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I would like to offer the following in support of SB 673, an act concerning health insurance coverage for bone marrow testing, sponsored by the honorable Senator Handley.

I was a member of the New Hampshire House for 8 years and sponsored the New Hampshire bone marrow testing bill last year. It was the most significant legislation I sponsored. It passed the House unanimously on a voice vote and unanimously in the Senate on a role call vote. The Governor signed the bill and it became law this past year.

I urge the Connecticut legislature to pass SB 673 for the following reasons.

- 1) Bone marrow testing is a unique medical procedure unlike any other and cannot be compared to other procedures that are mandated.
- 2) While it is recognized that some mandates increase costs, the cost associated with this bill is minimal if at all recognized; the benefit of saving a life far outweighs the cost. The cost to the family and the Connecticut economy is more than the cost of the mandate.
- 3) Experience in other states clearly shows that after the passage of a bone marrow donor bill, the number of mandates did not increase.
- 4) And finally, quality donors, education and retention are the real issues, not increased number of donors.

I would like to briefly address each of these reasons.

Unique Medical Procedure

There is not another medical procedure that requires a living human being to have their blood typed and registered for later use. A donor may never be a match or a donor may be a match more than once in a lifetime. Unlike other medical procedures, this is done once, and only once. Some procedures are done annually, like a mammogram or every couple years, like a prostate screening.

Bone marrow transplants are used to save lives, not enhance a life.

Cost

The cost to type and register a person is approximately \$150. The legislation signed by President Bush in December, 2005 is used in part as grants to fund ½ of the cost to donor. Minorities are funded at 100% because they are not represented on the register and are needed.

The balance is paid for by the donor or by money raised by the family to cover the cost.

The Council for Affordable Health Insurance does not list the cost of testing and registration as a recognizable mandate. The Retail Industry Leaders Association (2005-06) recognized 10 proposed laws that they considered unfair and costly to their industry. The bill introduced in New Hampshire was not one of their concerns.

The insurance companies in New Hampshire calculated that adding this may cost the insurance industry between \$40,000-\$50,000 a year and called this "minimal". This amount is insignificant and the benefit surely outweighs the cost.

Insurance companies fought adding mammograms. Today, all 50 states mandate mammograms. The average cost of a mammogram is \$125 and represents less than 1% of the cost to insurance. There are approximately 35,000,000-40,000,000 mammograms a year. The number of bone marrow donor testing in Connecticut would be dwarfed compared to the millions of people who get mammograms.

No Increase in the Number of Mandates

A concern in New Hampshire was the legislation is a "slippery slope", that if we passed the bill, what is next?

According to the Council for Affordable Health Insurance (2005), the average number of state mandates, including benefits, providers and who is covered is 36. The number of mandates range from 18 in Alabama to 60 in Minnesota. New Hampshire has 34, Massachusetts has 40 and Rhode Island has 40. Since RI and MA passed their bone marrow bills, no new mandates have been added. If passing a bone marrow bill in Connecticut is a slippery slope, there is no evidence from other states. In fact, states are looking to decrease mandates that are "unreasonable", like covering hair transplants.

I think it can also be argued that every mandate that has ever come before the Connecticut legislature is judged on its own merits. Passing SB 673 is not a policy mandate for future legislation.

Using a "slippery slope" argument is more of a political adage than reality.

Real Issue Is Not Cost, It Is Education, Retention and Donor Commitment

By passing this bill, you should not expect the number of donors in Connecticut to increase significantly or even increase. Based on the experience in Rhode Island, passage of SB 673 will increase the quality of the donor and the retention.

In New Hampshire we heard testimony from Patricia Lang, the Director of Rhode Island Marrow Donor Program, that substantiated the fact that donors seemed to be better educated because of the time freed up as a result of not having to do as much fund raising. The retention increased in Rhode Island and that is the result of the testing being covered by insurance.

I urge you to pass SB 673 and I thank you for your time.

Sincerely



Nancy K. Johnson