

**WILLIAM G. BUSH, IV**  
STATE REPRESENTATIVE  
29<sup>th</sup> District



HOUSE OF REPRESENTATIVES  
STATE OF DELAWARE  
411 LEGISLATIVE AVENUE  
DOVER, DELAWARE 19901

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**House Economic Development, Banking, Insurance & Commerce Committee Minutes**

Date: 4.16.2024

House Committee Meeting

Chair Bush called the meeting to order at 12:00pm

Members present:

Representative William Bush, Chair  
Representative William J. Carson, Vice Chair  
Representative Paul S. Baumbach  
Representative Ron Gray  
Representative Krista Griffith  
Representative Larry Lambert  
Representative Michael Smith  
Representative Jeffrey Spiegelman  
Representative Madinah Wilson-Anton

Chair Bush introduced **HB 364 AN ACT TO AMEND TITLE 18 OF THE DELAWARE CODE RELATING TO CANCER COVERAGE.** *Time Stamp: 12:02*

Rep. Romer noted that the bill requires that individual, blanket, and group health insurance carriers cover drug treatment for the associated conditions of metastatic cancer in the same way treatment for metastatic cancer is covered.

Rep. Romer explained that the bill requires insurance companies to cover any FDA approved drug prescribed to treat the side effects of metastatic cancer treatment. Rep. Romer further explained that the Department of Insurance (DOI) reviewed the bill and obtained feedback from the carriers. Furthermore, she explained that the bill only falls under Title 18 and therefore the State's insurance plan is not affected.

Rep. Baumbach noted a scenario in which a drug companies' advertisement caused a patient to desire a certain medication. Rep. Baumbach described how Rep. Romer put him at ease with the fact that it still must be approved by the prescribed health care professional, not by the patient.

Rep. Romer added that it is doctor driven and must be specific to metastatic cancer conditions.

Rep. Baumbach asked whether the state plan provides the insurance company the ability to permit generics to be used in place of the what the prescribed health care professional chooses; he wondered whether that is available under this proposed law.

Rep. Romer stated she would have to consult with her team on that answer and will provide an answer at a later time.

Rep. Baumbach thanked Rep. Romer.

Chair Bush opened the floor for public comment. *Time Stamp: 12:07*

Member of the Public, Robert Overmiller, supported the legislation.

Rebekah Glick, Susan G. Komen, supported the legislation with a story of an advocate who had to quit her job because of the associated conditions of the cancer.

Chris Hass, DOI, noted that they are generally supportive of the legislation.

Francesca Vogel, Delaware Breast Cancer Coalition, supported the legislation.

Rep. Romer clarified that this bill is not limited to breast cancer.

A motion was made by Rep. Carson and was seconded by Rep. Griffith to release HB 364; motion carried. Yes = 9 (Baumbach, Bush, Carson, Gray, Griffith, Lambert, Smith, Spiegelman, Wilson-Anton). No = 0. Absent = 4 (Dorsey Walker, Hensley, Matthews, Short). The bill was released with F = 5, M = 4, U = 0.

Rep. Bush adjourned the meeting at 12:15p.m.

Respectfully submitted: Tyron Herring

Attendee List:

- Robert Overmiller
- Rebekah Glick, Susan G. Komen
- Chris Haas, Department of Insurance



**Written Testimony Supporting House Bill 364**  
**Submitted to the House Economic Development/Banking/Insurance & Commerce Committee**  
**April 16<sup>th</sup> 2024**  
**By Susan G. Komen**

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Chair Bush, Vice Chair Bennett and Members of the House Economic Development/Banking/Insurance & Commerce Committee, thank you for the opportunity to provide testimony in support of HB 364, which prohibits requiring a step therapy protocol for a drug that is prescribed for the treatment of an associated condition related to metastatic cancer. My name is Rebekah Glick and I am the Delaware State Policy & Advocacy Manager for Susan G. Komen®.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 1,140 people in Delaware who will be diagnosed with breast cancer and the 160 who will die from the disease in 2024 alone.

Metastatic breast cancer is an advanced stage of breast cancer where tumor cells have spread to other parts of the body, such as the bones, liver, lungs, or brain. Nearly one-third of women diagnosed with metastatic breast cancer in the U.S. live at least 5 years after diagnosis. Most of the over 42,250 breast cancer deaths expected this year will be a result of metastatic breast cancer.

Although metastatic breast cancer cannot be cured, multiple treatments for the disease now exist, and all treatments have some side effects that must be managed. Treatment for metastatic breast cancer is highly personalized and must be based on decisions made between the patient and their healthcare providers, as they are most capable of determining the appropriate treatment for patients. Unfortunately, step therapy policies are particularly burdensome in oncology, given the individualized nature of modern cancer treatments.

Step therapy, also referred to as "fail first," requires a patient to first try a health plan preferred drug, have that drug fail them – meaning the treatment didn't work for the patient – before they can use the treatment their provider prescribed. This health plan tool is used in an attempt to control costs; despite evidence showing step therapy requirements often adversely impact a patient's treatment and health outcomes. Unfortunately, most step therapy protocols rely on generalized information regarding patients and their treatments and don't consider unique experiences, previous responses to treatments and any comorbidities.

A recently published analysis found that implementing step therapy protocols could increase the total costs paid by the insurer by 37 percent. Additionally, according to a study published in the American Journal of Managed Care, step therapy may create barriers for patients receiving their medication, and ultimately result in higher medical utilization costs. These protocols should optimize affordable, effective, and appropriate access to care, and not lead to delayed treatments, poorer patient outcomes and increased medical costs.

