

<b>Act Number:</b>	09-188 Vetoed	
<b>Bill Number:</b>	5021	
<b>Senate Pages:</b>	5752-5779	28
<b>House Pages:</b>	6922-7187	266
<b>Committee:</b>	Insurance: 350-381, 485, 543-544, 554-559, 560-561, 570	44
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**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
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**VOL. 52  
PART 18  
5683 – 5943**

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Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Mr. Clerk.

THE CLERK:

Calendar Page 18, Calendar Number 698, File Number 34 and 10 -- 1010, substitute for House Bill 5021, AN ACT CONCERNING WELLNESS PROGRAMS AND EXPANSION OF HEALTH INSURANCE COVERAGE, as amended by House Amendment Schedule A, favorable report of the Committees on Insurance, and Appropriations.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. Mr. President, I move for acceptance of joint committees' favorable report and passage of the bill, in concurrence with the House.

THE CHAIR:

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

SENATOR CRISCO:

Yes, Mr. President. Mr. President, this is perhaps somewhat of a historical bill that is before us. We've talked about cruisers and aircraft

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carriers; I must admit, Mr. President, and members of the circle, that this is a Noah's Ark. And it's a Noah's Ark not only because of its size but for the lives it may save and the pain and suffering that people may avoid and, I sincerely believe, in the cost to insurance companies for -- in future claims.

This bill, Mr. President, which basically covers five preventions; it starts out with coverage for prosthetic devices and repairs and placements to them. It's specific coverage for bone marrow testing, leukocyte antigen testing, which already passed this chamber. It requires coverage for a reasonably designed health behavioral wellness maintenance or improvement program that gives participants one or more of the following: A reward, health spending account contribution, premium reduction or a reduced copayment, co-insurance or deductible. And fourth, Mr. President, it provides coverage for a licensed physician or Advanced Practice Registered Nurse, prescribed wigs for a person with hair loss caused by a diagnosed medical condition other than androgenetic alopecia. It also has some covers for ostomy supplies. And as we previously passed in this chamber, it prohibits a certain insurance policy from imposing a co-insurance, co-payment, deductible, or

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other out-of-pocket expenses for a second or a subsequent colonoscopy a physician orders for an insured person in a policy year.

THE CHAIR:

Thank you, sir.

Will your remark further on House Bill 5021?

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. If I may, I have a few questions, through you, to Senator Crisco.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, Mr. President; acceptable.

SENATOR CALIGIURI:

Thank you, Mr. President. Through you, Mr. President, we've looked at quite a few of the -- I'll use the term "mandates," and I don't use that as a pejorative term -- over the course of this legislative session. Through you, to Senator Crisco, my first question is: How is it decided that this particular group of mandates would be bundled together in this legislation? Through you, Mr. President.

THE CHAIR:

Senator Crisco.

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SENATOR CRISCO:

Mr. President, through to -- through you, to Senator Caligiuri. since it was the work of the House, then I would say that you would have to speak to the House Chairman.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. Through you, Mr. President, I think one of the issues that perhaps some people may be struggling with is that when presented to the body individually, we get to make a case-by-case determination as to whether when you balance the cost and the benefit, the mandate makes sense. When presented in one, lump sum, as is the case in the current bill, you're forced to either be all in or not, even though you may have reservations about certain, individual provisions of the bill.

Through you, Mr. President, to Senator Crisco, what is Senator Crisco's view on this? And the reason I ask that is because I think this particular approach in this bill may set a very important precedent for the work that we do in the future. And to the extent that this becomes a template for how we handle mandates in the future, I question whether this is the

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right way to do it. And I would ask, through you, Mr. President, Senator Crisco's views on whether this is the right model for us to be taking when dealing with mandates. Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you to Senator Caligiuri, I respect my ranking member's opinion and I believe it all depends upon one's perspective in regards to saving lives, in regards to reducing pain and suffering.

And, also, we never, never consider the cost savings that insurance companies experience from these preventions. As we learned earlier in the evening, there was a bill that would review all future preventions or mandates, and existing ones, in order to once and for all resolve this cost-benefit issue that we struggle with from one session to another session, from one committee meeting to another committee meeting.

So, again, we are making great strides, and I think for the first time, in cost-benefit ratios, and I believe whether it's one or five or ten, if you personally believe it should be covered, then I

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believe that's up to the individual legislator.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. I thank Senator Crisco for that response. I still think -- and perhaps this is a topic for another evening or day -- I still think it's going to be worthy of discussion by the Insurance Committee and this body whether bundling mandates together is the right approach. But I certainly understand and appreciate Senator Crisco's response.

My next question relates to Section 13 of the legislation. Through you, Mr. President, my question is: Section 13 is new language that deals with various incentives, wellness incentives, if I'm reading this correctly. And Section 14 talks about how the incentives -- and I'm paraphrasing -- provided in Section 13 will not constitute an impermissible rebate. This reminds me of something I think we did earlier this session.

And my question, through you to Senator Crisco, Mr. President, is: Is this duplicative of something we've done already, Senator Crisco or is this new and/or different? And if it is different, is Senator Crisco in a position to sort of summarize how

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this compares to what we did earlier? Cause I'm virtually certain we did something that had to do with wellness incentives and the effect that that would have on our anti-rebating statute. Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you, to Senator Caligiuri. The Insurance Committee did have a bill pertaining to wellness. It was on our Calendar but there was a strike-all amendment that was used for that wellness bill, and so the wellness component did -- was not acted on.

Also, I would request that the good Senator from Waterbury -- I believe the language states that a company -- an insurance company may; the word "shall," I believe, is not used. And I could stand corrected but I believe it's the may be implemented in regards to allow this program.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. And Senator Crisco may very well be correct about that, but I -- the focus of

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my comment wasn't really on the may versus the shall but rather whether this Section 13 and 14 was duplicating something that we had done earlier. And I've heard and I appreciate Senator Crisco's response to that question.

Just by way of commenting on the bill

Mr. President -- I thank Senator Crisco for answering my questions -- these are all, I think, mandates that individually I would have supported and, in fact, have supported, either earlier this year or previously and so, I think, bundled together will still get my support.

I do think, as I indicated earlier, that the approach that we are taking here is perhaps not the best precedent for us to take. I think it's better to give members an opportunity to make a case-by-case determination and to weigh the benefits of cost of each, potential mandate one at a time instead of being forced to make a very difficult choice, which is almost by definition going to be overly broad, one way or the other. And I would suggest that there will be a better way for us to deal with this in the future, but, nevertheless, this is what is before us this evening, and we have to make a judgement whether on balance it is worthy of our support.

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In my judgement, it is, which is why I look forward to supporting it when this comes to a vote. Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further on House Bill 5021?

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Good morning, Mr. President.

THE CHAIR:

Good morning.

SENATOR DEBICELLA:

Less than 24 hours to go.

THE CHAIR:

Very good.

SENATOR DEBICELLA:

Mr. President, I rise tonight in opposition to what is before us, a mega-mandate bill.

Mr. President, we talked -- it amazes me sometimes how we do things that are so contradictory in this chamber. We -- earlier today, Senator Prague and I spent a long time talking about what the best way to cover about 500 janitors who don't have insurance and what was the best way to get them

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insurance. Well, Mr. President, what we're doing here tonight is taking that insurance and putting it even further out of reach for folks like those janitors, because, Mr. President, what we do, especially with any individual mandate, is we increase the cost of healthcare. By making every person in Connecticut who has a child be mandated for having a hearing aid, being -- mandating everybody in Connecticut have coverage for prosthetic limbs, whether you want it or not, we are raising the cost of healthcare.

And, Mr. President, to Senator Caligiuri's point, when you take these one at a time, they add 70 cents a month here to your healthcare bill, 30 cents a month there. The bill we have before us tonight combines not only the mandates we've talked about this year but mandates that we voted on in 2008 and 2007, that didn't pass. So what our colleagues in the House have done by bundling this together is you have a bill in front of us tonight that will increase the cost of healthcare significantly for working and middle-class families in Connecticut.

Now, could I tell you if it's \$5, \$10, \$20 a month? No, I don't, Mr. President, because we don't have a detailed public hearing or detailed information on this bill, which was kind of glommed together, down

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in the House.

So, Mr. President, you know, we earlier in the session passed an autism mandate, which was, I believe, the first mandate that I voted for, because I said people in Connecticut were willing to pay the higher healthcare costs to cover a disease that is now prevalent in society. Well, Mr. President, I don't think if you showed the list of mandates to folks in Connecticut that even the majority of them would say, yeah, I'll pay a little bit extra for that.

And, Mr. President, I offered earlier in the session, and I won't offer it again tonight, obviously, but offered earlier in a session a better way to do this, a better way that we could force insurance companies to offer this coverage but allow the men and women of Connecticut to choose for themselves, to say, yes, I do want coverage for a hearing aid but not for prosthetics or I do want this kind of testing but I don't want fertility treatment.

And, Mr. President, the bill we have before us tonight forces these options down the three million people in Connecticut who haven't -- who have health insurance's throats. And the 36 of us, collectively -- none of us, I don't believe, having a medical degree -- are saying these are the things that you

must be covered for.

So, Mr. President, I stand in opposition to this bill tonight. I would have wished that if we were going to especially bring back mandates from previous years, that we would have independent debates and votes on them, not putting them all together at twelve-thirty at night to pass on. So I stand in opposition to this bill and encourage my colleagues to vote no.

THE CHAIR:

Thank you, sir.

Will you remark further? Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President. Mr. President, I likewise stand along with my colleague, Debicella, with regards to this bill.

Previous discussions on the various mandates that were proposed, I, in jest, asked the good Chairman if there would be more mandates that would be proposed later in the session, and with a smile, I think, he remarked, well, maybe just a few. And so I now see that he was, indeed, quite serious that there would be more than just a few.

And I think we have entertained a number of very good amendments, actually, that would allow our

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healthcare plans to provide a menu or an option for various procedures that they may want to carry or pay for. But as we went over the 50-item mark on the various mandates we have -- and now we seem to be getting closer to 60 -- I just wonder if there's going to be any limit to them, whatsoever.

And, in fact, this is having a very negative impact on not only the cost but the access for many to be able to provide a policy that is affordable for, particularly the small business owner. But I would maintain it's just not the small business owner. It's our large businesses. It's our school systems. It's our municipalities. It's our local communities, and it's on, in fact, the various bills we've proposed recently that -- our Sustinet, our pooling for the state, so that we might be able to roll out these plans to those that currently can't access them.

And I just wonder if, in fact, we're considering the cumulative effect, as just been mentioned, by all of these proposals that individually may seem like a very good thing to do but in total, when put together, I think we are having now, finally, a very major impact on cost and therefore accessibility to these plans by the individual or small businesses and the like, and even on our nonprofits.

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For that reason, I just don't think that this is a good direction to go in. Although, as I said, each one, individually, on their own, may seem reasonable, but put together as a group has now really gone, I think, a bit too far. Thank you, Mr. President.

THE CHAIR:

Thank you, ma'am.

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. Just to follow the comments made by Senator Boucher and Senator Debicella, I too rise in opposition of this legislation.

We in Connecticut have, I think, 54 mandates currently on our books, if my statistics are correct, and this will put us well over 60 mandates on our books. As Senator Boucher said, each of them individually may add, you know, one percent to the cost of coverage, but when you add them all together, you can have upwards of 5, 10, 25 percent to your cost of coverage. And what we should be doing is reducing the cost of health coverage in order to reduce the cost of healthcare, and I think we're going in the opposite direction with this.

We are looking at some huge, huge numbers here in

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this bill, and this is just going to increase the costs for small businesses, municipalities, all the people that are really struggling in this dire economic time that we're looking at right now. So I, too, rise in opposition of this bill and urge my colleagues to reject this proposal. Thank you, Mr. President.

THE CHAIR:

Thank you, Sir.

Will you remark further? Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President; appreciate that. I also rise in opposition to the proposed legislation.

The rate of inflation is something -- rate of general inflation is something that we all have to be cognizant of. It's something that is very harmful to our economy. When you're talking about the rate of inflation in the all-important area of health insurance, it's even more critical for those of us, especially those of us with families, because it can be quite a big burden; we all know that. And if you look at the rate of inflation in healthcare coverage in the last ten years -- I do not have the exact figure; it needs to be verified -- but it's got to be somewhere between 7 and 10 percent. And I've seen

years where it's been back-to-back, as much as much as 12 to 14 percent. That's on a compounding basis.

And what I always like to do, as a nonmathematician but as someone in the business world, I always like to project forward many years in the future to see what it looks like if we don't get our hands around this specific form of inflation. And if you predict down the road, five years and, say, ten years down the road, and if you look at the record of the General Assembly, Connecticut State Government in putting in mandates and allowing the cost to creep up over the course of time, and you assume an average of 7, maybe 8 percent per year, and you look down the road, five long sessions or ten years and you imagine where we are, we're so far ahead of the normal rate of inflation in the overall economy and the state economy and the various regions within the State of Connecticut and their respective inflation rates, you get to a point where you have to believe we're pricing ourselves out of the insurance market, making it that much more inaccessible for individuals, families, and companies to purchase the all-important health coverage plans that we enjoy -- most of us enjoy today.

It's something that we have to be very cognizant

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of, because we are, again, faced with this concept of the slow creep, and that's the reason why I think we have to tread very, very carefully with respect to what we're doing to the overall network and what we're doing to the overall costs of that network of health providers and insurance.

And because of that, I do stand in opposition to it. I know the intent is noble. I know we want to get as many people, if not everybody covered in the entire State of Connecticut, but it has to be done in a reasonable, logical, and intelligent fashion. Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President. I rise, reluctantly, in opposition to this bill. I must say that I voted so far in this session for other insurance requirements or mandates, some of which I believe are well vetted and were clearly flushed out by this body and that of the House. Autism is certainly one of those that I supported.

And I believe, if I look at the list of coverage that is being included in this bill, there are seven

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or eight items, three of which this circle has already approved unanimously in this legislative session. And so I think we were able to do that because we were given the opportunity to look very carefully at those particular proposals and make a decision. And in the case of myself, and obviously the rest of this body, we decided to do that.

My concern now is that there is a fiscal note here that has a very alarming statement. And that statement says it is -- and to quote -- it is anticipated the fiscal year '12 cost of these mandates could be significant. And so that statement alone raised the red flag for me that now I must say no. And I reluctantly say that.

But I wonder if I might pose a question, through you, Mr. President, to the esteemed Chair of the Insurance Committee for a question.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you to the Senator, and I appreciate his character reference, and there's -- be only too happy to answer any questions.

THE CHAIR:

Senator McLachlan.

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SENATOR McLACHLAN:

Thank you, Mr. President. Through you, Senator Crisco, are you aware of any clarification from the proponents of this bill, and/or your discussions with the insurance industry, as to what would be the cost increase to insurance premiums to residents in the State of Connecticut for these mandated increases of coverage? Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, thank you. Through you, to the good Senator, that's a very good question. As I mentioned to Senator Caligiuri, earlier, we did place on Consent, for the first time, a bill that has been approved by both chambers to develop a cost-benefit analysis of all existing preventions and all future preventions, and that the Insurance Committee, if they are going to consider adding to the list, that they submit that list to the Insurance Commissioner. So I believe that we are on our way to finally resolving this whole issue about cost-benefit.

But more importantly, Mr. President, through you to the good Senator, we always talk, obviously, about

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the costs, and I respect that. I respect the opinion of my colleagues that were so eloquently expressed. But we never talk about the benefit in the cost savings. I don't think anybody could stand here before us and say that there aren't thousands or millions of dollars that are saved by early prevention, by saving a life, and by reducing pain and suffering. It's just impossible. And maybe someday we could do that.

But let me also refer to -- you know, Senator Debicella is a -- was a great student in economics, I believe -- but, you know, we talk cost being added to the policy holder. You know, in our economic models we have pure competition, monopolistic competition, oligopoly and monopoly, and depending upon the market structure, a particular company could impose price increases upon the purchasers of their property and -- or their product. And you can't do anything about it because of the simple issue of elasticity, that we have considerable elasticity in a different product market.

So let me just mention, for example, Company A. Company A, 2008, \$3 billion in net income. Company A in 2007, \$4.6 billion in net income. Company A, again, in 2006, \$4.1 billion of net income; 2005,

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\$3.3 billion; 2004, \$2.6 billion; 2003, maybe only 1.8 billion; and, 2002, \$1.3 billion. And it goes on for a considerable amount of income. Basically what I'm saying, Mr. President, in answer to the Senator is that the cost doesn't have to be shifted to the policy holder all the time. There could be a little less net income experienced by the individual health company.

And I could list six major healthcare companies that have enjoyed a considerable amount of net income for the past ten years. And that -- and I respect that and I support that, but there's a time when we have to stop putting the blame on regards to preventions, that there is that unqualifiable possibility that the action we take will save money, forgetting the lives and the pain and suffering, and also add to the bottom line of these insurance companies, Mr. President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President. And thank you, Senator Crisco, for your narrative and comments.

I wonder, though, if Company A, that you refer to as an insurance company -- I would like to refer to Company Z, who is a small business in the State of

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Connecticut who has a tremendous burden to stay in business in Connecticut, and that if we keep pounding away, pounding away at the increased costs to do business in the State of Connecticut -- this is an example. And I'm reluctant to make that argument because I, frankly, have supported some of what is included in this bill, and so I'm troubled that now we have this mega-mandate before us.

But you raise a very good point, this evening, and I hope that our colleagues here in the circle will take pause to the very good point that you made, and that is that we have unanimously considered and approved an idea for a very thorough analysis of mandates in health insurance coverage in the State of Connecticut, and that we really should stop adding new mandates until this report, which you have and your committee has brought to the attention of this legislative body; that you need that to monitor and give due consideration to such proposals as before us this evening; that we really should take pause now, table this idea, and seriously wait until this report comes back to us here at the General Assembly. And then we can make an educated decision, how should we proceed.

There's another consideration, through you,

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Mr. President, to the good Senator, and that is when you take into consideration that this legislative body is seriously considering self-insurance, then it is not an insurance company mandate but it is a taxpayer mandate because it's a self-insurance model for health insurance. And if that isn't truly the case, then every little bit that we add to the insurance -- self-insurance costs to the Connecticut taxpayers, we are increasing taxes.

So, through you, Mr. President, has this proposal considered that point, that this legislative body is leaning toward self-insurance for our own policy?

Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you, to the good Senator, yes. Yes, we have. And I respect and appreciate his comments.

And, as I stated before, Mr. President, we seem to be fixated by costs, and I respect that. And I am all for as much net income that a company could make. But, again, I keep raising the issue, and basically that there's no one who can refute the consideration that these preventions or mandates, as you want to

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call them, could be saving companies a considerable amount of money, because of early detection, because of less pain and suffering.

And one -- 80 percent, I believe, of our total healthcare costs are chronic illnesses. And if we could, you know, make a dent in that 80 percent, we will be -- I believe, save a considerable amount of money. Again, I get -- it gets back to the market structure of the insurance companies, and if they want to pass on the cost, obviously they could. But, you know, there is also the rally that they don't have to as much as they do.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President. And thank you, Senator Crisco for your answers.

Just to recap the reasons for my lack of support now for this bill, and it -- and I'm -- I must admit I'm very reluctant to vote no on this because I've already voted now three times in favor of some of the items that are included in this bill. But my concerns are that this legislative body for some reason has decided to bring to us -- now I guess the nickname for these things is aircraft carriers or mega-bills or

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whatever you want to call it -- and this information has been brought to us late in the process and not allowed us to fully vet it. And so for that reason, I must take back my yes vote on three out of the eight or three out of the seven items of coverage that are included in this bill, because I think that this is not really the way we should do business; that we should, in fact, wait and listen to see what the results of this report will bring back to us here at the General Assembly, what this study will tell us about the cost, the true cost, and the cost analysis of such coverage. And then we will be able to make an educated decision.

But I believe at this point, without proper public hearing, without proper information about true cost, without proper consideration of the impact on the state taxpayers due to our pending decision to go to self-funding in health insurance, that this is not the right time for this bill. And, unfortunately, I must decline to support it. Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further on House Bill 5021? Will you remark further? Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. I have the utmost respect for my colleagues who have grave concerns about this issue. And not being facetious, we do surpass the aircraft carrier, we do enter the area of Noah's Ark, and not -- and Noah's Ark in a sense that it saved an awful lot of people's lives and at the time when it was built. And I really appreciate what they're saying but I just ask that we take in consideration what has been happening the past decade. If these preventions were, you know, so -- lives are such a factor. I don't believe that insurance companies would be enjoying the net income that they are.

And I think we all will accept the fact that they are not making their net income by investment income, what has happened in the invest market -- the investment market, and that's in a different category of income. So I respect what our colleagues are saying, but I just state that I hope someday that we can ascertain the cost-benefit ratio and also to really quantify that there is savings when we take such actions.

THE CHAIR:

Thank you, sir.

Will you remark further on House Bill 5021? Will

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you remark --

SENATOR CRISCO:

It's --

THE CHAIR:

-- further on House Bill 5021?

SENATOR CRISCO:

If there's no objections -- but I won't say that,  
Mr. President.

THE CHAIR:

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

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, please check your vote. The machine will be  
locked. The Clerk will call the tally.

THE CLERK:

Motion is on passage of House Bill 5021:

Total Number Voting 36

Those voting Yea 25

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Those voting Nay 11

Those absent and not voting 0

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President. Mr. President, the Clerk is in possession of Senate Agenda Number 4, for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, the Clerk is in possession of Senate Agenda Number 4, for Tuesday, June 2, 2009. Copies have been distributed.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Mr. President, I move all items on Senate Agenda Number 4, dated Tuesday, June 2, 2009, to be acted upon, as indicated, and that the Agenda be incorporated by reference into the Senate Journal and the Senate Transcript.

THE CHAIR:

There's a motion to move all items on Senate

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THE CONNECTICUT GENERAL ASSEMBLY

HOUSE OF REPRESENTATIVES

WEDNESDAY, MAY 27, 2009

The House of Representatives was called to order at 11:26 a.m., Speaker Christopher G. Donovan in the Chair.

SPEAKER DONOVAN:

Will the Clerk please call Calendar Number 85.

THE CLERK:

The State of Connecticut House of Representatives' calendar for Wednesday, May 27, 2009. On page 26, Calendar 85, substitute for House Bill Number 5021, AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR OSTOMY SUPPLIES, favorable report of the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Thank you, Mr. Speaker.

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

SPEAKER DONOVAN:

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Questions are acceptance of the Joint Committee's favorable report and passage of the bill

Remarks, sir.  
REP. FONTANA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill requires health insurance policies to cover up to \$5,000 annually for the costs of medically necessary ostomy appliances and supplies.

And, Mr. Speaker, the Clerk has an amendment LCO 8312. I ask that he call it and I receive permission to summarize.

SPEAKER DONOVAN:

Would the Clerk please call LCO 8312; which will be designated House Amendment Schedule "A".

THE CLERK:

LCO Number 8312, House A, offered by Representative Fontana and Senator Crisco.

SPEAKER DONOVAN:

Representative seeks leave of the chamber to summarize the amendment. Is there an objection to summarization?

The chamber will stand at ease.

The House will come back to order.

Representative Fontana.

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REP. FONTANA (87th):

Thank you, Mr. Speaker. Mr. Speaker, this amendment requires that health insurance policies cover several other health benefit measures.

Sections 501 and 502 require health insurance policies to cover prosthetic devices and repairs and replacements to them to a level at least equivalent to the coverage provided under Medicare, though which may be limited to prosthetic devices that a person's healthcare provider determines is most -- are or would be more appropriate to meet his or her medical needs.

It defines or they define a prosthetic device as an artificial device to replace all or part of an arm or a leg, but excludes devices designed exclusively for athletic purposes.

Sections 503 and 504 require that health insurance policies cover hearing aids for children under the age of 19.

Sections 505 and 506 require health insurance policies to cover a prescribed wig for a person with hair loss caused by alopecia areata, except for androgenetic alopecia, otherwise known as male pattern baldness, placing coverage in a par with what cancer patients who receive chemotherapy currently receive.

Sections 507 and 508 require health insurance policies to cover human leukocyte antigen testing, which determines compatibility for bone marrow transplants.

Sections 509 and 510 prohibit certain health insurance policies from imposing a coinsurance, copayment, deductible or other out-of-pocket expense for a second or subsequent colonoscopy that a physician orders for an insured person in the policy year.

Sections 511 through 514 require an insurer or other entity writing group health insurance of Connecticut to offer a reasonably designed health behavior wellness, maintenance or improvement program.

Mr. Speaker, this amendment incorporates or encapsulates a number of provisions or initiatives that have passed either one chamber or the other over the last couple of years and all of which passed the Insurance Committee this year.

Mr. Speaker, they help to direct our insurance companies' health management organizations to support the needs of those people who have come to us and asked for some measure of responsiveness to their needs, as well as equity in terms of those services

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and programs that are covered by our insurance policies.

I move for its adoption.

SPEAKER DONOVAN:

Question before the chamber is adoption of House Amendment Schedule "A". Remark on the amendment?

Representative Fontana -- Representative Cafero.  
REP. CAFERO (142nd):

Thank you, Mr. Speaker. Through you, Mr. Speaker, some questions to the proponent of the amendment.

SPEAKER DONOVAN:

Please proceed, sir.  
REP. CAFERO (142nd):

Through you, Mr. Speaker. It's my understanding by your description, Representative Fontana, that this is all of the health insurance mandates for the year rolled into one amendment

Am I inaccurate with that?

Through you, Mr. Speaker.  
SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. The gentleman may well be inaccurate. Earlier this session, this chamber

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passed the health management measure known as epidermolysis bullosa separately. In addition, I understand that there are bills out there dealing with autism. Those are not included as well.

And finally, I think the Senate passed a measure yesterday dealing with clinical trials. Also not included.

So therefore, it represents several of the initiatives that we passed this year, but not all of them.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Thank you, Mr. Speaker. I stand corrected. So I would appreciate it, through you, Mr. Speaker, if the good gentleman could explain how many health insurance mandates are contained in the amendment before us.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. There is the management measure in the underlying bill relating to

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oxygen supplies.

There is the provision in Sections 501 and 502 dealing prosthetic devices.

There is the provision in Sections 503 and 504 relating to hearing aids for children under the age of 19. There are the provisions in Sections 505 and 506 relating to wigs for alopecia areata.

There's provisions in Sections 507 and 508 dealing with bone marrow testing. There's the provisions in Sections 509 and 510 relating to colonoscopies, and there's a provision in Sections 511 through 514 which has to do with promotion of health behavioral wellness programs, which I suppose may or may not be considered a health management measure.

So the six or seven, Speaker.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Thank you, Mr. Speaker. Through you, I guess. Based upon the way these health insurance mandates have been put forth in this amendment, if a member of this legislature were to agree with some but feel that others were not warranted or deserving, they would

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have no choice with regard to this amendment.

Through you, Mr. Speaker. And if I may just clarify, in other words, the way those seven health -- six or seven health insurance mandates are being presented; either you vote for all of them or you vote for none of them

Is that correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I believe that would be correct.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Through you, Mr. Speaker. Since many of these mandates are obviously from different sources and for different purposes, can you explain the wisdom in putting them all in together based upon the fact that people might have different questions or concerns depending on the specific mandate?

Through you, Mr. Speaker.

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SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. They were related in that they all deal with the health benefits measures that insurance policies do or do not cover.

They also reflect -- I believe each individually and collectively -- a broad consensus in favor of supporting them. And, of course, this is a relatively efficient way of seeking to address these various measures this year.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Well, through you, Mr. Speaker, I appreciate the efficiency of the manner in which we would approve these mandates, but what I'm concerned about is the effectiveness of doing it this way.

I presume that many people in this chamber will have questions about these mandates, because if you recall, folks, all the years that we talk about the high cost of health insurance, many of us can see that we as a state have more mandates on our health

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insurance carriers than any other state in the union, and it seems like we're adding -- by virtue of the amendment before us at least -- another seven in just this one amendment.

