PA 11-160

SB0152

House	9339-9367	29
Public Health	735-753, 953-956	23
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		55

H – 1119

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2011

VOL.54
PART 28
9295 – 9634

Total Number Voting 138

Necessary for Passage 70

Those voting Yea 137

Those voting Nay 1

Those absent and not voting 13

SPEAKER DONOVAN:

The Bill as amended is passed.

Will the Clerk please call Calendar 488.

THE CLERK:

On Page 44, Calendar 488, Substitute for Senate Bill 152 AN ACT CONCERNING THE ESTABLISHMENT OF THE CONNECTICUT UMBILICAL CORD BLOOD COLLECTION BOARD. Favorable Report of the Committee on Finance, Revenue and Bonding.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I move for acceptance of the Joint Committee's Favorable Report and passage of the Bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is on acceptance and passage. Will you remark?

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this Bill establishes the Connecticut Umbilical Cord Blood Collection Board for the purpose of encouraging and facilitating the donation, collection and storage of umbilical court blood and to make such blood units available for medical research and treatment.

SPEAKER DONOVAN:

Will you remark further on the Bill? Will you remark further on the Bill? Representative Perrillo.

REP. PERRILLO (113th):

Good morning, good afternoon, Mr. Speaker. Thank you very much.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. PERRILLO (113th):

Just to speak briefly on the Bill and ask a few questions. Through you, Mr. Speaker, is there any sort of fiscal note on this Bill? We've gone through a number of different iterations. I just wanted to see whether or not there would be a cost associated.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. The answer is no.

SPEAKER DONOVAN:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker. Is there any mechanism planned by which funds would come in in order to support the bank that we've worked with Legislators both in the House and the Senate, and I'm wondering what the game plan is in terms of generating money to fund the bank in the long term. Through you, sir.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Bill specifically allows the board to solicit private funds in any way it can.

In addition, once it's operating, the sale or usage of the cord blood will provide funds to establish it on an ongoing basis. The goal is for it to be entirely self sustaining.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker. And just to stand briefly in support of the Bill that is before us.

As medical technology changes, and as we learn more about possible solutions and possible cures, it is becoming very, very apparent that cord blood, stem cells that go along with it, are an essential tool by which we will see continuing advancement in the years to come.

This is a great step. It really puts the State of Connecticut in the forefront of divining real solutions and cures to many cancers and other illnesses that plague our state and plague individuals throughout the nation.

I support this Bill very, very strongly and I would urge that the Chamber support it as well. Thank you, sir.

SPEAKER DONOVAN:

Thank you, sir. Representative Srinivasan.

REP. SRINIVASAN (31st):

Good morning, Mr. Speaker.

SPEAKER DONOVAN:

Good morning, sir.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker, through you to the proponent of the Bill.

SPEAKER DONOVAN:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Could you tell us as to how many other states that you're aware of have such a similar program in this country? Through you, Mr. Speaker.

REP. SRINIVASAN (31st):

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I know the Representative was present when we discussed this in the Public Health Committee, but I do not have that answer with me now.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, this storage of this umbilical cord blood, is there a time period for which it can be stored and after a certain period of time it cannot be held in storage anymore?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. It's my understanding from the physicians who came to testify that this blood can be stored for a very long period time under the correct conditions. That is the expectation.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, so we are still talking about a long time as opposed to knowing what the long time is? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I do not remember the period of time.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, if, the purpose of the storage is obviously for it to be used by the recipient at some point in time. Do you know that the HPPA guidelines and those criteria, if any of those will apply in this particular situation since they could be used after a relatively long period of time?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. There is language in the Bill to specify that all, that compliance be absolute with federal requirements around HPPA.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

I, too, am a strong proponent of this. This is the way for all of us to go and hopefully medical research will improve significantly thanks to the availability of the umbilical cord blood.

And I do want to thank the Chairman of the Public Health Committee for all her good work and for her courtesy that she's extended to me this entire season.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Representative Larry Miller.

REP. MILLER (122nd):

Thank you, Mr. Speaker. Good morning, or good afternoon.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. MILLER (122nd):

I rise in strong support of this legislation. Just the other night we were talking about biocides and biotechnology and here we have a Bill that will put us on the right road.

This is stuff that has made a major change in the medical profession, that and the computer. But stem cells is a new frontier for medicine and it has so much potential that they don't even know.

I could tell you right now there's about 75 diseases that can be treated with stem cells, and that

alone should tell everybody what the value of this stuff is.

So I support the legislation and hope the Assembly does, too. Thank you.

SPEAKER DONOVAN:

Thank you, Representative Miller. Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker. A question, through you, to the proponent of the Bill.

SPEAKER DONOVAN:

Please proceed, madam.

REP. SAWYER (55th):

Thank you. Madam Chairman, looking at this particular Bill it talks about having more than one location, and could you tell us, because of the way it's written, where they're expected to be.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. The two currently considered locations are at Yale and at the UConn Medical Center.

SPEAKER DONOVAN:

Representative Sawyer.

REP. SAWYER (55th):

Thank you. The description specifically talks about a location with a disproportionately large share of minority women, I apologize, births, and I presume that that is Yale? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

I'm sorry, Mr. Speaker, I could not hear the end of that question. If the Representative could please repeat it.

SPEAKER DONOVAN:

It's nice to see everybody here on the last day, but if you could keep the conversation down, it will help the debate. Representative Sawyer, please repeat your question.

REP. SAWYER (55th):

Thank you. The specific language in Section 5 on line 135 says that the birthing hospital will be 3,750 or more births per year, and where a disproportionate share of the births involve women from minority populations, so that the center at Yale University

Medical Center than qualifies under this section?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

I believe that is the case.

