

Legislative History for Connecticut Act

AB 5785	PA 189	1984
House - 1772		(1)
Senate - 1680-1683, 1721		(5)
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CONNECTICUT  
GEN. ASSEMBLY  
HOUSE

PROCEEDINGS  
1984

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1492-1893

1772

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43

House of Representatives

Thursday, April 12, 1984

SPEAKER STOLBERG:

Thank you, sir. Just a moment, please. Members may want to make notations on the items that are now being placed on the Consent Calendar for action at our next Session.

REP. BALDUCCI: (27th)

Thank you, Mr. Speaker. Beginning on Page 9, Calendar 269, Substitute for House Bill 5785, File 381, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR PERSONS EXPOSED TO DIETHYLSTILBESTROL (DES).

On Page 10, Calendar 286, Substitute for House Bill 5573, File 401, AN ACT CONCERNING READABLE LANGUAGE IN HEALTH INSURANCE POLICIES.

On Page 11, at the top of the page, Calendar No. 289, Substitute for House Bill 5748, File 475, AN ACT VALIDATING ACTIONS OF THE NEWINGTON TOWN PLAN AND ZONING COMMISSION IN WHICH ALTERNATE MEMBERS PARTICIPATED AND REINSTATING AND VALIDATING THE CORPORATE EXISTENCE OF KINGS HILL, INC.

On Page 15, at the bottom of the page, Calendar No. 353, Substitute for House Bill 5897, File 439, AN ACT CONCERNING THE REPEAL OF AN ACT CONCERNING THE LEASE OF AN AREA AT MOHAWK MOUNTAIN STATE PARK.

S-225

CONNECTICUT  
GEN. ASSEMBLY  
SENATE

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1984

VOL. 27  
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1984 GENERAL ASSEMBLY

SENATE

1680

TUESDAY  
APRIL 24, 1984

56  
ROC

THE CHAIR:

Will you remark?

SENATOR BAKER:

Mr. President, this bill would expand the existing readable language requirements for certain types of individual and group policies or certificates. The bill would require individual health insurance policies to include a separate outline showing the major coverages, benefits, exclusions and renewal provisions of a policy in understandable terms. The bill would, however, limit the legal effect of such an outline by specifying that the policy takes precedence over the outline.

Mr. President, I move this to the Consent Calendar, if there is no objection.

THE CHAIR:

Hearing no objection, so ordered.

THE CLERK:

Cal. 475, File 381. Substitute for House Bill No. 5785.

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR PERSONS EXPOSED TO DIETHYLSTILPESTROL (DES). Favorable report of the Committee on Insurance and Real Estate.

THE CHAIR:

Senator Baker.

1984 GENERAL ASSEMBLY

SENATE

1681

TUESDAY  
APRIL 24, 1984

57  
ROC

SENATOR BAKER:

Mr. President, I move for acceptance of the Committee's favorable report and passage of the bill.

THE CHAIR:

Will you remark?

SENATOR BAKER:

Yes, Mr. President. This bill, Mr. President, would define certain types or acts or practices by an insurance company with respect to insurance coverage for individuals who are exposed to DES through their female parent as an unfair and deceptive act or practice in the business of insurance.

Mr. President, DES is a synthetic estrogen hormone that was given to pregnant women to prevent miscarriages between 1941 and 1971. In 1971, it was taken off the market when a link between<sup>a</sup> rare cancer and DES exposure was found, and also because it was found to be ineffective. There are approximately eighty thousand to one hundred seventy thousand Connecticut residents who were exposed to DES. Insurance companies, some of them, have considered that DES exposure was a preexisting condition and would invoke the twelve-month rider on health plans for those that have been exposed to DES. Insurance companies do not cover all DES related

## SENATE

TUESDAY  
APRIL 24, 1984

58  
ROC

expenses. For example, DES daughters are advised to have biannual exams with a special instrument at an expense of up to one hundred fifty dollars per exam.