And I think that we need to understand the purpose of each and every one of these mandates, because it directly affects the cost of insurance as well as the cost of doing business in this state.

And through you, Mr. Speaker, I notice the fiscal note on the amendment that's before us says that with regard to municipal impact, the impact this amendment would have on our towns and cities at this time, the worst economic crisis in our history, the municipal impact would be potentially significant.

Could you explain what that fiscal note means with regard to this bill and why it has been determined that there could be potential significant costs to our towns and cities if we pass this amendment?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I can't speak directly

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to the reasoning behind why our OFA financial analyst wrote the fiscal note the way he or she did, because I have not had the chance to speak with him or her.

I would imagine that the analyst examined each one of these health benefit measures and evaluated them insofar as municipal health insurance plans may or may not currently provide them, and indicate that based upon people using these services, which are currently being denied, there could be an increased amount of usage and utilization and therefore an increased cost.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Thank you, Mr. Speaker.

I also note on the fiscal note prepared by our Office of Fiscal Analysis that with regard to the state impact, that though there is no cost in fiscal year 2010 or 2011, the biennium, there is significant cost in the out years.

Would the good gentleman, through you, Mr. Speaker, explain why there is no cost in the biennium years of 2010, 2011 but significant costs in

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the out years, as per the Office of Fiscal Analysis?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. The fiscal note explanation is fairly brief, and so unfortunately, the fiscal note does not provide much assistance.

However, I think the fiscal note alludes to the fact that due to the effective dates of the various provisions, which I believe start January 1, 2010, that we will be in at least the midst of one fiscal year of the upcoming biennium before some of these measures will take effect.

Therefore, the immediate impact to the state budget, particularly as it relates to fiscal year '10, would be or could be quite minimal.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker.

The fiscal note that I've been referring to that calls for or explains significant costs to

municipalities, potentially, and significant costs to our state in the out years, also indicates that due to federal law, municipalities with self-insurance health plans are exempt from state health insurance benefit mandates.

Could you -- could the gentleman explain that nuance?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. The gentleman is correct. Under the federal law known as ERISA, state regulation and statutes are preempted from impacting businesses and municipalities that are self-insured.

Therefore, these provisions would apply to roughly half of the plans in this state.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

Through you, Mr. Speaker.

It's my understanding, as the good gentleman well knows, that it's the intention of this chamber, at

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least, by majority vote that hopefully the state will be self-insured with regard to his health benefits.

How would this bill and this phrase -- the passage that I just read from the fiscal note affect the State of Connecticut with regard to these mandates being that we could be potentially self-insured?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I believe I have stated -- and I believe the controller has stated -- that the state plan will honor all health benefit measures that the state passes by law.

So therefore, the state will comply with these if they become law as -- and the healthcare partnership becomes law.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

And through you, Mr. Speaker, the legislation that we passed with regard to the healthcare bills last week, I believe, do they specifically say that

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any mandate that we pass here in the legislature with regard to health benefits, regardless of the fact we will be a self-insured plan by virtue of the terms of that legislation, that they will be honored? Or was that for legislative intent?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. The bill did not state it explicitly. It was for legislative intent.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

And through you, Mr. Speaker, with all due respect to the legislator's intent who brought out the bill, that would be you, Representative Fontana, how can we be assured that the State of Connecticut if, in fact, they are self-insured would honor this?

Who would be the people who would be making the decision as to whether or not to honor these mandates?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

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Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I believe that would be the state controller and the Healthcare Cost Containment Committee and the SEBAC bargaining agreement.

Through you.

SPEAKER DONOVAN:

Representative Cafero.  
REP. CAFERO (142nd):

And through you, Mr. Speaker, if it's determined that in monitoring these mandates the cost of our state health insurance would go up, is it within their discretion to choose not to honor these health mandates?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I do not know.

SPEAKER DONOVAN:

Representative Cafero.

Thank you. Through you, Mr. Speaker. I guess what we're learning, ladies and gentlemen, is that what's good enough for the private sector might not be

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good enough for the public sector.

Because if you're a municipality, you're self-insured. You don't have to abide by this. These health mandates mean nothing. You can ignore them.

And it's my understanding through the response by Representative Fontana that if the State of Connecticut becomes self-insured, they do not have any obligation, none whatsoever, by law to honor these mandates

So, once again, the legislature is passing health benefit mandates, health insurance mandates. We're reaching out to the constituents that might have lobbied for these very things, and we're going to force private industry and business to get health insurance plans that have all these mandates which, by our non-partisan Office of Fiscal Analysis, says the cost is going to go up. But we in the state don't have to follow that rule. The cities that are self-insured don't have to follow that rule.

So if this bill were to pass, let us not pat ourselves on the back. Let us not have a big party to say look who we looked out for, because by the very terms of the bill, probably the largest insurer of health, of people, municipalities in the state

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government does not have to follow this rule.

I have grave concerns with this amendment, but I look forward to a detailed and lengthy debate on it.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Representative --

SPEAKER DONOVAN:

Representative Hetherington.  
REP. HETHERINGTON (125th):

Thank you, Mr. Speaker. If I may, a question or two to the proponent.

Through you, Mr. Speaker, do we know or have an estimate of the number of people that will be impacted by this amendment, that is, those who will benefit from the expanded coverage?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. We do not have a total estimate. We have some testimony from the public hearings which estimate the rough number of people who might be eligible for particular aspects of this bill.

For instance, according to the Connecticut Academy of Otolaryngology, there are approximately 2,617 children in Connecticut who have hearing loss. So they might be eligible for the hearing aid aspect of the bill.

I can give the gentleman that example as one example.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

Representative Hetherington.

REP. HETHERINGTON (125th): Thank you.

Through you, Mr. Speaker. Regarding that particular mandate, does it depend on what is the cause for that hearing loss? That is, could it be a loss from birth? Could it -- would it be from disease or traumatic occurrence?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. There is no causal link between the diagnosis of hearing loss and the prescription of a hearing aid.

It would be for hearing loss for any identifiable reason as required or prescribed by a physician.

Through you, Mr. Speaker.

REP. HETHERINGTON (125th):

Thank you.

And through you, Mr. Speaker, would that extend to any degree of loss. That is, it would appear from this to be coverage for any loss that might be improved by the addition of a hearing aid.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The gentleman will refer to Sections 503 and 504 of the bill. We are simply modifying existing statute. Existing statute currently provides hearing aids up to a thousand dollars within a 24-month period for children 12 years of age or younger.

We simply changed the language in the underlying state statutes to 18 years of age or younger.

Through you.

SPEAKER DONOVAN:

Representative Hetherington.

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REP. HETHERINGTON (125th):  
I thank the proponent.

I'd like to refer to Sections 112 to 115 and --  
and this alopecia areata, is that -- is that what was  
described as male pattern baldness?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. No. Alopecia areata  
is a diagnosed medical condition that results in  
partial or total baldness. But for the purposes of  
this bill, we specifically exclude male pattern  
baldness.

In lines 114 and 115, when we refer to  
androgenetic alopecia, that is the technical term for  
male pattern baldness.

So to answer the gentleman's question, guys like  
me won't qualify. No.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hetherington.

REP. HETHERINGTON (125th):

I thank the gentleman for that answer. So

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androgenetic alopecia, that is male pattern baldness;  
is that -- is that correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

REP. HETHERINGTON (125th):

And with this baldness that we are covering,  
would that be only baldness, then, that results from a  
therapy such as described in lines 110 (inaudible)?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. No, it covers things  
other than the causes identified by the gentleman in  
lines 110 to 112.

In other words, four to five years ago, we passed  
a law requiring insurance policies to cover wigs for  
those who suffer from hair loss as a result of  
chemotherapy derived from an underlying condition of  
cancer.

We are now for the purposes of equity extending

to those people who suffer temporary or permanent baldness due to an underlying medical condition, otherwise known as alopecia areata, the same coverage for wigs.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hetherington.

REP. HETHERINGTON (125th):

So if you suffered from a scalp condition, which I understand is not uncommon, that caused hair loss, that would presumably be covered; is that right?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'm having difficulty hearing the gentleman, but I believe if the scalp condition was diagnosed as alopecia areata, then the person with the scalp condition would qualify under these sections of the bill.

If the scalp issue was not diagnosed by a licensed provider as alopecia areata, then he or she would not qualify.

Through you.

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SPEAKER DONOVAN:

Representative Hetherington.

REP. HETHERINGTON (125th):  
Thank you.

That term, alopecia areata, I must say the  
proponent says it better than I do, but I -- what is  
the definition of that term?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I can access the  
website of the Alopecia Areata Foundation to provide  
the gentleman with that. I do not have it at my  
disposal.

Through you.

SPEAKER DONOVAN:

Representative Hetherington.

REP. HETHERINGTON (125th):  
Thank you.

Through you, Mr. Speaker. Would you agree that  
wigs generally, although certainly of importance for  
psychological and self-esteem and so forth, that these  
are really properly described as cosmetic rather than  
medical features?

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Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. No, when it comes to alopecia areata, wigs are not considered cosmetic.

If you suffer from temporary or permanent hair loss as a result of an underlying medical condition, it is not considered cosmetic, particularly if you're a woman and particularly if it is permanent.

And that is the testimony we received during the public hearing, that, in fact, women in particular and those that suffer from permanent and total baldness do not consider wigs cosmetic. They are necessary for them to maintain self-esteem and self-confidence and to participate in the broader world that we enjoy, be it employment, recreation or what have you.

In other words, it's a necessity. And it's a necessity to the same extent that those who suffer from baldness due to chemotherapy treatment also consider it a necessity and not a cosmetic or elective option.

Through you.

SPEAKER DONOVAN:

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Representative Hetherington. Thank you.

REP. HETHERINGTON (125th):

Through you, Mr. Speaker, and the last question on this point. There -- I understand that you can get, you know, cheap rugs or you can get very elaborate wigs that allow you to look like the ex-governor of Illinois, you know, whatever; but is there any -- is there any maximum value of a wig that's covered under these provisions?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. We extend to those who suffer from alopecia areata, other than androgenetic alopecia, the same benefit that currently applies to those who suffer from baldness as a result of chemotherapy. So we do not provide them any more or any less coverage.

Through you.

SPEAKER DONOVAN:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you. Does that mean, through you, Mr.

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Speaker, that there is no maximum amount that the wig might cost in order to be covered?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. To answer the gentleman's question, no, there are limits in the bill. I believe it's \$350 per calendar year. I will check the language in the underlying statute which we are modifying. I believe it's on the order of 300 to \$350 per year.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hetherington.  
REP. HETHERINGTON (125th):

Thank you, Mr. Speaker, and I thank the gentleman for his usual capable responses.

On the amendment, this is really very troubling. Again, we are undertaking a mandate, a mandate which will fall almost entirely on organizations, municipalities which are not self-insurers, and will fall particularly heavily on the private sector.

And the most troubling feature is that we have

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no -- no idea what this is going to cost, what impact this is going to have on the cost of medical insurance, because we have no idea how many people we are including in the system.

So I'm inclined to oppose this amendment. I thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker. If I may, several questions to the proponent of the amendment.

SPEAKER DONOVAN:

Please proceed, sir.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker.

Lines 8 to 9 of the amendment refer to prosthetic devices as not including a device that is designed exclusively for athletic purposes.

For purposes of better understanding, what would the prosthetic devices be designed for?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. They would be designed

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for everyday use, for basic walking.

The gentleman may be aware that there are any number of companies that now seek to develop prosthetics for athletic purposes for competition, things that would be -- would be purely or exclusively for athletic purposes will not be covered.

In essence, Mr. Speaker, just important things that are necessities, not luxuries.

Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And just to clarify that further, because sometimes what one considers -- some people consider a luxury other people consider a necessity.

If something is designed for multipurpose and it includes use as an athletic device, that would be permissible through this; would it not?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. Yes, it would.

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SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And continuing in that vein, lines 20 through 23 discuss medically necessary repair or replacement of these prosthetic devices.

And I might understand then if one of these prosthetic devices is lost by someone who has received it, it would not be eligible for replacement under the terms of this requirement.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I was having trouble hearing the gentleman. I believe he was asking about loss. But if he could just repeat his question, I would appreciate it.

SPEAKER DONOVAN:

Representative Alberts, would you please repeat your question?  
REP. ALBERTS (50th):

Yes, Mr. Speaker. I'd be happy to do that.

Lines 20 to 23 discuss the coverage of prosthetic

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devices that the mandate -- that they will be required unless such repair or replacement is necessitated by misuse or loss.

So as I understand it, then, if -- if a recipient of the prosthetic device simply lost their device, it would not be reimbursed or would not have to be replaced under the insurance coverage; is that correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I believe the gentleman is interpreting that correctly. Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And the same line refers to misuse. And I would appreciate a definition of what the proponent would consider misuse.

And again, I'm -- that term has me concerned, because -- well, it just has me concerned, I guess.

What -- how would the proponent categorize "misuse" or better define "misuse"?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. The language that we have before us is patterned after language that is currently in statute in I believe 10 or 11 other states.

I cannot offer the gentleman at this time a definition of the term "misuse."

Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):  
Thank you, Mr. Speaker.

Lines 36 to 39 discuss an appeal process if there is a denial of coverage for repair or replacement of the prosthetic device, and apparently an appeal may be made to the Insurance Commissioner for an external independent review..

What -- what is the process for that?

Through you, Mr. Speaker.

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SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. Line 39, it identifies the particular statute. I can certainly reference the particular statute to review it for the gentleman. But offhand, I can't describe this -- the process, and I'm certainly not a -- I don't have access to the regulations that the commissioner may have drawn pursuant to that statute, so I would just refer the gentleman to that statute.

Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker. Would it be possible for the Insurance Commissioner to override the insurance company's review of the procedure and -- and require that this be reimbursed?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. It's entirely possible; but again, I'd have to review the statute to

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know for sure.

Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker. And I appreciate the gentleman's candor. I understand that there are a lot of requirements here we're dealing with.

Looking at line 82, we had some earlier discussion on hearing aids for children; and as I understand it, presently hearing aids for children are covered for children that are 12 years of age or younger.

Is that not correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. That is correct. Currently children 12 years of age or younger are covered for the identified benefit.

Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

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Thank you, Mr. Speaker.

And the proposed amendment in front of us would raise this age to 18 years of age or younger, so inherently increasing the scope of coverage for those that are 13 through 18; is that not correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I think the gentleman is reading it correctly. The intention is to raise that age to 18 years or younger. Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker. We had some earlier testimony by the proponent that he believed that there was testimony of -- of -- that came out that there were approximately 2670 children that have hearing loss in the State of Connecticut.

I'm curious if the proponent knows how many of this group would fall under this new expanded category of 13 to 18 so we could get a gauge of what the increased coverage responsibilities would be.

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Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I do not have the information as to how many of those children do currently have coverage need new hearing aids. I do not have that information. Through you.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker.

Lines 245 to 249 discuss additional coverage for colonoscopies ordered in a policy year by a physician.

Does the proponent have any information in terms of the number of colonoscopies -- initial colonoscopies that may be ordered during a typical year in the State of Connecticut?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I can check my resources here. Offhand, I don't have that information. I do know that according to the

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information from the American Cancer Society, there are roughly 150,000 new cases of colon or rectal cancer each year nationwide.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Alberts.  
REP. ALBERTS (50th):

Thank you, Mr. Speaker. Well, hopefully, the colonoscopies are detecting that and addressing that and hopefully in some capacity preventing that.

I guess my -- my goal was to figure out how many additional procedures might be covered under this proposal. How many instances might there be in a typical year where a physician might say, you know, this one colonoscopy is -- was okay, but we really need to do a second colonoscopy, a second procedure.

Does the proponent know how many would be necessitated or how many typically happen in the State of Connecticut?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. That's a good

question. I do not have the answer to that question. I can tell you that we have estimated that there will be a very small number, to the extent that there are people who are asked or required to have colonoscopies once every two, three or five years past a certain age, but that it is fairly rare for a physician to order or prescribe an additional colonoscopy, and that those physicians that do do so for good reasons, either because the person has cancer already, colorectal cancer, and/or suffers from Crohn's Disease, a gastrointestinal disorder, which can, in fact -- can, in fact, require an additional colonoscopy.

I've just been provided with some additional information, courtesy of Representative Fritz, to indicate that survivors of colon cancer who do not receive regular colonoscopies are about 45 percent less lucky to reach the five-year survival mark for colorectal cancer.

So again, Mr. Speaker, it's a fairly small number, I should think.

Through you.

SPEAKER DONOVAN:

Representative Alberts.

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REP. ALBERTS (50th):

Thank you, Mr. Speaker. I guess my concern is probably not so much with those individuals that may be deemed to have -- detected cancer in terms of them having the necessity of having another exam.

I guess my concern is that we might establish inadvertently an incentive for physicians to perhaps be a little bit more generous in asking that there is a second exam where it may not be necessary.

And I guess I'm concerned about that. And I know we would like to all believe that our physicians are -- you know, we have the utmost confidence that our physicians are doing the best work possible for us.

Perhaps to err on the side of safety, there may be some physicians who will prescribe a second exam when a second exam may not be necessary.

Does the proponent have a concern for that issue?  
Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. I don't personally for a couple of reasons. First of all, I haven't yet had

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the pleasure, quote/unquote, of -- of having a colonoscopy. I understand that one's in my future in the next five years or so.

I understand that no one wants a colonoscopy. No one volunteers for colonoscopies if they don't have to have them.

Beyond that, Mr. Speaker, I think consistent with our interests in prevention, we want to ensure that we are catching, when possible, colorectal illnesses prior to the very latest date when you need to have an ostomy performed or, in fact, you may run the risk of losing your life entirely, both of which could involve much more significant expense than a colonoscopy.

Through you.

SPEAKER DONOVAN:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. In Section 511, it discusses incentives or rewards for wellness programs.

Can the proponent discuss this in a little bit more detail in terms of what the goal of this piece is and how this would work?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.  
REP. FONTANA (87th):

Through you, Mr. Speaker. Yes, this -- this section and the three sections after it are intended to encourage our private sector employers to offer benefit -- health benefit, wellness and prevention plans and to give them greater latitude or flexibility to offer plans that meet their needs, the needs of their employees, and, in fact, work well with whatever it is that their private insurers recommend.

The language here is patterned after existing federal -- Code of Federal Regulations regarding wellness programs and what qualifies for wellness programs.

And so it's essentially intended to comport with existing federal guidelines and to promote wellness and prevention programs more broadly among our private sector.

Through you.

SPEAKER DONOVAN:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. And that's my understanding as well. It seems to be a very

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well-meaning and desirous proposal for us to adopt.

Line 282 refers to incentives or rewards shall not exceed 20 percent of the paid premiums.

Is there a reason why it was capped at 20 percent?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes. My understanding is that HIPAA, the law referred to in lines 284 and 285, capped or almost limit such plans to 20 percent of paid premiums. Through you.

So it's intended to comport or comply with the HIPAA guidelines. Through you.

SPEAKER DONOVAN:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

In line 337, we referred to paying a reward, and I believe that line is in reference to Section 511; is it not?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

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Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes, it is. 512 through 514 are existing state statutes which prohibit people from offering rewards for various things. We are exempting 511 from that requirement so that private sector employers can offer rewards if they so choose to promote prevention and wellness programs.

Through you.

SPEAKER DONOVAN:

Representative Alberts.

REP. ALBERTS (50th):  
Thank you, Mr. Speaker.

So as I interpret the term "reward," I really should in line 337 consider it not only paying a reward but perhaps paying an incentive in through of the term "reward?"

I guess I'm more comfortable with the phrase "incentive," and we do use that phrase before, "reward" or "incentive."

But those are one and the same; is that not correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

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Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. For purposes of legislative intent, I would equate the term "incentive" with the term "reward" contained in the language.

Through you.

SPEAKER DONOVAN:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. Mr. Speaker -- and I thank the gentleman for his responses. I do appreciate the information. I -- I guess the challenge we have before us is that there are many of us I believe who would like to support the well-intentioned Section 511 that is in this amendment.

I know for one I would like to support it, but there really is too little information available to us right now in terms of the cost of the other various provisions.

I probably earned a well-deserved reputation in the Insurance Committee for voting no on many of these provisions because of the -- of the cost, and I expect

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that when we do vote today, that I will be voting  
against the amendment that is before us.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Bacchiochi.  
REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

Through you, questions to the proponent of the  
bill.

SPEAKER DONOVAN:

Please proceed, madam.

REP. BACCHIOCHI (52nd):

Thank you. I have been trying as well as I can  
to follow the insurance bills, and I hadn't seen this  
amendment yesterday when I had looked. It could have  
been my error.

Through you, Mr. Speaker, could the proponent  
tell me when this amendment was available for my  
review?

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Last evening. Through  
you.

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SPEAKER DONOVAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. I did quite late in yesterday's day look at several of these bills, and I was not able to see it, which is very frustrating as a member who is really trying to understand the bills before me, having a complex bill with just minutes to look at.

It does lead me to have a lot of questions and concerns.

I --

SPEAKER DONOVAN:

Representative -- I remind you to speak to the content of the bill, not the motives of people or the amendment.

Please proceed.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

Could the proponent of the bill tell me where Connecticut stands as far as how many mandates we have compared to other states?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

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Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe we're near the top of those states that provide or require particular health benefit measures.

Through you.

SPEAKER DONOVAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Yes, I do agree. I think I recall hearing during the public hearings that we are the fourth highest state as far as the number of mandates that we put forth on our insurance companies, which is a concern, because obviously that increases the prices.

And through you, Mr. Speaker, am I understanding correctly that more than 25 percent of the costs of the insurance in this state is due to the mandates each year that are added?

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know whether that's true or not. Through you.

SPEAKER DONOVAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you. I did vote for many of these mandates in committee, but I will not be able to support the bill the way it is before us.

I'd like to talk a little bit about the prosthetic devices, and I know that prosthetic devices are defined as either functional or cosmetic.

And through you, Mr. Speaker, would both of those be covered under these -- under this mandate program?

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'm not familiar with those two categories, so unless the gentlelady can point me to a particular existing state statute in Connecticut or federal regulation or statute, I don't -- I wouldn't know how to use those categories of classifications meaningfully in regards to Sections 501 and 502 of the bill.

Through you.

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you. Well, I guess what I'm trying to

determine is exactly what would be covered under the phrase "prosthetic devices."

Obviously a limb or an arm is considered a prosthetic device, and I assume the mandate would cover that. But what about a joint?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Generally, if you look at lines 5 and 42, it states that it's intended to be an artificial limb to replace in whole or in part an arm or a leg.

So to the extent that a prosthetic limb replaced in whole an arm or a leg, it would necessarily include a joint.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

I'm sorry, I didn't hear it if the Chairman said it would include the joint that connects the arm, the prosthetic arm or leg to the rest of the body or if it would not include the joint.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I was confused whether she meant the joint in an arm or a leg or a joint attaching a limb to the rest of the body.

The --  
REP. CAFERO (142nd):

Mr. Speaker?

REP. FONTANA (87th): -- the language is silent as to that.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Cafero, for what reason do you rise?

REP. CAFERO (142nd):

Mr. Speaker, I question the existence of a quorum.

SPEAKER DONOVAN:

There's been a motion for a quorum call. Will staff and guests please come to the well of the House. The machine will be open. Green or red indicates that you are here.

Have all the members voted? Have all the members voted? Please the check roll call board to make sure your vote's been properly cast. If all members have voted, the machine will be locked. The Clerk will take a tally.

There being more than 76 votes, (inaudible) members present, we have a quorum.

Deputy Speaker Godfrey in the Chair.

DEPUTY SPEAKER GODFREY:

Representative Bacchiochi, I believe you had the floor, madam.

REP. BACCHIOCHI (52nd):

Thank you, sir.

Yes. When we last were speaking, we were talking about joints and limbs, and I was trying to determine if a prosthetic joint would be covered under this mandate.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The language is silent

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as to that, so at this point I can't answer one way or the other.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. Joints was just one of the many items that I found connected to prosthetic devices for the arms and legs that I think that the bill is silent on and may be problematic, because we haven't clearly defined it.

Another concern that I have are -- is the type of doctors that can recommend a prosthetic device that the insurance company must cover.

Under the amendment, it states that a licensed physician could make such a prescription.

Would that include a naturopathic doctor?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. There's no reference in the bill as to the type of provider who would provide that.

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Typically, we want to use licensed providers.  
Through you, Mr. Speaker.

REP. BACCHIOCHI (52nd):

What kind of providers -- did the doctors --

REP. FONTANA (87th):

I'll review the language in greater detail to try to provide the gentlelady with a more specific answer, but the language doesn't detail the type of provider.  
Through you.

Through you, Mr. Speaker. The bill is silent as to the type of provider. It does provide in line 22 and probably in line 59 that the medically necessary repair or replacement would be determined by the enrollee or health insurance healthcare provider, but it doesn't specify the type of provider.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. I also notice the same thing that the good chairman is pointing out.

In line 7 and in many other lines throughout the amendment, it states that a healthcare provider must make the prescription for something as complicated as

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a prosthetic device.

It makes me wonder if a naturopathic doctor or an ear, nose and throat specialist could write the prescription for the prosthetic device.

Would that be true, Mr. Speaker?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I would highly doubt an ear, nose or throat specialist would make a prescription for a prosthetic limb; but in any case, I can't answer the lady as to whether they would or would not do it.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. And that is a question that I can come back to later.

But I think throughout the amendment it states that a licensed physician can make any of the recommendations for the mandates that we're putting forward, which would lead basically a naturopathic

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doctor or perhaps any doctor could make a prescription for something like a prosthetic device.

Through you, Mr. Speaker. The bill -- the amendment -- excuse me. I keep saying the bill.

The amendment refers to a microprocessor which further complicates the prosthetic device.

Could the proponent of the bill please explain to me the microprocessor and how that works with the prosthetic?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. As I understand it, microprocessors are used in increasing numbers of prosthetic limbs to assist the insured or enrollee and to use the prosthetic in a manner that simulates and facilitates walking.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

I think that microprocessors are such a great

improvement and a great move forward, but I think to allow somebody like the person who treats my son for the common cold to actually be able to write that prescription, I understand that most likely wouldn't happen, but I don't see how an insurance company could reject a prescription that's written by any licensed physician the way the current amendment is drafted.

I'd also like to ask a couple of questions about the copayments that are required for prosthetic devices. The amendment indicates that no copayment can be greater than what is currently charged to the insured for any other service.

So for me, if I have to be referred for physical therapy and my copayment on that is \$10, am I understanding correctly that the copayment for the prosthetic device could not exceed that \$10 copay?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I think generally it is misunderstanding the language that directs the Medicare requirements to be Medicare for prosthetics, so copayments for other procedures wouldn't apply.

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It's what Medicare applies for prosthetics.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. And I thank the Chairman  
for that clarification.

I was also wondering about prior authorization  
for these mandates.

On line 68, it states that a prior authorization  
cannot -- must be the same as -- as is required for  
any other benefit.

Would that -- could the proponent of the bill  
explain to me how that would work to me?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The intention of these  
sections of the bill are to create what is called  
prosthetic parity. That is treating prosthetics on  
par with other services and programs provided by  
insurance companies.

So it's intended to provide on a par with

Medicare, as our previous question and answer indicated. It's also meant to ensure that it is provided on a par with our services.

So to the extent that an insurer has or requires prior authorization, that insurer may require the same procedure be applied to prescriptions for prosthetics.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. Not to harp on one thing, but this is really troubling me.

Could we go back to the type of doctor that could make recommendations for any of these mandated items?

The hearing aids for children -- no, let's -- if we could look at the wigs. On lines 151 through 153, through you, Mr. Speaker, is it correct, then, any licensed physician of any type would be able to prescribe a wig under this amendment?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana. Representative Fontana.

REP. FONTANA (87th):

Yes, a licensed physician, lines 150 to 151, or a

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licensed advanced practiced registered nurse, may make a prescription for a wig for alopecia areata.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Mr. Speaker, I voted in favor of that mandate in the committee, but it had always been my understanding that an oncologist or a similarly trained professional would be making the prescription for a necessary wig for -- for some patient, not necessarily the licensed family physician that treats my son's colds.