SPEAKER DONOVAN:

Representative Sawyer.

REP. SAWYER (55th):

Thank you. A question through you, another one, please. Is this expected to be a project that would be open specifically to collecting from women who would be Connecticut residents or it could be a woman from any state or nation? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, the contemplation is primarily through Connecticut residents, but I don't believe that it would necessarily be restricted in that way.

SPEAKER DONOVAN:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker. And through you, is there, was there any discussion about what to do in the case where the mother is a minor? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, there is no provision that would treat that instance different than it is treated currently in the law.

SPEAKER DONOVAN:

Representative Sawyer,

REP. SAWYER (55th):

Thank you for that legislative intent. And the last question that I have for you on this. Does a, well, the umbilical cord is usually discarded.

Is it required that a woman's permission must be given in the case for the blood to be drawn?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I believe that is the case.

SPEAKER DONOVAN:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, and I thank the Chairwoman's work on this because, as we know, this is technology that is less than really two decades old and it will take us from the 75 diseases, I'm hoping, to double that number within the next decade. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. Good afternoon.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. LEGEYT (17th):

I have a couple questions for the proponent of the Bill if I may.

SPEAKER DONOVAN:

Please proceed.

REP. LEGEYT (17th):

I think that this is a wonderful opportunity for us to gain from the rich stem cell population in umbilical cord blood and it's perfectly timed with the

bioscience initiative that we debated last night, but I have a couple of questions about procedure.

There is no fiscal note, but there must be a cost, and so I'm wondering how the expenses of this program are going to be shared or covered, and I wonder if the Chairperson of the Public Health Committee could share some details about that? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker I would direct the Representative's attention to Section 5 in the Bill beginning on lines 125.

It is clear that the board has the ability to contract with entities that have demonstrated the competence to collect and transport these core blood units.

The idea is that ultimately through the sale and use of this, a portion of the funds would be returned to cover the cost. The rest would be kept, cover the contract costs. The rest would go back to the state and ensure that this program meets its goal of becoming self sustaining as quickly as possible.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you very much, Mr. Speaker. Therefore, there's going to be a cost applied to some research facility that wants to have access to and use these, this stem cell population from umbilical cord blood, they would have to purchase a quantity of stem cells if they wanted to do research, and that would generate some of the monies that would be needed to support this program.

Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. Does the Chairperson of the Public Health Committee anticipate that there would be some competition for these populations of stem cells such as they would be bargaining as to price and some kind of screening as to who might be

able to purchase what I'm sure is going to be a limited quantity of stem cell and umbilical cord blood, at least for the near term.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, the Committee entertained substantial discussion around those points and at places where this is being done around the country, that is not the case.

I would point out that these samples can each be used multiple times. I wish I could remember how many right now. I cannot. And that has not been the case in any instances.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. Therefore, a research facility that wanted to use stem cells from umbilical cord blood might make an initial purchase and that would suffice for a length of time that they could then use those stem cells repeatedly? Is that what

I'm to understand from your prior response? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, that would be determined by the requirements around the specific research being conducted.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. The Bill talks about two collection centers, and I believe through Representative Sawyer's questions and comments it was suggested that Yale perhaps is one of the best sites for one of these.

Is there any indication about where the other might be? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

As I previously stated, Mr. Speaker, the anticipation is that would at the UConn Health Center.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. I appreciate that. And any costs of containment and maintenance of those populations of stem cells would be borne by both Yale and UConn Health Center, and in the case of UConn Health Center, do they already have facilities for that and would it require any, is it part of the bioscience initiative that we debated last night, that they would prepare some space for maintenance of these stem cells and umbilical cord blood?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it is my understanding they do, indeed, have this capacity.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. So I understand that the space already exists at UConn Health Center. Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it is my understanding that they have a demonstrated competency to do this. Should this program expand in the future, Mr. Speaker, there is no reason not to expect that there might be an effort to change that in some way, but at this point in time that is not specifically contemplated in this legislation.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. And are the facilities at Yale and UConn Health Center already in place such that it's merely a simple process to just expand the capacity to receive this umbilical cord blood and stem cell populations into already prepared space? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative LeGeyt. I mean, you are Representative LeGeyt. Nice to see, Representative.

REP. LEGEYT (17th):

I think so.

SPEAKER DONOVAN:

Good afternoon, sir. Representative Ritter.

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it is my understanding they have this capacity.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. Does that mean that at some point in the past both Yale and UConn Health Center have applied for a certificate of need to set these facilities up for stem cell storage and umbilical cord blood?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I do not have that information.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LEGEYT (17th):

Mr. Speaker, thank you. I'm in strong support of this Bill. I think it's a wonderful idea. I'm so

glad that this can be happening in our state because we are trying to demonstrate and improve and grow a presence as a leader in stem cell research and this can only help that process.

So I'm in strong support of this Bill. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Representative Adinolfi.

REP. ADINOLFI (103rd):

Thank you, Mr. Speaker. Through you, Mr. Speaker; one brief question for the proponent of the Bill, through you.

SPEAKER DONOVAN:

Please proceed, sir.

REP. ADINOLFI (103rd):

A question on the umbilical cord and the source of the umbilical cords to get the blood from. Are any of these umbilical cords coming from aborted babies or abortion clinics?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I'm not aware that that is the case. This is from births, primarily full term.

SPEAKER DONOVAN:

Representative Adinolfi.

