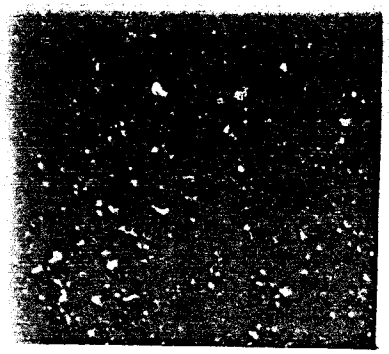

nen

are

Legend

Worst Third

Middle Third

Best Third

enatal care (during the
mester) is critical in
infant and child healt

ates 1 in 5 women don't
arly prenatal care.

A

EXHIBIT #7a
DATE 2-19-87
HB 716

TESTIMONY GIVEN BY DR. JOHN M. OPITZ OF HELENA, CONCERNING HB716: "AN ACT TO FUND THE VOLUNTARY STATEWIDE GENETICS PROGRAM BY IMPOSING A FEE ON HEALTH INSURERS OF 40¢ FOR EACH MONTANA RESIDENT INSURED; APPROPRIATING MONEY FOR THE PROGRAM AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE."

INTRODUCTION:

My name is John M. Opitz. I am a physician, licensed to practice medicine and surgery in the State of Montana and I am Chairman of the Department of Medical Genetics at Shodair Children's Specialty Hospital. I am Board certified in the specialties of pediatrics and medical genetics. I am here to testify in favor of House Bill 716, introduced by Representative Jan Brown of Helena.

PROVISIONS:

1.) 40¢ are to be paid to the Insurance Commissioner on each health insurance policy issued in Montana, in order

2.) to support the Montana Medical Genetics Program which was established by HB430 in the 49th Legislature, with an appropriation of $520,000 for the biennium ($260,000 per year).

HISTORY:

3.) We regret coming to you for this purpose, because it was the intention of the 49th Legislature that HB430 would be a one-time measure, with the budget item for the Montana Medical Genetics Program thereafter

EXHIBIT 3
DATE 1-26-87
HB 278

becoming a regular part of the budget of the Department of Health and Environmental Sciences.

4.) As you know, at the Governor's urging, all "new" programs funded through a special appropriation were removed from the budget he proposed to you.

5.) Hence, our need to come before you with a request similar to that proposed two years ago, a request formulated at the recommendation of the Helena-area legislative delegation who also discussed their proposal with the distinguished President of Blue Cross/Blue Shield of Montana, Mr. Alan F. Cain, who voiced no objections, and with Representative Dorothy Bradley, sponsor of HB430, who is co-sponsor on HB716.

WHAT IS THE MONTANA MEDICAL GENETICS PROGRAM?

6.) The Montana Medical Genetics Program is a service, not a research program, funded by the Department of Health and Environmental Sciences (DHES) at $260,000 per year, after a competitive application process awarded the grant to the Department of Medical Genetics at Shodair Children's Specialty Hospital in Helena. The Montana Medical Genetics Program provides the people of Montana with the services they need in order to diagnose, treat, and prevent birth defects and genetic and hereditary conditions. The Montana Medical Genetics Program also relies on a very extensive network of consultants throughout the United States and in several other countries in the world, in order to

provide the latest information on diagnosis, treatment and prevention to the patients and their families.

WHAT HAVE YOU GOTTEN FOR YOUR MONEY?

7.) During the year and a half since the beginning of the HB430 sponsored Montana Medical Genetics Program, we have performed

- 786 genetic consultations at Shodair and on field clinics in Kalispell, Missoula, Great Falls, Billings, Miles City, and Sidney, Montana.

- 156 fetal genetic pathology studies with 62 cases referred to the University of Wisconsin-Madison Department of Pediatric Pathology for further gross and microscopic studies.

- 1,658 tests on 800 samples in the cytogenetics laboratory.

- Have filled 3,863 requests for service for 2,284 patrons in the library and information resources center.

- In addition, we have published 4.5 volumes (i.e., 20 issues) of the American Journal of Medical Genetics, with a total of 4,412 pages and 487 articles, 34 of which were authored by Shodair staff.

- In addition, Shodair has published, or is in the process of publishing, 6 major books in the field of medical genetics,

including important summaries in human cytogenetics, X-linked mental retardation, the Rett syndrome, etc.

- We have initiated the statewide Maternal Serum Alphafeto-protein Screening program; and

- We are working with Dr. Bill Peters of Bozeman to establish a chorionic villus sampling program at 9-10 weeks as an attractive alternative to amniocentesis at 16 weeks.

ALLIANCES:

8.) Out of our work has come a very strong alliance between the program and the health care providers in Helena and Montana, and state, county, municipal, university and numerous voluntary agencies to provide the best possible medical genetic care program for the people of Montana in order to prevent and to alleviate the pain and suffering associated with birth defects and genetic disorders of humans.

PROGRAM SUPPORT:

9.) The Montana Medical Genetics program has the strong support of the

- Department of Health and Environmental Sciences; indeed, Dr. John Drynan, secretary of the Montana DHES, went back to plead with Governor Schwinden to reinstate the funds for the Montana Medical Genetics Program in his budget.

