

The Winning Spirit

Quarterly Newsletter – National Hemophilia Foundation, Delaware Valley Chapter – Summer 2009 Volume 16 Number 3

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THE HEMOPHILIA STANDARDS OF CARE ACT HB 620

At the writing of this newsletter, we are waiting for HB 620 to be brought up for consideration in the Pennsylvania House Insurance Committee. Once the Committee votes to release the bill, the bill will be scheduled for a vote in the Pennsylvania House of Representatives. We will keep you updated.....

The following letter was written to Chairman Anthony DeLuca (Democratic Majority) and Chairman Nicholas Micozzie (Republican Minority) of the House Insurance Committee in support of HB 620, the Hemophilia Standards of Care Act by the two Pennsylvania Chapters of the National Hemophilia Foundation.

Dear Chairman DeLuca and Chairman Micozzie:

May 11, 2009

Thank you both for cosponsoring House Bill 620, “The Hemophilia Standards of Care Act,” introduced by Representative Larry Curry. We appreciate your continuing support of patients and their families in Pennsylvania who are affected by this serious but manageable disease. As you know, House Bill 620 establishes an essential medical standard of care for citizens of Pennsylvania afflicted with hemophilia and other bleeding disorders.

On April 21st our families gathered at the Capitol for our annual “Hemophilia Awareness Day,” and we were grateful for an opportunity to meet with you and most members of the General Assembly. We received encouragement from our representatives and senators, many of them expressing their support for this initiative. At the present time, there are 116 cosponsors of House Bill 620, including nineteen (19) members of the House Insurance Committee.

We wish to note that in the previous legislative session (2007-2008), Representative Curry, with the support of the committee, took the initiative and forwarded an identical bill (HB 1105) to the Pennsylvania Health Care Cost Containment Council (PHC4) for a review, so that those opposed or undecided about House Bill 1105 could gauge its fiscal impact upon the insurance industry and health insurance policy holders in Pennsylvania. The Pennsylvania Chapters of the National Hemophilia Foundation (NHF) submitted more than six hundred pages of substantial material, including expert scientific and medical opinions and statistical information compiled by the Centers for Disease Control and Prevention, in support of (at least suggestive of) the fiscal neutrality of House Bill 1105. In reply, several insurance companies submitted only letters of opposition from their government relations officers with no supporting data or expert opinion indicative of any possible adverse impact upon the cost of health insurance if House Bill 1105 were to be enacted. Most of the letters from the insurance industry and business community merely stated their opposition to bills mandating certain procedures be covered by insurance policies without any supporting data to back up their claims specific to House Bill 1105.

PHC4 concluded only that insufficient information was submitted to the Committee to enable it to determine whether or not this bill would have an adverse impact upon the overall cost of health insurance in Pennsylvania. We strongly dispute the findings of the Council and its review policy since several members of PHC4’s Mandated Review Committee

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Graphic Artist: www.chaley.com

We gratefully acknowledge the pledge of support from the following manufacturers for 2009.

Baxter Bioscience	CSL Behring
Recombinate	Monoclate-P
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Feiba VH	Humate-P
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Albumin (Human)	Novo Nordisk
Advate	NovoSeven® RT
Bayer	Wyeth
Corporation	Benefix™
Kogenate FS	ReFacto
Koate-DVI	Xyntha

DVC BOARD MEMBERS RETIRE

At the June meeting of the Chapter Board of Directors, two, wonderful DVC board members announced their retirement.



Jim Lindquist, Vice President, has served on the board of directors for many years. During his service, Jim made substantial contributions, both in business operations and in fundraising. In acknowledging Jim's service, Keith Moore, President said, "Jim made significant contributions in countless ways over the many years he was a part of the board. Our work will go on in a better way because of his efforts and dedication to the mission of the Chapter."



Laura Carlino, Chair, Carlino's Golfing for a Cure, has also served on the DVC Board for many, many years. She plans to continue to raise money in support of research for the Chapter. "Carlino's Golf will go on," she said. In acknowledging Laura's service, Keith Moore said, "We will never forget how much Laura personally did for our organization and for the community of patients who rely on the services and programs of the Chapter."

Each of these outstanding individuals is truly a part of our DVC family and we thank them for all they have done to make us a stronger and more viable organization.