Mr. President, while not all the insurance companies discriminate against DES exposed, particularly if they are <sup>who</sup> part of a group plan, many exposed people/have tried to get their own health insurance were not able to because of the prohibitive cost.

Mr. President, eleven other states, including Massachusetts, New York and New Jersey and California, have enacted similar legislation.

If there is no objection, I would move this to the Consent Calendar.

THE CHAIR:

Senator Matthews.

SENATOR JOHN MATTHEWS:

Thank you, Mr. President. Through you, a question.

THE CHAIR:

You may proceed.

SENATOR JOHN MATTHEWS:

Senator Baker, is there anything in the bill which will control or identify the possibility that a condition which is existing following the taking of the Diethylstilpestrol

SENATE

TUESDAY  
APRIL 24, 1984

59  
ROC

(DES), which would at least give the indication that there might be a cancerous condition that might be due to something else other than DES?

THE CHAIR:

Senator Baker.

SENATOR BAKER:

Well Mr. President, as I can best understand the question, the file copy, the legislation, specifically makes reference to those persons who are exposed to DES through the female parent and it simply states that if the company can, ah, call that a preexisting condition and if they do, it is an unfair and a deceptive practice.

SENATOR JOHN MATTHEWS:

Thank you.

THE CHAIR:

If there is no objection, the item is placed on the Consent Calendar.

THE CLERK:

Cal. 476, File Nos. 440 and 742. House Bill No. 5076.  
AN ACT CONCERNING THE ANNUAL REPORT OF THE CRIMINAL INJURIES  
COMPENSATION BOARD, as amended by House Amendment Schedule A.  
Favorable report of the Committee on Judiciary. The Clerk  
has an amendment.

## SENATE

TUESDAY  
APRIL 24, 1984

97  
ROC

Page three - nothing. Page four - Cal. 423. Page five -  
Cal. 440. Page six - Cal. 446, 447 and 450. Page seven -  
Cal. 458, 459 and 460. Page eight - Cal. Nos. 463, 464,  
465. Page nine - Cals. 471 and 472. Page ten - Cals. 474,  
475, 476, 477 and 478. Page 11 - Cals. 480, 481, 482.  
Page twelve - Cal. 484. Page 20 - Cal. 182. Page twenty-  
one - Cal. 486.

SB451-NB5185  
NB5567-SB568  
HB5633-NB5886  
NB5920-SB610  
SB94-SB408  
SB38-SB294  
SB346-NB5288  
NB5106-NB5573  
NB5785-NB5276  
NB5139-NB5648  
NB5587-NB5897  
NB5838-NB5626

That completes the list of items on today's Consent  
Calendar.

THE CHAIR:

Are there any corrections or omissions? We are now  
voting on the Consent Calendar, on all of the items that  
have been referred to the Consent Calendar and as announced  
by the Clerk. The machine is open. Please record your vote.  
Has everyone voted? The machine is closed. The Clerk please  
tally the vote.

RESULT OF THE VOTE: 36 Yea. 0 Nay. THE CONSENT

CALENDAR IS ADOPTED.

Senator Schneller.

SENATOR SCHNELLER:

Mr. President, my friend down in the House, Representa-  
tive Mae Schmidle has asked me to announce that tomorrow will  
be the first annual celebration in honor of the demise of

JOINT  
STANDING  
COMMITTEE  
HEARINGS

INSURANCE  
AND  
REAL ESTATE  
1-211

1984  
INDEX

MS. BUCKNELL: (continued)

I'd like to speak in favor of two bills this morning. First 5785, An Act Concerning Health Insurance for Persons Exposed to DES. The Commission understands that this is an issue that effects both men and women but we've never viewed our statutes as prohibiting us from dealing with discrimination against men. We think that's as important as discrimination against women.