REP. ADINOLFI (103rd):

Thank you very much. That's what I wanted to hear. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. Good afternoon, sir.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. NOUJAIM (74th):

Through you, may I pose a question or two to Representative Ritter.

SPEAKER DONOVAN:

Please proceed.

REP. NOUJAIM (74th):

Thank you, to Representative Ritter. I am truly, truly very pleased with this Bill, and I would like to extend to you and to everyone who worked on it, my sincerest gratitude for it.

But I do have a couple of questions if I may.

SPEAKER DONOVAN:

Please proceed, sir.

REP. NOUJAIM (74th):

And to Representative Ritter. Thank you, sir. If this question was asked, I really apologize for the redundancy, but when those stem cells are harvested, and I presume they are going to be held in a very protected environment, how long is a lifetime they would have? The lifetime extends to how many years?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. As I stated earlier, I wish I could remember, and I simply cannot.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. And through you, Mr. Speaker, I would like to ask a little tricky question and the Representative should not be obligated to answer it because it gets a little bit into religion.

But the question that I have, would this procedure for umbilical cords, will eventually eliminate the reasons to have embryonic stem cells? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I would please ask the Representative to ask that question again. I'm not sure I understood.

SPEAKER DONOVAN:

Representative Noujaim, repeat your question.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. And through you, Mr. Speaker, I am sure Representative Ritter understands and knows the difference between embryonic stem cells and umbilical cord stem cells.

Would this procedure that we are doing and the Bill that we are passing will eventually say that we do have enough research and enough statistics and enough of a bank of umbilical cord to eliminate the embryonic stem cell to be harvested? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. This Bill only contemplates the establishment of an umbilical cord blood collection board and process for the State of Connecticut, something that we do not have now. The extent to which it becomes pervasive and widely used is yet to be determined it's hoped for, and the extent to which it might then make other collection methods unnecessary is not yet known, Mr. Speaker.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker, and I truly appreciate the answer. I knew that it is on the verge of discussing religion, but I also wanted to just put that question just for consideration for the time being.

And my last question to Representative Ritter is the fact that I know that the Yale Center is privately funded at all times without state funds, but the UConn Center is state funded.

Does Representative Ritter see that the bank that will be held at UConn will be funded by the state or by private donation? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. As I had previously mentioned, there is no anticipated fiscal impact to the state and the goal of this is to ultimately become more successful than self sustaining, and that would include both at UConn and at Yale. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. I appreciate Representative Ritter's answers. Thank you, sir.

SPEAKER DONOVAN:

Thank you, Representative. Representative Yaccarino.

REP. YACCARINO (87th):

Thank you, Mr. Speaker. I rise in strong support of this legislation. Not only does it save lives, it

leads to healthier lifestyles and it also leads to jobs.

Currently now, we are creating, doctors are creating artificial organs, and in order for those to adhere to your bodies, you need stem cells, so I rise in strong support of this. Thank you.

SPEAKER DONOVAN:

Thank you, Representative. Representative Rowe.

REP. ROWE (123rd):

Thank you, Mr. Speaker. I rise in strong support. Followed some of the comments made, this is the type of science and stem cell that we ought to be pursuing in the state, not the only reason to derive the umbilical cord blood, but the promise that this has is extraordinary as opposed to the embryonic stem cell, which we're still waiting to bear any fruit notwithstanding the countless resources that have been poured into it.

So I'm very pleased to see us doing this and look forward to progress in this important area. Thank you.

SPEAKER DONOVAN:

Thank you, Representative. Would you care to remark further on the Bill? Care to remark further on the Bill?

If not, staff and guests please come to the Well of the House. Members take their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber.

The House is voting by Roll Call. Members to the Chamber.

SPEAKER DONOVAN:

Have all the Members voted? Have all the Members voted? Please check the Roll Call board to make sure your vote's been properly cast.

If all the Members have voted, the machine will be locked. Representative Sharkey, do you want to vote?

The machine will be locked. The Clerk will take a tally. The Clerk please announce the tally.

THE CLERK:

Senate Bill 152 in concurrence with the Senate.

Total Number Voting 142

Necessary for Passage 72

Those voting Yea 142

Those voting Nay 0

Those absent and not voting 9

SPEAKER DONOVAN:

The Bill is passed.

Will the Clerk please call Calendar 571.

THE CLERK:

On Page 25, Calendar 571, Substitute for Senate Bill Number 21 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR ROUTINE PATIENT CARE COSTS FOR CERTAIN CLINICAL TRIAL PATIENTS. Favorable Report of the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Bob Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. Mr. Speaker, I move the Committee's Joint Favorable Report and passage of the Bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is on acceptance and passage. Will you remark?

REP. MEGNA (97th):

Yes, Mr. Speaker. This Bill expands health insurance coverage for routine patient care costs

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appropriate if the Committee doesn't mind. I think that's very efficient. Thank you.

SENATOR FASANO: Thank you. And secondly I want to congratulate you on your successful election a couple weeks ago and welcome you to the Senate circle. And I can tell by the way you're handling the mic you're already a pro at this so congratulations.

REP. RITTER: Thank you, Senator.

SENATOR FASANO: Before I begin I'd like to introduce the people around the table. First is Dr. Lima who's an OBGYN in private practice, Theresa Viele, community activist who had a child who's come to cancer, Dr. Lockwood who is the Chair of OBGYN at Yale, Dr. Snyder who's also with the Yale blood bank transfusion center, and Dr. Campbell from the University of Connecticut, OBGYN over on the -- the far right. SB152

Many of you have heard a lot about this cord blood bill especially yesterday with the press conference we had. And I'm not going to talk about the bill in terms of its mechanics because that's beyond my scope. But what I am going to say is this legislature starting in 1999 began to determine whether or not we can establish a cord blood bank here in Connecticut. Since then there was a report in 1999. Another one in 2000 or so.