- The Montana Chapters of the American College of Obstetrics and Gynecology, the American Academy of Pediatrics, the

American Academy of Family Practice, the American Hospital Association, the American Nurses Association, the American Public Health Association;

- The Montana Perinatal Association,
- The March of Dimes Birth Defects Foundation,
- The Healthy Mothers, Healthy Babies: The Montana Coalition,
- The Developmental Disabilities Council of Montana.

MATCHED BY SHODAIR AND OTHER AGENCIES:

10.) The total Fiscal Year 1987 budget of the Department of Medical Genetics of Shodair Children's Specialty Hospital is $505,200. Due to the 5% cut imposed by the Governor on all agency budgets, we are receiving only $247,000 during this fiscal year (rather than the $260,000 stipulated for in HB430). Thus, Shodair provides $258,000 of its funds to finance the Montana Medical Genetics Program, to which must be added an approximately $30,000 stipend granted by the Alberta Heritage Foundation for Medical Research to Dr. Susan O. Lewin, who is working with us as a Senior Postdoctoral Fellow at no cost to Shodair or the Montana Medical Genetics Program. In addition, the University of Wisconsin provides a minimum of $70,000 worth of services per year for its evaluation of some 50-70 fetuses studied in the fetal genetic pathology program at Shodair. Thus, in direct and indirect support, the grant from the State of Montana is matched in a 1.4:1 ratio by Shodair in direct and indirect support.

EXCESS GENERATED FOR GENERAL FUNDS UNDER HB430:

11.) A letter of 1/5/87 by Russell Ehman, the Insurance Examiner working in the State Auditor's Office in the State of Montana, states that with a surcharge of 45¢ per health insurance policy, $344,150 were collected under HB430 for FY-1986. This is $84,150 more than the bill appropriated, or a total of $168,300 for the biennium. To this must be added the "savings" from the 5% cut imposed in our budget during the second year of the biennium, or $13,000; thus, HB430 provided an excess of $181,300 to the State of Montana. With a total of 764,778 Montana policies, some 35¢/policy would provide slightly more than the $520,000 required for the biennium.

WHY INVOLVEMENT OF THE HEALTH INSURANCE CARRIERS?

12.) The reason why this funding mechanism was proposed to begin with was that after the immediate benefit to the patients, the insurance carriers will benefit most substantially by having to make fewer and smaller payments for the health expense claims of chronically and multiply handicapped individuals, and those whose health is genetically impaired. **Ultimately, the greatest beneficiary of a statewide voluntary genetics program is the State of Montana itself whose savings in the future will, without question, amount to hundreds-of-millions-of-dollars.** Avoiding the admission of only 4 patients per year to Boulder alone will pay for the program. Hence, we should like to submit that an alliance between the State and health insurance carriers in this respect can only be of the greatest mutual benefit.

WHAT NUMBERS OF POTENTIAL CLIENTS ARE INVOLVED?

13.) Throughout the nation it is estimated that conservatively some 15-20 percent of the population needs one genetic service or another. In Montana this means anywhere between 120-160,000 citizens, including 40,000 alone who are carriers of cystic fibrosis.

WHAT MAGNITUDE OF HEALTH COSTS ARE WE TALKING ABOUT?

14.) The recent article in Newsweek documented that in 1985 health care in the United States cost $425 billion, exceeding considerably the Defense budget, thus, the total Montana health bill for 1985 was 1.4 billion dollars. It is very conservatively estimated that 54% of that bill, or $756 million dollars in Montana, is spent for genetically caused or predisposed disorders. This amounts to some $945 to $1,000 per person per year. In comparison to that, 45¢ per health-insured person (or per policy) is a trivial sum.

PRO-LIFE ASSURANCE:

15.) Since we are also involved in prenatal diagnosis, are we thereby engaged in a fetal "search and destroy mission", to use the words of the Surgeon General. The facts are, that out of the 105 dead embryos and fetuses we held (very reverently) in our hands during the past year for fetal genetic pathology studies, none was killed by man, but all represented acts of God, i.e., natural causes of

death. The provisional Montana birthrate for 1986 was 12,201, and 3,301 therapeutic abortions were performed in Montana during that year. To our knowledge, only one of these cases involved a genetic indication.

Over the years we have also seen many women who, after seeing us, had been able to cancel a termination which had been scheduled because of fear that they might have a defective baby.

It is fact that in over 95% of cases of prenatal diagnosis we are able to offer reassurance on the normality of the fetus for the trait it was being studied; many of the other 5% of women who are found to have an abnormal fetus decide not to terminate their pregnancy. Thus, our activities are in fact strongly pro-life not only in reducing the number of therapeutic abortions being performed for genetic reasons, but by actively encouraging conceptions in couples fearing to conceive for genetic reasons.

Ladies and Gentlemen of the Taxation Committee, we, therefore, hope that you will be able to give HB716 favorable consideration.

Respectfully submitted,

John M. Opitz, M.D., D.Sci.(h.c.), M.D.(h.c.)
Chairman, Department of Medical Genetics