Moving forward, Mr. Speaker, I have a few questions through you regarding the bone marrow testing.

What is the approximate cost for a test?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I understand that the average cost of a test for bone marrow transplantation purposes is 50 to \$75.

Through you.  
DEPUTY SPEAKER GODFREY:

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Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Now, would that only be covered for people who are having their bone marrow tested with an agreement that they would list themselves on the national bone marrow registry?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

REP. BACCHIOCHI (52nd):

And could the proponent of the amendment explain for me what -- would other people who have insurance but live in other states come to Connecticut to have their bone marrow tested and placed on the registry based on our mandate?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't believe so. They would have to be covered by an insurance -- a group or individual health insurance policy in order

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to come and have it covered.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Yes. So I live on the border of Massachusetts. If I lived in Massachusetts but I was an employee here for the State of Connecticut and I had Anthem Blue Cross Blue Shield but I actually lived in Massachusetts, would I be able to take advantage of this mandate and have the insurance company pay the fee for the bone marrow testing?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana:

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes, I believe so.  
Through you.

REP. BACCHIOCHI (52nd):

So if I understand that correctly, anyone who lives outside of the State of Connecticut but has an insurance policy with a company who's registered in Connecticut would be able to take advantage of having -- I see you shaking your head.

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I just need clarification on how that would work, because in the last example, if I lived in Massachusetts but worked in Connecticut, I would be covered.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. That is true. There has to be a nexus between you and Connecticut. If you're employed by a company in Connecticut but you live in Massachusetts, the nexus on your group health insurance policy is your employment in Connecticut.

If, however, you have an individual policy and you live in Massachusetts but the individual policy is by a company from Connecticut, there is no nexus between you other than the domicile of the company, and that is not sufficient to provide the mandate.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

And I -- I think one of the other speakers before

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me asked this question, but I'm not sure that I heard or understand it -- understood the answer.

Is there any possible way for us to determine how much health costs will go up based on these mandates being added to the State of Connecticut?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. As I indicated earlier, we cannot predict with certainty what the cost impact will be. Certainly some of these health benefit measures we hope will actually reduce healthcare costs to the extent that they focus on prevention and wellness rather than more expensive inpatient treatments after the diagnosis of a more serious ailment -- illness or ailment. Through you.

So we cannot assess that for certain prospectively, Mr. Speaker. Through you.  
DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. And I do thank the chairman for his answers. I think that many of these mandates are important. Certainly all of the people who came in to testify before our committee have

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compelling reasons why this coverage should be offered.

But when taken all together, I do believe that the costs or the mandates will dramatically increase health insurance at a time when the people in the State of Connecticut absolutely cannot afford it.

Our constituents are asking for assistance with their health insurance costs. This amendment will certainly result in an increase in the premiums. Additionally, I think much of the (inaudible) could have used additional work.

I can clearly see medical doctors that are not qualified making prescriptions and recommendations for some of these items, and I would urge the chamber to reject the amendment.  
DEPUTY SPEAKER GODFREY:

Representative Fritz.  
REP. FRITZ (90th):

Mr. Speaker, I would prefer to speak on the bill, the underlying bill as opposed to the amendment.  
DEPUTY SPEAKER GODFREY:

Very good, madam.

Representative Candelora.  
REP. CANDELORA (86th):

Thank you, Mr. Speaker. If I may, a few

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questions to the Representative who brought out the bill, the amendment.

Thank you, Mr. Speaker.

In lines 61 through 67, there's discussions about no such policies shall impose a coinsurance, copayment deductible.

Would you be able to just explain that sentence to me?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, the context here again is a parity, prosthetic parity. Parity as to what Medicare currently provides, parity with what other services insurance companies provide.

This paragraph here is intended to ensure that prosthetics, again, are treated on a par with other services.

Through you, Mr. Speaker. When it comes to procedure issues. Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

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Thank you, Mr. Speaker. So through you, as an example, if insurance companies provide like a prescription for asthma, they'll provide the nebulizers, they may impose a \$200 deductible for a nebulizer.

Would that mean, then, that the prosthesis devices could also only have a \$200 deductible?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes. The idea, again, is to be treated on a par with those other services.

Through you.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And through you, I guess under current law, if somebody needs to get a nebulizer versus, like -- I think it's called a CPAC where they're given a device for breathing at night, it was my understanding, and I could be wrong, that different deductibles are currently charged for different devices under our laws. Am I correct on that?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I do not know.

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DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. I guess that -- that provision is giving me some pause, because it's been my experience that certain classes of devices may be charged at different deductible levels under current law, so those deductibles may still be in place.

So I'm not sure under this provision if that is the case what would be the benchmark for the deductible for a prosthetic device.

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. On line 63, it indicates that it must be not more restrictive in other substantially -- all other benefits.

So through you, Mr. Speaker, that would be a determination I would imagine made by the insurer.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And on line 64, where we are excluding high-deductible health plans, am I

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correct that that's a situation where you may have a \$1,500 deductible, that those type of plans would not be provided -- through you -- would not be affected?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. That's correct. They are structured very differently, and therefore they are exempted from this provision.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And then in Sections 503 and 504, the language is essentially duplicated, but there are two different statutes that are referenced.

Could I get an explanation on what -- what two areas of our statutes that we're actually modifying by changing the age from 12 to 18 for hearing aids?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Section 503, line 78, each individual health insurance policy. And in

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line 88, each group health insurance policy. It's one set of statutes for individual health policies, set of statutes for group health insurance policies.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And then in -- in Section 511, I guess we are essentially creating an incentive program in order to hopefully reduce the overall costs of an individual's health insurance premiums.

Am I correct? Is that the overall policy of Section 511?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. The policy is to encourage and promote the development of health behavior wellness and prevention programs within the private sector for those who currently do not have them.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

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REP. CANDELORA (86th):

Thank you, Mr. Speaker. And in line 278, one of the provisions, I guess, that an insurance company is allowed to do is to provide a health spending account contribution as one of the benefits.

Can I get an explanation on what this is?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Some employers offer health spending accounts, a certain amount of money they set aside each year for employees to use toward the cost of their health insurance care, and particularly that portion that they must bear.

Therefore, they maintain these health spending accounts.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And are those accounts pre-tax dollars? Are they funded exclusively by pre-tax dollars or could it be after-tax dollars or pre-tax dollars or both?

Through you, Mr. Speaker.

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REP. FONTANA (87th):

Through you, Mr. Speaker. I can't say for certain whether they're all pre-tax dollars or not.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And is there a possibility that they may be pre-tax dollars?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Oh, definitely. There's definitely the possibility. There's, in fact, the probability that they're pre-tax dollars.

I just cannot assure him with any degree of certainty that they're all pre-tax dollars.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And the individuals that would be or the entities that would be entitled to contribute to these plans, as I read this, I guess it would be insurance companies and possibly would it

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also include employers in lines 270 through 272?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The guidance there and the lines the gentleman indicates refers to insurance companies, HMOs and others.

It doesn't specifically apply to employers unless -- I don't see a specific reference to an employer there.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. I just -- I look at line 272 where we reference other entity that delivers, issues for delivery, renews, amends or continues in the state a group health insurance policy.

I guess just for clarification, then, this provision would contemplate, then, only insurance entities that would be providing these benefits. It doesn't contemplate that an employer may be an other

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entity that delivers insurance.

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe the language is intended to apply to insurance companies, and HMOs and those kind of organizations. I do not believe it extends to private employers.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And would I be able to get kind of an explanation of how that -- this program would work?

Would it work in conjunction with the employers or would it be similar to, like, pamphlets or something or be sent out directly to the insured individuals, encouraging them to participate in certain programs?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. It can work in any number of ways. I think the idea is to again provide flexibility to insurance companies and their

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policyholders, their employers, to design programs that work for them.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And so if an individual -- say there's a company of 20 employees that are all receiving health insurance and their insureds provide a wellness program and it would allow them to maybe receive a thousand dollars toward their health spending account if they participate in the program. How would the money flow?

Would the insurance company be cutting a check back to the employer? Who would be responsible for administering the plan?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. If the gentleman would look at lines 291 through 295, we enable the insurance commissioner to establish the criteria and procedures for the approval of such health behavior, wellness,

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maintenance or improvement programs.

So I should think that the insurance commissioner would have the ability -- the opportunity, if you will, to help guide those decisions.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

Do you know of any other state that has a provision such as this?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I am not currently aware of another state that has something like this. However, I am aware of employers that seek to implement them. And in fact, I have testimony from the Glastonbury Chamber of Commerce supporting this provision in an original bill voted in the session because they find it helpful to promote lower health insurance costs.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

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REP. CANDELORA (86th):

Thank you, Mr. Speaker. I ask because I think this is a situation where the devil is really in the details, and I'm not sure how this would really work.

I understand in this provision the Insurance Commissioner is responsible for putting the regs together. But my question is in particular when these health spending accounts are created, much of it is pre-tax dollars, as it was indicated. Much of it is based on federal law.

Now, I'm wondering if the insurance company would be the one providing the benefit back to the employee.

There isn't necessarily going to be a reduction in premium to that employee, because the employer is the one that receives the premiums.

So what will happen is the employee would be receiving the money I guess contributed directly to their health spending account.

And I'm just wondering if there was any discussion about this of what the taxable implications for the employee would be if they're receiving a benefit such as this from a third party.

Did this come out in any public hearings or discussions privately?

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Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Not to the best of my recollection.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And through you, I guess, is -- is that a concern that you would have or does it make sense at all, this issue that I am raising?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. That's not part of the amendment, and I have not given it any thought as to whether it concerns me or doesn't.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. In line 279, there's also the ability, I guess, for an insurance company to provide a benefit by a prescription drug or equipment

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copayment.

Can I get an estimation of how that would work?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, this is a matter of a flexible design for the insurer, the employer, as guided by the insurance commissioner.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. Can I get an estimation of what a prescription drug or equipment copayment would be?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Mr. Speaker, a prescription drug copayment is when you go to the pharmacy to pick up a prescription and they ask you to pay five or ten bucks before you get the prescription.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. I'm not -- that's what I had assumed. And the question may seem a little bit tedious, but I guess again I'm trying to figure out how this program is actually going to work, because would an insurance company I guess then -- could it be contemplated the insurance company would reimburse the individual, their copayment, once it's expended?

Typically, a person would go to the doctor's office, receive a prescription maybe for an illness, and then they go and get this prescription filled. They need to make that copayment to the pharmacy, so then I guess it would probably be some sort of reimbursement program then that would go directly back to the employee.

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know. That's why we're allowing them maximum flexibility to design these things.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. I guess, then, so as

these provisions read, I'm sure the employer is going to have to have some role in this, because the way insurance policies I think typically work is that an employer would take out a policy for a group of employees. And, you know, typically it's a rolling list, because people leave employment, transfer, what have you.

So I would assume, then, that the employer would have to have an active role in how these rewards or benefits are distributed, because typically, the insurance company may not be able to do that.

So I guess, then, it is contemplated that the employer -- although it's not mentioned in this provision, the employer would certainly be an active part of this provision.

Am I correct?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I would expect so.

Through you.

REP. CANDELORA (86th):

Representative Candelora.

Thank you, Mr. Speaker. In lines 282 through 286, there is -- the requirement, as it was said, that

the incentive shall not exceed 20 percent of the premiums paid.

Is that the gross premiums that's paid, including the employer's contribution share and the employee's contribution share?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. It's the paid premiums, whether that's gross or net. It's what's paid.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

I understand it's paid premiums, but I don't see a modification -- I don't see paid premiums to whom?

Is it paid premiums by the employee to the employer or is it the premiums that the employer pays to the insurance company?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Employees don't typically pay premiums to their employers, so it would

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be employers to the insurers.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

Are you yielding the floor, sir, or are you finished? Are you finished or not? I called on you, sir.

REP. CANDELORA (86th):

Sorry, Mr. Speaker, I didn't hear you.

And also in that line, it requires that these rewards or incentives not comply with all -- excuse me, that they do comply with all nondiscrimination requirements.

Through you, Mr. Speaker, can I get a little understanding of what the nondiscrimination requirements under HIPAA are?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I do not have those at my disposal.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

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Thank you, Mr. Speaker.

I guess I -- I do have a little bit of questions here. If an employer offers health insurance, it's my understanding that while they may be able to discriminate between classes of individuals, they can offer to full-time and maybe not part-time, they need to be assessing premiums -- the premium share equally among all their employees.

Is this language, then, trying to address that issue to make sure that all of the employees are being treated equally? And if that's the case, was there any discussion of whether an individual benefit could inure to an individual employee or would all of the benefits that may inure out of this bill equally apply to every employee?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Could the gentleman repeat his question? I lost track of the question.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

Under typical nondiscrimination laws, as I understand it, in health insurance, the employer is required to pay -- excuse me. The employer could offer insurance and discriminate among classes.

For instance, they can give insurance to full-time employees and not offer it to -- to part-time employees.

In addition, however, they wouldn't be allowed to maybe charge one group a 20 percent premium copay and another group maybe a 30 percent premium copay. All of the premiums that are paid by the employees need to be universal.

And so I see in this -- in the section by creating this wellness program, we're essentially creating benefits that may inure to individual employees in a business, not necessarily to the group as a whole.

Is that what this language is attempting to address?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, I think the language is pretty clear. It's meant to comply with all nondiscrimination requirements. I can't imagine

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HIPAA allowing for people to get certain benefits and not allowing people to get other -- (inaudible) other benefits.

But in any case, it just has to comply with those nondiscrimination requirements.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

And I pose a hypothetical: If -- if an employee partakes in a wellness program in which the insurance company would be giving an individual -- that individual a health spending account contribution and there are 20 employees in the business, one of them partakes in the program and as a result they receive a contribution to their plan of a thousand dollars.

If that contribution is funneled through the employer, which is contemplated, the insurance company would cut that check to them, and the employer would then, in turn, turn and write a check to the employee for their -- for their account plan.

If that action may be determined under federal law that it discriminates, that the employer who is

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the one giving the benefit ultimately to that employee is not actually entitled to do that without giving it to everybody in the group, as I read this provision, what would happen?

Would the employer then be forced to give every employee that same benefit, or would the plan be invalid?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I have no way of knowing.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

And I guess for -- for intent purposes -- because today we are creating public policy. We are passing legislation.

I think there is a clear ambiguity here. If this incentive plan, the reward itself, was found to be discriminatory, is it the intent that that plan would not be going forward and the employer wouldn't have to be conferring benefits onto every employee?

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Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, the intention of Section 511 is to encourage employers to provide prevention and wellness programs and to comply with federal law.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

I appreciate the answer, and I understand what the provision of this bill says. But what I'm trying to do is untangle this a little bit and understand how this is going to apply in the real world to businesses.

Because, after all, the insurance companies, the employers and the employees are going to be the ones stuck trying to deal with this, and certainly the Insurance Commissioner as well. And I think that if there is a possibility that employers potentially could be put on the hook for additional payments, which I think would be an unintended consequence here, I think that the legislation should be clear to that.

I don't think an employer should be responsible to have to pay every single employee, say, a thousand dollars into a health spending account -- contribution because one employee participated in a program for the benefit.

It's great public policy to have these wellness programs. I don't disagree with it at all. I question it being tangled up in this bill with a whole bunch of mandates that are, you know, effectively going to hurt business.

But I think that there's a real concern here that we are going to be not only shouldering employers with unfunded mandates that's going to translate to additional higher premium costs, but we're now going to give them a plan that might inadvertently take a whack at them and require them to give out additional rewards or incentives.

The other concern I have is do those rewards or incentives qualify as pre-tax dollars? Because if the employer is ultimately the one that's going to be issuing the refunds into the employees' accounts, they're the ones that are going to be audited and reviewed under federal tax laws.

So now what we may or may not be doing here is

subjecting businesses to audits and subjecting them to possibly having to pay withholding on those benefits, because I don't know if they do qualify for pre-tax dollars. And we don't have any answers today of whether or not they do qualify for pre-tax dollars.

This amendment went on the system I guess last night, and this is the kind of vetting that we're going through right here today. It may be frustrating for everybody here. It's equally frustrating for me to have to get up here in the chambers and ask questions like this, because I don't think this really is the time or place for me to be asking such substantial questions that affect our communities, affect municipalities.

I think a lot of this could have been vetted sooner.

You know, I also am very concerned with the fiscal note and the significant impact that it may have on our municipalities. Again, we have a week left in session, and what are we doing? We're discussing another piece of legislation that is going to translate into an unfunded mandate and increased costs for our municipalities.

And what haven't we done? We haven't offered

municipalities any sort of relief of any of the legislation that we've passed over the last two years that they're still trying to figure out how they're going to pay for it.

It's sort of another bill to the pig pile for municipalities to try to sort out and deal with.

And, you know, as a formal council member in a local municipality that has been faced with these issues, I take it very seriously. I really can appreciate it.

I think it's very noble that we are trying to address these issues. But what is not noble is that the State of Connecticut potentially is immune from any of these type of regulations if we are going towards self-insurance.

Again, we seem to want to create great public policy, but we also want to advocate the responsibility for paying for it, and we'll shift it to business and to municipalities and let them figure out how they're going to pay for it.

And I -- what is -- is equally troubling are the statistics that we hear of losing 60,000 jobs in the State of Connecticut over the past year. And by many people's estimations, we're not done yet. We are

looking at an additional loss of 40,000 jobs in the State of Connecticut before this recession is over.

I think that we could probably add maybe another ten or 20,000 based on the behavior of this chamber over the last month with all of these unfunded mandates that are being passed down to businesses.

And if that's not bad enough, that they have to figure out how they're going to pay for the additional premiums, we also pile on additional regulations and restrictions for them to try to figure out how they're going to run their business.

And I know it's probably a typical statement that you hear out of many Republicans that do stand up here. But I have to say, it's a lot more than that at this point in time. I think this legislation we just can't afford. And I think it may behoove us to really start rolling our sleeves up and taking a look at the budget.

Because I think if many of us really start peeling it back and have had the experience that some of us in this chamber have had to try to cut spending and look at how we're going to navigate out of this fiscal disaster that we're in, I think we really would probably be refraining from even considering

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legislation like this.

And I would urge that we not support this amendment, we even take up the underlying bill, which I think was much more reasonable, and I would urge rejection.

Thank you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Rowe.

REP. ROWE (123rd):

Thank you. I rise for a few questions.

Firstly, maybe considering the mandate aspect of it, in response to an earlier question, the proponent indicated that we are near the top of the -- of the nation in terms of states that have mandates. I think the questioner may have speculated that we were fourth or so.

But do we have a -- a specific number as to where we are?

Through you.

REP. FONTANA (87th):

Through you, Mr. Speaker. I do not have that number. Through you.  
DEPUTY SPEAKER GODFREY:

Representative Rowe.

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REP. ROWE (123rd):

Thank you.

Is it fair to say that those states with the more mandates tend to have the higher premiums and the higher costs, higher costs connected with health insurance?

Through you.

REP. FONTANA (87th):

Through you, Mr. Speaker. It may be true. I don't know that. I don't have that information.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Rowe.

REP. ROWE (123rd):

Well, it would seem to me that's -- that's an important piece of information to have when we are imposing a variety of mandates such as are present here, while at the same time everyone is complaining about healthcare costs, whether it's the individual or the businesses or the state.

And it -- it surprises me that we don't have more detailed answers with regard to health insurance mandates, because it would seem that year after year after year, we take up legislation that imposes new

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mandates.

And frankly, all of the ideas are important, but once you add up year after year after year, you end up with a lot of mandates and a lot of costs, and you end up with the state of health insurance coverage and the costs of health insurance coverage that we're faced with today.

So that's very troubling. And to me, that's -- that's a reason in and of itself to vote down the amendment.

I do think the underlying bill has -- has more merit, but it's perhaps swallowed by the amendment.

But maybe one more follow-up or one more area if the proponent will indulge me on the wellness aspect of it.

Am I correct that -- that the wellness provisions are contained in the amendment and not the underlying bill?

Through you.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

REP. ROWE (123rd):

Okay. Thank you.

And I -- that may be the best thing about the

amendment. I think this -- the legislature -- there's been some good ideas and progress made on these wellness programs.

This is, for the first time in a while, it seems, treating the disease and not the symptoms. So I congratulate the gentleman for making sure that we have the wellness provisions included.

And if I could just follow up, is that -- forgive me, but is it Section 511, et sec., that -- that speaks to the wellness concept? And maybe if I ask a compound question, how do you anticipate that being implemented?

Through you.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, it is Sections 511 through 514 that deal with the wellness prevention program initiative. And again, it will be implemented by insurance companies under this provision of the Insurance Commissioner as he deems appropriate, especially if he adopts regulations.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Rowe.

REP. ROWE (123rd):

Thank you. I take it that if -- not that I have an amendment, but if I had an amendment to strip out everything but the wellness provisions, that wouldn't be a friendly one.

Is that correct? Through you, Mr. Speaker.

REP. FONTANA (87th):

That's correct.

REP. ROWE (123rd):

I thought so. But I thank -- I thank the proponent for his -- his responses.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

Thank you, Mr. Speaker.

Mr. Speaker, over the weekend, I -- like many of us in this chamber, I was able to go to different events, picnics, and even march in our local Memorial Day parade.

One of the great things about this weekend is that you get to interact with a lot of constituents, and you see people that you grew up with or you know through business, and you get to socialize with them a little bit.

And of course knowing that -- them knowing that

you're involved in politics and in government, of course, you tend to be a sounding board for some of the complaints and issues that are coming up with some folks.

One of the things I kept hearing from -- from people was how slow business was. Didn't matter if it -- you were in manufacturing or you were a contractor or if you were in real estate. It seems like everyone is slow.

Some of the people that have manufacturing facilities, as you know, are cutting back to four-day workweeks. They've let go of their temporary employees. There are certain cuts being made in the workforce. So it's kind of disturbing. It's not good for anyone. It's not good for the employees. I can tell the employers are taking it pretty hard. And they're looking for ways to save costs.

And then the list of items starts pouring out about what are you going to do about this item, whether it's utility costs, taxes, and, of course, healthcare

Representative Rowe had asked the Chairman of the Insurance Committee, Representative Fontana, if -- how many mandates the State of Connecticut had on health

insurance. I believe the number is 51. Another question that had come up, do they add costs? Yes, they do.

In the 12 years I served on the Insurance Committee, we heard this repeatedly, how mandates increase costs. But I can tell you the one thing I've never seen before being on that committee was an amendment that had a package, a bundle, a basket.

You can call it whatever you want, but six mandates in one amendment, years ago the Insurance Committee would maybe do a mandate a year. Then as years went on, it was two mandates.

Then sometimes the mandates got a little more expensive and we started having more public hearings on how to cover more. But to see six mandates in one amendment, never in my life have I seen this.

The costs that were estimated to you by the Council of Affordable Health Insurance is if amending this amendment, can you increase annual premium by 10 to 15 percent a year. This at a time when people are losing their jobs, making less, trying to get by with less, trying to stretch what they have, trying to make ends meet.

And we're coming out saying, you know what, we

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care about you so much, we're going to increase your insurance costs. Sure, it's going to increase some coverage to some folks, but not to everybody.

Representative Cafero had stated earlier how this is going to miss people. Is that fair to the citizens of the State of Connecticut that are self-insured? No, we're only going to penalize those businesses that are fully insured. This at a time when we're in an economic crisis.

As costs increase, less people can have coverage. What about those people that are struggling to get insurance or are seeking insurance? They can't find it. What about those single mothers that have families? We're just making it less attainable, harder to reach.

So, you know what, we feel for your pain. You've got to come up with more dough.

How do you do that when you don't have a job? You can't.

Once again, we dangle the carrot and say isn't this wonderful, but who's going to be able to afford it? Somebody said, you know what, the businesses will just pick it up. I got news for you, folks, the businesses are running out of money, too.

Time and time again we read in the paper about how employees are able to share more of the insurance costs, how we're trying to run that delicate balance between what's affordable and what's not, constant challenges of people just trying to make ends meet.

And here today, we're talking about an amendment which is going to mandate six additional -- six additional items to health insurance coverage.

Mr. Speaker, I have some questions to the proponent of the amendment.

Through you, Mr. Speaker, was there a committee or was there a group of individuals involved that actually selected these items to be covered under the proposed amendment?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. No group. I selected them based on the bills that got voted out of committee and that have not yet received action.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

So the six items, prosthetic limbs, hearing aids

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for children under 18, wigs for hair loss with folks that have alopecia areata, bone marrow testing, out-of-pocket expenses for colonoscopies and wellness incentives, these are six items that were selected based upon proposals that people had put in for bills; is that correct?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. All of these initiatives were voted out of the Insurance and Real Estate Committee this year.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

So these items had actually come out of the Insurance Committee.

Now, when I look at the items of what's mandated and what's not, I guess items such as Alzheimer's, autism, bone marrow transplants, speech or hearing therapists, kidney disease, none of those made the cut?

None of those were felt to be important enough when we randomly selected some items that came out of

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the Insurance Committee.

So if you have any of these other issues or diseases or -- even if you have a cleft palate, you're basically out of luck, because we're not going to cover that.

So it's not even based upon a priority or a need. It's just based upon a bill that was submitted probably by someone that may have had a constituent that thought it was necessary to cover this, and here we are today looking at this in front of us. Six.

Mr. Speaker, through you, when this is actually -- if this actually passes today, what alternatives would a company have that is fully insured that couldn't -- could not afford the increase in costs for a health insurance policy for the company?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. They can pursue self-insurance or they can join the healthcare partnership if that becomes law.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

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REP. HARKINS (120th):

Again, no guaranties to cost. Offering some options which have similar types of coverage, Cadillac plans, if I may.

Is there anything in this amendment, Mr. Speaker, that would actually save costs, like health savings accounts?

Is HSAs mentioned at all in this?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. We exempt the health savings plans or health savings account plans from the prosthetic parity bill, I believe. Or provisions.

Beyond that, no, we -- we don't consider health savings account plans to provide quality coverage, so we do not want to promote them.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

Thank you, Mr. Speaker.

If passed today, and this presumably goes up to the Senate and passes, how many individuals do we feel this would or estimate this would affect throughout

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the State of Connecticut?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. That's a good question. Clearly, as we discussed earlier, there are a few thousand children who are -- have hearing loss or deafness in the state currently.

There are a few thousand who have needs for prosthetic limbs. There are potentially a few hundred to a few thousand who suffer from alopecia areata.

So in the aggregate, you're probably talking somewhere in the thousands.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

Thank you, Mr. Speaker.

I -- that really doesn't tell me too much. I -- I don't know what a definitive number is. It sounds like a best guesstimate to me.

Mr. Speaker, I'm just curious, why six? And I understand if these came out of the committee as bills, but why these six?

I mean, is this the way we're going to run things

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the State of Connecticut now? No studies, no definitive numbers?

The Chairman earlier said he didn't know if mandates increased costs. He didn't even know how many mandates there were in the State of Connecticut.

I sat on the Insurance Committee for 12 years. That's all we constantly heard about, was please stop the mandates. That's all we hear about from our local communities or businesses, our municipal governments. Stop. Here we are today not with one but with six.

This is unbelievable. Six at a time when the economy is going down, people are losing their jobs and people have less money.

We're going to come forward, pat them on the back and say, hey, guess what I did for you today, folks? You're going to love what I did. Not only did I give you more comprehensive coverage, but you may have to lay off a few additional people, but I increased your costs. You're not going to mind, are you?

Mr. Speaker, at a time like this, I just wish we were more careful with some of the bills that we come out with. Good intentions are one thing, but reality is another.

Representative Fontana, do some insurance

companies in the State of Connecticut already offer  
some of these items?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. They may.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

They may. Does that mean you don't know or does  
it mean that they might?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana, do you care to repeat  
your answer?

REP. FONTANA (87th):

Through you, Mr. Speaker. I'll just briefly say  
that some companies provide some insureds some of  
these items, but all of them do not provide all  
insureds all of these items.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Harkins.

