

**Act Number:** 09-124

**Bill Number:** 5433

**Senate Pages:** 4572-4581

10

**House Pages:** 2440-2446

7

**Committee:** Insurance: 694-697, 855-856,  
1037-1040

10

**Page Total:**

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**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2009**

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4324 – 4666**

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Mr. President, through you to Senator Witkos, it is my understanding that it would be because it is specifically specially trained.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President. I thank the gentleman for his answers.

THE CHAIR:

Thank you.

Will you remark? Will you remark further on House Bill 5436 as amended?

If not, Senator Crisco.

SENATOR CRISCO:

Mr. President, if there's no objection, I would ask that it be placed on the Consent Calendar.

THE CHAIR:

The Senator has requested House Bill 5436 be placed on the Consent Calendar. Without objection, so ordered.

Mr. Clerk.

THE CLERK:

Calendar Number 589, File Number 38, Substitute for House Bill 5433, AN ACT CLARIFYING HEALTH

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INSURANCE COVERAGE FOR STEPCHILDREN, favorable report  
of the Committee on Insurance and Appropriations.

Clerk is in possession of amendment.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

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

THE CHAIR:

Acting on acceptance and passage of the bill,  
sir, would you like to remark further?

SENATOR CRISCO:

Yes, Mr. President. This bill very simply  
requires that individual and group health insurance  
policies to cover stepchildren on the same basis as  
biological children.

THE CHAIR:

Will you remark further?

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. If I may I have a  
question or two for Senator Crisco through you.

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Senator Crisco.

SENATOR CRISCO:

Yes, Mr. President, it's acceptable.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. Mr. President, it's my recollection at the hearing that there was evidence that was put forth into the record that this is already actually a legal requirement, but that someone had a situation where it wasn't applied, and so, from my point of view, I have viewed this as reiterating or clarifying what is already an existing legal requirement in order to ensure that there not be a misunderstanding about the fact that this is already legally required.

My question through you to Senator Crisco, Mr. President, is, is my recollection of that correct? Is that his understanding as well? Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. Through you to Senator

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Caligiuri, I don't recall that hearing, but I accept Senator Caligiuri's statement. Also, Mr. President, through you to Senator Caligiuri, we have various situations, like particularly in small employer insurance, where it's legal to offer a policy, but insurance companies don't do it because they don't have to. And in this situation this, I think, is something similar that stepchildren are not any different than biological children and should receive the same consideration and coverage.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. I thank Senator Crisco for that response. That was my recollection of at least what I took from the hearing, and I intend to support it as I did in the Insurance Committee because I think, as a matter of principle, children shouldn't be treated differently whether they are someone's biological child or stepchild, and for that reason I think even if it is simply only clarifying existing law, I think it's worthy of our support, and I intend to support it. Thank you, Mr. President.

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Thank you, sir.

Will you remark further?

Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President. A couple of questions for Senator Crisco through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, Mr. President, it's acceptable.

SENATOR FRANTZ:

I'm concerned that this could be an unfunded mandate, to a large degree, and was hoping that you might be able to clarify that, in that stepchildren, I believe, were not included in many of the insurance policies before but now would be subject to coverage and wondering if -- I did take a quick look at the fiscal note and was not able to ascertain what that impact might be. If you could clarify that.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. Through you to Senator Frantz, at our hearing there were -- there's always an

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exception to the rule and, while most insurance companies may not differentiate from a stepchild, you know, by marriage or biological child, there have been situations where it has been a problem for people.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you and one other question for you. The age of 26, is that a new age limit in terms of the generally accepted cut-off or legal cut-off? My understanding was that it was 21 before.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. Through you to Senator Frantz, I'm glad he asked that question because it really points out to many of the outstanding accomplishments by this circle. Prior to last year, if you had a child who did not go to college, when they achieved the age of 19, they were automatically taken off your insurance policy. What this circle did, in conjunction with the House and signed by the Governor, to expand that to age 26. And what we did is that we really reduced the number of uninsured by



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increasing the age from 19 to 26, and it is my hope that someday we may also have the same requirement for K12.

