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February 18, 2025

Aging Committee
State Capitol Building, Room 011
Hartford, CT 06106

Re: Support HB 6771 – Coverage of Biomarker Testing – with Amendments

Co-Chairs Hochadel, Garibay and members of the Joint Aging Committee:

The Coalition of State Rheumatology Organizations (CSRO) supports HB 6771 with the ACS CAN proposed amendments, which would ensure patients can access biomarker testing that allows health care providers to better determine the best treatment plan for the patient. CSRO serves the practicing rheumatologist and is comprised of over 40 state rheumatology societies nationwide with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

Rheumatologic diseases, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

Biomarker testing is a pivotal advancement in precision medicine and an essential tool for rheumatologists and other physicians in determining the most effective treatment for individual patients based on unique biological information derived from proteins and genes. Biomarkers have the potential to revolutionize how we approach treatment selection, allowing for targeted therapies that can significantly improve health outcomes and quality of life for patients with rheumatologic conditions. As we move toward a healthcare landscape that emphasizes efficiency and patient-centered care, HB 6771 will help ensure that these innovative diagnostic tools are accessible to all patients who could benefit from them.

The complexities of rheumatologic conditions often necessitate a lengthy and painful diagnosis process for patients, typically characterized by a trial-and-error approach to finding the right therapy. Determining early and effective treatment is crucial because it not only reduces the patient's suffering by slowing disease progression—thereby improving quality of life for patients—but also reduces costs by preserving productivity and diminishing the need for surgeries, increased steroid usage, admissions to acute-care and extended-care hospitals, and reliance on social services.¹ It also reduces other healthcare expenditures encountered when patients cycle through various expensive treatments that do not control their disease.

We urge the Joint Committee to adopt the amendments proposed by ACS CAN and advance HB 6771, recognizing the profound impact it will have on patient care and overall healthcare costs. Together, we can make strides toward a healthcare model that prioritizes precision, efficiency, and the well-being of patients. We thank you for your consideration and are happy to further detail our comments to the Committee upon request.

Respectfully,



Aaron Broadwell, MD, FACR
President
Board of Directors



Madelaine A. Feldman, MD, FACR
VP, Advocacy & Government Affairs
Board of Directors

ⁱ Joint Bone Spine. "[Rheumatoid arthritis: direct and indirect costs](#)." November 2004.