REP. HARKINS (120th):

Mr. Speaker, again, we have random items that  
were selected. We don't know answers. Sounds like

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the insurance companies were -- we don't even know which insurance companies cover what. We're not sure about the costs. We don't know how many mandates we have.

Doesn't seem like we know anything. I don't know the answer. Who knows? It may. May be thousands. I don't know.

No studies. We don't -- we don't want to know the information. It's just there are six bills that were submitted in committee that passed. Hey, what the heck, let's throw them together in one amendment, throw it out there. They'll vote for it.

What about the costs? Well, I don't know. What's the impact? I don't know. Just vote for it. Let's just push it along.

What about the people it's going to affect? I don't know. I mean, at some point in time you would think there would be a study, we would have some answers, we would know exactly what insurance companies offer what items, how many people we're going to effect, what costs are going to be involved.

What is the real impact of this bill? It's just not one mandate. It's six. Six. Just the fact that we're prohibiting copayments and out-of-pocket

expenses right there we know is an increase in costs. You don't need an actuary for that one.

The answers today are I don't know. I don't know. I mean, could you imagine running a business like this? You have clients coming in asking you questions. I don't know. How much is it going to cost? I don't know. Do you want it? Just take it off the shelf. We'll figure it out later.

Once again, we're adding costs, adding mandates and not offering people what they really need. Choice. Give people choice. We constantly hear about the uninsured. Let's get people insurance.

For heaven's sakes, let's do it. Let's give people choice, give them lower insurance premiums. Give them access. That's what they need.

If they need the additional coverage, can you offer a plan that has that? That's logical and reasonable. At a time when businesses are looking to get out of Connecticut because of bills like this, that are laying off people looking for savings, the message is, you know what, folks, we're not interested. We really need to do this.

The fact that this could actually impact municipalities when they're scurrying, looking for

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every penny they have, not knowing what they're going to get from the state because we're increasing costs instead of working on a budget.

So again, let's stick it to the municipalities. Here you go. Here's a little additional costs for you, folks. We still don't know how much money we're going to give you, but we just raised your expenses.

I don't think this is what the people in the State of Connecticut -- Connecticut expect from their legislature. I can tell you, the towns don't expect it. We talk about fairness. Where's the fairness in this? I think what is fair is coming up with an educated, well-thought-out bill or amendment where you have the answers, you have the knowledge, you have the data. And based upon that, you can make a rational and reasonable decision.

Fifty-one mandates we have in Connecticut. I guess if we add these six, that will push us up to 57. So we're pushing to be number one again. We already know we're number one in taxes. I guess we can shoot up to be number one in healthcare mandate costs.

Thank you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative O'Neill.

Apparently Representative O'Neill left his light on and is not in the chamber.

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. Good afternoon.

In hearing all these different debates on healthcare and insurance for our individuals, I'm certainly a big proponent of providing additional healthcare for everyone. I think it's wrong if a woman wakes up at -- gets up at 7:00 in the morning, having been up with a child who's sick all night long, isn't sure where to take that child at 7:00 in the morning, isn't sure how she's going to get to work, isn't sure how she's going to get the child to school, and I don't mean to say that it's just the women, because it can be the fathers who might have been up all night long, too.

But I think in our state, that not only do we have a problem with healthcare insurance, we have a big problem with healthcare access. There's not enough places to take our children. There's not enough places to take people, especially those that are on Medicaid. And we've got to do something about it, and we're working on it, but we're a long ways

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from getting there yet.

I look at this bill, and I think that some of these things have very good intentions, but I am concerned, as Representative Harkins said, of the cost.

I think these are further mandates on employers. I think the idea under 511 is a very good one, and I think that's the number -- I have to put on my glasses to check.

On Section 511, it's something that we've been working on in human services and I guess in the insurance company for a long time, is how to do -- provide more preventive care.

And I think we have to do both the carrot and the stick to get people to do that.

One question, through you, Mr. Speaker, to the proponent of the amendment, how did you come up with this series of -- of rewards for somebody who cares to participate in a wellness program or does these things?

How did you arrive at this list, please?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

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REP. FONTANA (87th):

Through you, Mr. Speaker. We intended to capture as best we could the range of incentives that an insurance company and its policyholder and employer could seek to offer its employees.

It's by no means intended to be exhaustive, but it's intended to define any number of broad categories of compensation or incentive to allow for the broadest flexibility possible in the design of these incentive and prevention plans.

Through you.

REP. GIBBONS (150th):

I thank the Representative for his answer.

Through you, Mr. Speaker, were these incentives that the insurance companies themselves suggested to you or were they incentives that you as insurance companies suggested it?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe the language was patterned after a proposed bill in Illinois, so when we wanted to develop our language, we took the planning that we had seen from an Illinois bill.

Through you.

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DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Again, through you, Mr. Speaker, that was my next question.

Has Illinois or any other state adopted this system of rewards and incentives for people that participate in wellness programs?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. It's -- my knowledge, no. We would be leading the nation again.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker.

I thank the Representative for his answer. I guess that's my concern with a lot of these carrot-and-stick healthcare programs that we're putting together, is that, once again, we are leading the nation.

And we have got one of the most severe economic crises to hit our state and to hit our country since

the 1930s, and I think this is going to be a very expensive mandate to put in.

I'm not sure how it will work. I'd like to see a little more further thought on it before we get any further.

I think I had one other question, please. Just a second. Let me see where I was. I guess going back to the first mandates, and I certainly think that the mandates dealing with the underlying bill are the correct ones, but getting into hair loss mandates and getting into more refined mandates as a -- extra medical procedures, typically when one is employed for the first time in a company and is offered healthcare, isn't it true, through you, Mr. Speaker, that you're offered a range of healthcare plans that are dependent upon what you feel you can afford and what -- really it deals with the age of your family.

When my husband and I were first married and had very young children, we had a very inexpensive healthcare plan because we were young and our children were young and we were going to live forever and never be sick. And we certainly didn't want to have to pay for healthcare mandates that were typically more for older people.

Now that we're older, we've changed our healthcare programs as to what we want.

Through you, Mr. Speaker, would anybody, through you, who signs on to any healthcare plan from any company in the State of Connecticut have to take on all these mandates and be insured for them?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, we've discussed self-insured -- companies with self-insured plans would not be subject to these health benefit measures.

Through you.

REP. GIBBONS (150th):

I thank the Representative for his answer.

I just think that, once again, for those people this does effect, it is a mandate. It's going to be hard for those people and those companies to comply with this and to be able to afford it.

And I think that these mandates should be longer thought out, have a longer public hearing. We should have the costs of exactly what they're going to -- what they're going to cost the different companies, the different insurers, the different plans and the people who are going to take part in them.

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I completely urge rejection of this amendment, because I don't think that we've gone far enough into the details as to what we are looking for. I think the intent is fine, but I don't think that this is the time to do it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:  
Gentleman from the 35th, Representative O'Connor.

REP. O'CONNOR (35th):  
Thank you, Mr. Speaker.

Through you, a question or two to the proponent of the amendment.

DEPUTY SPEAKER GODFREY:

Yes, can I have your question, sir?

REP. O'CONNOR (35th):

Thank you, Mr. Speaker.

There's a lot of discussion so far based on the cost of these six health insurance mandates; and, you know, I wasn't clear as to the answer. I heard a lot of I don't know, I don't know what to expect in the future; but there is often a formula that they use, a per-member, per-month cost.

Is there any kind of analysis of this as to how it's to affect small businesses or municipalities or the nonprofit sector?

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Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. We received testimony during the public hearing process that these particular initiatives all have minimal per-member per-month cost impacts.

In contrast, some of the statements we've heard briefly -- in fact, actually, these are very inexpensive relative to the conditions that we currently cover.

So the cost is actually very small. In fact, I think the prosthetic parity measure in particular has a cost I think of one quarter, 25 cents per month.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Thank you, Mr. Speaker.

If I'm to understand that correctly, then, you're saying that the potential significant cost to municipalities that OFA put together is not accurate?

Through you, Mr. Speaker.

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REP. FONTANA (87th):

No, Mr. Speaker.

What I meant to suggest is that one can emphasize either the word "significant" in that phrase or the word "potential."

I choose to emphasize the word "potential."

Through you.

DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Thank you, Mr. Speaker. So just to -- just to kind of hammer home on that point, then, it's my understanding that it could be significant based on a particular company's or nonprofit's or small business's current economic condition.

I know a lot of companies, depending upon what sector you are in, are having a tough time making ends meet. They're making decisions right now as to whether or not to lay off or to provide health benefits.

And probably the first thing that goes is either shifting the costs over to the individual or to just do away with health benefits in general.

Do you have any expectation as to how many

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businesses currently are expecting to maybe drop health insurance this year?

REP. FONTANA (87th):

Through you, Mr. Speaker, no.

REP. O'CONNOR (35th):

There was -- I just want to point out to the proponent of the amendment that there was a recent Wall Street Journal article by the National Small Business Association that estimates that it's going to be ten percent this year.

Through you, Mr. Speaker, is it safe to say that if these six amendments -- while you have stated that you could argue whether or not they're significant costs or not, how many more businesses other than that ten percent may drop their health insurance benefits?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I have no basis for suggesting that anybody will drop their coverage.

Through you.

REP. O'CONNOR (35th):

Through you, Mr. Speaker. Is it accurate to say that this will increase the costs of providing health insurance for small businesses, nonprofits in towns

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that don't self-insure?

REP. FONTANA (87th):

Through you, Mr. Speaker.

No. In fact, there could actually end up being a reduction. We have a very competitive market for health insurance right now. My town, North Haven, for instance, cut its costs for health insurance by almost \$400,000 last year, for this current year; and we'll be cutting it by another \$180,000 for this coming year over the current year.

So we're in a very competitive environment, Mr. Speaker, and I do not necessarily expect that.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Through you, Mr. Speaker. I don't understand if this is a cost -- you mentioned that the prosthetic amendment, there was an estimated cost of 25 cents per member per month.

Isn't that an increase? I don't understand if a business is not providing that benefit previously how they'll be saving money.

Through you, Mr. Speaker.

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REP. FONTANA (87th):

Through you, Mr. Speaker.

Just because a particular initiative costs a small amount of money does not mean that the cost in the aggregate to pay for health insurance on the part of any particular policyholder will increase.

My answer indicated that, in fact, we are in a situation in which prices are stable, flat, or perhaps even declining somewhat, in which case we could pass all of these, and companies could -- and municipalities could still see a decrease in the health insurance costs.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Through you, Mr. Speaker. Then is this contrary to your answers which in a bill that I supported previously, the healthcare partnership, that the reason why we were asking businesses to go into that, into a self-insured plan, is because the costs -- medical inflation is seven percent, sometimes even double-digit increases?

Through you, Mr. Speaker. How is that

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competitive? How is that flat?  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Certain companies are being charged more for the health insurance. It doesn't mean necessarily that it follows that their costs are going up. It may simply be that the insurance companies are charging them for their coverage.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Through you, Mr. Speaker. Maybe it would help the membership if the insurance chairman could kind of describe how insurance companies price benefits.

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you. That's not part of this amendment, and I will leave that to the gentleman to answer himself.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

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REP. O'CONNOR (35th):

Through you, Mr. Speaker.

Just to shed a little bit of light on it, insurance companies basically price an individual mandate or price a health benefit as if every single member may take or benefit from that mandate, or at least a certain percentage

So I think it's priced throughout the system, and it's incorporated into it

And I think what's -- what's really disturbing about this amendment, why you can individually support all of these, you know, we have different constituent groups that come before the Insurance Committee. They -- they speak eloquently about their own personal situation, but when you add it all up, it is a significant cost

And it's not -- you know, we always talk about insurance and how it's spread across everyone. That is not the case here. These mandates only affect 50 percent of the individuals here in Connecticut.

Basically, the only people that would be able to avail themselves of this are the small businesses, the small nonprofits in towns that don't self-insure. They are going to be asked to pay for this.

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And it's not just these six mandates. We have another bill that's out there, the autism bill, everyone supports, trying to provide the best education and treatment for people with autism. That's not even part of this, and that's coming down the pike later on.

Mr. Speaker, through you, another question to the proponent of the amendment. Thank you, Mr. Speaker.

Was any indication -- why wasn't the autism mandate included as part of this package?

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I chose not to include it. Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Thank you, Mr. Speaker.

Would you consider these six mandates plus the autism mandate to be an unfunded mandate among our municipalities, our small businesses and small nonprofits?

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Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

I consider them pro-consumer and pro-healthcare initiatives that will improve the quality of healthcare in our state and maintain our leadership status in this country as a leading force for healthcare reform.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative O'Connor.

REP. O'CONNOR (35th):

Thank you, Mr. Speaker. You know, I -- I would speak differently to that. I think this is an unfunded mandate amongst our towns. I think when we are looking at -- we argued the other day. We had a six-hour debate on the Connecticut healthcare partnership. We talked about how it's harder and harder for small businesses and towns to make ends meet as far as health insurance.

Now we're adding more costs. It's kind of like the self-fulfilling prophecy. Hey, you can't pay for it but, you know what, we're going to lump more

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mandates upon you and still expect you to do it.

We're going to have other problems down the road. We're going to have trouble making our budget balance in the next few days, and now we're going to be adding more costs.

And the municipalities are going to come up here and say, well, we can't afford it. And one of the reasons why we can't is because we do unfunded mandates, and I think this bill is one of those.

Thank you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I'm sorry, I was just having a little difficulty hearing you today. I don't know if there's --  
DEPUTY SPEAKER GODFREY:

These microphones are not long enough.

REP. KLARIDES (114th):

-- something awry going on today. But thank you anyway.

Mr. Speaker, through you, I have a few questions to the proponent of the amendment.

Just a nod now? We're nodding?  
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Go ahead, sir -- ma'am.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, in Section 506, I believe we begin at line 149, it refers to coverage of wigs.

At the present time, I believe we only cover -- insurance only covers wigs -- mandated to cover wigs for chemotherapy patients; is that true?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you. Yes, that's true.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

And what we're adding here, it appears to me, is hair loss through alopecia. And I think in lines 150 through 153, we -- we address who can give that prognosis; is that correct?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you. In this section, which deals with group health insurance policies, the previous section deals with individual health insurance policies, we identify that this has to be for a diagnosed medical condition under the care of a licensed physician or licensed advanced practice registered nurse

Through you, Mr. Speaker  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

So are we saying here that a physician or licensed advanced practice registered nurse -- registered nurse, excuse me, can diagnose and treat the alopecia?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know whether there's any treatment involved. They can prescribe a wig for somebody who suffers from that condition.

Through you, Mr. Speaker. Whether they diagnose it themselves or another diagnosis, that is sort of

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beside the point.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Well, I understand how -- how the physician got in there, but how did we decide to limit it to physician or a licensed advanced practice registered nurse insofar as the prescribing of the wig goes?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

APRNs can prescribe in certain circumstances. And depending upon the person, they may or may not be seeing a licensed physician, but they may, in fact, be seeing a licensed APRN.

So this gives them the flexibility to go to either of those types of providers for the prescription for a wig.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

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Thank you, Mr. Speaker. Just as a technical clarification, since I'm not familiar with it, in line 152 it refers to "who suffers hair loss due to a diagnosed medical condition of alopecia areata" -- if I'm pronouncing that correctly -- "other than as a result of androgenetic alopecia."

Can the proponent clarify the difference between those two, please?  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker.

Medically speaking, androgenetic alopecia is considered a subset or subclassification of alopecia areata.

We are excluding it because, again, it is male pattern baldness, and we do not intend to provide wigs for those like me who suffer from male pattern baldness.

We intend for it to cover things like alopecia areata, which tends to involve areas of baldness, as well as alopecia totalis, which may involve, which may involve over your entire scalp or even your entire -- people who suffer from it over their entire body.

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Through you.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Now you lost me a little bit, because I guess I don't understand how we are -- we're proposing to cover somebody who has a medical condition where they lose their hair.

And if I -- and if I heard the proponent correctly, it could either -- if you have alopecia, you can lose all of your hair or parts of your hair.

I mean, my understanding is you can be -- there can be a one-inch spot on your head, for example, that -- that you lose hair in, and that might be it.

Is that correct, Mr. Speaker?  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Alopecia areata can affect a small part of your scalp or your entire scalp.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

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REP. KLARIDES (114th):

Thank you, Mr. Speaker.

So just -- just for discussion today, if someone had alopecia and it was -- and the example I had just given, a one-inch spot on the back of their head, technically speaking, through this bill, a physician or a licensed advanced practice registered nurse could prescribe a wig and have it be mandated coverage under this bill; is that true?

Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.  
DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I thank the gentleman for his answers. As many of my colleagues have -- have mentioned previously, there are many parts of this bill. There are many questions to be asked.

It's interesting to me that just in that discussion that we had that someone can lose hair in

the back of their head, behind their ear in a one-inch section, and the State of Connecticut is mandating a person -- a doctor -- excuse me, an insurance company to cover that.

The reason why we talk about what we talk about in the Insurance Committee, the Public Health Committee, a lot of the committees and a lot of the work that we do on the floor of the House and the Senate has to do with healthcare. A lot of that healthcare has to do with two things: Access and affordability. We want as many people in this state to have access and to be able to afford healthcare.

I don't think anybody disagrees with that.

Unfortunately, we have a problem in how we try to get there. We either have proposals that cost the State of Connecticut billions of dollars on the one hand or we have issues like this where we put mandate after mandate after mandate on insurance companies, which only does one thing, raises the cost of insurance.

And what happens when we raise the cost of insurance is the insurance companies raise the cost to the people of the State of Connecticut.

And what happens at the end of the day is we get

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the opposite result of what we started out for.

I would ask everyone in this chamber, Mr. Speaker, to please stop hurting the people of Connecticut by doing things that make it more unaffordable for them instead of more affordable and allowing them ways to help themselves.

Thank you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker, and good afternoon.

Like many of the speakers before me, I have some serious concerns about the cost of the legislation that's pending before us on the -- on the small business community.

And having been a member of the Insurance Committee now for a few terms, I've been a general opponent of the idea of placing additional health insurance mandates on insurance companies.

And generally -- generally for the reasons that have been stated here earlier, that the cost versus the benefit is unknown and -- and that generally speaking the cost increases to businesses, and specifically small businesses.

And I've generally opposed health insurance mandates, whether they were deemed to be very, very small, such as the legislation that passed a few years ago here requiring insurance companies to cover wigs for cancer patients, and I've also opposed what I perceived to be the very, very large health insurance mandates, such as legislation we passed that requires health insurance companies to cover infertility treatments for couples that cannot have children.

And that was just a philosophical belief that I have had over the last several years, that we shouldn't be placing any undue burdens on health insurance companies until we know what the effects of those mandates are on costs.

And I think it was a positive step that finally this year -- and I thank Representative Fontana for his support on this, as Chairman of the Insurance and Real Estate Committee, that I thought it was a positive step that we passed, House Bill 5018, AN ACT CONCERNING THE REVIEWS OF HEALTH INSURANCE BENEFITS MANDATED IN THE STATE OF CONNECTICUT.

I think that was a positive step, Mr. Speaker; but I think that before we continue with more health insurance mandates, and before we know what the costs

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versus benefits are, we need to at least have some questions answered.

And I just have a few questions, through you, Mr. Speaker, to the proponent of the amendment.  
DEPUTY SPEAKER GODFREY:

You have the floor, sir.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

In line 15 -- lines 14 and 15, we are dealing with the issue of prosthetic devices that are equivalent to that provided under Medicare.

Through you, to Representative Fontana, why is the Medicare standard applied in the amendment?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. It's a national standard because, of course, Medicare is a national health insurance program.

And the other states that have passed similar laws all have established, to my knowledge, that standard of parity with Medicare.

So it's an emerging national standard which is

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very clear to follow.

Through you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And through you to Representative Fontana, is that the case for other health insurance mandates in other states or is that specific to the prosthetic-related mandates?

Through you.

REP. FONTANA (87th):

I can't speak to other mandates in the state. I'm just speaking to this aspect. Prosthetics and Medicare.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

I apologize if this question has been answered before. Line 23, it deals with replacements for these prosthetics, and the exception that is made is in the case of misuse or loss.

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And again, I apologize if this question was asked earlier when I may have been out of the chamber.

Does this address the issue of prosthetics that may be stolen?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. It wasn't asked before. I -- I would assume it would fall under the category -- actually, I don't know. Is it -- it's not intentional loss. It's not unintentional loss. It may be unintentional loss, actually. It's not intentional loss.

So I -- I would imagine that would not fall under a misuse or loss.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

So I guess for legislative intent purposes, I would ask, is this -- is it the intent of this legislation to provide for the replacement of a

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prosthetic device that is stolen?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And through you to Representative Fontana, in line 43 -- and again, I hope this was not asked before -- could the gentleman explain the purpose -- well, explain what a microprocessor is with respect to a prosthetic device?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. It was asked before. A microprocessor plays an increasingly large role in the development of prosthetics in that they help the person with the prosthetic operate the prosthetic for the purpose of walking.

Through you.

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DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And in line 68, with respect to group health insurance policies requiring prior authorization for prosthetic devices, I assume -- through you to Representative Fontana -- that that refers to prior authorization from a physician or a licensed registered nurse, as described elsewhere?

Is that correct? Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I think prior authorization usually involves the insurer, not the healthcare provider.

Through you.  
SPEAKER DONOVAN:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And lines 72 through 75 with respect to denial of coverage and the appeals process to the Insurance Commissioner, this section relates to the insured

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being able to make an appeal.

Is there any process in our statutes or on the proposal that allows for the insurance company to make an appeal?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Not in the amendment.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And in line 82 it deals with the change from children being provided hearing aids from the age of 12 to the age of 18.

I believe that this issue has come up in the Insurance and Real Estate Committee several times over the years.

I don't recall in previous years if the change was from 12 to 18. But what is the genesis behind the age being 18?

Mr. Speaker, through you.  
DEPUTY SPEAKER GODFREY:

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Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. It is the same proposal as we had before us as a legislature two years ago, I believe.

And the 18 years of age is the age promulgated by the advocates, because it corresponds generally to that point when children are out of primary and secondary education.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And through you to Representative Fontana, at what age is a dependent no longer allowed to be covered under a health insurance plan by their parents?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe the law we passed in the last year or so is 26, but I'm not sure.

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Through you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

So, through you to Representative Fontana, has there been any consideration given to students -- children of parents who may suffer from this affliction who are in college, let's say, age 20 or 21, who are still receiving their education?

And Representative Fontana has indicated earlier the reason is because they're still in primary and secondary education. I'm curious as to whether any consideration has been given to extending that to students in college who may still be dependents of their parents and on their group health insurance plan.

Through you.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't recall any debate or discussion in the public hearing process or on the committee as to that aspect.

Through you.

REP. O'CONNOR (35th):

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Thank you, Mr. Speaker.

And through you to Representative Fontana, just following up briefly on the colloquy between Representative Fontana and Klarides on the issue of a registered nurse, did Representative Fontana indicate earlier -- and I'm looking at lines 112 through 115, indicate earlier that a licensed registered nurse -- I'm sorry, a licensed advanced practice registered nurse can currently write that prescription and this is not new language to our statutes?

Is that correct?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker.

No, I indicated that I believe that advanced practice registered nurses may prescribe certain things, but this is new language insofar as a wig for people who suffer from alopecia areata are concerned.

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

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Thank you, Mr. Speaker.

And through you to Representative Fontana, when he says, "They may write prescriptions for other things," does that indicate that -- do you know what some of those other things are?

Through you.  
DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I do not.  
DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

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

As has been expressed over the last few hours here by members I think on both sides of the aisle, the -- the vast concern that many of us have is that we are continuing to burden the small business community with higher costs, and I'm one of those people that doesn't ever think it's a good time to increase costs on small businesses.

I think that the more that we allow small businesses to flourish and invest, the better our

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quality of life becomes, the more money that flows into state government due to more jobs being created, et cetera. And I think that we can solve a lot of these financial problems and make sure that everybody has a good quality job, and we can make sure -- we can solve a lot of the problems that face our state right now.

But, Mr. Speaker, ladies and gentlemen, I cannot support the concept of increasing costs on small businesses anymore, especially in the recession that we're in right now.

Again, as I said earlier, it's never a good time to do that, but right now we're seeing jobs and businesses fleeing our state. They're going to other lower-cost pro-growth states in the south. Connecticut is losing population at a -- at a record pace, and I cannot support anything that will even potentially entice a business to leave the State of Connecticut.

So I would urge rejection of the amendment.

Thank you, Mr. Speaker.  
DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Thank you, Mr. Speaker.

Like many of us speaking today, I look at the benefits that this would give to people, and I can be very, very sympathetic to all of them. They're all in situations that I'm very glad that myself and my family are not in, and I realize they're very costly, providing these services, to their family.

And so again, I can be very sympathetic. But I also am very concerned about the cost of all of these mandates along with the other ones, and because of that I do have some questions I would like to ask the proponent of the bill.

Through you, Mr. Speaker, earlier in some of the testimony, it was said that OFA talked about a substantial cost to the municipalities, a substantial future cost to the state and I tie in with that -- the proponent at one point I thought said that one of the benefits was going to cost no more than 25 cents a month.

And so I was tying in with that -- I've got two different questions. One, how do we reconcile substantial costs with 25 cents a month. And also, when do these mandates have to go into effect in a policies.

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Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. First off, I never said substantial costs. The fiscal note says potential significant costs, and I think the fact is that OFA cannot be sure that there will, in fact, be any cost to it.

So the amount that I indicated was for the prosthetics based on the testimony that I had received.

As to the gentleman's second question, he'll have to repeat it. I was having trouble hearing him.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Yes. My second part of the question was when will these mandates have to be included and benefits paid as part of a policy?

DEPUTY SPEAKER GODFREY:

Through you, Mr. Speaker.

REP. FONTANA (87th):

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Through you, Mr. Speaker. The provisions in the amendments would go into effect January 1, 2010.

Three you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

So we're talking about seven months from now when they're coming in, into effect. Did -- since these affect all of the municipalities, did any of this proposal come in front of the Planning and Development Commission Committee that handles municipal -- anything that directly impacts the municipalities?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I understand it went to the Appropriations Committee. Beyond that, I don't believe there were any other referrals.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

I'm very disappointed to hear that the committee

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that spends most of its time with municipal government items was excluded from having their input in something that would be very important.

The -- I know that from reading the note that it does not go into effect for the state for a couple of years as a mandate; but through you, Mr. Speaker, does the current state policies cover these items, the current policies that we have?.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe -- no, I do not believe that they do. Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

I'm not sure, but unless I stand corrected, the answer was no, these mandates do -- are not part of the current state medical insurance policy that we have?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

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REP. FONTANA (87th):

Through you, Mr. Speaker. I'd be happy to amend my answer. I believe that they do not cover them. They may -- I can review each one of them individually in terms of the fiscal notes on each of the underlying bills which we've assembled here.

I know they do not cover several of them. Whether they cover any of them, I would have to check.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Yes. I'm wondering if anyone can inform me if in of these benefits that seem to be very important why the state policy does not include them, since in general the state policy the best insurance that you can purchase in the State of Connecticut, why these types of benefits were not included in prior contracts.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I can't speak to that.

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Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

On another matter regarding this, COLA covers insurance for people who leave employment, they continue to pay. It's my understanding that the -- upon renewal or a change in a policy, these benefits have to be added.

Will the people under -- that are currently paying under COLA, will they also see their rates increase if -- when these mandates go into effect?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I have no way of answering that question. I am not familiar with what the COBRA rates are. Through you.

REP. AMAN (14th):

The -- the other question tying into when these go into effect, again, this would not necessarily affect the state or the municipalities, but there are a variety of companies with collective bargaining agreements that specify how much and what type of medical insurance will be provided.

These agreements sometimes go out, much like the states do, for several years. And again, they very clearly state how much the employees are going to pay and the level of benefits.