THE CHAIR:

Thank you, sir.

Senator Frantz.

SENATOR FRANTZ:

Thank you very much for those answers, and thank you, Mr. President.

THE CHAIR:

Thank you.

Will you remark further?

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. President. Mr. President, I rise to support this bill. You know in this day and age we have people who get divorced and then remarry.

Children should be covered whether they're stepchildren or whether they're biological children.

I just have one question through you, Mr. President, to Senator Crisco.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

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Yes, Mr. President, it's acceptable.

SENATOR PRAGUE:

Senator Crisco, there is no waiting period? They're covered under your bill; they're covered immediately as soon as their names are sent in to the insurance company?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. That's a very good question. To Senator Prague, it is my understanding there is no mandatory waiting period.

SENATOR PRAGUE:

Thank you.

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Through you, Mr. President. Thank you, Senator Crisco.

SENATOR CRISCO:

Thank you.

THE CHAIR:

Will you remark further on House Bill 5433?

Will you remark further on House Bill 5433?

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Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. If there is no objection, I request that it be placed on the Consent Calendar.

THE CHAIR:

The Senator has requested, there is objection to. We will take a roll call.

Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, the machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on passage of House Bill 5433 in concurrence with action in the House:

Total Number Voting 35

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Necessary for Adoption	18
Those voting Yea	33
Those voting Nay	2
Those absent and not voting	1

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Mr. President, if we might stand at ease just a moment.

THE CHAIR:

The Senate will stand at ease.

(Senate at ease).

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, would -- to move for suspension of our rules for immediate transmittal to the House of Representatives of two items acted upon last evening and that are still in the Chamber's possession, I believe, and that is Calendar 551, Raised Senate Bill Number 1162 and

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If not, Representative Lawlor.

REP. LAWLOR: (99th)

Mr. Speaker, I move this to the Consent Calendar.

DEPUTY SPEAKER MCCLUSKEY:

Seeing no objection, this item is placed along with the other items on the Consent Calendar to be voted on later today. Thank you.

Will the Clerk please call Calendar Number 86.

CLERK:

On Page 28, Calendar Number 86, Substitute for House Bill Number 5433 AN ACT CLASSIFYING HEALTH INSURANCE COVERAGE FOR STEPCHILDREN. Favorable Report of the Committee on Appropriations.

DEPUTY SPEAKER MCCLUSKEY:

The distinguished Chair of the Insurance Committee, Representative Fontana. You have the floor, Sir.

REP. FONTANA: (87th)

Good afternoon, Mr. Speaker. Mr. Speaker, I move for acceptance of the Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER MCCLUSKEY:

The question before the Chamber is passage of the bill. Will you remark, Sir?

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REP. FONTANA: (87th)

Thank you, Mr. Speaker. Mr. Speaker, this bill requires individual and group health insurance policies to cover stepchildren on the same basis as biological children.

Quite simply, Mr. Speaker, guidance from the Insurance Department currently encourages insurance companies to treat stepchildren on the same basis as biological children.

Unfortunately, in some cases, insurance companies may not be aware of, or adhere to the spirit and the letter of the guidance provided them by the Insurance Department.

This bill will codify understanding and clarify for insurance companies that they must treat them on the same basis. I urge passage.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, Sir. Will you remark further on the bill before us? Representative Kirkley-Bey of the 5th. Madam, you have the floor.

REP. KIRKLEY-BEY: (5th)

Thank you, Mr. Speaker, through you to the proponent of the bill. When you're saying

stepchildren, are these children whose fathers may be paying support for them?

DEPUTY SPEAKER MCCLUSKEY:

Representative Fontana.

