

- House Bill No. 1328 -
- PRESENTER: PATRICK W. FISHER, BISMARCK, ND (WILL BE PRESENT AT HEARING TO GIVE TESTIMONY)
- Mr. Chairman and Members of the committee my name is Patrick W Fisher, Bismarck ND. I'm here today to speak in favor of passing House Bill 1328.
- My interest in vitamin D and the immune system began about 17 years ago. I was fascinated by it and I have pursued the subject ever since.
- in January of 2007 I had my first vitamin D test and a second vitamin D test in April of 2009. Both tests were covered under Medicare without objection.
- In April of 2009 I enrolled in a vitamin D study being conducted by a group called Grassroots Health. It is located near the campus of the University of California-San Diego. In this study participants do vitamin D tests every six months and those test are paid for by the

participants, so no insurance coverage issues are involved.

Attached is a history of my personal vitamin D testing.

- On December 9th and 10th, 2014, I attended a vitamin D seminar (certified for 12 CMA credits) sponsored by the UC San Diego School of Medicine and Grassroots Health at La Jolla, CA.
- In 2009 I became aware of a doctor in Milwaukee who was very active in promoting the use of vitamin D in patients admitted to Mount Sinai Hospital in Milwaukee WI. He was director of admissions in that hospital.
- In one of our conversations he told me that he had found a study done by a group which had studied vitamin D deficiency among veterans who were receiving health care from the Veterans Administration facilities. The name of the paper is *The Relationship of Vitamin D Deficiency to Health Care Costs in Veterans*, Alan N. Peiris, et al., *Military Medicine*, 173, 12:1214, 2008. The focus of the research was comparing the cost of care in vitamin D deficient versus non-deficient patients. I was interested

in this as I thought the data would provide insight into the nursing home population.

- 40% of the Veteran participants were vitamin D deficient, defined as under 20 ng/mL. Overall medical expenses were 39% higher in the vitamin D deficient group compared to those with levels above 20 ng/mL. Awareness of the benefits of correcting vitamin D deficiency spread and the amount of testing for vitamin D level increased.
- Government regulations were then changed to limit vitamin D testing in Government health plans to certain specific conditions.
- Current public health insurance plans will pay for blood tests to determine cholesterol level without an existing disease. Many Insurance plans will not pay for blood tests to determine vitamin D level unless a current disease associated with vitamin D deficiency is claimed to exist. This distinction is illogical and unscientific. Both tests are necessary to supply information indicating the presence of conditions that may cause or permit

disease to occur or, as to vitamin D, to assure the immune system has what it needs to provide a robust response to pathogen attack.

- Not applying existing science to practice has health consequences, such as the deaths we see with Covid, and is extremely costly in many ways beyond healthcare costs.
- **According to current information hospitalized Covid patients are NOT being tested to determine their Vitamin D levels. This results in a failure to diagnose and treat a significant condition that then causes the need for ICU care, ventilation, and staffing chaos, not to mention needless death. (See: *Over 200 Scientists & Doctors Call For Increased Vitamin D Use To Combat COVID-19*, copy provided. THIS IS A HIGH PRIORITY READ).**
- Insurance companies negotiate laboratory fees down to a tiny fraction of what an individual would be charged.

- HB 1328 would facilitate including vitamin D testing in Employer healthcare programs, eldercare facilities, State employee plans and more.
- HB 1328 will remove a barrier that effectively deprives many from obtaining a necessary diagnostic tool which in turn will deprive them of a robust immune system and a **scientifically proven beneficial defense against viral, bacterial, fungal and other pathogens.**
- A South Dakota Medical School 2012 study found seventy-five percent of healthy working adults, 63 percent of nursing home residents and 83 percent of maternity patients had serum calcidiol levels (vitamin D) below 32 ng/mL. Mean levels were 26.4 ng/mL, 28.8 ng/mL, and 20.7 ng/mL, respectively. This is consistent with North Dakota data.
- I urge the passage of HB1328

- Personal History of presenter's Vitamin D tests.

TEST DATE	IU per DAY PRIOR TO TEST*	D3 (ng/mL) 25(OH)D	Lab ref range ng/mL	COMMENTS, Lab
1/16/2007	2,400 IU previous 4 yrs	34	32-100. Recom.Opt . Range 40-60 ng/mL	Altru test- Mayo
4/1/2009	4,500	48	"	Altru test- Mayo
4/9/2009	4,500	46	"	Daction-ZRT
11/17/2009	4,500	50	"	Daction-ZRT
5/27/2010	4,500	39	"	Daction-ZRT
11/16/2010	6,500	48	"	Daction-ZRT
5/17/2011	6,500	43	"	Daction-ZRT
11/23/2011	4,500	51	"	Daction-ZRT
4/20/2012	6,500	46	"	Daction-ZRT
11/6/2012	4,500	41	"	Daction-ZRT
4/23/2013	8,500	71	"	Daction-ZRT
11/7/2013	5,000	54	"	Daction-ZRT
3/20/2014	6,000	58	"	Daction-ZRT
10/10/2014	6,000	55	"	Daction-ZRT
3/27/2015	6,000	57	"	Daction-ZRT
12/2/2015	5,500	55	"	Daction-ZRT
4/22/2016	5,500	59	"	Daction-ZRT
11/8/2016	5,500	50	"	Daction-ZRT
4/11/2017	7,000	59	"	Daction-ZRT
9/13/2017	5,500	51	"	Daction-ZRT
3/26/2018	7,200	64	"	Daction-ZRT
9/13/2018	5,000	55	"	Daction-ZRT
12/20/2018	6,000	61	"	Daction-ZRT
5/20/2019	6,000	67	"	Daction-ZRT
11/5/2019	5,000	54	"	Daction-ZRT
4/28/2020	5,700	67	"	Daction-ZRT
10/17/20	5,700	63	"	Daction-ZRT