CHAPTER HAPPENINGS

Here's what's coming up!! *Contact the DVC office for more information.*

Insurance Transitioning Information Night, Friday September 11th!

DoubleTree Guest Suites,
Plymouth Meeting, PA

DVC Golf Classic, Monday September 21st!

Radnor Valley Country
Club, Villanova, PA

Annual Family Camp, September 25th to September 27th!

Held at Camp Green Lane
in Green Lane, PA. The
best family weekend ever!

Prophylaxis: Is it Right for Us? Friday, October 2nd!

Presentation by Joanna
Davis, MD, Miami
Hemophilia Treatment
Center. This event will
be held at the DoubleTree
Guest Suites in Plymouth
Meeting, PA. Presentation
is geared to treatment
center staff, parents
and adult patients. This
program made possible

by an educational grant
from the Bayer Healthcare
Foundation.

Present and Future Treatments for HCV, Friday, October 16th!

Carolyn Francis, RN,
Georgetown University
Hospital Hemophilia
Treatment Center,
Washington, DC. This
event will be held at the
DoubleTree Guest Suites
in Plymouth meeting, PA.
Presentation is geared to
treatment center staff and
adults with hemophilia and
HCV. This program made
possible by an educational
grant from the Bayer
healthcare Foundation.

Marco's Race, Saturday, October 17th!

Join families and friends of
the DVC at this wonderful
5K Run and Family Fun
Walk in Bangor, PA!! Bring
the whole family and
support the efforts of

Chris and Dana Marozzi at
this great event!

Annual Fall Gala, Friday, October 23rd!

A big "thank you!" to
Jim and Lynn Lindquist
and their wonderful
committee for bringing
this spectacular fall event
to us, once again. The
gala will be held at the
Hilton Hotel, City Avenue!
Don't miss it!

I Can Run Race, Saturday, November 7th!

Another spectacular 5K
Race and Family Fun Walk
to benefit the DVC!! This
event will be held in
Hatfield, PA!!

DVC Annual Holiday Party, Saturday, December 5th!

To be held at Alumni
Hall, Thomas Jefferson
University Hospital!!
Special holiday treats and
fun!

CHAPTER HAPPENINGS

AN EXPLOSION OF SPRING CHAPTER EVENTS!!! We have never been busier!!!

Here's what's been happening!!

Annual Fashion Show and Luncheon, Saturday, March 28th!

"Cheers for Thirty Years!" was a spectacular day! Thanks to our co-chairs, Jennifer Sawyer and Lynn Lindquist and our honored guest, Lauren Kelley.

Bowling for Fun, Saturday, April 4th!



This was a fun family day at Thunderbird Lanes in Northeast Philadelphia!! A

big thanks you to Cheryl & Keith Littig, Pat and Chuck Felthaus and Kim Bayer and the wonderful committee that helped make this day so special!



CEO Program for Teens, Saturday, May 9th!

Careers, Education and Opportunities (CEO)! This day of leadership was lots of fun and very engaging for the 27 teens who participated. Our appreciation to Tom Wallace and Baxter BioScience for providing the educational grant that made this day possible!

ReRun Broad Street 5 Miler, Saturday, May 16th!

A fantastic first event for the DVC! A great big thank you to Christine Rowe (DVC office), Bob Babb from the Physical Therapy and Wellness Institute and all of the runners and families who participated. See you next year (5/15/2010)!!

Liberty to Liberty Triathlon, Sunday, May 24th!

Triathletes from around the world participated in this event from New York City to Philadelphia! The swim portion was cancelled due to weather conditions, but the triathletes biked 91 miles from north Jersey to Philadelphia and then ran a 5K race to finish at the Philadelphia Museum of Art!! A fantastic weekend of events, from "set up to clean up!!" A big thanks to Christine & Tom Rowe, Scott Tutton and the 190+ DVC volunteers who helped make this event a great success for the Chapter!! Our deep appreciation to everyone.

Carlino's Golf, Monday, June 1st!

We are grateful to Laura & Pat Carlino and Kathy & John DiMichele and the wonderful employees of Carlino's Foods in Ardmore, PA for sponsoring this annual event to raise money for the Chapter!! Great weather, great food, great friendship and some pretty good golfing too!!



VWD Women's Retreat, April 24th-26th!!

This weekend retreat provided education and support for women in families with vonWillebrand Disease. Thank you to all of the local treatment center staff who participated in sessions and to Joan Boselli and CSL Behring for providing an educational grant that made this weekend possible.