REP. FONTANA: (87th)

Through you, Mr. Speaker, it's not clear Representative, through you, Mr. Speaker, what the family situation is other than typically once a spouse, a stepparent, if you will, has married his or her spouse, that spouse has biological children, and for whatever reason the stepparent would like to cover his stepchild under his health insurance.

Some insurance companies accommodate that request fairly easily. Others have a variety of problems with that.

But we're not specific as to the kind of situation faced by the biological parent. So it may be, that may be one of the situations. I don't know. Through you.

DEPUTY SPEAKER MCCLUSKEY:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Thank you, Mr. Speaker, while I feel this bill is well intended to provide medical for the stepchildren,



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I believe if we don't force the parent to cover their children or letting them walk away from an obligation or responsibility that they have.

I applaud Representative Fontana for bringing this bill out. However, I will not be able to support it because I believe we're letting one parent walk away and I've been there, done that, and it's not the way to go. Thank you.

DEPUTY SPEAKER MCCLUSKEY:

Will you remark further on the bill before us?  
Representative Ayala of the 128th. Sir. You have the floor.

REP. AYALA: (128th)

Thank you, Mr. Speaker. I rise to support this bill. This is a bill that I worked closely with the Chairman of Insurance in getting passage of it.

And simply what it is, is just a bill that will assist those children that are in the household that may not have life insurance, or excuse me, health insurance, get health insurance. It doesn't negate the obligation of the supporting parent. If that supporting parent pays child support and is covering his or her child, then obviously they have health insurance.

In this case, this is for those children that for whatever reason, whether the parent is not there, is not supporting the health insurance, then if the spouse chooses to because he marries the husband or wife who has the biological children, they can get coverage as well.

So in this no way negates their obligation for the responsibility of the noncustodial parent. If he or she still has, if he or she has health insurance and is covering the kids, then obviously they're covered. There's no need for them to have any further coverage.

But in this instance, if they do not have health insurance, if the noncustodial parents either is not available, not there, doesn't step up to the plate and there is someone that steps up to the plate who marries the individual that has the biological children, then this creates a situation where these children can be covered, and that was the intention of the bill, and I hope my colleagues here can support this. Thank you.

DEPUTY SPEAKER MCCLUSKEY:

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Thank you, Sir, for your comments. Will you  
remark further on the bill before us? Representative  
D'Amelio of the 71st, you have the floor, Sir.

REP. D'AMELIO: (71st)

Thank you, Mr. Speaker. Mr. Speaker, I rise in  
support of the legislation. It came before our  
Committee. It does address a lot of issues with the  
uninsured children in the State of Connecticut. There  
are many families that we know that are, you know,  
have stepchildren; so this will give them the option  
to insure them.

Thank you, Mr. Chairman.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, Sir, for your remarks. Will you  
remark further on the bill before us? Will you remark  
further on the bill?

If not, will staff and guests please come to the  
Well of the House. Will the Members please take your  
seats. The machine will be opened.

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.

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DEPUTY SPEAKER MCCLUSKEY:

Have all the Members voted? Have all the Members voted? Will the Members please check the board to determine if your vote is properly cast.

If all the Members have voted, the machine will be locked. The Clerk will take a tally.

Will the Clerk please announce that tally.

CLERK:

House Bill Number 5433.

Total Number Voting	147
Necessary for Passage	74
Those voting Yea	146
Those voting Nay	1
Those absent and not voting	4

DEPUTY SPEAKER MCCLUSKEY:

The bill passes.

Will the Clerk please call Calendar Number 185.

CLERK:

On Page 6, Calendar Number 185, Substitute for House Bill Number 6531 AN ACT CLARIFYING POSTCLAIMS UNDERWRITING. Favorable Report of the Committee on Insurance and Real Estate.

