

5009

February 11, 2010

State of Connecticut General Assembly
Committee on Insurance and Real Estate
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

To the Members of the Insurance and Real Estate Committee in support of H.B. 5009
An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage:

My name is Patricia Lang. I have been the Director of the Rhode Island Blood Center Marrow Donor Program since 1991. We are a donor center in the National Marrow Donor Program whose mission it is to facilitate the donation of marrow/stem cells from unrelated donors to patients suffering with various diseases. The federal government contracts solely with the National Marrow Donor Program to carry out this mission according to the requirements of federal law.

In 1998, because a local patient's family took the lead, the Rhode Island State Legislature passed a law mandating that health insurance plans written in that state be required to pay the cost of Human Leukocyte Antigen (HLA)-A,B, and DR typing for volunteers willing to join the National Marrow Donor Program. This test needs be done just once in a person's lifetime. By the end of that year, the Rhode Island Blood Center was taking donor insurance information and invoicing the insurance companies.

On December 28, 2000 the Governor of Massachusetts signed into law a similar bill and on May 26, 2006 the Governor of NH signed a bill put forth in that state. In RI we find that health insurance will pay for about 80% of all volunteer donors. That leaves a small number of donors for whom we must fund the cost of HLA typing. We have shifted our focus from fund raising to public education to encourage donor commitment. Fortunately, we also have the support of two local foundations, Michael's Fund and Rutland Regional Medical Center Marrow Donor Program, to cover HLA costs.

There are several reasons why I continue to support legislation of this type.

First, it serves such an important need. Bone marrow transplantation is increasingly an effective treatment for more than 70 cancers which fail to be cured with chemotherapy alone. A further increase in its use is expected over the next few years.

Second, patients find a donor within their family just 30% of the time. Most need to search for a volunteer unrelated donor. Even after searching the National Registry, many

patients, especially minority patients, do not find a match and must continue to search or die waiting. During this time, families often hold marrow donor recruitment drives in an attempt to find a donor for their loved one or to help any one of the thousand of patients who are continually searching. In every state but Rhode Island, Massachusetts, and New Hampshire the family must raise the funds to pay the cost of HLA typing. This is a terrible burden at a time of stress.

A third reason is that we have seen an increase in the number of donors registered when the majority of donors have their testing covered by health insurance. This increases the chances for all patients by quickly finding a matched donor.

My fourth reason to ask health insurers to pay the cost of HLA testing is that I believe they will save money in the long run. With more registered HLA typed donors, patients will find a match quickly. This translates into reduced search costs (usually paid by the insurer) and a transplant that can be done while the patient is in remission. A patient who is healthier at the time of transplant has less time in treatment (reduced costs) and experiences fewer side effects during transplant (reduced costs). This patient returns to good health more quickly to become a working, tax paying citizen once again.

And finally, we should support this action out of a sense of community, people should and do care about each other. Our country would be well served if we could facilitate voluntary entry into the National Marrow Donor Program at no cost. After all, we don't ask blood donors to pay for the opportunity to give blood.

A final point I would like to make is that only a small increase in insurance premiums has been seen in two of the states with this mandate.

* Tom Lynch wrote in a letter to this committee last year that "I am being generous when I say a few cents (are added to the cost of insurance) because in my experience as a Vice President of Blue Cross of Rhode Island, I can tell you that the cost per subscriber is so small it is almost immeasurable."

* In the "Comprehensive Review of Mandated Benefits in Massachusetts - Report to the Legislature" dated July 7, 2008 states the actual cost per subscriber is \$0.10, which includes administrative costs.

I encourage swift passage of H.B. 5009 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage and will answer any questions you might have. Thank you.

Sincerely,

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Director of Rhode Island Marrow Donor Program
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