Bills every year get submitted to establish a cord blood bank. Thanks to the Ranking Members and the Chairs of this Committee, last year they supported a taskforce. Some of the people of the

taskforce are around this table today. We've met for about three quarters of a year or better, came up with a piece of legislation and that legislation is in front of us. I know Representative Ritter has been very helpful last year in getting that off the ground as well as Senator Harris who's retired from the Senate.

Representative Perillo is also showing tremendous support at the various press conferences and items that we've had. So this bill is extraordinarily important for a number of reasons. It's going to help so many people. And for Connecticut to establish this first cord blood public bank is exceptional. Let me just ask this Committee one -- for -- to make a request I should say, that if you are in favor of this bill please get it out sooner than later. You know what this building is like. You know how it can get. There's a lot of twists and turns.

And it has to go through at least one possibly two other committees. And the ability to reach -- to reach the finish line before we end up in the crazy days of the last few days of session I think is critical to this bill. So with that I'm going to -- with the permission of the Chairs I would ask that Dr. Lockwood address this Committee.

SENATOR GERRATANA: Yes.

CHARLES LOCKWOOD: Thank you. And if I say anything that's not at all clear, you know, please grimace or raise your hand and I'll -- and I'll

translate. I tend to -- to fall into medicalese. So stem cells are -- stem cells derive from umbilical blood offer many advantages over those obtained from donor derived adult bone marrow stem cells. And this is true for the treatment of malignancies as well as about 40 different genetic conditions that would require a bone marrow transplant.

And the advantages of umbilical cord stem cells include higher rates of what are termed bone marrow engraftment meaning the cells actually get to the bone marrow, operate, produce, play with some white blood cells and red blood cells and so forth. And that's true even if there are one or two what we call HLA low sign mismatches. So HLA are a set of six proteins that define us as being foreign or self.

And if a white blood cell encounters a cell that doesn't have its repertoire of HLA proteins it will recognize it as foreign and attack it. And so huge advantage of these umbilical cord stem cells is that you don't require the same number of HLA matches for a successful bone marrow transplant. So instead of having six out of six to have a successful transplant with an adult bone marrow, four out of six often work for the umbilical cord blood stem cells. And this phenomena probably reflects the kind of immaturity if you will. These are derived from neonates, from infants.

The enemological immaturity of these umbilical cord blood stem cells versus adult marrow stem cells. And the preliminary results of treatment

have been so amazing and so successful that the federal government established the C. W. Bill Young Cell Transplant Program which authorized the stem cell therapeutic -- which was authorized by the Stem Cell Therapeutic and Research Act of 2005 to create a national cord blood inventory whose goal was to collect 150,000 different cord blood units.

Now if the NCBI is fully populated by these units and they represent a broad swath of ethnically and racially diverse individuals then public banks could provide almost all the HLA matched stem cells needed by the United States population to meet our stem cell transplant requirement needs. And that's because that requirement for a looser HLA matching. Moreover minority groups members who are currently seriously unrepresented in unrelated bone marrow registries would potentially benefit from this national program and from the State program.

Another potentially use for banked umbilical cord blood stem cells is as a noncontroversial source of -- what we call inducible fluid potential embryonic stem cells for the treatment of Parkinson's and Alzheimer's disease and type I diabetes and so forth. In other words these would be used in place of embryonic stem cells and achieve the same therapeutic goals. So while all these factors strongly support the establishment of a public umbilical cord blood bank very few pregnant women in Connecticut currently have an opportunity to donate their baby's umbilical cord blood to such a public bank

and in the vast majority of cases this blood is basically discarded as medical waste.

Alternatively more affluent parents can pay to have their infants blood banked privately. However it is actually very rare that privately banked blood would ever be used. And this is because virtually all the nonmalignant disorders that would be amendable to marrow that's from donor derived stem cells -- and this would be -- include things like sickle cell anemia and thalassemia and thanconezanemia and other genetic conditions. Obviously can't -- you can't use your child's stem cells if they have the same genetic defect.

So basically not allow that to be used. Conversely many childhood cancers like acute lymphoblastic leukemia are often better treated by donor derived umbilical cord stem cells than their -- their own stored stem cells. And that's because a mild case of what's called grapher's host disease where the -- the newly transplanted stem cells kind of attack the cancer is actually helpful in the treatment of cancer.

So giving them back their own cells even if they -- they didn't have other problems which I'll mention in a second would be a less therapeutic benefit. The second problem is kind of obvious it's that your putting back the same cells that caused the leukemia. So because of that it's really unlikely that folks that store their blood privately would actually ever use them. And so it's been estimated that only 74 out of 200,000 or zero point oh four percent of children will be

born with a life threatening genetic disorder or develop a cancer potentially amenable to autologous as we call itself, if you will umbilical cord stem cell transplants.

So if you -- if you conceive of every possible use of these privately banked cells and include its use in siblings, the potential for actually ever using them is about one percent. And just to kind of frame that a little bit economically if you accept a one percent, less than one percent likelihood that you'll ever need these banked umbilical cord -- privately banked umbilical cord cells there's a big cost associated with it which is about $1,500 to $2,000 for initial processing and then $100 to $150 a year for storage.

And just to really kind of nail this if you will, the likelihood of using a publicly banked umbilical cord unit is more than a hundred times greater than the likelihood of using a privately banked unit. So basically we've stored -- many thousands of privately stored units that'll never be used. They'll stay in those freezers basically forever, until you stop paying the $200 -- $100 to $200 a year in storage fees.