Annual Family Dinner, Tuesday, May 5th!



A wonderful night of information for local families affected by



bleeding disorders. Our sincere appreciation to Val Bias, Executive

NHFs Chief Officer, for sharing the program with us! This is always a night to remember! Next year's date is Tuesday, May 4th 2010!

who voted against this proposed legislation were obviously biased, having previously submitted letters to the file in opposition to the bill. We believe most would agree this was not a fair, objective review of House Bill 1105.

In 2007, the House Insurance Committee held two public hearings on the merits of this bill in Pittsburgh and Hershey, PA. Numerous individuals gave testimony, including treating physicians, patients, parents of patients, the executive directors of the Pennsylvania Chapters of the NHF and the former insurance commissioner of the State of Indiana. The Committee heard very compelling testimony about current difficulties with insurance coverage, experienced by patients and medical providers and how this bill would preserve the quality of life for persons with hemophilia.

It is instructive to examine the precedent set in New Jersey, the only state to have passed legislation establishing a minimum standard of care for the provision of insurance coverage for persons with hemophilia. In 2000, the New Jersey legislature passed a supplement to the "Health Care Quality Act" (N.J.S.A. 26:28 - 10.1, 10.2), wherein all providers of managed care health plans in New Jersey were required to comply with a minimum standard of medical care. The purpose of this law was to address in New Jersey the same difficulties with insurance coverage that persons with hemophilia experience in Pennsylvania. The New Jersey law has been a resounding success in that patients now receive better insurance coverage for essential medical care. Although the New Jersey law legally affected only managed care health plans, in practice, all health insurers doing business in New Jersey comply with this law. There is no evidence or experience that the New Jersey law has increased the cost of health insurance for New Jersey residents, yet the law effectively resolves coverage issues for hemophilia patients. In order to provide first-hand testimony as to the effectiveness of the New Jersey statute, we are enclosing two letters: one from the Executive Director of the Hemophilia Association of New Jersey and a second letter from the Commissioner of the NJ Department of Health and Senior Services, both of which state this nine (9) year old law has had no impact on the cost of insurance policies in that state.

Without adequate preventative medical care administered through the seven state-recognized hemophilia programs established in 1974, patients with hemophilia will miss time from school and work and suffer uncontrollable bleeding episodes with severe consequences. The long term impact of insufficient care includes crippling orthopedic deformities, severe disability and costly extended hospital visits. Conversely, proper access to essential medical care will prevent costly medical complications for most patients and allow them to lead substantially normal and productive lives. The Hemophilia Standards of Care Act will preserve and ensure access to appropriate care for persons with hemophilia.

We therefore respectfully request your consideration in bringing House Bill 620 to a vote before the Insurance Committee as soon as possible. With your continuing leadership, Pennsylvania citizens affected with bleeding disorders will have better access to essential health care in Pennsylvania.

Sincerely,

Ann E. Rogers

Ann E. Rogers, MS, Executive Director
Delaware Valley Chapter

Kerry Fatula

Kerry Fatula, Executive Director
Western PA Chapter



Stop by the Chick-fil-A between the hours of 11 am to 6 pm

at the Montgomeryville Mall Food Court located on 309 in North Wales on Saturday, August 22nd!

Get your back to school shopping done and support the DVC

A percentage of your purchase will benefit the DVC.

FVIIA SUCCESSFULLY DELIVERED TO DOGS VIA GENE TRANSFER

By Glenn Mones, NHF Vice President for Public Policy

A study published in the journal *Blood* showed that a technique known as “gene transfer” could be used to trigger steady production of activated factor VII (FVIIa) in dogs with hemophilia. Gene transfer typically involves using a non-disease-causing virus (viral vector) to deliver genetic material (transgene) to a person’s cells for therapeutic purposes. The lead investigator of the study was Paris Margaritis, PhD, Division of Hematology, The Children’s Hospital of Philadelphia.

Margaritis and colleagues specifically targeted FVIIa for gene transfer because the protein not only improves hemostasis (the arrest of bleeding) but can also bypass an inhibitor response by the immune system. As a so-called “bypassing agent,” FVIIa can help hemophilia patients avoid an inhibitor by getting

around the need to infuse FVIII or FIX without sacrificing effective clotting.