Will this new series of mandates trump the collective bargaining agreement that they -- currently is between a union and its -- the employer?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I can't speak to how collective bargaining agreements would be affected by this bill

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

I would think that would be a very important thing to know before passing the law, since if municipalities are -- may or may not be affected because of the way they're set up, we don't know -- the state is several years out because their agreement --

We know small businesses that don't have collective bargaining agreements are going to be

covered and we're not sure of the larger companies that do have collective bargaining agreements. As one of the previous speakers said, it seems like there's an awful lot that we don't know about the impact of this legislation.

In the course of the testimony on the bill, we have two groups that represent the municipalities, CCM and cost.

Through you, Mr. Speaker, has CCM and cost testified on this, and what were their feelings toward these mandates on their insurance.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

They may have. I'd have to review the testimony on each bill.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

And I'm assuming -- did any of the business groups other than the insurance companies come up and testify as to what their concerns were or their

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endorsement of these mandates?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes, various business groups did, and they testified in opposition.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Yes. I -- in their speaking in opposition, were they against the benefits or were they against the costs to their medical plan or the additional premiums that they may have to pay?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

You'd really have to ask them. I could get you copies of their testimony if you'd like it read it.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

On trying to look at these mandates, I believe

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that it was said that if you were self-insured, you would not be covered by them.

Would a company that's carrying a high-deductible policy be equivalent to self-insured so that their mandates would not go into effect?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. High-deductible plans are not the same as self-insured plans. We have exempted, as I indicated, high-deductible plans from certain provisions of the bill where it would conflict with their structure, through you, Mr. Speaker, but otherwise they would have to -- other plans would have to accommodate what we've done.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

The -- the additional premium costs that were taken on, as I read through the bill, it's -- providing there is not some sort of collective bargaining agreement, the employer could raise the

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employee's share to cover whatever the additional cost there is, and obviously the employee does not have any choice on the matter of including these benefits or not.

So, through you, Mr. Speaker, can the additional cost, no matter how large or how small it is, be passed directly on to the employee?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I should think so, but that would be up to each employer.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

From the answer, since it's up to each employer, I would interpret that to mean yes, it can be passed directly on if the company so desires.

One of the things that was earlier said was that a company could avoid these additional costs by joining the healthcare partnership, and my question was, will the healthcare partnership when enacted

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cover these from day one or will they start in 2011  
when the state policy starts covering these benefits?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I would expect the  
state plan to cover these measures when the bill  
becomes effective, and certainly when businesses are  
allowed to join in July of 2010 or January 2011, as  
the case may be. They would be eligible to receive  
the benefits.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

I -- I'm not sure if I heard that correctly, that  
these benefits -- from the way I heard what was said,  
these benefits may go into the healthcare plan of the  
state immediately, but the fiscal note says that the  
cost will not be borne by the state until 2011?

Is that a correct interpretation of what the  
proponent said?

Through you, Mr. Speaker.

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DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The fiscal note is premised on current law, which involves a contract that we have with insurance companies. It does not answer what will happen if we, in fact, pass the healthcare partnership into law.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Yes. On another subject on the state policies, the reward for participating in wellness programs I think is a great idea. Anything you can get to make people take a -- more responsibility for their own health I think is a great idea

But does the state policy currently reward participation in wellness programs?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know.

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DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

As I remember reading through, since we are at the time of year that we have to look at our own policies, I did see several of the companies that did things liken courage health membership in fitness clubs and a few others things.

But I definitely didn't see anything as a reward for participating in it; and again, I guess the rhetorical question would be if it's such a good idea -- and I think it is -- why the negotiators for the state when they're setting up these medical plans did not include it.

But I will not be asking that of the proponent of the bill because of his prior answers.

I'm sure I'm going to be hearing that the committee did not know the answer to that.

Finally, my final question, did any of the insurance companies -- the medical insurance companies themselves that sell the policies in the State of Connecticut, did any of them testify for or against the bill?

Through you, Mr. Speaker.

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DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe that Anthem and the entity that represents health insurance companies/HMOs did testify on a variety of these bills.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Yes, and the -- through you, Mr. Speaker, did the company that testified on these bills, were they for or against it, and what were their reasonings for their position?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe they were in opposition, but again, you can feel free -- you should feel free to review their testimony or ask them.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Aman.

REP. AMAN (14th):

Yes. I thank the proponent for his answers. Again, I think like the people up here in speaking, I think the benefits are a great idea. It would be great to cover these plus the numerous other things that my constituents have contacted me on and said medical insurance should pay for. And all of us have received those calls on a whole variety of issues.

But it comes down to the same problem that we always have. Paying out benefits is great, but somebody's got to write the check. And as someone who had their own insurance through their own company, I know what effect all of these accumulation of mandates of things that are great ideas should be included. What they end up doing is driving the basic costs up, at which time an employer really has two choices: They can either eliminate insurance -- or actually, more than two choices. They can eliminate insurance. They can increase the part the employee pays, which is easier on your higher-priced -- higher-cost employees, but it's really hard to tell somebody who's making 10, \$12 an hour that their medical insurance just went up a bit.

Again, what I would -- to us is a small amount. To these people, it is a tremendous amount. The other problem that you end up, what the companies do is they get out of the lower costs, they go to a major medical policy only, cover only the severe illnesses.

The problem with that is that leaves the cost of the wellness care to the employee themselves, and unfortunately most people or many people avoid the physicals, avoid the testing, and as a result, the general population health is affected.

So I will not be supporting this even though I feel very sympathetic to the people who are looking for these benefits and are not receiving them.

I thank you, Mr. Speaker, and I thank the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker.

Mr. Speaker, I have a few questions to the proponent of the amendment.

Representative Fontana, I apologize if these questions were asked. When this debate started, we were in a celebration mode in front of the capital, so

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I missed a large portion of this debate.

Prosthetic device, I know that this bill was before the Insurance Committee, and it was voted upon. Microprocessor, I can't recall what that is

Can you please explain to me what microprocessor is?

REP. FONTANA (87th):

Thank you, Mr. Speaker.

And I'd like to again congratulate the gentleman for receiving an award earlier today from an Italian-American organization.

Microprocessors are increasingly part of prosthetic limbs, and they facilitate people using those limbs to walk or to move.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Through you, Mr. Speaker. I'm familiar with prosthetics, because a very dear friend of mine pretty much for the last 30 years has had has a prosthetic leg. And, you know, I've seen how they've evolved

Are we talking to use the determine like bionic where these microprocessors actually kind of create

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movement for the prosthetics? Is that what we're talking here?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I do not have additional detail for the gentleman on what microprocessors do and do not do in the prosthetics and whether one can or cannot call them bionic.

Through you. Many done.

REP. D'AMELIO (71st):

I called it bionic because I guess that's what my friend calls it.

Well, in past, Mr. Speaker, through you, prosthetics pretty much were -- well, like, for example, my friend, he has a prosthetic leg. It was just -- you know, he slipped it onto his limb, and it didn't have the ability to move the foot or anything. It was just -- it enabled him to walk

But now the prosthetic that they use or he uses is pretty much kind of mind-sensitive in a way where he's able to actually move the foot in a different way.

So this microchip, which is very expensive, I believe that's what we're talking about?

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Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. As I understand it, these are not that much more expensive than prosthetics without microprocessors. And, like anything else, the price comes down dramatically the more that they're produced.

So the information I have is that they do not dramatically increase the costs of a prosthetic.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. In the section or line 61 where -- can you explain to me what this section from 61 to 67 -- I've been reading it over and over again, and it's just kind of redundant. I can't figure it out.

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. First off, it exempts so-called high-deductible health plans from the

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requirement in the first of the section that insurance policies shall have parity between the coverage for prosthetics and the coverage for substantially all the benefits that the plan provides, so they can't, in essence, discriminate against prosthetics by having a dramatically higher co-insurance, copayment deductible or their out-of-pocket expense.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

I thank the gentleman for that. Another question dealing with prosthetics is if someone were to loose or damage the prosthetic, the insurance carrier would be responsible for the replacement?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker.

No, in line 60 it states that loss is not a legitimate reason for replacement.

As far as damage, it would depend whether it was considered use or misuse of the prosthetic. If it's

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misuse, then line 60, repair or replacement would not be covered.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Is there a limit on how many times a prosthetic can be fixed and covered by an insurance carrier?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Now, we're going on to -- going further onto the bill dealing with hearing aids. You know, I know this was a subject that touched many of us on the Insurance Committee

Presently, the way I read the bill, the age that we cover children for hearing aids is 12.

Through you, Mr. Speaker.

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DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes, 12 and under.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

We're going to the age of 18?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

Representative D'Amelio.

REP. D'AMELIO (71st):

I don't recall how we came up with that age;  
Representative Fontana, of 18. I -- for some reason,  
I thought it was 21.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. No, 18 was in the  
language that passed the Senate two years ago. And  
there was 18 in the handling in the bill that we

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proposed this year and voted in the committee.

That hasn't changed.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Thank you for that, for that answer, Representative Fontana.

As I move on to the bill here, the wellness part of this bill, I know that, you know, again, we debated this issue in the Insurance Committee and, you know, many of us were supportive of that idea.

Some of the questions that we had in the Insurance Committee is like if a weight-training program or -- does the wellness program have to be established by a physician or a hospital in order for -- for people to take part in it to get benefits?

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The language in lines 270 through 273 or 4 talks about the entities that shall have to offer this.

It depends if a hospital is a hospital service

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corporation.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

Do you envision these entities creating a different kind of health programs, maybe like weight-training or dieting?

Is that what we're looking for these entities to do?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Those could be ideas, and those sound like good ideas.

We're trying to cast our net widely, allow maximum flexibility. And more than anything else, allow them to offer rewards of various kinds, incentives to participate.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

So in order for you to get a better rate on your insurance, if you join one of these or participate in one of these programs that will be set up in the future, there's a benefit or -- is that how this is going to work?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Under the language, an insurance company or HMO must offer this to its policyholders. And then based on that, the policyholders' insureds or enrollees may then participate if the policyholder takes them up on this offer.

Through you.

DEPUTY SPEAKER GODFREY:

Representative D'Amelio.

REP. D'AMELIO (71st):

So in other words, the policy would have to offer these. They would have to create these programs in order for people to -- to participate in them?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. I thank the gentleman for his answers to my questions, and I know a lot of them were asked

Mr. Speaker, many of these -- these bills or these mandates that came before the Insurance Committee, many of us accepted. But when you lump them all together in one bill, as before us today, it's very difficult to accept.

Prosthetics, for example, this is a very important piece, because it's the most expensive piece of this -- the bill before us. It would increase just our state employees' benefit plan by \$2.30 per member per month.

Now, we have another bill before us -- that will be coming before us dealing with autism, and that projected cost is going to be about \$5 per employee per month.

So just these two mandates alone that we're talking about here, the potential cost will be \$7.30 per member per month.

Now, many of us will say, well, you know, that's not a lot of money. Well, it is in the real world. When you look at over 400,000 residents in the State of Connecticut that lack proper health coverage right now, and the majority of the reason why is due to the high cost of our healthcare here in the State of Connecticut

We're the fifth highest when it comes to mandates. We have 51 on the books

You know, this is another important part that I want everybody to realize. State mandates do not apply to all employers. As a matter of fact, all the large employers that are self-insured, this doesn't apply to them at all.

The small employers in the State of Connecticut are going to bear the brunt of this legislation, because they're the ones that are going to have to provide this, and they're the ones that are going to be price the right out of the market.

You know, it's estimated that 25 percent of our population in our country are uninsured because they're simply priced out of the market.

You know, what we're trying to do here is noble, to -- you know, who doesn't want to provide hearing

aids for children? I certainly want to. But when you put it in a bill like this, it becomes unattainable.

I can't tell you how many people I know in the City of Waterbury that own small businesses that rely on their spouse for their healthcare needs, because they simply can't afford to pay for it through their own business.

You know, and if that spouse loses their job, even with a small business, they're out of the market. They can't provide themselves with insurance. That's the reality of what's going on out there

You know, I was proud of the fact that we passed legislation for a cost-benefit analysis to figure out what mandates do to the State of Connecticut, what their true costs are and what that means to all of us in the State of Connecticut. And, you know, I was hoping that we could wait to get that study up and going to really show everyone in this chamber what it means when you pass an unfunded mandate.

Ladies and gentlemen, you know, every single one of our towns and cities are struggling. Your mayors and first selectmen were here. You heard them. No unfunded mandates, please. We can't afford another dime.

They're looking to cut their budgets. This legislation that we pass, this one bill alone, is an unfunded mandate to each and every one of your towns

So if you cast your vote in favor of this piece of legislation, you're going to have to go back home and explain to your first selectmen and your boards of why you did so. So I'd like you to keep that in mind.

But more importantly, all those small businesses and all those uninsured people that are out there in the State of Connecticut that only hope to have health insurance, this is not helping them. Like I said, we would love to cover everybody and everybody's needs, but that's not reality.

The reality is we have to control costs. And right now, today, in this day and age, the way this bill is before us, lumping all these mandates into one bill, is unfortunate, and I cannot support it.

So I urge all my colleagues to reject it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. If I may to the proponent, a couple of questions about wellness

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programs and how they relate to the Health Insurance Portability and Accountability Act, through you, sir.

DEPUTY SPEAKER GODFREY:

You have the floor, sir.

REP. PERILLO (113th):

Thank you, Mr. Speaker. And I apologize in advance. Just seeing the amendment before us today, some of these questions might be a little bit elementary, but please bear with me, if you would.

Is there anything in the bill -- in the amendment as before us that would restrict or require an insurance company in mandating that physicals be performed in order to determine eligibility?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Nothing in the amendment.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Okay. I thank you the gentleman. And a

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follow-up.

Is there anything that would restrict or mandate the completion of a health questionnaire?

Through you, sir.

REP. FONTANA (87th):

Through you, Mr. Speaker. No.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

So if health questionnaires are allowed, obviously they are, many of us may have filled them out in the past, and if the wellness program at its core helps an insurance company to differentiate risk and helps to encourage participants to live a healthier life, is an insurance company able to charge different rates based upon the outcomes of any wellness program?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. First off, they're not going to use these things to differentiate risk. So I think that moots the gentleman's question.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

I reject the gentleman's answer, but I don't believe it does.

A wellness program is designed to drive participants to a healthier lifestyle. At its core, it will create differentiation among participants.

Some will participate in the wellness program. Some will not.

The insurance company wants you to live a healthier life. So I'm trying to understand how this relates to HIPAA and nondiscrimination.

The wellness program is going to offer incentives and rewards to those who follow it, and it will not offer those same benefits and rewards to those who do not.

My question is, is this going to lead in the bill before us, the amendment before us, is this going to lead to a situation where participants pay different rates for their health insurance because of the wellness program?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. I have no way of

knowing, other than to say in subsection (d), the insurance commissioner may adopt regulations to establish the criteria and procedure for the approval of such health behavior, wellness, maintenance and improvement programs.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

So -- so I thank the gentleman.

So just to get to sort of a fundamental question, as we're seeing this just now, if -- if the gentleman doesn't know the answer to that question, what is the wellness program -- how is the wellness program going to work?

And I hate to ask such a vague and elementary question, but I know Representative Candelora had asked it before, and I didn't find the answer he got terribly helpful.

How are the wellness programs going to work? We are now mandating them, whereas in the past, you know, they could be implemented.

But here we're saying you must do this, and my question, very simply, is, how is an insurance company

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to do that and how are they to do that within the confines of nondiscrimination, as provided by the Health Insurance Portability and Accountability Act?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'm not intimately familiar with all the details of HIPAA. I would assume the nondiscrimination requirements ensure that you must offer this to all your employees, not just some of your employees.

As to the details, again, we've outlined the general framework that insurance companies and employers must follow.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

I -- I apologize to the gentleman. I didn't see an outline of how an insurance company would implement this.

But -- but that aside, I have a question, and it hits on something the gentleman said.

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Wellness programs, do they have to be offered to every participant from a group or may an insurer offer the wellness program only to some?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Okay. I thank the gentleman for his honest at this, but I think there needs to be some clarity there, because I don't believe the Health Insurance Portability and Accountability Act allows there to be any selective offering of wellness programs, so I think to legislative intent, it would behoove us to know whether or not the wellness programs provided for and, in fact, demanded by this amendment, whether they would have to be offered uniformly.

Through you, sir.

REP. FONTANA (87th):

Through you, Mr. Speaker. I would suspect they would offer them to all of their employees

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

I thank the gentleman. A question, though.

As we talk about wellness programs, and I think the gentleman and I in a previous discussion about a bill perhaps last week discussed smoking cessation, and there are other things such as, you know, gym memberships and things of that sort.

I can envision beneficiaries who may not necessarily be able to participate, so obviously I would imagine that an insurance company wouldn't have to, you know, offer that wellness program to someone who isn't physically able to participate in it.

Is that an accurate assessment?

Through you, sir.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, I believe the gentleman's question is going well beyond the amendment. The amendment is simply encouraging and promoting health behavior wellness programs among the private sector

Through you.

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DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, I thank the gentleman for his answer, but I would respectfully disagree.

The amendment isn't promoting or encouraging anything. The amendment is mandating wellness programs. And, in fact, the Health Insurance Portability and Accountability Act speaks to wellness programs very specifically and in detail in a section on nondiscrimination, and I just want to make sure that we're not asking insurance companies to do something that they cannot do based on federal law.

So I -- I do think there's a need for some clarity here.

REP. FONTANA (87th):

Through you, Mr. Speaker. No, we are not asking insurance companies to do anything that would violate HIPAA.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you. And so, Mr. Speaker, again, through

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you, how is an insurance company going to ensure that even those beneficiaries who aren't physically able to participate in the wellness program get the benefit of it?

Because as I understand HIPAA, programs must be offered uniformly. How is an insurance company going to accommodate those individuals who just can't participate due to their own personal circumstances?

Through you.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, I thank the gentleman again for his honesty. This must have been something that was discussed in a public hearing.

The HIPAA guidelines, especially to nondiscrimination, get extremely specific. I would he imagine that some of these questions have been answered or -- or not.

I --

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REP. FONTANA (87th):

To the best of my recollection, Mr. Speaker, through you, those questions were not asked and discussed in the public hearing.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Okay. That's concerning. But I -- again, I thank the gentleman for his honesty. I don't know. I had hoped that I might have some answers to the questions.

Are we going to put insurance companies at risk if they're not able to meet the guidelines of HIPAA here?

Wellness programs are provided for, and HIPAA does allow them, but HIPAA is also very specific as to how they need to be structured.

And, in fact, HIPAA does not allow discrimination, but does not allow rates to be charged at a -- premiums to be charged at a different rate, so how are these wellness programs going to work?

I -- I just want to make sure that we're -- we're giving our insurance companies an opportunity to do

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things right here and not setting them up for failure.

So if the gentleman could offer any -- any guidance, I'm sure those insurers who need to implement and follow the amendment, should it pass, would appreciate any guidance he could offer.

Thank you, sir. Through you.

REP. FONTANA (87th):

Through you, Mr. Speaker. Insurance companies are very smart. They have very smart people on their staff, and they know how to comply with HIPAA.

Through you

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Did -- I thank the gentleman. Did insurance companies offer any feedback during the hearing process on the wellness programs, on the mandate that they implement them, and on their seamless measuring with HIPAA?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'm going to look

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through the testimony on the bill. I don't know if they even testified at all.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. FONTANA (87th):

But I will check.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. I'll wait for the gentleman to take a look.

REP. FONTANA (87th):

Through you, Mr. Speaker. There were four entities that testified on Senate Bill 962, the genesis of Sections 511 through 514 of the amendment.

The Connecticut Association of Healthcare Plans testified they were the only insurance-related entity that appears to have testified, and they make no specific mention of any implementation issues with regard to wellness programs.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

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REP. PERILLO (113th):

Mr. Speaker, thank you very much, and I thank the gentleman for taking the time to look for that.

Rather than speak very vaguely about wellness programs, I just want to take one, because I think it will be -- it will be a little bit more concrete and a little bit easier for us to understand and work through some of the details.

If the -- if the gentleman could just answer a few questions for me about smoking cessation. I understand how the programs work, but I'd like to get a better handle on how an insurance company would utilize smoking cessation as a component of its wellness program, so I just have a quick question so I can understand.

An insurer could drive its participants to smoking cessation, and then if they were able -- if that led to them quitting smoking, they would be able to get some sort of benefit, either through reduced premium or -- or some other allowed benefit?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'm not an expert in smoking cessation programs in particular, so I can't answer his question.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Okay. Well, that's fair. So -- let me rephrase the question. And this applies not only to smoking cessation, but, quite frankly, anyone.

Does the beneficiary actually have to follow through with the healthy lifestyle in order to get the benefit, or do they just have to go to the class, join the gym, et cetera?

Specifically, does there have to be a distinct health benefit from the wellness intervention, or does the individual simply have to show up and punch their ticket?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The gentleman and I can pursue this length of questioning to any length of

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time he would choose, but as we have established in a previous debate on another bill, I am not an expert in cessation programs, wellness programs or prevention programs.

So I can't provide him the answers he seeks.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Well, Mr. Speaker, I've asked quite a few questions, and with due respect to the gentleman, but he really hasn't been able to answer them.

So I'm done asking questions, but I appreciate the gentleman's time.

Perhaps next time there's an amendment and I ask some questions, I'll get some answers. Thank you.

Deputy Speaker Altobello in the Chair.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy of the 78th, you have the floor, sir.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

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Mr. Speaker, I have just a few questions to you through the proponent of the amendment.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. HAMZY (78th):

Mr. Speaker, through you to Representative Fontana, earlier in the debate there was some discussion as to costs of different mandates.

Through you, Mr. Speaker, does the Chairman of the Insurance Committee have itemized costs, increasing costs of each of these proposed mandates?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. the fiscal notes to the bills that we heard in committee each have an estimate from OFA, but they provide a range of costs.

I endeavor to provide them to the gentleman. If he would like to wait. I can call up each one of the fiscal notes in turn.

The wait provisions, for instance, I believe I estimated between 100,000 and \$300,000 in costs in terms of state impact (inaudible) others.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. Through you, if I can get the bill numbers for each of the proposed mandates, I can -- I can research that.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Certainly.

Section 501 and 502 on prosthetics was House Bill 5093. Sections 503 and 504 on hearing aids for children under the age of 19 is House Bill 5672. Sections 505 and 506 dealing with wigs for those suffering from alopecia areata is HB 5673.

Provisions relating to bone marrow transplantation testing, Sections 507 and 508 of the bill, are Senate Bill 290. Sections 509 and 510 dealing with colonoscopies is Senate Bill 638, and Sections 511 through 514, perhaps in somewhat different form, is Senate Bill 962.

Through you.

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DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. Through you, Mr. Speaker, did all of these bill receive a public hearing from the in the committee?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker, were these bills favorably reported out of the Insurance Committee?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

Mr. Speaker, there are -- there are some proposed

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changes made beginning line 100 -- excuse me, of the amendment.

But what is the effect of these changes?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The change in line 100 and 101, for instance, clarifies to which companies that provide individual health insurance policies the provisions of 505, in this case, apply.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

The changes that are -- that are contained in lines 99 -- I'm sorry, 100 and 101 and which reappear in lines 139 and 140, they add the words "renews", "amends," or "continues."

And from my experience, there have been similar exchanges made with regard to the addition of health insurance mandates, but so far as I can remember, they did not include those terms. And I was wondering why those terms were included in this -- these proposed

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mandates but not in previous ones.

Through you, Mr. Speaker, is it for purposes of further clarification or is it meant to be a larger catchall?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I believe it's intended to conform certain statutes to our current practice. If the gentleman, for instance, will look just above it in Section 504, which is existing state law as well, he'll see the phrase in line 90 "delivered, issued for delivery, renewed, amended or continued in this state," going on to line 91.

However, the underlying state statute in Section 505 apparently only had the phrase "which delivers or issues for delivery."

Therefore, leaving out the now standard phraseology regarding "renewing, amending or continuing in the state."

It's an effort to conform.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

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Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. Through you, Mr. Speaker, with regard to the proposed addition of the alopecia mandate, through you, Mr. Speaker, are there vary young degrees diagnosis for this condition?

DEPUTY SPEAKER ALTOBELLO:

Dr. Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Typically, and most commonly, it involves entire baldness on your head. Again, other than male pattern baldness. It can in some cases extend to baldness or the lack of hair across your entire body, or it may be limited to spots which can be small or large.

The key point here is that, again, this is coverage that is currently offered to people who receive chemotherapy for cancer and therefore suffer from baldness over their entire head or a good portion of it temporarily.

So they already suffer from that if they receive chemotherapy. This, for the purposes of equity, extends that to people who suffer from baldness quite often on a permanent basis, quite often across their

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entire scalp, as a result of alopecia areata.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. And the reason why I ask that question is if there were varying degrees, at what point does a diagnosis require the coverage provided in this proposed amendment?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The evaluation, I imagine, would track that for chemotherapy. Clearly people can receive chemotherapy and lose little, if any, hair, or they can lose most or all of their hair.

So currently, physicians and healthcare providers have to evaluate hair loss when they prescribe wigs for chemotherapy patients. This just tracks that and extends it to those who suffer from alopecia areata.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

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Through you, Mr. Speaker. I would assume that these are two different types of physicians that would make these diagnoses.

In other words, an oncologist, I believe, would be treating a cancer patient, while I'm not sure what kind of doctor would be making a diagnosis of alopecia.

So how -- are there protocols that are established that require any physician or that any physician can avail themselves of in order to determine at what point a diagnosis would require this mandated coverage?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I can answer the gentleman's first question. Typically dermatologists are the ones who evaluate patients for the condition of alopecia areata.

But the point is, there could be other physicians that do. An oncologist could make a determination of alopecia areata or a dermatologist could make a determination. There could be any number of

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providers. An APRN with a collaborative arrangement or agreement with a physician could make a diagnosis.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. And forgive me for my ignorance, but is alopecia -- is it reversible?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. FONTANA (87th):

I don't believe that's germane to the amendment. We're not talking about -- we're talking about medical conditions, not how people arrive at their condition. And we're talking about insuring that condition

REP. HAMZY (78th):

Well, my question, through you, Mr. Speaker, was if alopecia is reversible and someone chooses to, let's say, shave their head and maintain wearing a wig, is that still covered under this amendment?

So that's where I was going with the question.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Hamzy.

REP. FONTANA (87th):

Here again, let me try to clarify for the gentleman. Thank you, Mr. Speaker. Through you.

We're tracking the process and the issue that currently extends only to those who experience baldness as a result of chemotherapy received in the course of treatment for cancer.

Whether a cancer patient who receives chemotherapy has spotty baldness, baldness over his or her entire head, whether they shave their head because they don't like the look of the spots or the lack of hair, that is also beside the point.

We're leaving with that person and his or her provider the ability to get a wig if they need it for the purposes of getting through life while they're undergoing treatment. In that case, through chemotherapy for cancer. That's existing law.

We're now saying essentially that there are people who suffer from baldness for reasons other than chemotherapy, through no fault of their own, quite often on a permanent basis, over their entire scalp.

And we're just simply asking if they have the same opportunity to get a wig so that they can function life, much as those who have chemotherapy and

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lose their hair and therefore get a wig, seek those as well.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. So my question was, if the condition is treatable and reversible and someone is still diagnosed with this condition, is that person continuing -- would that person still be able to avail themselves of this coverage based on the previous or initial diagnosis?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. My understanding that alopecia areata is a perplexing disease, illness or medical condition. It is resistant in part, if not completely, to treatment or cure; and unless it reverses itself automatically, it is not reversible.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

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REP. HAMZY (78th):

Thank you, Mr. Speaker. Mr. Speaker, in lines 245 through 249, and in a couple of other sections of the amendment, there's a prohibition on the -- the charging of co-insurance or copayment or deductible for certain procedures.

What is the reason for these prohibitions?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. To ensure that patients for whom an additional colonoscopy is a prescribed, required or encouraged activity, that they will not defer or delay or refuse such colonoscopy for reasons of cost.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

And through you, Mr. Speaker, would the Chairman acknowledge that there would be a cost incurred as part of this treatment?

