TEST BEFORE TREATMENT · IMPACT REPORT

From Coverage to Care.

A Tennessee Spotlight

Friday, November 20, 2026 · 1:00–2:00 PM Central · on Zoom



Maddie Bushnell
ACS CAN



Gregory Vidal
MD, PhD
West Cancer Center



Carla Baker
RN
MACC · host

From Coverage to Care · Impact report · numbers as of November 23, 2026
Questions or corrections: info@ahis.org

TEST BEFORE TREATMENT · WHAT HAPPENED

Testing in Tennessee.

MACC presented From Coverage to Care in Memphis, with AHIS convening, on Friday, November 20, 2026. Counts are the audience only, each person once; with the speakers and host, 18 of 31 joined.

15

Joined live
Each person counted once, for the 60–minute conversation

28

Registered
54% of those who registered joined live

10

Organizations
Health systems, advocates, public health and industry

9,761

Views of one promoted post
A LinkedIn post introducing the speakers, sponsored by AHIS

WHO SPOKE



Gregory Vidal
MD, PhD
West Cancer Center & Research Institute



Maddie Bushnell
Government Relations Director, Tennessee, American Cancer Society Cancer Action Network



Carla Baker
RN
Chair, Memphis Area Cancer Consortium · host

AGENDA · AS RUN, CENTRAL TIME

1:05 PM	Welcome: why we convened, and MACC's work in Memphis	Carla Baker
1:09 PM	What changes January 1: Tennessee's biomarker testing law	Maddie Bushnell
1:22 PM	From the clinic: who gets tested, and why	Dr. Vidal
1:30 PM	Conversation: coverage, practice and convening Memphis	All three
1:44 PM	Questions from attendees	All three
2:01 PM	Thanks and close	Carla Baker · Aubrey Kelly

Scheduled 1:00–2:00 PM; the conversation ran to about 2:04. Times are approximate.

Speakers' organizations are named as their affiliations only, not as sponsors or hosts.

TEST BEFORE TREATMENT · THE HOUR

What we covered. What we heard.

Friday, November 20, 2026, 1:00–2:00 PM Central, on Zoom. Takeaways and discussion are drawn from the session itself, in our words.

KEY TAKEAWAYS

1. From January 1, TennCare and state employee plans must cover biomarker testing, including comprehensive multi-gene tests, for any disease and stage. Other state-regulated plans aren't covered yet. — Maddie Bushnell
2. Coverage is necessary but not sufficient. In his group's published analysis of nearly 10,000 patients with lung cancer, where patients received care was the largest factor in lower testing among Black and Hispanic patients. Standard testing at West raised rates from about 10% to 50–60%. — Dr. Vidal
3. Each group has a role: clinicians and health systems can make broad testing routine, employers can learn from employees whose testing is denied, and all of us can share the news before January 1. — the speakers and host

DISCUSSION POINTS

The new law and comprehensive testing	Beginning January 1, 2027, TennCare and state employee health plans will cover comprehensive biomarker testing, including whole-genome sequencing and multi-gene panels as well as single-gene tests, when supported by medical and scientific evidence.
The clinical value of broad testing	Dr. Vidal noted that tumors often carry more than one actionable alteration; in breast cancer, for example, ESR1 and PIK3CA mutations each have approved therapies. Broad panels support treatment selection, planning for later lines of therapy and eligibility for biomarker-driven trials, and repeat testing may be needed as tumors evolve.
Interpretation and workforce	Broad panels return alterations that drive the cancer alongside many that do not, so interpretation matters. The panel highlighted molecular tumor boards, genetic counselors and team-based care, and noted a shortage of genetic counselors. Germline (inherited) testing raises separate questions; related legislation is expected to be reintroduced.
Access beyond coverage	Coverage is an essential first step. Access also depends on practice patterns, on tests validated in the populations being treated, and on practical barriers such as transportation, time away from work and navigation support.
Roles for health systems, clinicians and employers	Speakers described standard testing at diagnosis of metastatic disease, guideline-based broad panels and prompts in the electronic health record. They also noted that targeted treatment can reduce the cost of ineffective therapy and hospitalization, a point relevant to employers and benefits advisers.
Additional perspectives from attendees	Attendees noted that BlueCross BlueShield of Tennessee's updated medical policy on expanded molecular panel testing for cancer takes effect December 31, 2026, and recommended the Business Group on Health as a partner for the proposed employer roundtable.

What comes next. How to stay involved.

From the survey to March 2027, four ways to continue the conversation.

YOUR VIEW

Tell us what to cover next.

Three questions, about two minutes. Your answers set the topic and format of the next convening.

ahis.org/coveragetocare-survey

THE NEXT CONVENING

TN Working Group.

From Coverage to Care continues as a working group. Starting Friday, December 11, 2026, 1:00 PM Central, on Zoom, Tennessee partners meet monthly to deliver three things by March: an employer roundtable, routine testing in Memphis practices, and a local plan for Biomarker Testing Awareness Month.

Register: focusonthepatient.org/tn-working-group

SPONSOR OPPORTUNITIES

Help carry this work forward.

Organizations can support Test Before Treatment, the employer roundtable and Biomarker Testing Awareness Month. Sponsors are acknowledged, never endorsed, and AHIS selects all speakers and content.

Write to info@ahis.org

COMING IN MARCH 2027

Biomarker Testing Awareness Month.

Test Before Treatment culminates in Biomarker Testing Awareness Month, with resources for patients, clinicians and employers at BiomarkerTestingAwarenessMonth.org. Partners can share the posts and feature their own resources.

BiomarkerTestingAwarenessMonth.org

This report is non-promotional. AHIS does not endorse therapies, products or providers. Alliance for Health Implementation Science · A 501(c)(3) nonprofit · 107 N. Reino Rd. #1019, Newbury Park, CA 91320