This is just one example of the therapies’ potential uses. While much gene therapy research has focused on the production of FVIII and FIX, this study achieved the delivery of a gene-based bypassing agent in a large animal, making it the first successful study of its kind. The breakthrough builds on prior studies, which have shown the approach to be effective and well tolerated in mice.

Results of the current study showed that FVIIa gene transfer was well tolerated by the dogs, that hemostasis improved and that there was no spontaneous bleeding. Potential complications also seem to have been avoided, as there was no evidence of excessive clotting (thrombosis) or destruction of liver

tissue (hepatotoxicity). Further, no inhibitor response was reported.

According to the authors, this gene-based bypassing agent approach has a number of potential applications including hemophilia gene therapy, platelet disorders, FVIII deficiency and FVIII/FIX inhibitors.

Success of an experimental therapy in trials with dogs is often considered a stepping stone to eventual human clinical trials. Further studies involving animals and humans, most likely taking years to accomplish, will need to be conducted before this type of therapy could become available.

Source: Margaritis P, Roy E, Aljamali M, Downey H, Giger U, Zhou S, Merricks E, Dillow A, Ezban M, Nichols T, High K. Successful treatment of canine hemophilia by continuous expression of canine FVIIa. *Blood*, April 16, 2009; Volume 113 (Issue 16): pages 3682-3689.

VIEWPOINT

By Hal Muschek

On March 13-15, 2009, I had the opportunity to represent the Delaware Valley Chapter at the **Annual Educational Symposium of the Hemophilia Federation of America** held in Indianapolis, Indiana.

Topics addressed at the meeting:

- The Legal Situation of the Chronically Ill as a Civil Rights Issue
- World Hemophilia Federation Global Update
- Complimentary Medications and Drug Interaction
- Legislative Advocacy Update on Federal and State Issues

Round table discussions covered health insurance, COBRA, personal advocacy in the emergency room, standards of service/care and Hepatitis C. Breakout sessions focused on women with bleeding disorders, strategies for dads to build strong, healthy relationships with their children. There was a meeting of the “Blood Brotherhood,” a group of adult men with bleeding disorders who share their personal experiences and provide support to one another. Overall the symposium was very informative and a positive experience for me. I hope to attend in the future.

The Annual Meeting of the Region III Federally-Funded HTCs was held on March 26 and 27, 2009 in Alexandria, VA. This meeting provided sessions on dental issues, aging and hemophilia, obesity and hypertension, joint health issues and the use of MRI’s in tracking and assessing the progression of arthritis in joints from childhood to adulthood in people with bleeding disorders. The importance of good communication between individual patients and their treatment centers was stressed.

In the consumer group session with Chapters, we discussed the idea of patients carrying a flash drive on their key chain that would contain their personal medical information. This information could then be easily uploaded by a treating physician in the event of an emergency. We also discussed the importance of patient participation in the UDC (Universal Data Collection) at the treatment centers. This was a very informative meeting and I’m glad I had the opportunity to attend.

MEDICARE: INSURANCE AS YOU AGE

By David Linney

Note: Medicare is the nation's largest health insurance program, covering nearly 40 million people. Medicare provides coverage for people 65 and older, some people with disabilities under age 65 and people of all ages with end-stage renal disease. This article will deal only with Medicare coverage for people age 65 or older.

General Coverage Information about Medicare

As people grow older and approach age 65 or consider retirement (at whatever age), it becomes important to obtain long-term health insurance coverage. This is because as you age, insurance plan options become more limited and focus primarily on Medicare. Understanding Medicare benefits and how and when you should sign up for them is based on your employment and retirement plans.

All US citizens become eligible for Medicare when they turn 65 and should sign up three months before they turn 65 years old. Medicare includes Parts A, B and D or Parts C and D:

- Part A (Hospital insurance);
- Part B (Medical insurance);
- Part C (An HMO or PPO plan that includes Parts A and B, also called a Medicare Advantage Plan);
- Part D (Prescription drug coverage).

Part A does not need to be purchased. The Part B monthly premium cost is \$96.40. Part C and D monthly premium costs will vary based on benefits provided for particular plans. Enrollment in parts B, C and D may be delayed if you continue to be covered by employer insurance beyond age 65.

