Legislative History for Connecticut Act

HB 5364	PA 227	1996
Senate	5089, 5096-5098	(4)
House	3148 - 3151	(4)
Ins.	163-165	(3)
	total	11 pgs.

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

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CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS
1996

VOL. 39
PART 15
VETO SESSION
4994-5373

SEN. FLEMING:

Calendar 528. Madam President, I would move that that item be placed on the Consent Calendar. HB 5784

THE CHAIR:

Without objection, so ordered.

SEN. FLEMING:

Calendar 529. Madam President, I would move that that item be placed on the Consent Calendar. HB 5364

THE CHAIR:

Without objection, so ordered.

SEN. FLEMING:

Calendar 530. Madam President, I would move that that item be placed on the Consent Calendar. HB 5700

THE CHAIR:

Without objection, so ordered.

SEN. FLEMING:

On Calendar Page 11, at the bottom of the page, Calendar 539, Madam President, I would move that that item be placed on the Consent Calendar. HB 5081

THE CHAIR:

Without objection, so ordered.

SEN. FLEMING:

I know I've had the floor for a while, I just want to point out that I'm not filibustering.

On Calendar Page 12, Calendar item 544, Madam HB 5719

THE CLERK:

The Consent Calendar is about to be voted on in the Senate. Will all Senators return to the chamber. Consent Calendar is about to be voted on in the Senate. Will all Senators return to the chamber.

Page 1, Calendar 132, SB520. I'm sorry, Page 1, Calendar 566, SR54.

Page 4, Calendar 391, Substitute for HB5321.

Page 6, Calendar 486, Substitute for HB5611.

Page 8, Calendar 518, Substitute for HB5772.

Page 9, Calendar 521, Substitute for HB5092.

Page 9, Calendar 522, Substitute for HB5412.

Page 9, Calendar 525, Substitute for HB5718.

Page 10, Calendar 527, HB5802.

Page 10, Calendar 528, HB5784.

Page 10, Calendar 529, HB5364.

Page 10, Calendar 530, Substitute for HB5700.

Page 11, Calendar 539, Substitute for HB5081.

Page 12, Calendar 544, Substitute for HB5719.

Page 12, Calendar 545, Substitute for HB5781.

Page 13, Calendar 547, Substitute for HB5615.

Page 15, Calendar 561, Substitute for HB5359.

Page 15, Calendar 562, Substitute for HB5737.

Page 18, Calendar 575, Substitute for HB5108.

Page 18, Calendar 576, HB5328.

Page 23, Calendar 133, Substitute for SB282.

Page 23, Calendar 142, SB519.

Page 23, Calendar 164, no I'm sorry 169, Substitute for 204.

Page 23, Calendar 195, SB344.

Page 24, Calendar 246, Substitute for SB665.

Page 24, Calendar 259, HB5363.

Page 25, Calendar 290, Substitute for SB212.

Page 25, Calendar 327, Substitute for 633.

Page 25, Calendar 339, SB670.

Page 25, Calendar 372, Substitute for SB524.

Page 26, Calendar 396, Substitute for SB404.

Page 26, Calendar 412, Substitute for SB509.

Page 27, Calendar 480, HB5769.

Page 28, Calendar 507, Substitute for HB5801.

THE CHAIR:

Would the Clerk please announce a roll call vote, the machine will be open.

THE CLERK:

Roll call in the Senate. All Senators return to the Chamber. Roll call in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all members voted? If all members have voted, the machine will be locked. Clerk please take a

tally.

THE CLERK:

Total Number Voting	36
Necessary for Passage	19
Those Voting Yea	36
Those Voting Nay	0

THE CHAIR:

The Consent Calendar is adopted. At this time the Chair will entertain points of personal privilege or announcements. Senator Smith.

SEN. SMITH:

Thank you Madam President. I rise for a point of personal privilege.

THE CHAIR:

Please proceed.

SEN. SMITH:

Thank you Madam President. Joining us here today in the chamber is Patrick Friar, who served with myself and Senator Somma as a college intern this year. He's from UConn. He was an immense help to my office, and I would yield to Senator Somma for further comments.

THE CHAIR:

Senator Somma, do you accept the yield?

SEN. SOMMA:

Thank you Madam President. Just to echo what

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CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
1996

VOL. 39
PART 10
3073-3484

SPEAKER PRO TEMPORE PUDLIN:

Bill passes. Clerk please call 178.