Ensuring patients are receiving consistent and effective treatments is even greater in situations when treating patients with potentially life ending diseases such as metastatic breast cancer, where any delays or deviations could be deadly.

As committed partners in the fight against breast cancer, we know how deeply important it is for metastatic cancer patients to have fair and equal access to the treatments that may save their lives. As such, we strongly support House Bill 364 and urge you to pass this critical legislation.

Thank you for your consideration.

TRINIDAD NAVARRO  
COMMISSIONER



STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

April 16, 2024

House Economic Development/Banking/Insurance & Commerce Committee

RE: HB 364

Chair Bush and Members of the Committee,

Thank you for the opportunity to comment on HB 364 on behalf of Insurance Commissioner Trinidad Navarro and the Delaware Department of Insurance. We are **generally supportive** of this legislation, and very much appreciate the sponsor's thorough and robust consideration of Department- and insurer-provided feedback during the bill drafting process.

This legislation contemplates persons with advanced, metastatic forms of cancer, and as such works to ensure coverage for FDA-approved medication to treat associated conditions of such cancer and its treatments when the use of such drugs is aligned with best practice, national clinical guidelines, national standards of care, or peer reviewed medical literature.

The treatment coverage contemplated by this bill is limited to conditions, symptoms, or side effects of metastatic cancer or its treatment that a health care professional feels would further harm the health of the patient if left untreated. This is to say that the coverage and medication contemplated by this bill is not just for a patient's convenience or comfort, and is intended to contribute to the patient's health as a whole.

Like you, we are glad that advancements in medical science have lengthened the median lifespans of persons with certain forms of stage four, metastatic cancer, and hope these advancements continue. However, these median lifespans vary by form of cancer, and by diagnosis, and as such subjecting all relevant patients to step therapy provisions could serve to harm patients, even if such provisions are intended to provide financial savings. Inclusion of language referring to national standards of care, and related specifications in the bill, assist in ensuring this legislation is both cost- and consumer-friendly.

Thank you for your time and consideration.

Sincerely,

Chris Haas

Senior Policy Advisor to Insurance Commissioner Trinidad Navarro  
Delaware Department of Insurance

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- Young Survivors in Action

**RE: Public Comments for Hearing on HB 364, April 16, 2024**

**Submitted by:** Francesca Vogel, CEO, Delaware Breast Cancer Coalition (DBCC)

As CEO of the DBCC, I cannot think of a more impactful way to share how important this bill is than through the perspective and words of a metastatic cancer patient. In her own words,

“Hello, my name is Loraine Lester and I live in Smyrna, DE. In February 2021 I was given my metastatic breast cancer diagnosis. This cancer was a reoccurrence from my Stage II diagnosis 2016. I will live with this cancer the rest of my life as Metastatic or Stage 4 breast cancer has no cure. My life is a constant balancing act between managing, doctors' appointments, tests, prescription renewals, and scans along with all the side effects of the disease or its medications used to treat it, while keeping a quality of life in focus. Let me give you some insight into what it means to manage this disease.

My primary medication, Kisqali, is used to target the breast cancer cells and specific proteins that are in the cells to limit cells from multiplying. However, there is collateral damage from this type of treatment. While it is attacking the cancer cells that are attacking my skeletal structure, it also attacks normal cells. This is where the side effects come in. The side effects that I live with are fatigue, nausea, high risk of infection, hair loss, kidney function issues, and breathing issues. While I don't experience these associated conditions every day, I do need to manage them when they do occur. I'm on an inhaler and monitored by a pulmonologist that helps with my breathing, oral medication to help with the nausea episodes, a kidney doctor that is monitoring the damage to my kidneys, and my primary when my immune system is attacked with the latest virus or an infection. I am subject to monthly blood work and scans every 3 months to manage disease progression and side effects of this drug.

I was also on a bisphosphonate drug, which helps to protect my bones from cancer to prevent breaks and bone pain. It is the standard of care for a person with my type of cancer. One of the possible side effects of this drug is medicine related to osteonecrosis of the jaw. Unfortunately, I was among the 30% who may develop this associated condition from my breast cancer treatment plan. Then I started with multiple surgeries with an oral surgeon, which resulted in removing some teeth and sections of my jawbone.



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**Submitted by:** Francesca Vogel, CEO, Delaware Breast Cancer Coalition (DBCC)

I consistently live without knowing when my cancer will progress. It isn't a matter of if, it is a matter of when. I'm thankful that I live in Delaware where I have access to some of the top doctors and hospitals. There have been times in my metastatic cancer journey that my doctors and I have had to battle to get a drug, test or scan covered by my insurer. This process is very stressful. I've spent numerous hours along with my doctor's getting approvals or appealing denials.

I would rather put my life in the hands of my doctors who follow me closely than a doctor reviewing my case at an insurance company. Your support of HB 364 will remove some of the barriers to treatments. Knowing that my doctors can treat me with the best possible drug options for conditions related to my cancer diagnosis and not worry about insurance coverage is critical. It will ensure that I continue to live a life as close to normal as possible." --*Loraine Lester*

On behalf of Loraine and hundreds of others like her the DBCC has supported through programs and financial aid, I encourage the Committee to consider this bill. Thank you Representative Romer and all!

Sincerely,



**Francesca Vogel**  
CEO