So I would argue that -- that the weight of current evidence really overwhelmingly supports the establishment of a governmentally supported public umbilical cord bank option.

SENATOR GERRATANA: Thank you.

SENATOR FASANO: Thank you, Madam Chair. If I may, that was the key component of the testimony. There's just some brief comments that we'd just like to make if you don't mind. Bear with me.

REP. RITTER: At what point -- I might suggest the following and that would be if we could briefly hear the rest of the comments and then there may be questions from the Committee once we've heard the presentation as a whole.

SENATOR FASANO: Yes. There'll just be a couple of brief comments and then we'd --

REP. RITTER: Thank you, Senator Fasano.

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EDWARD SNYDER: Thank you, Madam Chairman and members of the Public Health Committee. I'm Ed Snyder. I'm the Director of the blood bank and the cell processing facility at the Yale University and Yale New Haven Hospital. Just to add a little bit to what Dr. Lockwood has said, cord blood is -- even though it's from a neonate and from an infant it is considered an adult stem cell. So it is -- it is a cell that is younger than would be from an adult but it is still considered an adult stem cell.

And I'm here to register my support for this legislation and the commitment that the State of Connecticut is making to increase the national inventory. Because that is what this really is all about providing stem cells from Connecticut infants to the national registry to help the rest of the village that is from which right now people in Connecticut if they need cord blood

transplant they're receiving cord blood donated by others. Cord blood is a rich source of stem cells that can benefit those suffering as Dr. Lockwood said from leukemias and lymphomas.

And more than 10,000 individuals each year need a transplant. Unfortunately only half of these individuals can get a transplant because they don't have the correct match. And the number of matches that are possible are in the billions. So you can never collect enough cells to provide a match for everyone because of all the multicultural ethnicities that exist in the world. Cord blood has been shown to be an effective source of cells for many individuals without a matching adult donor and is a preferred source for children suffering from a variety of genetic diseases.

Publicly though the cord bloods are listed on the National Marrow Donor Registry. And helps more than 1,000 individuals. Last year there were 1,000 cord blood transplants. People who would not have been able to have a transplant and survive their cancer had they not had cord blood available. And this is especially important for ethnic minorities because of -- many ethnic minorities have multicultural backgrounds and finding a match is very difficult. Having a cord blood that can provide a more that can provide a more -- a better match with less rigorous matching is critical.

Over 35 percent of transplants done in the U.S. are for minority individuals. Citizens of Connecticut today benefit from efforts of others

to add to this inventory but more are needed. This bill assures that funds provided by the State will be well administered by calling on the guidance of a panel of experts to assist the Department of Health and its allocations of funds. And this bill uses the best -- the best aspects of public as well as private partnership to -- to approach what will probably be the best of both worlds for people in the State of Connecticut. Thank you.

REP. RITTER: Thank you.

SENATOR FASANO: Thank you. And Madam Chair, just one more person who can put a real life aspect to this, Theresa Viele.

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THERESA VIELE: Hi. Thank you for hearing me. Thank you. I'm Theresa Ranciato Viele of North Haven. And yes I am active in my community. I've been active in bone marrow drives but more importantly I'm active because I'm a mother of a ten year old who died of leukemia back in 1999 and it's interesting to know that that's when this cord blood bank was first introduced to this building.

I'm very -- you can all understand me whether you're a mother, a father, an aunt, uncle. Jack was treated twice and if -- he was treated with a lot of chemotherapy, some radiation and finally a bone marrow transplant. And let me just say that if this opportunity was there to use a cord blood bank we would certainly have done so. And everybody and I'm sure everyone in this room has been in the situation where something like this

is happening and you say well what can I do. I feel so helpless.

You're really not helpless. If you can help pass this bill you'll be doing things for people you have never met but they will be eternally grateful. Thank you.

REP. RITTER: Thank you very much. And if -- a personal thankful for sharing your time and for your story and your experience. We very much appreciate that. I know it's not always easy but as you pointed out in the long run the payoff is great. So thank you very much. Are there questions from the Committee? Senator Gerratana, did you have a question? That's the best possible kind of testimony. You may have answered the question already. Any other questions from the Committee? Representative Perillo.

REP. PERILLO: Madam Chair, thank you very much. Just a -- a very brief question. Actually my wife is a nurse practitioner. She works in pediatric oncology at Yale and she and her colleagues are just thrilled about this and I hear about it pretty much every night. No pressure.

But you mentioned sore of the poor match rate that we see right now. What are the expectations? It's sort of -- it's hard to quantify I know sometimes but I would imagine we're going to see a pretty significant increase in our ability to match with patients. Just -- from any of the clinicians in the room what do we expect to see in terms of an improvement?

EDWARD SNYDER: I'm sorry. I don't completely understand. You mean with cord blood how much better at matches can you be? It's -- it is very difficult to tell because -- although Dr. Lockwood mentioned six HLA sites. There are actually ten that we're using now that are being used which makes it even more difficult. So you -- if you get six of the ten matches with a cord blood that's usually considered acceptable.

So the more cords -- the C. W. Bill Young amended by Congress mandates 150,000 cords. We've collected about 40,000 under that program. So every cord blood that's added to it would increase the probability and because of the diversity of the populations it's difficult to tell who would actually benefit from it the most. It -- really just have to see what the HLA type of the recipient, what the types are that are available in the registry. So the more that are prepared and made available the better the chances are.