DEPUTY SPEAKER MCCLUSKEY:

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**INSURANCE AND  
REAL ESTATE  
PART 3  
626 - 956**

**2009**

llw/rgd/gbr INSURANCE AND REAL ESTATE 1:00 P.M.  
COMMITTEE

I think I've spent in my lifetime probably about \$15,000 on my twins on neuro psyche evaluations and they are seven. And medications, any medications that are given to a child with autism are typically medications that might be used for other disabilities like ADHD or even schizophrenia. Now, if your child has a different diagnosis, you would be able to get those medications covered, but insurance companies can deny your child medication if autism is attached to --

REP. FONTANA: Okay, that was a very concise primer for me, so thank you, and I appreciate that.

Other questions for Jessica from members of the committee?

JESSICA RHODES: Thank you.

REP. FONTANA: Thank you very much for your testimony.

It is now five after, so we'll go to the public official portion of the agenda today for the next hour. We'll start with Senator Looney, if he's available; and if not, we'll go to Representative Ayala.

REP. AYALA: Good afternoon, Chairman Fontana, Crisco, ranking members and the members of the insurance and real estate committee. I am testifying today in regards to HB 5433, An Act Concerning Health Insurance Coverage For Stepchildren. This bill is important to me because I have been contacted by many constituents who are currently having this problem. In some cases when a couple marries and one of the spouses chooses to add a stepchild to their insurance plan, it happens

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without much fanfare. In other instances they are met with many challenges and often are not allowed to include a stepchild in the insurance plan.

According to an OLR report, Connecticut law does not explicitly require health insurers to permit a person insured under a health insurance policy to enroll a stepchild who lives with him or her. But because the insurance department interprets the term "child" under the health insurance statute as including a stepchild, any statute applying to a child also applies to a stepchild. Unfortunately this is not the case. Some parents are able to enroll their stepchild with ease while others have a much more difficult time.

The states of Maine, Maryland and West Virginia specifically include a stepchild in the definition of child with respect to health insurance policies. These states treat a stepchild in the same way as biological children. This bill would be a way to extend private coverage to children who may not have any insurance whatsoever. This bill will not mandate any spouse to provide the insurance if they choose not to, but what it does give is the option to provide insurance if they choose to. Although the Connecticut Insurers Department does not make a distinction between biological or by marriage children when interpreting the state's insurance statute, I believe it is important to include language that explicitly mentions stepchildren as a group which can receive the same benefits as a biological child. This will make it crystal clear that the State of Connecticut does not make any distinctions between biological children and stepchildren, thus making it

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easier for any parent who chooses to cover those children and allows it to happen.

Just a personal message from one of my constituents. You know, this person had their children covered under the Husky Insurance before she was married and her problem was she got married. When she got married and they filed jointly and they saw that she was making more money, she then had to take her children off of the Husky Insurance and then apply for private coverage, but the insurance company would not allow it. So now we have a child that has no coverage all because of a loophole.

I hope that this committee and this General Assembly can close that loophole and we find a way to get these kids insured, especially when you have a parent that's willing to do it. It's just the simple term of adding a stepchild and recognizing that the stepchild has the same right as those biological children. And once again, like I said, it's not mandating to the parents telling them they have to do it, but if they choose to and they want to, why should they not be allowed to have that right to do so.

Thank you, Mr. Chairman.

REP. FONTANA: Thank you, Representative.

Just clarify for me, if you could, one thing. Did you say that the insurance department says that they have to but that some companies don't follow the law, or could you just clarify that about the department, you mentioned the department?

REP. AYALA: According to an OLR report that I



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asked for, what it says is that a stepchild is supposed to be looked at under the term of as a child, but unfortunately what happens is that because it doesn't explicitly say so, it's a gray area, so some folks kind of get lost in the translation. And a quick and easy way to ensure that they don't get lost is to just explicitly include it and say listen, the stepchild is just as equal as a biological child and if the parent, the spouse, chooses to include them in the health insurance coverage, we should allow that to happen.

REP. FONTANA: Thank you for clarifying that. And certainly if you want to support healthy families, we want to encourage people to, you know, get married or remarried, build stronger family bonds, and this is one way perhaps to do is. So thank you for your testimony on that and submitting the bill.