Through you, Mr. Speaker.

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DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

I'm sorry, Mr. Speaker, was the question essentially is there a copayment for colonoscopies?

I understand sometimes there are.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

I apologize. Let me -- let me be a little clearer. Someone who is receiving this treatment would incur costs. I mean, there would be a cost that would be incurred by the provider to perform this type of treatment.

Through you, Mr. Speaker. Is that an accurate statement?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes. Colonoscopies cost money.

Through you.

DEPUTY SPEAKER ALTOBELLO:

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Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker.

And how would this cost be offset or paid for?

Would it be through an increase in the premium for the health insurance? Would it be an increase in copayments that are charged to other insureds?

Through you, Mr. Speaker, how would that cost be paid for?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. That would be up to the insurer, the employer, as appropriate, and the insured. Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker. Was there testimony offered on these prohibitions as to what the effect of that -- this policy change would be?

In other words, was there testimony by a business group that said that this would result in an increase in insurance premiums?

Because as was -- as was acknowledged, there is a cost to a provider to perform this type of treatment, which would have to be paid in some way, shape or form.

If there's no copayment that can be charged or there's no deductible, then there has to be another way it pay for that cost.

Through you; Mr. Speaker, in the testimony that was offered, was there additional clarification of how that cost would be paid for?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. There may have been. The Connecticut Association of Health Plans testified, along with Anthem Blue Cross and Blue Shield, so I would (inaudible) the gentleman to their testimony.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

Mr. Speaker, with regard to the -- health and wellness provisions, in line 292, it allows the

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insurance commissioner to adopt regulations. It does not require the commissioner to do so.

If there are not regulations adopted, how would the provisions of this section be implemented?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. My understanding is through HIPAA and federal regulations.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker, does -- do the provisions of HIPAA control self-insured plans as well?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'm not sure.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

The reason why I ask, Mr. Speaker, obviously, there was a bill that went through here last week which would make the State of Connecticut's health insurance plan a self-insured plan, and I think it would be important to know whether or not the provisions of HIPAA apply to self-insured plans.

Through you, Mr. Speaker, is there way that we could get a -- an answer to that question?

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I'd be happy to request an OLR report. But other than that, I don't know how to get that answer for him.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker. Were there questions asked in the public hearing about that provision which -- which was geared toward if the regulations were not adopted, would the provisions of this -- this section of the amendment, would they be able to be implemented?

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Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. To the best of my recollection, I don't believe so. But I can't be certain.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker. With regard to the incentives that were -- that are called for in this amendment, some of the incentives would allow for a reduction in premiums or a reduction in copayments.

As the Chairman of the Insurance Committee may know, some companies pay the entire health insurance premium on behalf of their employees. In fact, that's something that I do in my -- in my practice.

How would the incentive be allocated in those instances where the employer pays the full cost of the health insurance premium?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't know.

DEPUTY SPEAKER ALTOBELLO:

Representative Hamzy.

REP. HAMZY (78th):

Through you, Mr. Speaker. Those are all the questions that I have for the Chairman. I'm a little disappointed, a little frustrated that most of the questions could not be answered, and I did not -- I don't think that the questions that I asked were unfair.

I don't think the questions that I asked were frivolous. I hope -- I hope that's not the case. They were questions that I developed after reading through this amendment, trying to do some research online while waiting to speak.

Mr. Speaker, I think -- I think some of these -- some of the parts of this amendment are good. Trying to promote health and wellness and encourage preventive maintenance -- medicine I think is a positive thing, but we have no idea based on the questions that were asked whether or not that part of this amendment will ever be implemented.

We have no idea how the incentives will be granted, none. We have no idea.

We have no idea -- I will go back on do the research on the bills that -- that comprise this amendment, no idea of what the total costs of these mandated coverages will be.

Mr. Speaker, we talk a lot about the number of uninsured people in this state, and it's easy to talk about it, and it's easy to be concerned about it.

And then when it comes time to actually do something about it, we ignore that, because it's a very difficult thing to do. Obviously, as far as politics are concerned, it's very easy to say yes to all of these mandated coverages.

And when you look at them individually, it makes it even easier to say yes. But ask yourself one question: What is the overall effect of these mandated coverages?

As the Chairman of the Insurance Committee himself recognized, the net effect is an increase in costs. An increase in the costs of health insurance. Then ask yourself, what is the effect of that increased cost of health insurance? It's either less coverage, no coverage or you maintain the coverage and

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you laypeople off and people lose jobs.

As I mentioned in my question and answers -- my questioning, I'm not sure how the incentives as proposed in this bill for the health and wellness would ever be implemented, because we don't know that they ever will be implemented.

So the best part about this amendment, at least in my eyes, may not ever transpire.

Mr. Speaker, I would respectfully oppose this amendment and thank the Speaker for his indulgence.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Hamzy.

Representative Coutu of the Rose City. You have the floor, sir.

REP. COUTU (47th):

Thank you, Mr. Speaker. Good afternoon.

DEPUTY SPEAKER ALTOBELLO:

Good afternoon, sir.

REP. COUTU (47th):

This is a big deal. This is a big reason why I ran to be on this legislative body, to try to prevent stuff like this from happening to our towns, our small businesses, which are the economic engine of our state. They're getting clobbered, and this does

absolutely nothing to help their situation.

And while we think maybe a quarter here, a quarter there really doesn't mean much, it does mean a lot. And I'm starting crunching these numbers, and I'm a little bit worried about the conclusion that I come up with.

Through you, Mr. Speaker. I know the insurance chairman has put up in the past that insurance costs are rising at a considerable rate. I just want to verify that.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Insurance premiums are rising at a considerable rate for small businesses and nonprofits who don't have access to a large, stable pool of insurers

Through you

DEPUTY SPEAKER ALTOBELLO:

Representative Coutu.

REP. COUTU (47th):

And I agree with that. The premiums are going up considerably.

A few minutes ago, the insurance chairman stated

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that this cost for a mandate could be minimal, potentially a quarter for one particular mandate. And while a quarter here, a quarter there may not seem like that much money to us, we each have a quarter in our pocket, when you times six quarters and the fact that obviously some of these quarters might -- it might be a little more for one mandate, this could be maybe \$3 a month per employee.

And recently I looked up -- we have -- Small Business Administration says Connecticut has hundreds of thousands of small businesses of which 95,000 actually have employees. Those employees range from two to 50. So we'll just take a nice even number of ten.

So we'll say 95,000 businesses on average have ten employees. The economic engine of our state, generating new jobs daily, in all they have 950,000 employees, well, hopefully most of them are insured. So that quarter, which now is \$3 per month times 950,000 employees, is close to \$3 million in new costs for our small businesses.

So although I heard you state that the cost is minimal, it may be as minimal as 25 cents per mandate, when you crunch the numbers and you realize there's

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95,000 businesses that potentially have 10, 20, 30 employees, that ends up being a new burden to them in this time when our economy is in a challenging environment, to say the least. Close to \$3 million.

Another point made by the proponent of this bill, noted that OFA -- actually, let me back up there. It was noted in the OFA, Office of Fiscal Analysis --

REP. CAFERO (142nd):

Mr. Speaker?

DEPUTY SPEAKER ALTOBELLO:

Representative Cafero, for what purpose do you rise, sir?

REP. CAFERO (142nd):

Speaker, I question the existence of a quorum.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Mr. Speaker, sir. Take under that advisement.

Representative Cafero, I concur with your observation.

REP. CAFERO (142nd):

Mr. Speaker, I appreciate that. I would ask that we summon more members in so we do have a quorum, and in accordance with Mason's and our rules can continue our business. Thank you.

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DEPUTY SPEAKER ALTOBELLO:

Would you be -- that would mean you would be requesting a quorum call, sir?

REP. CAFERO (142nd):

That would be correct.

DEPUTY SPEAKER ALTOBELLO:

By roll.

REP. CAFERO (142nd):

Any way you desire to do that, Mr. Speaker. I leave that to your discretion, but I will suggest by roll.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

Will the Clerk please open the board and announce a quorum call.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting on a quorum call by roll call.

Members to the chamber.

DEPUTY SPEAKER ALTOBELLO:

Members that have voted, do not leave the chamber, please. Members that have voted, do not leave the chamber. We're going to clear the board and

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rework for a quorum call.

Members do not leave the chamber. Members do not leave the chamber. We'll need to clear the board for a quorum call. At least that's the plan, if possible.

Have all members voted? Have all members voted?  
If so, the machine will be locked.

Will the Clerk please take the tally?

Representative Miller, for what purpose do you rise, sir?

Representative Miller. If we could have the mike on for Representative Miller.

REP. MILLER (122nd):

I would like to be recorded in the affirmative on the quorum call. Thank you.

DEPUTY SPEAKER ALTOBELLO:

You may press the button, sir. Ta-da. Ta-da.

Anybody else? Anyone else like to vote in the machine's open. If not, the machine will be locked.

The Clerk will please take and announce the tally.

THE CLERK:

I have a quorum call.

Total number of voting 147

Absent not voting 4

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DEPUTY SPEAKER ALTOBELLO:

Sensing that a quorum has been met, we'll return to the call of the calendar.

When we last left off, I think we had House "A" on the board.

Will the Clerk please call, recall LC -- LCO 8312 and post on the board.

THE CLERK:

Representative Coutu, you have the floor. You continue to have the floor, sir.

REP. COUTU (47th):

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana, please prepare yourself for possible questions.

REP. COUTU (47th):

It's nice to have a quorum again. Thank you.

As I was stating, this quarter per mandate potentially will be two to three million dollars in new costs for our small businesses. And that is of some concern for me and the thousands of businesses in my region of the state.

There is an Office of Fiscal Analysis which has two things, one, there will be a state impact probably

long-term, potentially none in fiscal year '10 and '11, and there will be a potentially significant cost to our municipalities.

And while my concerns for the state, which is running their \$8 billion deficit are great, I have even more concerns for municipalities that keep on getting the brunt of our new mandates, including this bill.

Through you, Mr. Speaker, I wanted to ask the proponent of this bill, do we have any idea how many communities or how many businesses are self-insured?

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I understand anecdotally that roughly has the businesses in the state are self-insured.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Coutu.

REP. COUTU (47th):

Through you, does half have a specific number or -- through you.

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DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't have that number.

DEPUTY SPEAKER ALTOBELLO:

Representative Coutu.

REP. COUTU (47th):

I think that's an important number so we can add up how many of those quarters are actually going to affect these towns and states -- municipalities.

Is this going to -- we'll just assume half of them, half of the ones that I'm including in my original \$3 million, this mandate is going to cost the towns -- I mean the actual small business community, maybe we're looking at this could be up to five, six million of new mandates per year, and that's not even including the nonprofits, which obviously each town and each city throughout the state have hundreds.

So right now, we're up to in the range of five to six million dollars of mandates per year. It may not be a lot compared to our deficit, but a lot to these small businesses and these towns.

And the idea that we don't have the numbers

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related to how many businesses, how many nonprofits, how many towns are not self-insured, just, once again, prove a point, in my view, that compiling six -- potentially six different mandates, seven mandates in one bill, it's too much.

This is being rushed to the floor of the House of our great state without the data that we really need to make an educated decision if this is right for our towns, right for our small businesses. The only thing we know, it's going to cost more.

So, once again, it's something to be concerned about.

Through you, Mr. Speaker, the Chairman for the Insurance Committee stated something along the lines that the fiscal note from the Office of Fiscal Analysis can't -- we can't be sure there will be costs.

Do you want to expand on that? Because it does say that there are potential costs.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. No.

DEPUTY SPEAKER ALTOBELLO:

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Representative Coutu.

REP. COUTU (47th):

Maybe this is true, that there will be no costs in fiscal year '10 and '11, but once again, the costs to our business community, small businesses, hiring people in our local towns, the costs to our school districts that have -- do not have these self-insured plans, it's got -- it's a big deal to them.

So regardless of what OFA says, which we know they're the nonpartisan office that gives us typically real numbers, not just feelings, emotional-based legislative material, we know it's going to hurt these people.

And, through you, Mr. Speaker, the insurance chairman stated the goal of these mandates is to improve the overall quality of healthcare.

Is that true?

DEPUTY SPEAKER ALTOBELLO:

Are you asking whether or not he lied on the floor earlier, Representative?

REP. COUTU (47th):

No, no, Mr. Chairman.

Mr. Chairman, I'm just verifying what he said, Mr. Chairman.

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DEPUTY SPEAKER ALTOBELLO:

Representative Fontana, does that sound like a true representation of an earlier statement you made during this lengthy debate, sir?

REP. FONTANA (87th):

Through you, Mr. Speaker. Yes.

REP. COUTU (47th):

Mr. Speaker, I just wanted to -- through you, if he wanted to expand on how these mandates specifically would improve the overall quality of healthcare.

That was my question, sir.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. No.

DEPUTY SPEAKER ALTOBELLO:

Representative Coutu.

REP. COUTU (47th):

Well, my concern is new mandates definitely, as we see, are driving up the costs of healthcare. And my concern is that if the cost rises, once again, there may be concern that less businesses -- less small businesses will be able to afford insurance, and

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thus, it would result in potentially us losing some people insured.

And my final point, Mr. Speaker, in this bill, there's seven mandates for insurance, and we've already passed two other mandates this session. There's one more pending after this. And at the start of this session, we had 49 insurance mandates

At the end of the session, potentially we're going to have 59 insurance mandates. That's a 21 percent increase in mandates just this year for the insurance industry, our small businesses, our towns and communities, and I can't help but think there has to be a correlation between the cost of insurance and the number of mandates that we're pushing year after year.

I think if this bill moves forward, everyone in this legislative body has to think the big picture that while we would like to make sure individuals in our district have some of these specific needs taken care of, we have to think of holistic approach here, and we can't piecemeal and repair our insurance with more mandates.

It's just not working, and it's not the way we need to improve our insurance system.

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Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Coutu. May I have the center aisle cleared somewhat so I can have a visual of Representative Thompson, who now has the floor

Representative Thompson of the 13th.

May I have the center aisle cleared. Staff out of the aisle.

Thank you. Representative Thompson.

REP. THOMPSON (13th):

Thank you, Mr. Speaker.

Mr. Speaker, I think we need a change of pace. I rise to speak in support of the amendment. And I recognize on both sides of the aisle we're going about our business as we have in the past on healthcare reforms.

There are questions that just don't seem to have answers to, the answers that are not acceptable, and so on. So I have a great deal of sympathy for the Chairman Fontana, Steve Fontana. He's doing a great job. And I also have the respect and -- for the other side who are asking some very telling, compelling questions.

But I think we're -- while we're talking about

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this and it's the way we do business, if I may go back a year to a graduation ceremony at Tufts University when a young member, female, member of our family was graduating from Tufts with a science degree, and she graduated cum laude. She's a very bright girl.

She was going on to a university down the road from Tufts where she would join the science department with a fellowship and begin a three- or four-year study Peter towards a doctorate in science. She wants to be a researcher. She doesn't want to be a -- a doctor.

And if anybody has not been amazed by the advances made in health, if they had been, as Representative Tony D'Amelio has mentioned, inquisitive about these prosthetic devices, they might have seen 60 Minutes within the last month when the advances of these prosthetic devices were illustrated by a group down -- funded by the federal government in Washington.

And in response to the horrible wounds of soldiers and other military personnel who served in Iraq and Afghanistan, we're perfecting prosthetic devices that mimic our nerve system.

And actually, they showed on drawings and so on

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and slides how the internal physique of these people in need of prosthetic devices were wired. And they had a soldier come out, and he put on a prosthetic device that became his hand. In fact, I think he was the head of that unit that was doing the studying, had lost an arm in World War II.

And he began demonstrating by screwing a lightbulb into a socket and turning -- uncapping a soda bottle and all of that business. And then they showed what he was doing, and he explained it. And actually, they had wired him from the inside, and he would step on the foot, and it would be like a message to his brain, our brain, to his limb to begin the rotation.

And it really was amazing what he was able to do. And you notice that when they talk about these prosthetic devices, they rule out their use in athletic competition, because there runners using prosthetic devices, a foot, an artificial foot, wired in the same way, who have actually said set world records by racing in dashes, because they don't count, or they're running marathons, and, of course, their times will not count.

But it really is amazing what we can as a science

society develop with the ingenuity of our scientists here in this country.

But all of this costs a lot of money, so we invest a lot of money in things like that, and how it contributes to the healthcare and wellness of us all is what mystifying, but it does -- if you -- if you were one of those soldiers or one of those people that lost a limb and could get back that kind of use of your limb through an artificial device and this wiring system, I'm sure you would want to do it, and I'm sure somewhere along the line that will be marketable, and it will be fairly reasonable some day.

But in the meantime, here in Connecticut, for example, the number of people who are without health insurance has doubled in the past year.

So we don't talk in terms of 300,000, we talk in terms of 700,000 people without health insurance.

But on that same day at Tufts, I ran into a lady that has appeared before this General Assembly as an advocate for children. I won't give her name. She'd be embarrassed.

But she was there at the graduation ceremonies, I believe, for a grandchild, and she walked over to me, and the first thing she said to me, honest, was, Jack,

now I know why you're so enraptured by the French healthcare system.

Well, in case you haven't heard me speak on this before, the World Health Organization ranks France as number one in the world in providing healthcare. And that's on a broad category of ratings, including longevity, infant mortality, so on and so forth, and including getting the most for your dollar

And the French, she said, treated me very well. This past year I was in Paris. She said I was coming out of a hotel, and I fell, and I fractured my hip. She said lickety-split, they had me up in an ambulance and off to the hospital.

She spent a little time in the hospital, and they were willing to accept any insurance, or if she didn't have any insurance, that was all right, too.

But she spoke very highly of the care she received there, the quality of it, the sensitivity of the people treating her.

So I think that while we're here on our side, we're talking about mandating things to make quality healthcare accessible, a full boat of healthcare accessible to the poorest among us. And it is very, very, very difficult to accept that when we know it's

going to drive up the cost of healthcare to everybody with our present system.

And we know where a lot of that money goes. It's -- we believe in competitiveness and people compete, they invest money, as the government is now investing money in prosthetic devices, and for good reason. It's the right thing to do. But it's also expensive.

The French have followed that. They all willingly contribute to their healthcare system, and they're better for it.

Finally, I -- I had a young niece -- actually married to my nephew -- who after college, she and my nephew went off to France where she was going to study medicine and he was going to work. And they stayed there for two years and came home. Then they had a child.

The child had some problems. They were never fully diagnosed, but it came time for him to go to school. When he got to school, they had -- this was in New Jersey, and they were very unhappy with what was happening in the school, so they remembered France and the childcare system.

And so they decided they would pull up roots, at

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least my nephew's wife would pull up roots and take the child, and she and he would go back to France, just to find out if they could get some help.

She settled in their old town outside of Paris, and then walked with the little boy over to the school, saw the headmaster at the school, and he welcomed there, sat down and she explained what -- she had records and everything else which he looked at and so on

And he said, madam, I really am sorry, but I do not have the type of program your child needs. And she must have registered disappointment, because he said, but don't worry. He said in the next village, which is about a 45-minute walk from here, you go in and see the headmaster there, and he may have a different approach.

So off she went to the other one, and after sitting down with the headmaster, I guess the first one called the second one, and he was waiting for her. They had a very nice conversation, and she began the conversation. After she had explained everything, he began his response by saying, madam, I think we have a program here that will help your child.

There was no forms or getting permission from

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this one or that one. And so the boy went on to school there, and for a year he stayed there and that's all they could do. And he was on a path to at least people knew what it was. He was diagnosed with autism. And so they had some information which they hadn't had before.

Well, he's now through high school, and that's the difference in the system, the French system and our system. It's measured by what is best for the patient, what's best for the child, and we don't pull strings or pull rabbits out of the hat to try to get some kind of healthcare. We just know it's the right thing to do, and that's what I'm preaching here. It's the right thing to do.

We're having a good debate here, but it's going on and on and on, and we're is saying the same thing, and I really am not critical of that. That's the way we're doing business, and that's why I'm up here supporting an amendment which I think will be outdated in the very near future.

And I hope the rest of our healthcare debate will center on what's -- how do we get healthcare to people, rather than throwing up the costs of healthcare and so on.

We have -- we're ranked 37th in the world for the quality of our healthcare. It's a -- it's an embarrassment, an embarrassment that we have close to 50 million people who are uninsured in our country. And that's up 20 million in the last 20 years.

We have some of the best healthcare facilities in the world, and they're shut off to too many people. We have some of the best practitioners who don't see everyone they should be seeing.

So if we could keep that in mind, this is just a step towards some further resolution, and I hope we get down to the brass tacks of doing the right thing, which is to expand healthcare, and we keep that in front of our brains as we debate this issue over the next few weeks.

So I've said what I had to say, Mr. Speaker.  
Thank you for being patient.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Thompson.  
Representative Carson of the 108th. You have the floor, madam.

REP. CARSON (108th):

Thank you, Mr. Speaker. If I could, through you, a couple of questions to the proponent of this

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amendment.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. CARSON (108th):

Thank you.

My first question has to do with as I've sat here -- let me tell you, I absolutely did not plan to speak on this -- this bill

For those of you who joined the General Assembly in the last five years, last time we had this debate, I announced that I wore a wig and I have alopecia areata, so here I am again.

And I want you to know that there are a few things that really concern me as we have this debate, one of which was we just looked up in the Connecticut general statutes the term "alopecia areata" and we couldn't find it anywhere.

Can the gentleman tell me, do we know -- do we mandate the treatment of alopecia areata?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. I don't believe so,

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but I'm not certain.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Carson.

REP. CARSON (108th):

Thank you, Mr. Speaker. And I was afraid that that was the answer. It strikes me very odd that we'd be mandating coverage for wigs, but we would not be mandating the treatment of the disease.

And I know, you know, in my case, I remember many years going -- going back, I was not allowed to have insurance coverage for the disease unless 40 percent of -- of my scalp was affected by hair loss.

And in time, it was a bit too late. Frankly, you know, once the years go by and you don't have the treatment, if you couldn't afford it, it would be very, very difficult.

So I would think a first step in this process would be to treat the disease or to mandate that, if we thought it warranted it.

Another question I have is regarding the alopecia areata, there were a couple of questions from folks about the disease itself and that it could impact the entire body.

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Does this bill specify, through you, Mr. Speaker, that we are very specifically talking about hair loss on the scalp?

Because we know it can be eyebrows and beards and all sorts of other things. So is this very specifically involving alopecia areata of the scalp?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. First, let me just thank the lady for her comments, and I can't say that I was specifically aware that she actually suffered from the illness, so I apologize if any of my explanations or answers to people's questions were in any way incomplete or somewhat general, because, as I'm sure she'll testify, we have not spoken about this, and I appreciate her -- her questioning.

To answer her question, we are amending existing statutes relating to wigs, so it does not deal with eyebrows or hair on any other part of your body. It's wigs for your scalp.

Through you.

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Representative Carson.

REP. CARSON (108th):

Thank you, Mr. Speaker. I understand the wig would be worn on the scalp, but alopecia areata can be a disease on any part of the body, and so I guess it would be for the purposes of legislative intent, then, that we're saying if hair loss is not defined as scalp hair loss with a condition of alopecia areata, we are limiting this strictly to folks with alopecia areata on the scalp.

Is that true?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Yes, Mr. Speaker, that is true.

DEPUTY SPEAKER ALTOBELLO:

And Representative Carson.

REP. CARSON (108th):

Thank you, Mr. Speaker. And if I'm reading this correctly, and I'm not sure, and I know it refers to the underlying or to current law, it seems to me that currently, and if this bill -- this amendment were to be adopted, an individual who would receive the

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benefit of -- of coverage would be one wig in a year's time for a total amount of 300 -- at least \$350 a year. Is that true?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Partially true. It is limited to \$350. It's not necessarily the case, though, that there would be only one wig.

In talking with people who suffer from this illness, they've indicated that some people choose to buy less expensive wigs which wear out more often and then need to be replaced, and so some people may spend a large sum of money on a wig that may last a year or more. Others may choose to purchase wigs that last for less time and cost less.

But the amount of benefit is capped at \$350 per year.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Carson.

REP. CARSON (108th):

Thank you, Mr. Speaker. I appreciate that,

because in reading the language, and frankly we're sitting here trying to find it again, it appeared to us that it really would be limited to a wig.

And very specifically, if I could find the line, I could tell you that. Okay.

On line 121, through you, Mr. Speaker, and I do realize that the language begins at 117, but it wasn't very clear to us, so could I just ask the gentleman again after -- after we reviewing that, lines 117 through 121?

Through you, Mr. Speaker.

REP. FONTANA (87th):

Through you, Mr. Speaker. Again, the language she's referring to on 117, et sec., is -- relates to individual health insurance policies. There's a similar provision in the section for group health insurance policies.

But again, it talks about the yearly benefit, the subsection (b) that she's talking about is a yearly benefit.

In subsection (a), it talks about a wig, line 110, a wig. So a wig can be a wig twice a year that costs less than \$350, or it can cost more than that, but the benefit will be limited to \$350.

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Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Carson.

REP. CARSON (108th):

Okay. Thank you, Mr. Speaker, if that is clearly the intent and the understanding, I'm appreciative of the answer and certainly of the reasons given by the Representative for -- for that understanding, because it's absolutely true.

I think when this bill was first brought forward about five years ago, I think it was contemplated certainly that folks who were victims of cancer and needed chemotherapy would likely not be doing this for years and years and, years. Hopefully, they would have a full recovery, whereas people suffering from other autoimmune diseases perhaps would have a lifetime to face this.

So I thank the gentleman and -- for his answers much I have to say, I'm -- I'm -- I'm not sure still after these hours of debate what I'm going to do. There are some very, very worthwhile issues in this bill. Certainly I've heard from a number of people in my district about the need for prosthetics. I have a very young little girl in one of my towns, a young mom

in another town who's recently suffered

And, frankly, I wish we had the opportunity to separate out some of these issues. I do believe issues such as the wig issue, I'd rather go for the treatment first before I would do this.

But there are some good things in the amendment. At the end of the day, I just don't know -- as most people speak with me about just the cost of healthcare or not having healthcare, I just don't know if we're going to be making matters worse by -- by mandating all of these things today

So -- and Mr. -- Mr. Speaker, if I might also ask that when this vote is taken, it's taken by roll call.

DEPUTY SPEAKER ALTOBELLO:

Question before the chamber is a roll call. All those in favor of roll call, please indicate by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Required 20 percent requisite has been met. When the vote is taken, it shall be taken by roll.

Further on House "A"? If not, staff and guests please retire to the well of the House. Staff and

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members, take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting House Amendment Schedule "A" by roll call. Members to the chamber.

DEPUTY SPEAKER ALTOBELLO:

Have all members voted? Have all members voted?  
Please check the board to make sure your vote is properly cast. If all members have voted, the machine will be lock.

Will the Clerk please take a tally?

And would the Clerk please announce the tally?

THE CLERK:

On House Amendment "A", first House Bill 5021.

Total number voting 148

Necessary for adoption 75

Those voting yea 100

Those voting nay 48

Absent not voting 3

DEPUTY SPEAKER ALTOBELLO:

House "A" is adopted.

Speaker Donovan in the Chair.

SPEAKER DONOVAN:

Remark further on the bill? Representative  
Fritz.

REP. FRITZ (90th):

Thank you, Mr. Speaker.

And I'm almost afraid to admit that the  
underlying bill is mine, but taking my heart in my  
hand, I have to tell you a little story about this  
bill.

The first time I tried to do it was 1996, 13  
years ago, and it was because, Mr. Minority Leader,  
one of my constituents, 30 years old, had to have an  
ileostomy. And as many of you know, when you have any  
kind of ostomy, you have to have special supplies, or  
otherwise, you cannot live.

And her insurance refused to cover the supplies.  
Thirty years old. Two kids. And she was told these  
supplies were cosmetic. So she came to me

And unfortunately, it took four years to get that  
bill passed where ostomy supplies were covered. It  
finally passed in 2000, and the coverage was a  
thousand dollars.

