



March 10, 2020

Dear Chair Moran and Members of the House Health and Human Services Policy Committee,

We write in support of HF3026/SF3125 which ensures coverage for routine care costs for individuals enrolled in an approved clinical trial for Medical Assistance (MA) enrollees. As organizations that value patient access to clinical trials, we strongly support passage of this legislation, which would ensure that Medical Assistance enrollees have the option of enrolling in an approved clinical trial that could result in life-saving or life-improving treatment.

Clinical trials often provide the best, and sometimes only, treatment option for patients with life threatening diseases or conditions. Without coverage, Minnesotans on MA lose the opportunity to try treatments through clinical trials, which may help them survive or improve their quality of life.

One in five Minnesotans use Medical Assistance, which is the only major payer that is not required by state law to cover routine costs for clinical trials. This coverage is already in place for Medicare patients and for those with private health insurance in Minnesota. This disparity is unacceptable. **Clinical trial access should be available to all Minnesotans regardless of age or income.**

Routine care costs are for treatments a patient receives regardless of if they are enrolled in a clinical trial. Because Medical Assistance already covers routine care costs for patients who do not enroll in clinical trials, we anticipate that this will have no impact on the MA state budget. Thirteen other states and the District of Columbia, including our neighbor to the south, Iowa, have made clinical trial access a reality for their Medicaid populations. Minnesota should be the next state to join them.

Additionally, increasing access to clinical trials improves the quality of medical research. This change would open clinical trial enrollment to those on MA and would make the recruitment pool of study participants more diverse. A more diverse group of study participants means a better chance that new treatments will work for a greater number of Minnesotans. **By improving new treatments, passage of this bill will benefit this generation and those to come in Minnesota.**

This seemingly small legislative change will have a meaningful impact on Minnesota's MA population. Not only will we give patients what could be their only access to a treatment or cure, we will continue to lead the nation in medical innovations and research. We ask for your support for this important bill.

Sincerely,

American Cancer Society Cancer Action Network (ACS CAN)

Association for Clinical Oncology

Be The Match/National Marrow Donor Program

Cancer Health Equity Network

Gillette Children's

Hennepin Healthcare

Leukemia and Lymphoma Society

Mayo Clinic

Medical Alley Association

Minnesota Cancer Clinical Trials Network

Minnesota Medical Association

Minnesota Oncology

Minnesota Society of Clinical Oncology

Sanford Health

This is Medicaid