

Hello-

My name is Nancy Larson, and I am a registered Independent Social Worker in the state of Ohio. I have almost 40 years of experience serving people as a Social Worker. I was in the hearing room on 12/5 for the testimony of folks in support of passing House Bill 440. I would like to add my 2 cents to the discussion.

For 8 years of my career, I worked on a dialysis unit, with people who had ESRD (End Stage Renal Disease), thus needing dialysis to stay alive. In that job, I met a gentleman who was back on dialysis after a failed kidney transplant.

(Some background — in 1977, it was decided that people who had ESRD could get on Medicare (at any age) so that they would have medical coverage for their dialysis treatments. But, if you get a transplant, and thus have a functioning kidney, you no longer have the diagnosis of ESRD. So, you lose your Medicare eligibility — you are considered “cured”.)

This guy was in his 50's and he got on Medicare when he first started on dialysis. He then got lucky, and was able to get a kidney transplant and went back to work. He was able to pay for his anti-rejection meds for a time, but then had to take out a second mortgage on his home. He used up all his savings to pay for his meds to maintain the transplant. At some point, he ran out of money and could no longer afford the expensive meds. Without them, the transplant went belly up. He found himself back where he started, but in worse shape.....back on dialysis, unable to work, a heavily mortgaged home, no savings, and less possibility of ever getting another transplant.

ALL of that could have been avoided! I was so upset for him, because I knew what he and his family had suffered was not necessary. IF he'd had continued access to Medicare type health coverage, with no gaps in funding for essential needs — like anti-rejection meds — the expensive transplant he'd received would have given him many more years of a productive life. Single payor care would have prevented the need to restart even more expensive maintenance dialysis treatments for the rest of his life. Dialysis treatments per year cost in the neighborhood of \$40,000, with the USRDS estimating a total cost per year of \$88,000, if you include other typically needed medical care. The cost of maintenance meds post transplant is \$10,000 - \$14,000 a yr. From a financial standpoint, it's total foolishness. And from a moral standpoint, it makes no sense to put people through needless suffering and a reduced quality of life

This is just one example of how Ohioans are not served by the current system of patchwork “health” care. We deserve the best bang for our buck, and what is now being spent on healthcare is not giving us the best return. Pass House Bill 440.

Thank you for your consideration.

Nancy Larson, LISW-S

4015 Newcastle Dr.
Sylvania, OH. 43560
(419) 261-8991