WINSTON CAMPBELL: And can I just add to that. I think the benefit here is that right now the legislature passed a bill in 2009 I believe that physicians taking care of patients to inform them of the availability of the cord blood bank but that's with private banking. This public bill would allow patients who would not do that to do something for a fellow citizen just like donating blood. So they may not find a benefit but they can take this blood that's not used and donate it into the bank and the improvement's seen as Dr. Snyder had mentioned.

REP. PERILLO: And as I understand it there are costs associated with donating to a private bank that perhaps many families can't bear. This would give them an opportunity to participate at no cost. Is that correct?

CHARLES LOCKWOOD: Yes.

REP. PERILLO: Thanks very much. I appreciate it.

REP. RITTER: Thank you. Senator Kane.

SENATOR KANE: Thank you, Madam Chair. Not really a question just a comment. Senator Fasano, I participated in yesterday's conference with -- press conference with you and really learned a great deal.

So I just want to commend you on your consistency and your perseverance for this legislation. You know, so many times all of us propose things for our district, for our little corner of the world or in this case of the State and -- and this legislation will potentially help everyone. So I just want to give you a great deal of credit for that and thank you for your consistency. And I thank you for your kind words and I appreciate the opportunity for being here.

SENATOR FASANO: I thank you very much but the credit is these gentlemen and ladies who have given up their time on a taskforce for a year to educate me. And they just did a fantastic job all of these folks around here. Private practice, individuals, two of the best hospitals around the

State who really care for people and deal with these issues every day.

REP. RITTER: Senator Stillman.

SENATOR STILLMAN: Thank you, Representative Ritter. And good morning and thank you, Senator Fasano for your leadership on this issue. I know that as a member of the Public Health Committee a couple of years ago we, you know, we said yeah go ahead and look at it and study and see what you come up with and you've certainly done a very good job in framing this issue and also establishing a path for -- for the people of the State of Connecticut. So I thank you for that.

SENATOR FASANO: Thank you.

SENATOR STILLMAN: I do have a couple of questions. I'm sorry I was a little late. I had to run up to my office and get my computer. This paperless stuff is making me nuts. But anyway, I did want to ask what percentage of the cord blood that -- the stem cells that could be extracted will be used for research as opposed to a direct transfusion in a patient?

EDWARD SNYDER: The C.W. Bill Young Program mandates that at least ten percent of the cords be used for research. And frankly that is not a difficult number to achieve because I mentioned they need 150,000 quality cords. And that's kind of the weasel award. What is quality? And we're still working on exactly what that means. But with the current criteria which are based on the number of cells obtained from the placenta as

well as the -- the type of cells that they are. About 30 to 40 percent of more of the cells are considered unacceptable for transplant.

The way we would envision that those cells would come back to the State or never leave the State if it was tested here. And be -- made available for research. Made available possibly for private companies that were working on stem cells that might potentially be a source of revenue and improve -- provide jobs for the State of Connecticut.

There's lot of ripple effect from those research cells that would not be acceptable for transplant. And they wouldn't be acceptable because there wasn't sufficient number to ensure engraphment. Once a child or an adult because stem cell's cord blood is also used for adults, is transplanted, the person has had their bone marrow destroyed so unless that cord engraphs that person is not going to survive. So it has to be high quality but there'll be plenty left over for research.

SENATOR STILLMAN: Thank you. May I ask another -- thank you. Also, thank you for that. I think that's -- that's an important benchmark that we need to know about as this bill moves forward. The other question I had -- have is as we -- do you have any idea -- I mean, based on the need that you feel is out there now, I'm assuming that we'll be able to meet the needs of as best -- you know, obviously this is -- you've got to build the supply, et cetera. But that this will be an opportunity to meet the needs of the people of

Connecticut. And if not, by having this blood bank does it allow us to -- some reciprocity from others in other states?

CHARLES LOCKWOOD: The -- so there is a bit of a moral hazard to this operation in the sense that certain states may not want to participate and yet benefit from this -- these cord units are available to anybody. And so -- but, you know, a significant number of states have. And I think the more states that do the faster we'll achieve the 150,000 quality units that the federal act is requiring.

I think that ultimately there is sort of a moral imperative to doing this that to not be able to contribute two to four thousand units a year from our State really is -- I mean it's just such a terrible waste. These specimens are literally being thrown away. And, you know, so while there's no immediate direct benefit to the State, it's an extraordinarily inexpensive, potentially even profit making operation. It doesn't burden the taxpayers at all and yet will save lives.

SENATOR STILLMAN: Thank you, Madam Chair.

REP. RITTER: Thank you, Senator Stillman. Representative Srinivasan.

REP. SRINIVASAN: Thank you very much, Madam Chair. Thank you very much for your testimony. You had mentioned a statistic if you'd be kind enough to repeat that in your presentation. Something about 10,000 wanting to be -- to get this and

only 1,000 getting -- I didn't get that far. If you'd be kind enough to repeat that for me.

EDWARD SNYDER: Yeah. I'm sorry if I wasn't clear. There are approximately 10,000 people in the United States that could benefit from a stem cell transplant and only 5,000 currently are being transplanted because the rest can't find a match. Having more cord bloods would allow more of those 5,000 that can't find a match to find them. And these cord bloods can also be sent internationally so it would be for the entire world.

And there are about 12,000 people that are transplanted worldwide. So the village is the globe. It's an expanding of what -- this allows Connecticut to do is to provide a resource that will help someone in any part of the globe have a chance at life where they otherwise might not have had it.

REP. SRINIVASAN: Thank you very much. And if I may you ask you had -- you just mentioned that this could even turn profitable and -- which obviously at the present time with it being right now that's music to everyone's ears. And I was wondering if you could be kind enough to -- to expand on that. Either you or the Senator.