In addition, there is Medigap insurance, a supplemental plan to Medicare that helps pay the Medicare Part A and B deductibles and co-insurance. Supplemental coverage under Part B is particularly important because it covers only 80% of approved costs. Such plans can be provided by some employers for retirees or through a spouse's employer insurance. More commonly, such plans are purchased individually. The federal government certifies various standard Medigap coverage plans for purchase. Specific Medigap plans are offered by insurance companies and administered through respective states.

If you are enrolled in a Medicare Advantage Plan (i.e., Part C), however, you don't need and can't buy a Medigap policy. Note, too, that you have to use medical providers (i.e., doctors, hospitals, physical therapists) who belong to the plan.

Enrollment in Medicare Parts A, B, C and D as well as Medigap plans must be done in a timely manner or a penalty can be imposed. Time of enrollment will depend upon age, continued work status and any employer-provided insurance benefits.

Medicare Coverage Information for People with Bleeding Disorders

- Medicare coverage through Parts A and B is generally very good, as long as you also have a good Medigap policy in place.
- Home infusion of clotting factor concentrates is covered under part B and not under Part D. Coverage is generally very good, if you have a good Medigap policy in place as well.
- Coverage for home care and outpatient clotting factor concentrates can be problematic under Part C because it may be limited to 80%. You may be responsible for 20% of the cost as Medicare Advantage Plans establish their own benefit structure.
- Drug coverage under Part D can result in high out-of-pocket costs if you have high prescription costs outside of clotting factor, i.e., HIV and hepatitis C treatments. Medicare drug plans have formularies and many have different tiers of coverage. Those plans with tiered coverage have the lowest co-payment cost for generic drugs and the highest co-payment for co-insurance cost for specialty drugs.
- Clotting factor concentrates are currently not covered in a nursing home or assisted living setting. This poses a major coverage problem as well as a medical care problem for seniors and those with disabilities and it will pose an even greater overall problem as our population ages and grows. This problem is being addressed by the National Hemophilia Foundation's Medical and Scientific Advisory Council.

Previous article taken from the March/April 2009 issue of HemAware, a publication of the National Hemophilia Foundation

FIGHT TO RAISE LIFETIME CAPS ADVANCES

On April 27-29, 2009, members of the bleeding disorders community returned to Capitol Hill to press members of congress on raising lifetime health insurance caps. These caps, which are frequently as low as \$1 million or \$2 million, are a serious issue for people with hemophilia and other high-cost chronic conditions. The National Hemophilia Foundation (NHF) has been working with a broad range of patient groups, industry and others to address this problem by promoting federal legislation to raise these caps. The bill, S. 442 and H.R. 1085, were introduced by Senators Byron Dorgan (D-ND) and Olympia Snowe (R-ME) and Representative Anna Eshoo (D-CA) respectively. The legislation increases lifetime caps on private health insurance plans to a minimum of \$10 million and provides an annual update for inflation thereafter.

The legislation got its first big push back in February when more than 300 people affected by bleeding disorders met with legislators as part of NHF's annual Washington Days advocacy event. On Monday, April 27th, NHF in conjunction with the "Raise the Cap Coalition" organized a briefing for legislative staff at the recently opened Capitol Visitors Center. It featured patient advocates Paul Brayshaw, who spoke about his challenges as a person with hemophilia dealing with lifetime insurance caps and Marjorie Crigler, who talked about how her brother exceeded a \$1 million insurance cap and ultimately incurred more than \$3 million in medical expenses in just a few years following a stroke and many complications.

The briefing also featured Dr. Jack Rodgers who led the team at PriceWaterCoopers that produced a recent report on lifetime caps on behalf of NHF and the coalition. The report demonstrated that raising lifetime caps [for all Americans] would add only a negligible amount to what most Americans pay for insurance, while saving the government billions of dollars in reduced Medicaid costs.

Following the briefing, coalition members met with members and staff from the five committees in the House and Senate with jurisdiction over healthcare reform. During the three days, 45 meetings were conducted, with many expressing interest in supporting the legislation itself and in ensuring that the broader healthcare reform process addresses the issue of lifetime caps.

