms.us/documents/2026/pdf/HB/0500-0599/HB0565SG.pdf

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