SENATOR FASANO: Thank you very much, Mr. Representative. The model that we have demonstrates that it takes about 200,000 of capital to get it off the ground. In about three years based upon what would happen is the cord blood would be transferred to whoever we have an

agreement with who would sell it and then if there's a match and they kick a percentage back to the State. In about three years it's break even. After five years there's an income that would derive from this on a business model. Worst case scenario.

And then that money could be used for either further cancer research or whatever the Committee slash legislature -- because everything gets reported to this Committee, would want to do with that. But you're right. Initially there's a start up investment. And then after that three years break even, five years profit.

REP. SRINIVASAN: Thank you very much. Thank you, Madam Chair.

REP. RITTER: Thank you. Representative LeGeyt.

REP. LeGEYT: Thank you, Madam Chair. I -- my question has two parts and it has to do with the variety of procedures that -- from which stem cells might be harvested. Certainly, you know, a full term newborn child there's available stem cells that this legislation would allow to be collected.

But are there other procedures where pregnancy hasn't gone to full term but the placenta and umbilical cord are present? That would also allow for the harvesting of stem cells and does this legislation at all allow those procedures to be included in the ones that would allow stem cells to be harvested?

WINSTON CAMPBELL: In terms of -- of that question you really have to have a sufficient amount of volume of blood and you're not going to get that from a preterm gestation. So if someone has a preterm delivery it's not likely you're going to be able to collect enough blood.

REP. LeGEYT: I see.

WINSTON CAMPBELL: So you may be looking at termed gestations. Some of the testimony we've heard from Joint Committee sessions that just was had, there is some research being done to try to expand the cells that are obtained to make units that might not be suitable -- more suitable but it's not proven at this point.

REP. LeGEYT: Full term still birth can collect?

WINSTON CAMPBELL: By the time you deliver that infant the blood is all clotted and you're not going to get suitable blood.

REP. LeGEYT: Thank you.

REP. RITTER: Thank you, Representative. Are there any other questions from the Committee? You can probably tell from our attention that this has not only been an item of extreme interest but also very educational. Certainly speaking for myself I want to thank you for the opportunity over time to learn a lot about this. And we're looking forward as we proceed on this journey. So thank you all very much for your work and for your time.

SENATOR FASANO: Madam Chair, thank you and your Committee.

REP. RITTER: Thank you. Before we go on to our next bill I just want to return to the officials list and first see if Commissioner O'Meara is here yet. I'm not sure he is. The other person would be Frank Sykes. Is Frank Sykes present? Yes. Would you like to give your testimony? Mr. Sykes, just one moment before you start because one of our new Committee members has just arrived and I would like to give him the opportunity to be welcomed by the Committee. Representative Charlie Stallworth is here. And Representative welcome. You're here boots on the ground. So here we ago. I might give you the opportunity to greet the Committee if you wish and introduce yourself quickly. Thank you.

REP. STALLWORTH: Good morning. It's a pleasure to be here and have the opportunity to serve with this Committee. And I look forward to meeting each of you personally and working with you. Thank you.

REP. RITTER: Thank you, Representative. And we share the pleasure in having you joining us. Okay. So, Mr. Sykes.

FRANK SYKES: Good morning, Senator Gerratana -- I hope I've pronounced your name correctly -- Representative Ritter and members of the Public Health Committee. My name is Frank Sykes. I'm the Legislative Analyst with the African American Commission. For those who don't know the Commission it's a nonpartisan State agency and we

HB 6481
HB 5608

YALE UNIVERSITY SCHOOL OF MEDICINE
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March 2, 2011

Testimony

S.B. No. 152 (COMM) An Act Concerning The Establishment Of The Connecticut Umbilical Cord Blood Collection Board.

The Need for Public Umbilical Cord Blood Banks:

Stem cells derived from umbilical cord blood offer many advantages over donor-derived adult bone marrow stem cells in the treatment of malignancies and various genetic conditions requiring bone marrow transplantation. Advantages include higher rates of bone marrow engraftment and reduced Graft-versus-host (GVH) disease even if there are one or two HLA loci mismatches (1,2). This latter phenomenon may reflect the relative immunological immaturity and higher proportion of stem cells in umbilical cord blood vs. adult bone marrow (3,4). Preliminary results have been sufficiently reassuring to spur the federal government to encourage formation of public umbilical cord stem cell banks. The C. W. Bill Young Cell Transplantation Program, authorized by the Stem Cell Therapeutic and Research Act of 2005, created the National Cord Blood Inventory (NCBI) whose goal is to collect and store 150,000 cord blood units.

If populated by units donated from an ethnically and racially diverse population, these public banks could provide all the HLA-matched stem cells needed by the U.S. population to meet its stem cell transplantation needs. Moreover, minority group members, who are currently seriously underrepresented in unrelated marrow donor registries, would preferentially benefit from such a national program (5). Another potential use for banked umbilical cord blood stem cells is as a non-controversial source of totipotential embryonic-like stem cells for the treatment of Parkinson's disease, Alzheimer's, diabetes, etc.