The lifetime caps effort got an additional boost the same week when on April 28th Politico, a DC-based newspaper and web site popular with Washington insiders, featured an advertorial supplement sponsored by the Plasma Protein therapeutics Association (PPTA). The supplement included an NHF-authored piece that discussed the legislation and highlighted one family's struggle with lifetime caps. Other articles in the supplement discussed a variety of issues of concern to users of plasma protein therapies. The online version of the lifetime caps piece as well as the rest of the supplement can be viewed at: <http://www.politico.com/ppta/higher-lifetime-insurance-caps-needed.html>

NHF needs your help to make the case for raising lifetime health insurance caps. Even if you can't join us in Washington, you can make a difference by writing or calling your elected representatives in Washington. The more voices we have on this issue, the better our chances of pushing it through. Urge your elected officials to support raising lifetime insurance caps. Personalize and send e-mails to both your representatives and senators now!

Source: www.hemophilia.org 6/11/09

Can You Guess Who This Is?

From the 2009 Winter Issue of *The Winning Spirit*

Clue: This is a picture of a DVC area boy with hemophilia.
This photo was taken at the Brandywine Hemophilia Camp in 1989.



He is still local and as cute as ever at 25 years old!!
Answer: Matt Stinger!!

BLEEDING DISORDER LEGAL HOTLINE

The Delaware Valley Chapter is pleased to announce the Bleeding Disorder Legal Hotline. This free, confidential phone line is manned by an attorney, Beth Sufian, in Houston, Texas. She has over 17 years of experience helping people with chronic conditions understand the laws intended to protect them regarding health insurance and school/work issues. This Hotline was initiated by the Lone Star Chapter of the National Hemophilia Foundation in 2006. Hotline callers have reported that the information was helpful and would have been difficult to find without the help of this service. The Hotline can provide information on the issues listed below:

1. Obtaining and maintaining private health insurance.
2. Obtaining coverage from insurers for medical treatment.
3. How a small business can obtain health insurance.
4. Legal rights regarding Medicaid & Medicare.
5. Applying for Social Security benefits.
6. Appealing a denial of application for Social Security benefits.
7. Protection in the workplace from discrimination.
8. Family Medical Leave/Reasonable Accommodations in the workplace.
9. Insurance issues related to transitioning young adults.
10. Legal rights of children with medical conditions in the school setting.

The Bleeding Disorder Legal Hotline is open to people affected with a bleeding disorder and the medical professions that provide care for them. Quite simply, the Hotline is designed to bridge the gap between the laws and the people who need to know about them. Call 1-800-520-6154 and get informed.

The Hotline is recognized by the National Hemophilia Foundation as a valuable resource to the bleeding disorders community.

2009 Chapter Calendar

September

11 Insurance Transitioning Information Night!

21 DVC Golf Classic!

25-27 Family Camp!

October

2 Prophylaxis Information Night!

16 Hepatitis C Information Night!

17 Marco's Race!

23 Fall Gala!

November

7 "I Can Run" Race!

December

5 Holiday Party!

PLANNED GIVING

When you make a future or planned gift, you help so many people. Remembering the Delaware Valley Chapter in your estate plans or will directly impacts the lives of people living with hemophilia and related bleeding disorders and their family members. You will also touch the lives of those who might someday be affected by a bleeding disorder. Arrangements can be made to leave a legacy in your will for the Delaware Valley Chapter. You can leave a specific amount or a percentage of your assets. Gifts may include, but are not limited to: stocks, bonds, guaranteed investment certificates, real estate, art and jewelry. Speak with your financial advisor about Planned Giving. Your gift can make a real difference!!

DELAWARE VALLEY CHAPTER SUPPORT NETWORK



In an effort to increase our service and help to families in areas outside of the central Philadelphia area, we have established five branches of the Delaware Valley Chapter. The purpose of the branches is to help network patients and families affected by hemophilia and von Willebrand Disease (VWD). If you are a patient or parent/s of a patient and would like to socialize with others who share your issues, please contact one of the following team leaders to get involved. These branches meet informally, in private homes, for social events and support. There is no charge for being involved....just networking with families just like you!! These branches are not open to any person who works or has a family member who works for any industry or company directly or indirectly involved in products or services for patients with bleeding disorders.

CAMP HILL BRANCH

Shannon & Jay Penica
717-975-2897

DELAWARE BRANCH

Gail & Luke Vannicola
302-378-1278

LITITZ/LANCASTER BRANCH

Lorie & Brian Kerstetter
717-626-9679

MOUNT CARMEL BRANCH

Jolene & Sam Scicchitano
570-339-4137

READING/POTTSTOWN BRANCH

Tina & Jeff McMullen
610-582-1731