CLERK:

On page three, Calendar 178, HB5364. AN ACT CONCERNING TECHNICAL AND MINOR CHANGES TO THE INSURANCE STATUTES. Favorable report of the Committee on Insurance and Real Estate.

SPEAKER PRO TEMPORE PUDLIN:

Representative Eberle.

REP. EBERLE: (15th)

Thank you Mr. Speaker. Mr. Speaker, I move the acceptance of the joint committee's favorable report and passage of the bill.

SPEAKER PRO TEMPORE PUDLIN:

On acceptance and passage, will you remark madam?

REP. EBERLE: (15th)

Yes, Mr. Speaker this bill makes a number of technical corrections, clarifications and minor changes to the insurance statutes. The most substantive are which that it removes the requirement that the director of the division of rate review be a member of the American Academy of Actuaries to give the department more flexibility in naming managerial employees. It still requires that the staff include adequate actuarial experience so that the examiners would still

have to have the credentials but just not the manager.

It clarifies what expenses of the insurance company examinations are chargeable back to domestic insurance companies and it clarifies what payments are to be considered in determining whether a particular car is underinsured for motor vehicle insurance purposes. And with that I would urge passage of the bill.

SPEAKER PRO TEMPORE PUDLIN:

Acceptance and passage, will you remark? Representative Prelli.

REP. PRELLI: (63rd)

Thank you Mr. Speaker. The Clerk has an amendment LCO 3216, could he please call and read?

SPEAKER PRO TEMPORE PUDLIN:

Clerk please call LCO 3216 and please read.

CLERK:

LCO 3216, House "A" offered by Representative Prelli. Strike section 10 in its entirety and renumber the remaining sections accordingly.

SPEAKER PRO TEMPORE PUDLIN:

Representative Prelli.

REP. PRELLI: (63rd)

Thank you Mr. Speaker, Mr. Speaker I move adoption.

SPEAKER PRO TEMPORE PUDLIN:

On adoption of House "A" will you remark?

REP. PRELLI: (63rd)

Mr. Speaker, this is truly a change in the technical bill because I believe the change they're making throws some sections out of kilter. And when I look at section E it talks about following the close of the fiscal year the administrative carrier will do something but it doesn't refer back to the association.

The wording by changing association in "A" removes that the rest of these sections fall under "A" and I just think that it's clearer the way the original law was written in the change and I would ask support.

SPEAKER PRO TEMPORE PUDLIN:

On the adoption of "A" Representative Eberle.

REP. EBERLE: (15th)

Mr. Speaker, thank you. I consider this a friendly amendment and would urge its adoption.

SPEAKER PRO TEMPORE PUDLIN:

Will you remark further? If not, let me try your minds. Those in favor of "A" signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER PRO TEMPORE PUDLIN:

Opposed nay. The ayes have it, "A" is adopted,

ruled technical. Will you remark further? Will you remark further on the bill as amended? If not, staff and guests to the well of the House members please be seated, the machine is open.

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 please.

SPEAKER PRO TEMPORE PUDLIN:

If all members have voted and your vote is properly recorded, the machine will be locked. Clerk please take the tally. Clerk please announce the tally.

CLERK:

HB5364 as amended by House "A."

Total Number Voting	145
Necessary for Passage	73
Those voting Yea	143
Those voting Nay	2
Those absent and not voting	5

SPEAKER PRO TEMPORE PUDLIN:

Bill passes. Clerk please call Calendar 434.

CLERK:

On page twenty-nine, Calendar 434, substitute for SB608. AN ACT CONCERNING FAMILY SUPPORT MAGISTRATES.

JOINT
STANDING
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PART 1
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1997
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Kristen A. Karfos, M.D., F.A.C.S.
General, Vascular, Thoracic Surgery

high blood pressure, and heart disease significant enough to warrant several heart medications, I was told that this was ambulatory surgery and did not qualify for inpatient care. After calling the medical director the next day, the decision was reversed. But what if I had accepted the judgment at face value and not called? For this woman the AAHP policy statement would be nothing more than meaningless words.

The HMO's loudly object to the need for legislation on several counts.

1. That HMO denial of mastectomy patient's admission was anecdotal and isolated, inferring it never happened. To this, I would reply that not only in the case of my patient, but several other women have come forth to tell their painful story of having less than 24 hours in the hospital. As well, the guidelines employed by the HMO's are in black and white, clearly stating that breast cancer surgery should be performed as an outpatient. (See enclosures.)