The issue of the people who suffer from the exposure has been one the Commission has been concerned with for several years, has seen several attempts in the Legislature to attempt this issue but they've never come to fruition. And has seen increasing frustration on behalf of the victims, inspiring an increasing concern on our part to see some very important issues addressed.

We think this bill is an important one. I think you will see a testimony to the effect that this condition is regarded as a pre-existing condition which has certain implications in terms of separate riders, in terms of denial of coverage and the denial of certain tests.

Now we understand and have had a very good education with your committee and from the industry in this state, that insurance is clearly about discrimination. It is about discrimination in order to assign risks. I think we've also seen that, and it's certainly not industry-wide, that some policies make assumptions about certain forms of discrimination that have an unfair or an adverse impact on certain groups. Just, and where the Legislature has had to step in, if you will, to set a baseline for the industry. Just to bring to your attention the issue that was raised about a breast prosthesis.

There were a divergence of policies in the industry, some of which really were unfair discrimination. And it was important that the Legislature establish a bottom line if you will, a public policy position about where coverage should not be denied. We would really like to, in some ways we think the DES issue and the kinds of policies that some companies are offering, not all companies, does require the same kind of bottom line, if you will, or pointing out of where that discrimination is unfair. That is, places an undue burden on the category of people it's imposed upon.

MS. BUCKNELL: (continued)

So I would ask you, and I know you're a concerned committee, to listen to the testimony and see whether this isn't an area where some bottom line legislative policy directives, if you will, would be helpful. Because we know this is a very serious problem there.

The second bill I would draw your attention to is 5786, An Act Concerning Studies of Insurance Laws in Connecticut. Now, the Commission on the Status of Women would like to wholeheartedly commend and thank the Insurance Committee for establishing. We know there are several study committees that you established last year. One of those committees is of particular interest to us, that on unfair sexual discrimination in insurance.

We really would like to commend the chair of this committee and Representative Vance who chaired that particular subcommittee and say that we have found the work of that committee enormously helpful in an educational sense, in a sense of promoting a dialogue about some very, very complex issues. We would very much like to see the work of that committee continued. I think we've all realized that you just don't meet for six months and solve all the major problems. We may not be able to resolve them all in the next six months, but I certainly think that the continuation of that particular study committee would be enormously helpful.

I think we've got some good groundwork in looking at some of the benefits issues, and established a common understanding between the various parties involved. We have, we would like to submit to you some correspondence indicating some areas that we would like to see the committee look at.

We also think that since this is that has raised some considerable public interest. It would be really helpful to have a bill that would indicate that the study would continue. I understand this bill is designed to cover all the studies and I assume that's why the language at its discretion, in the Joint Standing Committee on Insurance and Real Estate shall continue at its discretion the study, because I see that there may be some studies that you may not be anticipating continuing. I would just like to maybe ask that you consider specifying if you can the studies that will be

26  
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INSURANCE & REAL ESTATE

March 15, 1984

REP. BERMAN: (continued)

would be chosen by the majority leaders of the House and Senate and the minority leaders of the House and Senate. Are they two members from the public, are they two members from the legislature? That's not clear.

It says the two members representing. Does it mean that they come from the, from the organizations that you're talking about, okay.

REP. KARSKY: All right, thank you. We will go to the public part of the hearing. We will start with Patricia Sinicropi, followed by Debby Smith. And we've been joined by Representative Benvenuto.

LAURA MINOR: Representative Karsky, members of the committee, I'm Laura Minor and I'm fourth but I'm switching with Patty just for now, and you'll see why.

REP. KARSKY: You are Laura Minor, excuse me, you are Laura Minor?

MS. MINOR: Laura Minor. And Patty will be reading in my place. I'm coordinator of DES Action Connecticut and also I'm a woman whose mother took the drug Diethyl Sibestrol, also known as DES. There are between 80,000 and 170,000 DES exposed people in Connecticut, most of whom are not aware of their exposure and who have not had any medical problems due to it.