While all of these factors strongly support the establishment of public umbilical blood banks, very few pregnant women in Connecticut currently have an opportunity to donate their baby's umbilical cord blood to such a public bank. In the vast majority of cases this blood is discarded as medical waste. Alternatively, more affluent parents may chose to pay to have their infant's cord blood stored in private cord blood bank. However, it is a rare that a child will benefit from having their own umbilical cord blood banked by their parents. Virtually all the non-malignant disorders amenable to allogeneic transplantation (*e.g.*, Sickle Cell Anemia, Thalassemia Major, and Fanconi's Anemia) are genetic in origin and, thus, not suitable to autologous (self-derived) stem cell transplants. Conversely, many childhood cancers (*e.g.*, acute lymphoblastic leukemia and Hodgkin's disease)

demonstrate high cure rates with conventional therapy and/or are better treated with allogeneic 9donor-derived) rather than autologous umbilical cord stem cells since the mild GVH disease induced by the former has beneficial anti-cancer cell effects (6). Moreover, in the case of childhood leukemias and lymphomas, the wisdom of autologous transplantation of the same hematopoietic stem cells that have a likely genetic predisposition to undergo malignant transformation seems suspect.

The economics of private cord banking are also suspect. It has been estimated that only 74 of 200,000 or 0.04% children will be born with a life-threatening genetic disorder or develop a cancer potentially amenable to autologous umbilical cord blood stem cell transplants (5). When the potential use of this blood in a sibling is included, the likelihood of use remains far less than 1%. Another economic factor that weighs against private umbilical cord blood banking is cost. Even if one feels that a less than 1% chance of needing banked cells justifies storage, the costs are substantial: up to $1500-2000 for initial processing and $100-150 per year for storage.

Thus, the weight of current evidence overwhelmingly supports the establishment of government supported public umbilical cord blood banking.

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Edward L. Snyder, MD

Legislative Hearing on the Connecticut

Umbilical Cord Blood Collection Program Act

CT State Legislature

March 1, 2011

SB152

Testimony Comments

Thank you Mr. Chairman and committee for this opportunity to speak on behalf of the Connecticut Umbilical Cord Blood Collection Program Act. My name is Edward Snyder, MD and I am past chair of the National Marrow Donor Program and also Professor of Laboratory Medicine at Yale University Medical School. I am also Director of the Blood Bank/Apheresis/Cell Processing/and Tissue Banking programs at Yale-New Haven Hospital. The National Marrow Donor Program operates the national registry of adult donors and cord blood units through the Be The Match Registry that are available to individuals in need of a blood stem cell transplant.

I am here to registry my support for this legislation and the commitment it represents on behalf of the State of Connecticut to further efforts to increase the national inventory of publicly available cord blood units. Cord blood has been found to be a rich source of cells that can benefit those suffering from such diseases as leukemia and lymphoma and for whom a blood cell transplant is an appropriate therapy. In the United States, more than 10,000 individuals each year need a blood cell transplant from an unrelated donor. Unfortunately, only about half of those individuals go to transplant. One of the reasons is that they cannot find an acceptable adult donor on the Be The Match registry.

Cord blood has been shown to be an effective source of cells for those individuals without a matching

adult donor and a preferred source of cells for children suffering from certain genetic diseases, a growing and exciting area of medical research. Publicly available cord blood units listed on the Be The Match registry helped more than a 1,000 individuals last year and the number of cord blood transplants is growing. This has been especially beneficial to ethnic minorities in the United States who have a greater difficulty finding a matching adult donor. In fact, over 35% of the cord blood transplants done in the United States last year were for minority individuals.

The citizens of Connecticut today benefit from the efforts by others across the country that have built the national inventory of cord blood units to its current number of 180,000. But more are needed to assure access to this therapy for all Americans, and this bill represents Connecticut's commitment to participate in building that inventory even as its citizens continue to benefit from the efforts of others.

The bill assures that the funds provided by the state will be well administered by calling upon the advice and guidance of a panel of experts to assist the Department of Health in its allocation of the funds and in monitoring the efforts of the organizations that will contract with the Department of Public Health to collect units in the state. The bill uses a public/private partnership approach that will use the best of both worlds.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2011

VOL. 54
PART 5
1390 – 1734

Madam President, have an additional item to add to the Consent Calendar, that is Calendar page 17, Calendar 318, Senate Bill 152.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

And thank you, Madam President.

Madam President, if the Clerk might now call the Second Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Madam President, the Second Consent Calendar starts on page 7. It's Calendar Number 104, House Bill 6371.

And then we go to page 9, Calendar Number 187, Senate Bill Number 1053; page 12, Calendar Number 240, Senate Bill 1100; Calendar page 17, Calendar 318, Senate Bill 152; Calendar page 18, Calendar 338, House Bill 6319; Calendar page 37, Calendar 90, Senate Bill 464; Calendar page 43, Calendar 197, Senate Bill 1021; Calendar page 46, Calendar 251, Senate Bill 799.

That completes the Second Consent Calendar.

THE CHAIR:

Thank you, Mr. Clerk.

If you will announce the pendency of a vote on the Consent Calendar, sir.

THE CLERK:

The Senate is voting by roll call on the Second Consent Calendar. Will all Senators please return to the Chamber. The Senate is voting by roll call on the Second Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

The machine will be opened.

THE CLERK:

The Senate is voting by roll call on the Second Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

The machine is now open, if the Senators will kindly record your vote.

If all the members have voted, the machine will be locked and the Clerk will kindly announce the tally.

THE CLERK:

Madam President:

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Absent and not voting	0

THE CHAIR:

Consent Calendar -- the Second Consent Calendar is now adopted.

Thank you, Mr. Clerk.

Senator Looney, you have the floor, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, that will conclude our business for -- for today's session.

I just wanted to announce that there will be a Democratic caucus immediately upon conclusion of the session and that it's our intention to convene tomorrow at noon there, as I will yield the floor for members, for purposes of announcements of committee meetings or points of personal privilege.

THE CHAIR:

Are there any announcements or points of personal privilege at this time?