And I have to tell you, we were the first in the

country to cover ostomy supplies. And I must say, some of you don't like it because it's a mandate, but I'm pretty proud of the fact that all the people in Connecticut -- because there are many, not just grownups but children as well, have their supplies covered.

If anybody is interested, I have a list of those supplies. It's two pages long.

Now, this bill is before us today, and it passed the House last year overwhelmingly. And as many things are wanted to do when they go upstairs, something happens. We don't know what, but they disappear

So the bill is before us today. It's the same language as last year. And it raises the coverage to \$5,000. And the reason for that is it's nine years later. And what hasn't gone up in costs?

These supplies have gone up in costs, too, and I am sure that there's not one among you who would want to deny anybody who has an ostomy the ability to cover -- have insurance coverage for their supplies. Because I'm telling you, ladies and gentlemen, it's a lifelong process, and it's very, very expensive.

Thank you, Mr. Speaker.

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SPEAKER DONOVAN:

Thank you, madam. Representative O'Connor

REP. O'CONNOR (35th):

Thank you, Mr. Speaker. The Clerk is in possession of LCO Number 8437. I ask that he call it, and I ask leave of the chamber to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO 8437, which is designated House Amendment Schedule "B".

THE CLERK:

LCO Number 8437, House B offered by  
Representative O'Connor.

SPEAKER DONOVAN:

The Representative seeks leave of the chamber to summarize. Objection to summarization?

Representative O'Connor, you may proceed with summarization.

REP. O'CONNOR (35th):

Thank you, Mr. Speaker. What this amendment does is it postpones the effective date until July 1st of 2012. The reasons for this change is basically if it's not good enough for the state to do, I don't see why we should put it on our small businesses, nonprofits and towns that aren't self-insured.

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There's no reason why the state can't implement this when their contract expires. Plus that will give us another year of a body of evidence to see what it will cost. And I think you have to take into account the economy in its current state.

I move adoption.

SPEAKER DONOVAN:

Question before the chamber is adoption of House Amendment Schedule "B". Will you remark?

Representative Fontana.

REP. FONTANA (87th):

Thank you, Mr. Speaker. I rise to oppose the amendment and urge rejection.

Listening to Representative Fritz speak just now so movingly about the issues that her constituents faced and hearing that story over and over again from hundreds of people in hearings regarding their concerns, to ask people like Representative Fritz's constituents and others to wait for three more years to receive this coverage I believe is punitive and unfair, and I would urge rejection.

Thank you.

SPEAKER DONOVAN:

Representative D'Amelio.

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REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Mr. Speaker, I rise in support of the amendment. As I stated in my comments earlier, this is an unfunded mandate that's being passed on to each one of our communities. Our communities that are struggling to figure out how to meet their budgets this year. It's an unfunded mandate on the State of Connecticut.

We have a huge problem, as everyone is aware of. This will put it off. That's all we're asking for, Representative O'Connor, is a little bit of time. Maybe our financial shape will be better near 2012.

So I urge adoption of the amendment. Thank you.

SPEAKER DONOVAN:

• Thank you, Representative. Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker. I'm in the throws of quite the dilemma. Representative Fritz may remember at the time when she brought this out in 2000 that it was my family that had dealt with the ileostomy issue, a very close personal situation where my brother was only 16.

Mr. Speaker, I can tell you that it is one of the

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most difficult things as a life adjustment not only to the individual but to the entire family, and particularly when it's a child.

But I also know, Mr. Speaker, at this time the dilemma that we are in financially. Representative O'Connor is true that if we're not going to do as a state, how rude we are to mandate it for others to do.

But the dilemma we're in here is that who affords it and who can't afford it?

Mr. Speaker, there comes a time when we need to be careful, deliberative; and what we have just done has gone from one mandate to seven, a huge leap, Mr. Speaker. A luge leap. A huge, expensive leap.

And we didn't have all the answers today, Mr. Speaker. Many questions were asked by the hour. So we're looking here at an amendment that puts it out to 2012, and more answers can be asked and gotten.

I'll be supporting this amendment, Mr. Speaker, although this is one of those difficult things as a personal issue, extremely personal issue, because I watched my brother die.

SPEAKER DONOVAN:

Representative O'Neill.

REP. O'NEILL (69th):

Yes, thank you, Mr. Speaker. I just wanted to clarify a comment and put a question to the Chair of the Insurance Committee regarding something that he just put into the record here in the course of the debate, and I can probably sing and dance a bit longer, but...

SPEAKER DONOVAN:

Representative Fontana, it appears there's going to be a question coming your way.

Representative O'Neill, please bring the question, sir.

REP. O'NEILL (69th):

Thank you, Mr. Speaker. Just a moment earlier, and in response to the proponent of the amendment that we're on right now, I believe the Chair of the Insurance Committee indicated that he felt it was improper to delay implementation.

And as I thought I heard him say, there were hundreds of people who had testified at the hearing on this bill, 5021.

Am I correct, Mr. Speaker?

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

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Through you, Mr. Speaker first, I didn't mean to imply it was improper. I think I said it was punitive and unfair, not improper. It's certainly proper for us to consider this amendment, and I apologize if anybody construed my comments otherwise.

As far as the hundreds of people I was referring to, I was talking about the public hearing process. We received emails, snail mail, phone calls and then of course people who testified on various matters in the public hearings themselves.

So that was the hundreds of people to which I was referring.

Through you.

SPEAKER DONOVAN:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Mr. Speaker. Because I think our records should note that on the 3rd of February of this year this bill was heard, and Senator Crisco apparently was in the Chair and said, "Now, according to our sign-up list for House Bill 5021, ostomy-related supplies, there are no -- well, let's first let's first -- Representative Fritz who had surgery today would have wanted to testify, but let

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the record to indicate due to surgery she was unable to do that, and obviously she supports the bill wholeheartedly" --

SPEAKER DONOVAN:

Representative, can you summarize the statement?

REP. O'NEILL (69th): Two more lines.

"Is there any member of the public on 5021?

There is no member of the public on 5021." Apparently indicating that no one had signed up to testify on Bill 5021.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Representative Harkins.

REP. HARKINS (120th):

Thank you, Mr. Speaker.

Just briefly I rise in support of the amendment. I'm thankful that the former chairman of the Insurance Committee, Representative O'Connor, has offered this amendment almost as a sign of relief. It's almost -- to postpone something that could be burdensome to companies and would actually make a bad bill I guess a little bit better.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative O'Connor.

REP. O'CONNOR (35th):

Briefly, Mr. Speaker. I would ask that the body please consider this. I think it's -- it's something that takes into account again what is going on out in the economy.

And I also just want to also just update people that we had a bill earlier this session that is going to do a cost-benefit analysis of all the amendments that we have already passed, that are already on the books, and prospective amendments.

This will give two years for that study to be done, evaluate it, and in the third year these mandates are still viable, something that's cost effective and work, we can pass them in.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Ladies and gentlemen of the chamber, I heard, as people have characterized, a

very sincere and heartfelt testimony, if you will, by our colleague, Representative Fritz.

And she was kind enough to direct her comments to me. Representative Fritz indicated that the underlying bill, the bill that we amended and is hoped to be amended by this, was her bill. I have a lot of respect for Representative Fritz and probably would have supported that bill, but that is not the bill.

Because the bill that's before us that's being asked to be postponed for three years has seven mandates. And you have witnessed, as I have, and heard the back-and-forth and the questioning on the effect of the bill that's before us, and the people that are opposed to the bill are concerned about its effect on business and on jobs in this dire economy.

And question after question after question was asked to the Honorable Representative Fontana, and through no fault of his own, he had to answer "I don't know the answer." "I don't know the answer to that question."

We do not know the answers and the effect that the passage of this bill will be to our economy at this time. And they could be dire.

So the amendment that's before us asks that we

postpone that for a while so we can answer the questions that were not answered today. That's the purpose of this amendment. It's prudent.

For those who believe that all of these mandates are worthy of becoming law, by adopting this amendment you are not going back on that. All you're saying is we need some time.

Because like everything else in this chamber, when you do something to help one person, you might be hurting another person.

And sometimes we have to make those decisions, but they are informed decisions, because we know exactly who we're going to help, and we know exactly who we're going to hurt.

But as evident by the debate on the underlying bill, what is now the bill, is we have no idea who we're going to hurt and how badly we're going to hurt them.

Do we want to help the individuals that will be helped by the various mandates here? Of course we do. You have to have ice water running through your veins not to hear the stories as put forth by Representative Fritz and others

But we don't have that luxury as a legislature.

We have to look at the big picture. And right now when we look outside our window, we see people without jobs, businesses closing, people losing their homes, their savings accounts. People are afraid. And what they're counting on is that we are going to take action in this legislature to create more jobs, to get them back on their feet again.

And, at best, there is huge questions as to the effect of this bill on that situation. And the amendment that's before us simply says let's wait. Let's wait before it becomes in effect so we have an opportunity to answer the questions that could not be answered today.

So yes, Representative Fritz, I heard you loud and clear on your underlying bill. But unfortunately, ma'am, it is not the underlying bill that is before us any longer. It is the amended bill, seven mandates with unknown effect on our economy.

This amendment asks that we postpone the effective date of that. I think it's reasonable. I think it's prudent.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative Cafero. Care to remark

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further on the amendment? Care to remark further on the amendment?

If not, let me try your minds.

All those in favor of the amendment, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All opposed, nay.

REPRESENTATIVES:

Nay.

SPEAKER DONOVAN:

The nays have it. The amendment is defeated.

Remark further on the bill amended. Representative Miller.

REP. MILLER (122nd):

Thank you, Mr. Speaker. I have a couple of questions to the Representative Fontana.

SPEAKER DONOVAN:

Please proceed, sir.

REP. MILLER (122nd):

I apologize, I don't know if these questions were asked. Certainly there was a thousand questions asked of you.

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And through you, Mr. Speaker, first of all, do we review any of our mandates at all?

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. No, we do not have a (inaudible) process for reviewing them. That's why others mentioned the bill that we passed earlier this session, House Bill 5018, which will, for the first time, implement, if passed into law, a process going forward, as well as a retrospective review of all mandates.

Through you.

SPEAKER DONOVAN:

Representative Miller.

REP. MILLER (122nd):

Thank you. And through you, Mr. Speaker, with regard to children, do we cover them under this plan till they're 19, 18? What's the age limit?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. The provisions

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regarding hearing aids apply to those 18 years of age or younger.

So as long as you're 18 or younger than 18, you would be covered.

Through you.

SPEAKER DONOVAN:

Representative Miller.

REP. MILLER (122nd):

Through you, Mr. Speaker. Is there any -- if a -- if a child is in college and is a student, does that age limit change in.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. No.

SPEAKER DONOVAN:

Representative Miller.

REP. MILLER (122nd):

So through you, 18 is the limit whether the person is a student or not.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

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Yes Mr. Speaker. Through you.

REP. MILLER (122nd):

And lastly, if a small employer takes part in this plan and after a year he has to lay off employee, how does that employee fit in? Is there a COBRA -- not a COBRA waiver but an opportunity for him to keep the insurance in some form?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker. Employees who are terminated have access to COBRA now, in the future, regardless of circumstance.

Through you.

SPEAKER DONOVAN:

Representative Miller.

REP. MILLER (122nd):

And through you, Mr. Speaker, can the individual keep the plan that he had under the employer's account?

Through you.

SPEAKER DONOVAN:

Representative Fontana.

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REP. FONTANA (87th):

Through you, Mr. Speaker. The gentleman's question deals with a particular detail of COBRA that I don't have access to, so I can't answer.

Through you.

SPEAKER DONOVAN:

Representative Miller.

REP. MILLER (122nd):

Thank you, Mr. Speaker. I thank the Representative Fontana for his answers and thank you.

SPEAKER DONOVAN:

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker.

Mr. Speaker, I rise today because I'm put in a position that feels very uncomfortable. I think this body has a sense of my sensibilities and they definitely through the years that I've been here know what some of my own personal history is.

But this bill goes too far. And the cost to our municipalities are too inordinate, extraordinary.

When we're talking about aspects of this bill and we're talking about hearing aids for children, I agree 100 percent it should go to 18. We all know that

there are significant changes in young people between the ages of 12 and 18. Often they need to be refit. There's also with the onset of -- of adolescence changes in their acuity. There are lots of reasons why we should cover those young people to the age of 18.

When we're talking about prosthetics, I can't even imagine. And, of course, when we're talking about wigs for hair loss, I can imagine. When we're talking about wellness, it's so important. And, of course, when we're talking about ostomy, what else could be more important?

But when it's all rolled into one mandate on our municipalities, it becomes extraordinary.

And while I have tremendous respect for the Chairman of the insurance committee, the fact that he would dance around semantics, in my mind, which is focus on the words "potential" versus "substantial," truly in my mind is misleading to the general population.

We, in fact, employ a whole department, the Office of Fiscal Analysis, to look at the work that we do here and to come back and to tell us what they believe will be the impact on our communities to the

best of their abilities.

And when they come back and say has the potential for significant impact fiscally on our communities and we as a body make the choice to focus on "potential" versus "substantial," I'm not sure how we should really take that.

And, in fact, if we employ this whole body and we're going to just unilaterally discount what they have said to us or we're going to discount it based on our own individual desires, I'm not sure why we would bother to employ them in the first place.

So, Mr. Speaker, while it's very difficult to vote against this legislation, at this point in time with our extraordinary fiscal issues that each and every one of our communities has, I don't believe that we as a legislative body can responsibly add another brick to the shoulder of our constituencies.

Thank you, sir.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Piscopo.

REP. PISCOPO (76th): Thank you, Mr. Speaker.

Mr. Speaker, I -- the story from Representative Fritz kind of reminded me of something when I was

first elected. I think I might have been in my second term.

A young woman had some sort of like blood cancer, I can't remember the correct name of it, and she had to go through a real radical medical procedure where they took out the bone marrow and treated it real aggressively and then put it back in her, and it was on its way to curing her, and the insurance company had refused coverage, saying that this was an experimental procedure and they don't cover experimental procedures.

So I understand the plight that Representative Fritz went through. But I think my -- my point here is that we don't change our policy and have an all-encompassing mandate, legislative action, on an individual's case.

I think it's a dangerous procedure and -- on the way to prove things. I think in the case I cite, you know, with my constituent, we talked to the employer first. The employer negotiated with the insurance company. We talked to some of the government relations people here that represented some of the insurance companies. They were a big help.

We -- and we got this woman covered, and it -- it

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took a -- it was quite an effort, but -- but in the end, she was covered. And I think that's a better way handling it than a legislative action just totally piling on, you know, our businesses.

And when I mentioned piling on, I kind of want to thank the Chairman of the Insurance Company for this strategy of lumping all the mandates into one bill. I think this is a good way of -- probably a good way of seeing this.

Instead of taking them during the session individually, we can see exactly what we're doing in one bill with all these mandates. And -- and it kind of brings things into perspective

My -- my colleague to my right here mentioned that he had some numbers, very conservative numbers on what it was going to cost our individual businesses. This is not the time to do this. Individual cases are tough, and when someone gets refused coverage, it is really -- it's miserable.

But we can't create whole policies on this. I know some of my colleagues here on this side of the aisle are going through the same thing with an individual, and I hope she gets coverage, and I hope she gets the help she needs; but -- but hopefully we

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won't clobber business with this -- with this policy  
this year

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Care to remark  
further on the bill as amended? Care to remark  
further on the bill as amended?

If not, staff and guests come to the well of the  
House. Members take their seats. The machine will be  
open.

THE 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.

Have all the members voted? Have all the members  
voted? Members, please check the roll call board to  
make sure your votes were properly cast.

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

Representative Larson.

REP. LARSON (11th):

Mr. Speaker, I wish to be recorded in the  
affirmative.

SPEAKER DONOVAN:

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Representative Larson in the affirmative. Will the Clerk please announce the tally?

THE CLERK:

House Bill Number 5021, as amended by House "A."

Total number voting 147

Necessary for passage 74

Those voting yea 98

Those voting nay 40

Absent not voting 4

SPEAKER DONOVAN:

The bill is amended as passed.

DEPUTY SPEAKER GODFREY:

Will the Clerk p

Please call Calendar 629,

THE CLERK:

On page 21, Calendar 629, substitute for Senate Bill Number 817, AN ACT CONCERNING THE RIGHT TO A HEARING IN THE RENTAL ASSISTANCE PROGRAM TRANSITIONARY, RENTAL ASSISTANCE PROGRAM, AND SECTION 8 VOUCHER PROGRAM, favorable report of the House of the Committee on Planning and Development.

DEPUTY SPEAKER GODFREY:

Representative Holder-Winfield.

REP. HOLDER-WINFIELD (94th) (94th):

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**INSURANCE AND  
REAL ESTATE  
PART 2  
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**2009**

BRIAN QUIGLEY: Thank you.

SENATOR CRISCO: Now, according to our sign-up list for House Bill 5021, ostomy-related supplies, there are no -- well, first let's -- State Representative Fritz who had surgery today would have wanted to testify on this bill, but let the record indicate that due to surgery she was unable to do that and obviously she supports this bill wholeheartedly.

Is there any member of the public on 5021?

There is no member of the public on 5021.

We'll proceed to 765. Any of the public want to speak on 765? If not, then we will go to another list. And for Senate Bill 765, Matt Katz.

MATTHEW KATZ: Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee, my name is Matthew Katz. I'm the executive vice president of the Connecticut State Medical Society, and it's a pleasure to see many of you again for the third year in a row and some of the new faces as well. I'm here today on behalf of the more than 7,000 members of the Connecticut State Medical Society and appreciate the opportunity to present testimony on Senate Bill 765, An Act Concerning Rental Network Contract Agreements.

The medical society worked with members of this committee and representatives in the insurance industry in a consensus process during the 2008 legislative session to successfully craft as well as pass Public Act 08126, An Act Concerning Regulation of the Secondary Market and Physician Discounts. We believe that the legislation passed last year

prevents the inappropriate and unauthorized sale and purchase of physician networks and contracts. It brings transparency to the practice that exists when physician contracts and discounts were previously rented, leased or sold without knowledge and approval of the physician. We were one of the first states in the country to enact this needed legislation in 2008 and expect to see significant impact this year since the law just took effect some three weeks ago on January 1, 2009.

While we understand the intent for Section 1 of this raised bill, Senate Bill 765, which requires relevant information to be provided to physicians as well as the public, we are concerned about the actual language of the proposed bill in that in Public Act 08126, it specifically required entities defined in the bill to one, maintain a web site or a toll-free number through which physicians could obtain information of covered entities for which services were being provided as well as the discounted rates that were sold, leased, rented, otherwise assigned or granted and to make that information available upon contracting. It was the understanding of the medical society throughout the process last session that in order to have a web site and an on-line web site and a toll-free number, you actually needed realtime information. So the concern we have is that this language in the current bill may actually weaken the existing legislation by allowing health insurers other entities 90 days to provide that information as opposed to realtime. We do believe that section 1G of this bill clarifies the intent of the previous act and limiting the unauthorized selling, leasing, renting, granting or otherwise access to a physician's discounted rate without authorization and we support this language of

the bill.

Public Act 08126, as I mentioned, was a product of compromise last year between physicians, insurers and leadership of this committee. We are proud of the product that was developed and of this committee and the General Assembly for passing such a progressive legislation that truly does hold entities accountable and provides greater transparency in the health care system. With the implementation date of January 1, 2009, we look forward to working with the commissioner of the Department of Insurance to ensure that appropriate parties are well aware of this law and comply with the new law and if the commissioner addresses any violations and applies any necessary and appropriate penalties.

Thank you very much for the opportunity to testify today on Senate Bill 765.

SENATOR CRISCO: Thank you, Mr. Katz. Are there any questions?

Chairman Fontana.

REP. FONTANA: Thank you, Chairman.

Just quickly, Matt, just so I'm clear, you're testifying in opposition generally but specifically in favor of subsection 1G, is that correct, or no?

MATT KATZ: In support of -- thank you for allowing me to clarify. In support of the need for transparency in the general bill, the issue is that some aspects of this bill we think weaken the existing legislation because last year's bill, a compromised bill, called for realtime information and provided, we think, the

clarity necessary in order to hold these entities accountable and allow the Department of Insurance to regulate and, if necessary, penalize those that violate the state law.

REP. FONTANA: Okay, all right, so I think I'm pretty clear.

Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, sir.

Senator Caligiuri.

SENATOR CALIGIURI: Thank you, Mr. Chairman.

Thank you for testifying today. I just wanted to explore a little further your support for subsection G.

You noted that it would prohibit the unauthorized sale, leasing, et cetera, of these networks, but this is an unconditional and blanket prohibition, and I'm wondering does it go too far, in other words, might there be a situation where it is authorized?

MATT KATZ: And I think that's -- again, last year's consensus bill talked about the fact that -- and in the discussion and testimony highlighted the fact that oftentimes physicians will authorize and allow. It's the "unauthorized" that's problematic, not the "authorized." So it's the knowledge up front that the physician has as well as the patient at the time of the service that's critical. The unauthorized selling, leasing, renting or otherwise granting is the problem.

SENATOR CALIGIURI: Well then, I say that -- and I appreciate that clarification, but I raise the point because the way it's written now, at

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least as I read it at the moment, it's not qualified by the notion that it has to be unauthorized, it's simply a blanket prohibition on any subsequent sale or transfer. So should we be clarifying this to have it apply only where such subsequent sale, et cetera, is unauthorized?

MATT KATZ: That's the intent of last year's legislation, and on its face and as it stands that's what we believe the existing legislation does for "unauthorized." This again is new language that highlights and further defines the selling and leasing of the networks, but if a physician has knowledge, if a physician agrees or any other provider agrees to allow that to take place, it is a contract between the physician and that party. It's the "unauthorized," the unknown, that's problematic. So if you're asking for whether or not there should be additional clarification, we think that the existing bill, you know, the law, actually provides that clarity. We see this as providing further clarification if again, as you mentioned, it addresses the issue of "authorized" versus "unauthorized."

SENATOR CALIGIURI: Okay, I'll go back and take a look at this. I just point out that I'm not sure it really does provide that additional clarification because it doesn't distinguish, as far as I can tell, between "authorized" and "unauthorized," it just simply blanket prohibits it. So but I understand your point. I think I'm going to walk away saying your position is if it's authorized, it's okay; if it's unauthorized, it shouldn't be okay, and we need to make absolutely clear that this can't happen unless there's authorization.

MATT KATZ: And this is a subsection of Section 2,

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so it refers back to section 2 of the existing legislation -- the existing law. And so that's why I was referencing it provides clarity because it's upon that request upon entering a contract. So it doesn't really stand on its own, it refers to subsection 2 of the bill, if that helps any.

SENATOR CALIGIURI: I'll take a closer look at it.  
Thank you.

Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, Senator.

Any other questions?

Thank you very much.

MATT KATZ: Thank you, Mr. Chairman.

SENATOR CRISCO: Brian? I'm sorry, Brian,  
Christine Cappiello isn't here, is she? No?

No, I don't see her here, all right.

BRIAN QUIGLEY: Thank you, Mr. Chairman, Brian Quigley. I'm regional director for America's Health Insurance Plans speaking in opposition to Senate Bill 765.

To the previous question, this subsection G, I believe my recollection is was in the bill last year and was removed, and we would question why after it's only been effective for three weeks we would need to add this provision. We think this would have a significant negative impact on the development of these types of networks, and given the substantial protections of the current law we think it is unnecessary.

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I would add that the NCOIL model that has recently been developed does not have this restriction and that was negotiated over a long period of time, as the Chairman knows, by all interested parties, so we think this is unnecessary and, if anything, premature.

I'd be happy to answer any questions.

SENATOR CRISCO: Thank you, Brian. Any questions?  
Thank you very much.

We're now at the bewitching hour of 3:00 o'clock for legislative agencies and municipalities. And Comptroller Wyman on 5669, I believe.

NANCY WYMAN: Yes, sir. Good afternoon, Chairman Crisco, Chairman Fontana, Senator Caligiuri and the rest of the distinguished members of the Insurance and Real Estate Committee. For the record, I am state comptroller, Nancy Wyman, and I appreciate the opportunity to testify on House Bill 5669, An Act Concerning Employer Health Insurance Premium Payments for Terminated Employees.

I'd like to thank the Chairman for raising the bill and, of course, I understand that Jonathan Duncklee has left, but I want to thank him for bringing the issue forward. Mr. Duncklee came and met with me about two years ago to talk about the problems that small businesses are having when an employee is terminated or chooses to leave. This seemed to be an unfair bill. It seemed to me an unfair thing because it seemed like large companies get their premium back right away where small companies, small businesses, had to continue the payments and keep the employee on which I thought it was unfair. And I know you had a busy day today, but I just I have

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one recommendation, one change to the language of this bill.

As currently drafted, the bill provides for the employer's credit to be applied upon the subsequent renewal as such small business a small group policy. Typically renewals are on an annual basis, and I believe that it should be clarified to provide for the credit on the next month's premium in the same manner as large employers do. Our small businesses should not have to wait months for their reimbursement, especially now. This is a bad economy and we're not going to be able to do a lot this year because of the economy, but this is one thing I think that can help small businesses.

So I want to thank you for allowing me to testify today, and please get home safely because it is snowing out.

SENATOR CRISCO: Thank you, Madam Comptroller.

Are there any questions? Any questions?

NANCY WYMAN: Thank you all very much.

SENATOR CRISCO: Thank you very much.

Representative Urban. She's not here. So we will proceed when she comes in we'll go back to proposed Senate Bill 290.

Representative Morin here?

REP. MORIN: Good afternoon, Representative Fontana, Senator Crisco and distinguished members of this committee. May I ask, Mr. Chairman, I'm here on two separate bills, am I allowed to talk only for one at a time; is that how you're doing this?

HB 5023

SENATOR CRISCO: Let's take a vote of the committee. You can speak on both. The committee has voted in the positive.

REP. MORIN: Thank you very much. Obviously you called me up for SB 290 and I'm pleased to put my name on that bill along with Senator McKinney and Representatives Keo and Drew.

I think I can't speak as eloquently as some of your members of the public that came on this one issue, I can just speak basically from my own personal experiences having friends and constituents that have had to go through this harrowing experience and having to personally fund or have fundraisers to try to find donors to help people that are seriously ill, and I know in Wethersfield we posted one and folks had to raise about \$12,000. And for people like us it's probably not too big a deal to come up with \$60 or \$70, but when you talk to some people, especially the students that might want to do it, I mean, that was alluded to by one of your earlier speakers, so this is a piece of legislation that will clearly help people, and it's really a small price to pay. I was very happy to see that it went through the senate last year. I hope that we can do that again and I hope in the house we'll be able to move quickly on it. So thank you very much on that issue.

I'm also here to speak on a bill that I had co-sponsored or actually sponsored, and for those of you that have been here a while, I'm hoping the third time is the charm. This is my third year in the legislature.

This is the third year that I've put this bill out for your consideration. The first year we were fortunate enough to have a public

°hearing. Last year -- by the way, this is HB 5023 that I'm speaking on requiring health insurance coverage for wound care for individuals with epidermolysis bullosa. The second year we made it through the committee. We actually passed it in the house and it languished and almost made it out of the senate but we ran out of time. I'm asking for your support again this year as a committee, and I'm asking for your support to help get this through both chambers of the house. This legislation doesn't affect a lot of people. There is less than 50 people in Connecticut that suffer from this disease, and frankly maybe a quarter of those people have the most serious effects of the disease which are skin lesions throughout their whole body, and the only treatment for these folks is to treat it with bandages and petroleum jelly and some ointment. Out of the maybe 15 that have the serious disease, half of them don't have insurance coverage. And you might think how much can bandages and petroleum jelly cost. Well, to those folks it can be anywhere between 20,000 and \$40,000 per year.