DES is a hormone, once thought to prevent miscarriages. It was later shown to be ineffective for this purpose and in fact caused physical problems in the reproductive tracts of some of the men and women who were exposed to it. Many insurance companies have discriminated against DES exposed women due to early reports of wide-spread vaginal cancer. We now know that the risk of this cancer is only one per thousand, if you're under 18, and one per ten thousand if you're over 18. Most DES daughters will not develop major problems due to their exposure. Yet some insurance companies persist in giving riders to exclude the entire reproductive tracts, charging exorbitant fees for coverage or refusing coverage at all.

We feel this is unfair. Many states have already passed legislation that would ensure that insurance companies

MS. MINOR: (continued)

could not discriminate against the DES exposed. New York, Massachusetts, California, I could go on. There have been a lot of them.

We feel that Connecticut should pass this bill. Smokers do not pay higher health insurance premiums nor do they get riders excluding their lungs, although smoking is a preventable problem, smoking-related disease is preventable. We were born with these problems and these risks, and now knowing how small they are, we ask you to pass this 5785 to prevent us from being discriminated against.

I'd like to read a brief statement from DES spokeswoman Pat Gates about her problem. It is important for you to pass 5785 to prevent insurance companies from discriminating against anyone exposed to DES. From personal experience, I have tested discrepancies in health insurance practices which appear very discriminating. In April 1987 I applied for a health insurance policy with Century Insurance Company. My agent was fully aware of my medical history of adenosis, a benign DES-related condition of the cervix and vagina for which a periodic examination is necessary.

He helped me complete the application and anticipated no problem, with acceptance under the pre-existing conditions clause in the policy which stated a pre-existing condition is a sickness or injury for which you or your covered dependents receive treatment within at least three consecutive months immediately prior to such person's effective date of insurance. I have not had an examination for adenosis for many months.

And have never required treatment, so I assumed Century could not consider it a pre-existing condition as per the definition. As expected, my application was accepted. The surprise came later when coverage was denied for an examination called a culposcopy for adenosis. Century decided this was a pre-existing condition on June 1, 1977 attached a certificate amendment excluding coverage with respect to any disease or disorder of the genital organs, though adenosis only occurs in the vagina and cervix.

After many letters of protest, another general amendment was issued. On February 1, 1978, a final amendment was

MS. MINOR: (continued)

made excluding any disease or disorder of the cervix or vagina. During my extensive communications with Century Insurance Company I discovered how little their consulting doctors knew about DES-related disease. They seemed to assume anyone who was exposed to DES would develop cancer when statistics cite only that 1.4 per 10,000 people over the age of 18 develop cancer as a result of DES exposure.

I continued to have examinations for adenosis at my own expense. Unfortunately in 1982, treatments and surgery were necessary for dysplasia, disorderly cell changes which are possibly pre-cancerous and may not be due to DES. Due to the amended exclusions there was no insurance coverage.

Recently I changed insurance companies and had a very difficult time locating one which would not treat DES exposure in a discriminatory manner. The insurance agent personally called numerous companies to check their policy concerning DES exposure. Finally she found one which may not discriminate. In April I will be examined for my adenosis and will patiently await their decision on coverage. This bill 5785 is necessary to ensure discrimination against DES exposed people will never occur unjustly, will never unjustly take place within the insurance industry. I urge you to enact this legislation.

Pat is from Middletown. We also have some other people who will be reading testimony. Another woman who, it doesn't look like she made it today, but a woman named Neesa Cooper from Southington who was turned down by one insurance company and was charged \$500 a month for insurance by another insurance company. One was Mutual of Omaha. I don't know the other one. I will submit written testimony from her. \$500 a month.

REP. KARSKY: Questions from the committee. Thank you very much. Debby Smith. Followed by Wally Loh.

DEBBY SMITH: As you can tell, I am a mother who took DES and my daughter when we first moved here, my daughter was not in school and we tried, I'm just reporting that we were turned down. She had been diagnosed with adenosis. Also had culposcopies, had had laser surgery and we applied for individual insurance for her with Mutual of Omaha.