REP. AYALA: Thank you, Mr. Chairman, I appreciate the -- we had letters and E-mails going back and forth, and I appreciate your attention to the details and raising this bill for a public hearing. Thank you.

REP. FONTANA: That's not a problem. I'm glad you brought it to our attention.

Are there questions for representative Ayala from members of the committee?

Seeing none, thank you very much. I look forward to working with you on it.

REP. AYALA: I appreciate that. Thank you.

REP. FONTANA: You're welcome.

We've been joined by Speaker Donovan so please



*Quality is Our Bottom Line*

**Insurance Committee Public Hearing  
February 5, 2009**

**Connecticut Association of Health Plans**

**Testimony regarding**

- SB 292 AAC Health Insurance Coverage for Certain Acupuncture Treatments.
- SB 296 AA Requiring Health Insurance Coverage for Bone Density Screenings.
- SB 299 AA Expanding Health Insurance Coverage for Routine Patient Care Costs for Clinical Trial Patients.
- SB 301 AAC Health Insurance Coverage for Autism Spectrum Disorders.
- SB 638 AA Requiring Health Insurance Coverage for Colonoscopies for Colon Cancer Survivors.
- HB 5093 AAC Prosthetic Parity.
- HB 5242 AAC Health Insurance Coverage for Required Vaccines.
- HB 5433 AAC Health Insurance Coverage for Step Children.

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of the above mentioned bills. While every mandate under consideration by the legislature is laudable in its intent, each must be considered in the context of the larger debate on access and affordability of health care. Both the General Assembly and the Administration have pledged this year to address the needs of the approximately 400,000 Connecticut residents who lack health insurance coverage. As we all know, the reasons people go without insurance are wide and varied, but most certainly cost is a major component. As you discuss the proposals above, please consider the following:

- Connecticut has **49 mandates, which is the 5<sup>th</sup> highest** behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)
- For all mandates listed, the total cost impact reported reflects a range of **6.1% minimum to 46.3% maximum**. (OLR Report 2004-R-0277 based on info provided by the Dept. of Insurance)
- State mandated benefits are not applicable to all employers. Large employers that self-insure their employee benefit plans are not subject to mandates. **Small employers bear the brunt of the costs**. (OLR Report 2004-R-0277)
- The National Center for Policy Analysis (NCPA) estimates that **25% of the uninsured are priced out of the market by state mandates**. A study commissioned by the Health Insurance Assoc. of America (HIAA) and released in January 1999, reported that "...a fifth to a quarter of the uninsured have no coverage because of state mandates, and federal mandates are likely to have larger effects. (OLR Report 2004-R-0277)

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- **Mandates increased 25-fold over the period, 1970-1996, an average annual growth rate of more than 15%. The Health Insurance Portability & Accountability Act (HIPAA) alone will add billions of dollars in new compliance costs to the healthcare system. (PriceWaterhouseCoopers: The Factors Fueling rising Healthcare Costs- April 2002)**
- **National statistics suggest that for every 1% increase in premiums, 300,000 people become uninsured. (Lewin Group Letter: 1999)**
- **“According to a survey released in 2002 by the Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET), employers faced an average 12.7% increase in health insurance premiums that year. A survey conducted by Hewitt Associates shows that employers encountered an additional 13% to 15% increase in 2003. For 2004, the outlook is for more double-digit increases. If premiums continue to escalate at their current rate, employers will pare down the benefits offered, shift a greater share of the cost to their employees, or be forced to stop providing coverage.” (OLR Report 2004-R-0277)**

Furthermore, health plans are currently adhering to the intent of many of the mandates listed above including those related to immunizations, step children and many of the screening proposals. Having said that, please note that statutory mandates only apply to a select group of employers – namely small employers. Large employers who self insure are exempt from such mandates and may design their own benefit packages. We question whether the genesis of some of these proposals is derived from members covered under these types of plans in which case any new law wouldn't apply.