While I became aware of these guidelines very shortly after they were adopted in the summer of 1996, I experienced only a few denials, I can heartily testify that this was a phenomena of "catching it early". For in the example of laparoscopic gallbladder surgery, once one HMO mandated outpatient surgery, within weeks all HMO's insisted on outpatient cholecystectomy. To this end, we send many patients home pumped up with pain medications and anti-nausea medications only to have them spend the first 24 hours after the drugs wear off vomiting and in pain at home.

Furthermore, ask any women with breast cancer how many women need to have been sent home the same day as having their breast removed, to make this issue real and valid, and they will overwhelmingly reply not even <u>one</u>.

In addition, HCIA statistics have shown a 4-fold increase in outpatient mastectomies from 1991 to 1995.

2. HMO's report that the infection rate is much lower in mastectomy and lymph node surgery when performed as outpatients. Nevertheless, there has not been a controlled clinical study which has proven this. At Middlesex Hospital, there have been no infections in inpatient mastectomy patients in the last three years.

And lastly,

3. In the December 18, 1996 Hartford Courant, the HMO's cite the Program Review Committee report as proving that the issue of outpatient

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mastectomies being forced on patients as "just a bunch of nonsense". While that committee labored hard and prepared an extensive report, it never mentioned the 5 public hearings where patients, advocacy groups, and physicians testified to the contrary.

I ask you to show the respect that women with breast cancer deserve as they deal with this very complex disease by passing this bill as an individual bill, separate from other managed health care legislation. Do not let this bill and women with breast cancer get lost in the enormity of overall legislation.

Connecticut women and their families, as well as the entire country are watching closely to see if the rights of those with breast cancer to individualized care are returned and preserved. The power is in the hands of this committee - in each one of you - to not ignore the denial of care to women with breast cancer.

You can return the rights of women with breast cancer to hospitalization and to individualized care, and preserve those rights through the individual free standing bill you are examining today.

I applaud you for your insight and courage to take the lead in this country on this issue. You will determine if the 1 out of 8 women with breast cancer will have their care individualized and determined by their own doctor and themselves, or by the businessmen of HMO's.

Thank you for your time.

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Enclosure I

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Chapter I

Introduction

What levels of medical benefits utilization can be expected during the next two to three years? What will these benefits cost? Will results be optimal, and do they represent effective use of financial resources for healthcare benefits? What are the most advanced tools and insights available today to manage healthcare costs? What treatment protocols lead to the best health status outcome? What is the optimally efficient treatment path to return a patient to full, unrestricted activity?

The answers or solutions to these questions are complex and dynamic. Those seeking the answers require a clear understanding of the unique circumstances involved; solutions demand that the highest level of expertise in risk management and medical management be integrated effectively. The tools to be used must be forged from state-of-the-art research and span the entire cost management field.

The *Healthcare Management Guidelines* (*HMGs*) were developed for exactly this purpose.

M&R has long enjoyed the reputation of being the nation's leading consulting actuaries in healthcare. We have combined this extensive expertise in risk management with a rigorous focus on medical management by seasoned physicians and healthcare executives. The result is an integrated team-consulting approach to healthcare benefit and cost management.

The *Healthcare Management Guidelines* reflect the results of our latest research in medical management. They were prepared by Richard Doyle, M.D., along with the help of a team of physicians, health actuaries, and other healthcare professionals. The *HMGs* provide a quantitative basis for both on-line medical management, as well as retrospective analysis and assessment of healthcare management programs and procedures.

The *Healthcare Management Guidelines* were prepared for use by qualified medical and risk management professionals. The *HMGs* should be applied to establish a course of treatment for a specific individual only in conjunction with the application of professional medical judgment which considers the circumstances involved. Proper application of these *HMGs* for evaluation of the utilization levels of a provider or insurer of medical benefits requires consideration of all additional factors which might affect desired or actual utilization and treatment patterns.

M&R healthcare practices are pleased to make these research results available to you. Volume 1 addresses inpatient and surgical care. Volume 2 focuses on return-to-work planning. Volume 3 focuses on ambulatory care. Volume 4 focuses on home health and case management. Future volumes are being developed on pharmacy management, subacute care, dental management, and workers' compensation. Software applications exist and combination of the different volumes with a disease management orientation is anticipated. We welcome your comments or input, and we look forward to continuing our research and service in the healthcare field.