MS. SMITH: (continued)

They absolutely would not ensure her. We had borne the expense for all her, fortunately she's all right now. But, so we have borne all the expenses of all the surgery. She's had cryosurgery and laser surgery and all the expenses. They would, and they would not insure her for anything gynecological, had nothing to, not even a Pap test. It wasn't absolutely restricted, just to the dysplasia. They just put a rider on it, it was a pre-existing condition and they would not do it.

I was only here to testify that we were turned down and that this bill needs protection, but it is as you heard from Laura Minor, does not occur, the cancer does not occur that often and I think it should be passed.

REP. KARSKY: Thank you very much. Any questions from the committee? All right. Patricia Sinicropi. She will be after Mr. Lohr.

WALLY LOHR: Good morning, Mr. Chairman, members of the committee. My name is Wallace Lohr. I represent Blue Cross and Blue Shield of Connecticut.

I would like to address several bills this morning. I'll certainly be as brief as possible. The first bill I'd like to speak to is Senate Bill 366, and off the record we are at Connecticut Blue Cross primarily concerned with what happens in Connecticut and not necessarily what Maryland Blue Cross does.

The comment was made earlier today. We are opposed to Senate Bill 366 because we think it would serve to drive up the cost of insurance. And very briefly, I'd like to give you a couple of figures which would allow you to understand that previous statement. In calendar year 1982, Blue Cross and Blue Shield of Connecticut paid \$5,997,892. Out of 1,019,300 people, those benefits of \$5 million plus were paid to 3,029. We feel that any increase in the benefit of this nature, although we would certainly recognize the need for it, but we think that that should be allowed as more of a freedom of choice. And if someone wants to increase the coverage in those areas, that they be allowed to purchase it. And we might not mandate the coverage but possibly a rider or mandating the ability of that coverage would be a more appropriate way of handling it.

REP. BALDUCCI: Wally, would you consider a registered, certified nurse, would you consider, we had a bill yesterday as you well know dealing with nursing. Would you consider payment under that, would your policies cover that?

MR. LOHR: At the present time? I'm not sure I understand the question.

REP. BALDUCCI: Well, you're talking about aides, not paying for aides, okay a professional. Nurses in my opinion and understanding are professionals. Would they be covered under this particular --

MR. LOHR: Well, we cover aides under the supervision of a professional at the present time. For eighty days.

REP. BALDUCCI: But the nurses, would they fall under the purview of a policy right now, a practitioner for instance?

MR. LOHR: Yes, yes.

REP. BALDUCCI: They do. Thank you.

REP. KARSKY: Any other questions?

MR. LOHR: And the final bill I'd like to speak to is House Bill 5785. Essentially we support this bill but we'd like to make one statement with respect to the language be included which would clarify that the provisions of the bill do not waive the parameters and limitations set forth in the health insurance contract.

We currently pay benefits for DES patients. But we think the language should be clarified and I'd be happy to speak with you about that later.

REP. KARSKY: Representative Vance.

REP. VANCE: You say you cover for a claim.

MR. LOHR: Yes.

REP. VANCE: Will you insure?

MR. LOHR: Yes. We have no pre-existing conditions clauses except in the comprehensive health care plan.

40  
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INSURANCE & REAL ESTATE

March 15, 1984

135

REP. VANCE: For a fee.

MR. CAREY: Yes, for a fee, right.

REP. VANCE: But nothing as it relates to New York as far as the specific laws of New York State.

MR. CAREY: Correct. We're almost identical. The basic license law is identical throughout the country.

REP. VANCE: Is this also true of the other bordering states?

MR. CAREY: Yes, it is. Only Massachusetts broke it off with us. They broke it off completely. There's no more reciprocity in Massachusetts.