With respect to the autism mandate, we simply point out for the Committee's consideration that many of the treatments and services contemplated under the bill do not constitute typical medical treatment, will be difficult to operationalize and should fall perhaps, more appropriately, under the category of special education. We do not question the need for such coverage, just whether it should be borne by employers and their carriers given the level of the expense or whether we as a society should shoulder the responsibility to care for these children.

Thank you for your consideration.

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STANDING  
COMMITTEE  
HEARINGS**

**INSURANCE AND  
REAL ESTATE  
PART 4  
957 - 1263**

**2009**

# The Connecticut General Assembly



5433

REPRESENTATIVE ANDRES AYALA  
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VICE-CHAIRMAN  
FINANCE COMMITTEE

MEMBER  
PLANNING AND DEVELOPMENT COMMITTEE  
PUBLIC HEALTH COMMITTEE

February 5, 2009

Good afternoon Chairman Crisco and Fontana, the ranking members and the members of the Insurance and Real Estate Committee. I am testifying today in regards to HB 5433 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR STEPCHILDREN. This Bill is important to me because I have been contacted by constituents who are currently having this problem. In some cases when a couple marries and one of the spouses chooses to add a step child to their insurance plans it happens without much fan fare, in other instances they are met with many challenges and often are not allowed to include the step child in their insurance plan. According to an OLR Report, "Connecticut law does not explicitly require health insurers to permit a person insured under a health insurance policy to enroll a stepchild who lives with him or her. But because the Insurance Department interprets the term "child" under the health insurance statutes as including a stepchild, any statute applying to a child also applies to a stepchild. Unfortunately, this is not the case; some parents are able to enroll their stepchild with ease while others have a much more difficult time.

The states of Maine, Maryland and West Virginia specifically include a stepchild in the definition of "child" with respect to health insurance policies. These states treat a stepchild in the same way as biological children. This bill would be a way to extend private coverage to children who may not have any insurance whatsoever. This bill will not mandate any spouse to provide the insurance if they choose not to but what it does is given them the option to provide the insurance if they choose to. Although the Connecticut Insurance Department does not make a distinction between biological or "by marriage" children when interpreting the state's insurance statutes I believe it is important to include language that explicitly mentions stepchildren as a group which can receive the same benefits as a biological child. This will make it crystal clear that the State of Connecticut does not make a distinction between biological children and stepchildren, thus making it easier for any and all parents to be able to cover all children they choose to cover.

Respectfully Submitted,

Andres Ayala

Written testimony of Dalia Richardson  
HB 5433 – *An Act Concerning Health Insurance Coverage for Stepchildren*

February 3, 2009

I am writing in support of HB 5433, *An Act Concerning Health Insurance Coverage for Stepchildren*. At this time there are no requirements in regard to this issue, and I believe that this legislation would be a benefit to the children in this state by allowing stepparents to carry health insurance for their stepchildren. Without this bill many children who could be covered by a stepparent will have to be on Husky or will not carry health insurance if the family's income is too high for state health coverage.

Here is my story:

I am a recently married mother of three children, ages 1, 13, and 15. All children have different fathers. My 1 year-old and I are covered under my husbands insurance. My 13 year-old and her father are covered under his wife's insurance. However, my 15 year-old, whose father has never been in the picture, currently has no coverage. Until last year I carried her on my policy but I am now a stay at home mom and do not have my own coverage.

The father of my 13 year-old, who has been in my 15 year-olds life since she was little is unable to cover her because he is not her biological father and his wife's insurance will not allow it. My husband is willing to cover her but is unable to because they require him to have legal guardianship of her. Requiring guardianship is unfair in the regard that my husband should not be liable for her financially in the case that something happens.

My husband's income is outside Husky's eligibility. Last time I took her to her pediatrician we had to pay \$115 for the visit. Imagine if she was hurt or required a visit to the emergency room. We would be unable to receive any help due to his income.