REP. VANCE: If a Connecticut person wishes a Massachusetts license, what is going to be the difference in cost to that Connecticut person to comply with Massachusetts requirements?

MR. CAREY: I think the cost is the same, but he has to go physically to Massachusetts and sit for a full examination which he's already taken and retake the exam.

REP. VANCE: Thank you.

REP. BENVENUTO: If we pass this legislation, will Massachusetts then accept the real estate brokers from Connecticut.

MR. CAREY: Right. Definitely.

REP. KARSKY: Any further questions? Thank you very much. If I could have Ms. Sinicrop and then Mr. Googins.

MS. PATRICIA SINICROPI: Good morning. My name is Patricia Sinicropi. I'm an intern at Trinity College working with Connecticut Public Interest Research Group. It's a student-based research and advocacy organization. We are currently working with DES Action on House Bill 5785, An Act Concerning Health Insurance Coverage For Persons Exposed To DES. This bill will prevent health insurance discrimination against those individuals who were or may have been exposed to DES. As you have already heard, diethylstilbestrol was given to women between 1941 and 1971

41  
klc

INSURANCE & REAL ESTATE

March 15, 1984

136

MS. SINICROPI: (continued)

for the purpose of preventing miscarriages. Later in 1951 it was proven that this was ineffective, and in 1971 it was linked with cancer of the uterus and vagina in women and it was banned. Further study linked DES to tissue disorders in the uterus of women, infertility in sons and daughters, and there may also be a link with testicular cancer in sons also.

Timely and continual medical examinations are very necessary for DES-exposed persons. If a cancer, all tissue disorders may develop into a cancer, so these examinations hopefully will prevent any cancerous growth from occurring. What is now happening to the DES-exposed women, they go and get health insurance, is that the insurance companies consider their DES exposure as a pre-existing condition and won't cover that. I spoke with Blue Cross and Blue Shield, and Mr. Lohr testified that they didn't consider DES exposure as a pre-existing condition, but in fact they do, and they impose a one year rider on all DES-exposed persons because of the pre-existing condition clause.

The insurance companies also consider the biannual examinations which the exposed are advised to receive as routine visits and will not cover them. These visits can cost up to \$150 per visit, and as a result the high cost of these visits often force the exposed not to seek the necessary medical care. Insurance companies should not make DES-exposed persons pay for medical expenses caused by a drug which they fell victim to before they were even born. Only one tenth of one percent ever develop cancer, yet all the DES-exposed must pay the consequences for the drug. House Bill 5785 is necessary.

Proper medical care is a life necessity, especially for those who have been exposed to DES, and without proper medical insurance some of these people may not receive proper medical care. We urge the committee to pass this on to the House for further action. Thank you.

REP. KARSKY: Thank you very much. Questions? Yes, Rep. Carey.

REP. CAREY: Pat, is the language included in 5785 similar to the language which has been adopted in the other states?

42  
klc

INSURANCE & REAL ESTATE

March 15, 1984

MS. SINICROPI: Yes, this bill was taken directly from the Massachusetts law.

REP. CAREY: Thank you.

REP. BRUNNOCK: Pat, just one question. I'm curious, how does the rider come into effect? On the insurance policies do women have to check off a box or something that their mother has been exposed to DES?

MS. SINICROPI: What the insurance companies do is that on the forms you're asked to put down and further health or medical conditions that you have. The DES-exposed don't consider DES exposure to be anything of importance so they go ahead and put that down, that they are exposed. And then what happens is that the insurance companies get back to them and they tell them that you are exposed and this is a pre-existing condition, and for one year, they will not cover any medical expenses that have to do with this, with their exposure.

REP. BRUNNOCK: I noted that the first speaker that talked about DES talked about the total number that have probably been exposed to DES but aren't aware of it. How many people are there riders presently in effect against? Do you have any idea on that?

MS. SINICROPI: No, I don't. I can get you that.

REP. KARSKY: Other questions from the committee? Thank you very much. I'd like to warn those who are going to testify that we've got a session called for 1:00, and if we don't move through these very rapidly you're going to find yourself coming back sometime tonight to testify. So if you would, right, we can't go on during a session at all. So long as the House or the Senate are in session nothing can take place here. So if you have testimony that is in written form, it will become part of the official record. Other than that, I'm going to try to limit your remarks to approximately 3 minutes for those who still must testify.

Mr. Googins, followed by Bertram Ibelle.

MS. KERR: (continued)

important to a thorough understanding of this issue. We look forward to presenting data on auto rates, medical rates and pension plans. Once again, we thank you for your obvious interest and concern with this issue. We feel that this bill will continue the necessary work needed to modernize the state insurance laws. Finally, I would like to voice my support for raised committee bill 5785, An Act Concerning Health Insurance Coverage to Persons Exposed to DES. The prevention of discrimination in health insurance for any individual is an important priority for NOW. We hope that you will give this legislation your fullest support. Thank you.

REP. KARSKY: Thank you, Ms. Kerr. Ms. Kerr, I'm not sure you were here for the earlier part of the hearing, but Rep. Vance and myself who have been following and working hand and hand and particularly Rep. Vance, made a very strong commitment to Sue Bucknell that we indeed, will follow through with this and that this is not a dead issue with us and the progress that has been made hopefully we'll maintain it and bring this to a satisfactory solution.

MS. KERR: Good.

REP. KARSKY: Thank you very much for your remarks. I appreciate that.

JEFFERSON JELLY: Good afternoon. My name is Jefferson Jelly and I am a lawyer actively engaged in the practice of law in Hartford and I'm also here on behalf of Connecticut Trial Lawyers Association and on behalf of my own clients who I currently represent and who I have represented in the past. I am here to speak in opposition to raised committee bill No. 441. I think a very important point was made concerning education of our clients and the public in terms of their rights to purchase insurance because it has been my experience that by and large people are not aware and I see no efforts on the part of the industry or its agents to educate the general public to the fact that they ought to protect themselves by purchasing as much insurance as they possibly can on every vehicle that they own.

And the Connecticut Trial Lawyers will do whatever they

March 15, 1984

STATEMENT OF BLUE CROSS AND BLUE SHIELD OF CONNECTICUT, INC.  
CONCERNING H.B. 5785 - AN ACT CONCERNING HEALTH INSURANCE COVER-  
AGE FOR PERSONS EXPOSED TO DIETHYLSTILBESTROL (DES)

Chairmen Baker, Karsky and members of the Committee: My name is Wallace Lohr of Columbia, Connecticut. I am Director of Government Relations for Blue Cross and Blue Shield of Connecticut, Inc.

Blue Cross and Blue Shield of Connecticut, Inc. is not opposed to the stated purpose of H.B. 5785. However, we would like to offer the following comments in order that the intent and parameters of the bill may be clarified.

The stated purpose of the bill, "To prevent discrimination in health insurance coverage for individuals who were or may have been exposed to Diethylstilbestrol (DES)" is admirable and we would certainly support this concept. Currently Blue Cross and Blue Shield of Connecticut, Inc. would cover any medical expenses arising from exposure to this drug in the same manner as expenses arising from any other illness or injury would be covered. It must be pointed out, however, that in all cases the limitations as set forth in the insured's contract are observed. In other words, Blue Cross and Blue Shield of Connecticut, Inc. would cover medical bills connected with DES exposure but would not waive any contract limitations or benefit ceilings simply because the nature of the illness is connected to DES exposure. Clearly it would not

be possible to underwrite affordable health insurance if benefit limitations were waived for expenses connected to a particular illness.

To sum up, Blue Cross and Blue Shield of Connecticut, Inc. would support the stated purpose of H.B. 5785 but would request that language be included which would clarify that the provisions of the bill do not waive the parameters and limitations set forth in a health insurance contract.