Between us we have five children, and if there was ever a need for the only child without insurance to be hospitalized we would be unable to pay all the bills. This legislation would help many families who have similar situations; whether it be deadbeat parents, children with a deceased parent, etc. It would also help because more parents who have to work because of insurance purposes would be able to stay home and give these children the attention and supervision they need and deserve, therefore helping society.

Thank you for your time, and I urge you to support this legislation.

Dalia Richardson  
95 West Prospect St.  
West Haven, CT 06516



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Connecticut Business & Industry Association

TESTIMONY  
BEFORE THE  
INSURANCE AND REAL ESTATE COMMITTEE  
LEGISLATIVE OFFICE BUILDING  
FEBRUARY 5, 2009

My name is Eric George and I am Associate Counsel for the Connecticut Business & Industry Association (CBIA). CBIA represents approximately 10,000 businesses throughout Connecticut and the vast majority of these are small companies employing less than 50 people.

Both nationally and in Connecticut, the health care system is in need of repair.

More needs to be done to improve the health of our citizens. Employers find health care costs rising faster than other input costs. Some providers are unable to generate sufficient patient revenue to cover costs. Some patients cannot get timely access to optimal care. And too many individuals remain without health insurance, engage in unhealthy behaviors and live in unhealthy environments.

For the business community, the issues of health care quality, cost and access are critical. After numerous years of double-digit and near-double-digit increases, health insurance has quickly become a product that many people and companies find they can no longer afford. In addition, the cost of health care directly affects businesses' ability to create new jobs. In fact, according to CBIA's latest membership survey, over two-thirds of our members indicated that rising health benefit costs alone are negatively affecting their ability to hire additional workers.

Therefore, CBIA asks this committee to reject **HB 5433, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR STEPCHILDREN**. The business community and other stakeholders are calling for significant reforms to Connecticut's costly and inefficient health care system. As you consider the various proposals to reform the state's health care system, CBIA asks you to refrain from making the already high cost of health care even more unaffordable for the state's companies and residents.

Every health benefit mandate, while providing a benefit to the individuals who utilize those services, increases health insurance premiums for all state-regulated group and individual policies. In fact, the Council for Affordable Health Insurance (CAHI) reported in its 2006 report on state mandated benefits that

health benefit mandates increase health insurance premiums between less than 20% to more than 50%. Connecticut ranks fourth in the country in terms of overall number of health insurance mandates according to CAHI and those mandates increase group and individual health insurance premiums by as much as 65%.

Connecticut's employers are already struggling to afford health insurance for their employees. The hardest hit among these companies are small employers whose revenues and operating budgets make affording employee health insurance extremely difficult. However, when the legislature adopts new health insurance mandates, it makes affording health insurance particularly difficult for these small employers. This is because state mandated benefits only impact plans that are subject to state regulation. If a company has the financial ability to self-insure, then that company's health plan is governed solely by federal law, including the Employee Retirement Income Security Act (ERISA), and does not have to comply with state health benefit mandates. Companies that are able to self-insure (and therefore not subject to Connecticut's health insurance mandates) are typically larger companies that can afford taking on such risk. Smaller companies usually cannot and are forced to be fully insured and subject to state regulation.

So, Connecticut's health insurance mandates impact smaller employers in the state to a greater degree than larger employers. When the legislature either creates a new mandate or expands an existing mandate, it is making health insurance less affordable for those small companies that can least afford to shoulder these cost increases.

CBIA asks this committee to reject all new or expanded mandate proposals and to enact a moratorium on health insurance mandates. It is crucial that as the state moves forward toward major health care reform, that the General Assembly refrain from taking any actions that would increase the cost of already skyrocketing health insurance premiums.

Again, please reject **HB 5433** thank you for the opportunity to offer CBIA's comments on this legislation. I look forward to working with you on this and other issues related to the reforming Connecticut's health care system.