And if you don't have health insurance, that's a real issue. And I was inspired to sponsor this legislation because I met a young lady that went to school with my daughters. And when I first met her I didn't know what the disease was and I didn't know much about it, and I've watched her grow and she's here today to testify. And she's inspired me through her courage to come out here and speak year after year on this legislation. And it's more for the other folks. Her family actually has the insurance to cover it. She's doing this not for herself and that is to be commended.

So I know you're very busy, you've heard an awful lot of testimony, and you have a lot

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more, but I really appreciate the opportunity to spend some time with you to share my opinions on this, and I would certainly appreciate your support as we move forward.

SENATOR CRISCO: Thank you.

Are there any questions? Any questions?

No. Thank you very much.

Danny Lemos. You already testified right, Danny? Danny Lemos, he already testified, he spoke, okay.

Now we know the weather is a fact out there, so we'll try and expedite our hearing by alternating between two bills. We have no one signed up for Senate Bill 7, but on 5023 we do have members of the public.

So Rachel, John and Laura, would they all like to come up together or --

JOHN MORRIS: Good afternoon, my name is John Morris and my wife Laura won't be here today. We've had some health issues with her the last two days and she actually just got out of the hospital a couple of hours ago, so I get to look like Laurie today.

Laurie is really the expert on this. This is Rachel.

As Russ just said, she's had this disease since birth and we can tell you a little bit about it and what this means to us. We're here in support of House Bill Number 5023, an act requiring health insurance coverage for wound care for individuals with epidermolysis bullosa. Laurie is actually the founder of the Epidermolysis Bullosa Support Foundation

in Connecticut. She's Rachel's mom. Rachel is now twenty-five. Rachel has what's known as the recessive form of EB. EB is a very rare genetic skin disease that happens when collagen is missing in certain parts of the skin or the body doesn't produce enough of it. Because the skin doesn't have this protein, blisters develop very easily from the slightest pressure, the slightest touch. Clothing can cause it, and what happens is you develop these blisters sometimes very large and the blisters obviously need to be taken care of and they are treated the same as a second or a third-degree burn.

These blisters can cover huge parts of the body, 80 or 90 percent, and so what happens is we treat this by wrapping the kids in bandages. There is sort of a pad that looks -- it has jelly on one side that covers the wound and you put bandages over it and it acts like a layer of skin to help protect them. Rachel has got this, you can see, on her arms right now. There is four types of EB which range from a simple form, which is sort of common, to a more severe. Rachel has the more severe kind. There is no cure. There is research being done. There is hope, but at the present time the only thing we can do is treat the wounds as they happen so bandages are part of a vital coverage for this and this bill is necessary for that. Without bandages infections, sepsis, often occurs and that can be very very serious and very very dangerous for these individuals. Dressings are changed on a near daily basis to prevent infections and the lives of the families for people who have this revolve around day-to-day wound care. It's estimated that the prevalence of EB in the general population is approximately 8 in a million to 19 in a million in live births. There is about 48 people in

Connecticut right now who have it, 16 who have the dominant dystrophic, 22 with the EB simplex, and 10 with recessive dystrophic which is the more serious of the kind.

SENATOR CRISCO: Mr. Morris, could you speak a little closer to the microphone, please?

JOHN MORRIS: Sure. In the absence of health insurance coverage for the bandages and the wound care, this is an enormous expense. As Representative Morin said, it can be 20,000 to 40,000 or \$50,000 or more just for the cost of the bandages. We are fortunate that we have had coverage for a number of years. Right now Rachel is covered through Medicaid, but for families who don't have this, this is bankruptcy stuff, this is cashing in your retirement accounts, it's mortgaging your house, it's very significant. So it's very very important that it be covered by some form of health insurance just to make it work because there are so few people in the state who have this. The actual cost towards the insurance coverage is minimal in the general population, but for these families in particular it's very very important and it's vital. For the more severe kind of EB it can cost, as we said, up to \$40,000 a year, for the less severe kind it can be as little as 1,000 and the numbers are so small that it will be far justified versus the cost of hospitalization for someone who gets sepsis or infection from the wounds. There is a number of times that we spent days and weeks in the hospital to deal with some of these issues, and I'm sure the cost of that is far more than the cost of the bandages. We are fortunate Rachel has only had a couple of serious infections during her life, but we know of others who have had it more often. We know of others who have much younger children who

don't have insurance coverage and so for them it's a very very serious issue. Last year Representative Morin, Representative O'Connell and Rachel and my wife, Laurie, met with leaders of the insurance industry. They had supported this bill in the past. And so we're really asking you to support this bill and have it passed this year.

SENATOR CRISCO: Thank you, John.

Rachel, would you like to speak?

RACHEL MORRIS: Well --

SENATOR CRISCO: Take your time.

RACHEL MORRIS: Okay. Mr. Chairman and members of the committee, my name is Rachel Morris and I'm from Wethersfield. I'm speaking today in support of bill number 5023, an act requiring health insurance coverage for wound care for individuals with epidermolysis bullosa. I was born with one of the severest forms of EB called recessive destructive epidermolysis bullosa. I've been fairly lucky in my 25 years with EB because I received some of the best wound care available. Currently Medicaid is covering the majority of my supplies. This has provided me with the opportunity to maintain my health, to move, thrive throughout this world. I am incredibly fortunate, however, the majority of individuals in Connecticut are not, but this bill presents a variety of opportunities for all of us living in this state. Wound care is vital for survival for someone diagnosed with EB. Wound care is a daily routine that is a twofold process because the wounds of EB are internal and external. My skin is sensitive to the slightest forms of friction, a simple hug can do a world of damage. Bandages act not only

as an agent for feeling but it is also the protective layer of skin I wasn't born with. It allows me to be independent to perform simple daily tasks and to get out into the world and to interact with my family, friends and community. The skin within the body has its own set of challenges as well. I receive blisters inside of the eyes during REM sleep. I also get blisters and wounds in the esophagus due to eating food sometimes. Whatever nutrition I do take during the day goes straight to healing. Since my body is covered in at least 80 percent of wounds, I will never be able to do enough to generate healing with food alone therefore I have a G-tube placed in my stomach to receive extra nutrition at night to keep the healing process going.

Regardless of the form of EB, the need for wound care remains the same. We need these bandages in order to live. And for the majority of residents in Connecticut with EB, they are not covered. I'm twenty-five years old and that may seem young, but when it comes to wound care coverage absolutely nothing has changed since the moment I was born. Last year I met with Representative Morin and Representative O'Connor and the leaders from Connecticut's insurance companies to discuss the coverage of wound care for individuals living with EB. It was an excellent opportunity and I really ask for you to please consider bill 5023. Thank you.

SENATOR CRISCO: Thank you, Rachel. I think I speak for the committee, you are a super hero to us and we just -- I'm so honored to have you appear before us and we wish you wellness, and we're just so pleased that you are able to appear, but you are one super person.

Any questions?

Chairman Fontana.

REP. FONTANA: I'd simply like to agree with my co-chairman, you are very impressive, your testimony was impressive, as was your father's, and I want to thank both of you for taking the time to come up today and thank Representative Morin.

SENATOR CRISCO: Any other questions from the committee?

Senator Hartley.

SENATOR HARTLEY: Thank you, Mr. Chairman. And Rachel, I just want to say that your testimony was incredible and speaking for myself, I'm not a mandate kind of person, but you have my vote, Rachel.

RACHEL MORRIS: Thank you.

SENATOR HARTLEY: Thank you, Mr. Chairman.

SENATOR CRISCO: You're welcome.

Any other questions?

Thank you both very much. We appreciate it.

We'll proceed back now to Senate Bill 290, John Galvin. Is John Galvin here? Mrs. Robel, is Mrs. Robel here? I'm sorry, you're John. You sneaked up on me.

JOHN GALVIN: Thank you, Chairman Crisco, Chairman Fontana, members of the Insurance and Real Estate Committee for allowing me the opportunity to speak with you today. I'd like to offer the following support of Senate Bill

290, an act requiring health insurance coverage for bone marrow testing.

For me it all started on April first 2005 when my wife Gina was diagnosed with an aggressive form of leukemia. At twenty-five years old she was told she had only a 20 percent chance of making it through the next two weeks. One of the most grueling parts of this battle for me, aside from watching Gina go through treatments, was managing our finances. Let me give you an example. Gina was transferred to Boston at the Dana-Farber Cancer Institute after a day of treatment in Hartford. I had to arrange and pay for housing for Gina's family and myself and we had to pay for food as well as transportation to and from Connecticut on a regular basis. Our prescription drug costs were in excess of \$1,000 per month. The next battle and perhaps the most daunting of all was finding a simple match for Gina's transplant. Her sister was not a perfect match so we had to look for a donor in the International Bone Marrow Registry. For months we heard nothing and our anxiety grew with the passing of each day. We knew that Gina's Leukemia had a high percentage of relapse and without a transplant she might be back to square one. We held bone marrow drives in Wethersfield at the high school where we both teach as well as Worcester, Mass. where I grew up and at the state house in Boston where I served as a legislative aid. All told, we added over 500 people to the registry, however, none were matches for Gina.

What was the difference in these drives? The ones that were held in Massachusetts were covered by insurance companies and the ones held in Connecticut required people to pay out of their own pockets if they wished to be

tested. This is a shame. It's a shame that families like mine are forced to spend exorbitant amounts of money just to find a match. We didn't want people to be hesitant to be tested in Wethersfield so with the help of our friends we covered the cost of the drive ourselves. To add 250 people to the bone marrow registry it costs us in excess of \$12,000. Connecticut is recognized as the leader in the United States when it comes to education, crime prevention and even health care, yet when it comes to helping save lives by adding people to the bone marrow registry and when it comes to easing the burden of families dealing with cancer, the State of Connecticut is found lacking. Today we hope to change that with your favorable review of Senate Bill 290.

Fortunately Gina eventually found a perfect match, a twenty-one year old male from somewhere in the world gave so generously of himself that Gina was able to have a transplant and as a result her life was saved. When you consider this bill today think of Gina and me. Think too of the 35,000 citizens of our nation who will be diagnosed with Leukemia this year and think of the 17,000 people who were diagnosed with cancer in Connecticut last year and think of the financial burden that these families face every day. Today you have an opportunity to ease that burden and to take a giant step in moving Connecticut forward in this battle against cancer.

I would also just like to draw your attention to two letters that we submitted today in support of Senate Bill 290. One was from Massachusetts Lieutenant Governor Tim Murray and the other one was from Dr. Robert Soiffer, head of hematological malignancies at

Dana-Farber Cancer Institute. Both are very insightful, and I urge you all to read those two letters in particular.

SENATOR CRISCO: Thank you, John.

Are there any questions? Any questions?

Thank you very much. And who's that young lady next to you?

JOHN GALVIN: Mrs. Robel, here you go.

SENATOR CRISCO: Mrs. Robel.

MRS. ROBEL: This is Michael at eleven years old succumb to Hodgkins Lymphoma and he went into B-cell Leukemia which also there was no cure for. This is in 1996. So the only thing was to have a bone marrow transplant. So we were preparing for that and he was having some kind of a problem with his hands and his feet so when we took him to the hospital that's when they said that he had the B-cell Leukemia and he had to have the bone marrow transplant, but in the meantime the drive was for the end of June and he died on June the 6th. It was on our 50th anniversary. So we had truly, you know, the whole parish, the community came in so we decided to stay with it and this is our 13th year. We've had 900. We're working with the Rhode Island blood drive blood people. We've had 904 blood drives. We've had 29,814 donors and we've paid for the blood testing of people that are not insured, \$367,382 so far. Now when we tested in Massachusetts at that point I had made a statement that I really can't imagine why I am here and when they came out of their meeting it was Senator Bernstein that said, "Madam, there is a very good reason why you are here." And on that first reading we did get to it and within -- well, it went

from one committee to another. I don't know how many committees there were, but it was in a year's time we were in. We had children. These are the first ones that had come. This is Joe and Jill. She comes from Tennessee. And this is Chris and Eric. He comes from Oregon. I'm sure somewhere along the line you have seen Giovanni. You've most likely seen Lauren. (Inaudible.) She was less than three years old also.

Up until now I find as of today as of the last -- each month we do get a docket of what's happening, we have over a hundred youngsters and older individuals that have had blood transfers because of Michael's Fund. And one of the reasons that we stuck with it is Michael was in the hospital for seven months which meant it was doing an awful job on the parents. They had to stay out of work and the amount of money over and above what the insurance was they realized that the one thing they could do is to help parents through this. So this is what happens here. The \$367,382 that we have paid for people that are not insured, so just the other day I'm the historian so as a matter of fact in Providence at the blood drive I found this yesterday in the last pieces of material that I got. Here are two young ladies that are in very bad shape and they need to have a blood transfusion, a blood transplant, but what got to me and at our tenth anniversary also there was something that came up from a young boy for our tenth anniversary, something comes out of these people that is so beautiful that you can't help but realize that there is something you need to do. For our tenth anniversary (inaudible) but what I did say is he who saves one life it is as if he had saved the entire world. (inaudible) Now with this one, at times our own life goes out and is rekindled

by the spark of another person. And then it has a space, and as you see here, you could be that spark. I hope today that you may be that spark. Thank you so much.

SENATOR CRISCO: Thank you, Mrs. Robel. You are another super person.

Questions? Any questions?

MRS. ROBEL: I'm full of papers.

SENATOR CRISCO: Just take your time. We thank you so much for all you're doing for people. Just take your time. God bless you.

Is Patricia Lang here? One minute. We have Representative Urban here. We'll switch back to you next, Patricia.

REP. URBAN: Thank you, Mr. Chairman. For the record, I am Diana Urban, State Representative to the 43rd District. And I would just like to say that the compelling testimony that you all have just listened to over the last five minutes just cries to us as legislators to heed the call for action for people who are so adversely affected. I'm sorry, I just had to add that.

And now I am going to take the committee to a more mundane area, a different subject, and maybe you need that change right now. I am here today to speak in favor of House Bill 5669 which is An Act Concerning Employer Health Insurance Premium Payments for Terminated Employees. You have my written testimony in front of you and I'm actually assuming that you all know how to read so I'm not going to read it to you. I'm simply going to say to you that what this bill addresses is we have sort of a dichotomy that exists if you

are a business with 50 or less employees or you're a business with 50 or more employees. If you are a business with 50 or more employees and you have an employee quit or terminated, at that point in time the health insurance payments stop and the employee can go on Cobra. That company has the option of doing that. If you are a small business with 50 or less employees, that doesn't happen, you are obligated to pay that insurance through the month or however whatever period of time the employee was terminated or quit through the end of that month. And on a small business owner that can be \$1,000, it can be \$800 depending upon the size of the family and the insurance plan. I am merely here to say that in the economic climate that we find ourselves to have that not level playing field where a large corporation or someone with 50 or more employees is not obligated to go through the end of the month with the insurance payment and yet a small business who's struggling to make ends meet and as we all know our small businesses are the generators of jobs in Connecticut as well as the nation. We don't want to have a more adverse effect on small businesses. So we're simply asking the committee to level the playing field and treat the small business the same way we treat the larger business. And I know there is one concern as to how the adjustments will be made, and I think if we can work on that language because I believe the language the way it exists now is it's yearly and there is a mechanism to do that monthly because they do it monthly with the larger businesses. So if they can do it there, they can do it with the smaller ones. And I appreciate your listening, and if you have any questions I'm glad to answer them. Thank you.

SENATOR CRISCO: Thank you, Representative.

Are there any questions?

Yes, Chairman Fontana.

REP. FONTANA: Thank you, Mr. Chairman.

Just one quick question, Representative. You've done a lot of good work over the years focusing on small businesses and how we can make them more competitive and help level the playing field across the board. In your estimation would this be one of the larger or more significant things that we could do this session to try to help small businesses?

REP. URBAN: Mr. Chairman, I believe that it is even insofar as we're sending a message to our small businesses that we are aware of what they are facing and we want to do everything possible that we can to help them throughout the -- or through this economic storm that we are involved in right now; so, yes.

REP. FONTANA: Very good. Thank you.

REP. URBAN: Thank you, Mr. Chairman.

SENATOR CRISCO: Any other questions? Thank you for your testimony.

REP. URBAN: Thank you, Mr. Chairman.

SENATOR CRISCO: Patricia Lang.

PATRICIA LANG: Good afternoon, Senator Crisco, Representative Fontana and members of the committee, I'm here to testify today in favor of SB 290, An Act Concerning Health Insurance Coverage for Bone Marrow Testing. My name is Patricia Lang, and I've been the director of

the Rhode Island Blood Center Marrow Donor Program since 1991. We're what's called a donor center for the National Marrow Donor Program whose mission is to facilitate the donation of marrow stem cells from unrelated patients to donors to patients who suffer from various diseases.

In 1998 because a local patient, family took the lead, the Rhode Island State Legislature passed a law mandating that health insurance plans written in the state of Rhode Island would be required to pay the cost of the HLA typing that's required to sign a donor up in the national marrow donor program. This is a test that's only needed once in a life time because once you know your type you've got it. In December of 2000 the governor of Massachusetts signed into law a similar bill and in May of 2006 the governor of New Hampshire also signed a bill put forth in that state. Other states who are interesting in passing legislation right now are Vermont which has introduced a bill earlier this month and folks in Washington State and New York State are also interested. Maine passed a bill some years ago that set up a fund to draw from when drives are held, but it's not a fund that always has money in it all the time.

What does this mean to us? It's meant that we've been able to sign up a lot more donors when we go to drives. There was a drive just this Saturday in Stamford, Connecticut and when we first talked with the family they only had funding to sign up 100 donors. Well, we got involved and we had the drive and 270 people came that day. Otherwise what would they have done? They've had to turn them away or ask them to pay. Many of them were young people because the patient is a seventeen-year-old who had a large following

and quite a few young people came. Those young donors are actually the best investment because they'll be registered a long time and they could be there to help people down the road.

Since the passage of the bills in all three states, we've seen that larger number of donors registered but without the help of groups like Michael's Fund who will cover those uninsured, we really couldn't continue to do what we do. I also think that an important reason for insurers to pay the cost of the testing is that in the long run they'll save money because patients will not be held on chemotherapy for a long time while they're waiting and looking for a donor. So the bigger the registry, the less costly it is for the insurance companies. And it really is out of the sense of community that we all work together to support programs like this.

I know there were several other people who wanted to testify today but couldn't make it because of the short notice and unfortunately the weather is not so good either. Maria Spencer, the legislative affairs director from the National Marrow Donor Program sent a letter that supports the bill. Christine Mareno also sent a letter. She's from Connecticut. And her fourteen-month-old niece had a transplant a few years ago. That transplant came from her sister. She was very lucky to find a donor from her own family so she's worked toward helping other people who don't have that family match. There's also Todd Ellison who had a transplant 12 years ago from someone he didn't know and here he is today, went on to get a Master's Degree in social work, and he now works in an oncology and a bone marrow transplant unit in Rhode Island. And last there is parents of a

three-year-old child not too far from her who had two bone marrow transplants. He could not be here today because they were going to Sloan-Kettering for a checkup, and he's happy to say that things are going really well. So all these people really are becoming or going back to becoming citizens, pay their taxes, help other people, and it really is not that hard on the insurance companies. Senator Tom Lynch from Rhode Island who helped pass the original bill whose son also had an unrelated transplant could not be here today. He also went on to work for Blue Cross Blue Shield of Rhode Island and he's written that it cost pennies on the policy of the health insurers to cover the cost of donors who would like to register.

And I'd just like to thank you for your attention today.

SENATOR CRISCO: Thank you. Any questions?

Gina Gallivan.

GINA GALLIVAN: Senator Crisco, Chairman Fontana and members of the Insurance and Real Estate Committee, thank you for listening to my testimony in support of Senate Bill 290, an act requiring health insurance coverage for bone marrow testing.

My name is Gina Gallivan. I'm twenty-nine years old and a resident of Glastonbury, Connecticut. My life was saved by a bone marrow transplant. I believe that allowing volunteers to join the bone marrow registry free of cost will promote these life savings procedures. The more we encourage people to join the registry, the greater the chance that patients like myself will be able to find donor matches and receive bone marrow

transplants.

Less than four years ago I was diagnosed with acute lymphoblastic Leukemia. At the age of twenty-five I had been married for less than one year and was employed in my current job as an English teacher at Wethersfield High School. I was coaching the high school girls' varsity tennis team and taking classes towards my Master's Degree at Central Connecticut State University. I had always been a healthy, energetic and active member of my community and I felt confident that my future looked promising and fulfilling. My diagnosis of Leukemia could not have come as more of a shock to my family or me. I underwent intensive chemotherapy and radiation that led to remission. The doctors told me that the most promising way to prevent reoccurrence of the cancer would be to receive a bone marrow transplant. I had the fortune to find a donor match, a twenty-one-year-old male. Although I do not know his name or where he lives, I do know that I am alive today because he volunteered to join the bone marrow registry. The key to making my success story one of many is to find donors for patients suffering from blood cancers and disorders. To hear of people of all ages not surviving because they could not find a match is a tragedy. I feel that it is my duty as a survivor to provide hope to others who are waiting for donor matches by doing everything I can to increase the chances of matches being found. The most immediate way to do this is to make joining the registry as easy as possible for those who are interested. I believe that this bill will help other patient's lives be saved because covering the cost of registering to be a bone marrow donor will make more people apt to become donors and thus increase the number of potential donor matches for patients. This

requests that insurance companies cover the cost of becoming a bone marrow donor, support the necessary lifesaving effort that directly leads to saving lives and reducing future insurance costs for cancer patients who would otherwise require longer and very likely less successful treatment. Insurance companies would pay approximately \$60 only once and only for people who meet the age and health requirements and decide to volunteer to join the registry. To think that some willing Connecticut residents turn away from the opportunity to give others life because of the cost of registering is a shame. Please support Senate Bill 290 so we can help to make bone marrow transplants occur as often as they are needed to save lives such as mine.

SENATOR CRISCO: Thank you very much.  
Chairman Fontana.

REP. FONTANA: Thank you, Mr. Chairman. Just one question, Gina. You just said, I believe, this is a one-time cost, it's not an ongoing or recurrent cost, we're asking -- or you're asking for this to be covered once so we can get everybody tested or encourage the testing and then we won't need to keep doing it except for new people; is that right?

GINA GALLIVAN: Correct. So this would be a cost that the insurance companies would cover one time for people who are interested and able to donate because of their age and their health.

REP. FONTANA: Very good, thank you.

GINA GALLIVAN: Thank you.

SENATOR CRISCO: Thank you.

Any other questions? Any other questions?

Yes, Representative Schofield.

REP. SCHOFIELD: This may not be the best question for you, Gina, but I'll ask you anyway. The \$60, is it entirely the cost of the lab test or is part of it also the phlebotomist, the person who's actually drawing their blood? I'm wondering if there is a way to make this more efficient by asking people who are in for routine blood testing, hey, do you want to send a vial off to the bone marrow testing place.

GINA GALLIVAN: I do know that it is possible to be tested just through a mouth swab, so that it's really quite a simple test, I believe. However, because I was a patient at the time that these drives were held, I would have to defer to more -- about more specifics to others such as Patricia Lang and doctors, but you can do it through a mouth swab.

SENATOR CRISCO: Thank you. Any questions? Any other questions?

Thanks so much, Gina, appreciate it.

GINA GALLIVAN: Thank you.

SENATOR CRISCO: Nicole?

NICOLE MORRISSETTE: Good afternoon, Senator Crisco, Representative Fontana and the members of the Insurance and Real Estate Committee. Thank you for allowing me the opportunity to speak with you today in support of Senate Bill 290, an act requiring health insurance coverage for bone marrow testing.

My name is Nicole Morrissette and I'm an eighteen-year-old from Wethersfield. Three

years ago all I knew about Leukemia was that it was a type of cancer. Unfortunately since then Leukemia has made a big impact on my life. Two people I'm very close with have been diagnosed with this disease. The first was Mrs. Gallivan, who you just heard from. She was my English teacher and she went from teaching and coaching to being diagnosed with this disease and having to move to Boston to Dana-Farber Cancer Institute. The second person was Sue Lyon, she was my mom's best friend and someone who was like a mother to me who was also transferred to Boston right after she was diagnosed. Both Mrs. Gallivan and Sue needed bone marrow transplants to save their lives. Before that, however, they needed to go through the process of finding a donor match. Sue had a bone marrow drive that was held at the Wethersfield Country Club and Mrs. Gallivan had one held at the high school and two in Massachusetts. And from what you have heard, the difference between these drives is that the drive in Connecticut people who wanted to join had to pay over \$60. In Massachusetts the cost was covered by insurance. Over 17,000 people in Connecticut will be diagnosed with cancer this year. Many of these will be cancers of the blood like Leukemia where a bone marrow transplant could save their lives. Cancer is something that is extremely stressful, not only emotionally but physically, and I feel as though the patient and their families shouldn't have to deal with the financial stress as well. So I urge your favorable consideration in support of Senate Bill 290 and thank you very much.

SENATOR CRISCO: Thank you, Nicole.

Any questions for Nicole?

Thank you very much.

Jennifer St. Peter from Rhode Island.

JENNIFER ST. PETER: Senator Crisco, Representative Fontana, members of the committee, thank you very much for allowing us to be here today. I'm testifying in support of SB 290, An Act Concerning Health Insurance Coverage for Bone Marrow Testing.

My name is Jennifer St. Peter. I'm a recruiter with the National Marrow Donor program at the Rhode Island Blood Center. I have been involved with the national marrow donor program for about ten years now. I began my work with this organization in 1998 when my mother who's a regular blood donor first heard about marrow donation. At that time I lived in Vermont where I grew up and my mother decided, why not, this would be something great I can do as well. At that point she would have had to drive to Dartmouth Hitchcock in New Hampshire and pay the at that time it was about \$85 for the test out of her own pocket to put her in the national registry. She decided that there had to be a better way. She is a twenty-five year plus employee of the Rutland Regional Medical Center in Rutland, Vermont and she founded the program, the marrow donor program at the Rutland Regional Medical Center to make this test available to people at no cost.

Vermont is very rural. A lot of people can't afford that type of money even though they want to help people. So for the past ten years we've been doing fundraisers to cover the cost of the tissue typing. That's a lot of bake sales. Luckily we've been able to cover the cost for everybody who's wanted to register. We've never had to turn anyone away. A couple years ago I moved to Rhode

Island and began volunteering with the program at the Rhode Island blood center and in October of this year I was hired as a recruiter. And I can tell you it's a night and day difference how much more easy it is to add people to the registry with the insurance covering that cost. It gives us more time to work with patient families to help them hold drives, to just offer our support to them when they are going through this horrible crisis of a sick loved one.

We're able to spend more time educating the public on the need for marrow donors and why it's so important instead of having to focus so much on fund raising and on asking families at that difficult time to do the fund raising. In answer to your question before about the cost of the tissue typing, the \$52 is for the cost of the test. It is a buccal swab now which is basically a giant Q-tip. You swab the inside of your cheek and they can get the information they need from the cheek. It's a one-time procedure. It takes about 20 minutes for people to come to a drive, fill out the paperwork and do the cheek swab. That puts them on the national registry until their sixty-first birthday. At any time during those years they could be called to be a donor for a person.

SENATOR CRISCO: Thank you, Jennifer.

JENNIFER ST. PETER: Thank you.

SENATOR CRISCO: Any questions? Any questions?  
Thank you very much.

Just for the record I want to note under proposal 5019 there were no individuals that signed up.

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Statement  
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Anthem Blue Cross and Blue Shield  
On

**S.B. No. 458 (Raised) An Act Requiring Communication Of Mammographic Breast Density Information To Patients; Proposed H.B. No. 5021 An Act Expanding Health Insurance Coverage For Ostomy-Related Supplies; Proposed S.B. No. 290 An Act Requiring Health Insurance Coverage For Bone Marrow Testing; Proposed H.B. No. 5024 An Act Concerning Health Insurance Coverage For Bone Marrow Testing; Proposed H.B. No. 5023 An Act Requiring Health Insurance Coverage For Wound Care For Individuals With Epidermolysis Bullosa; H.B. No. 5671 (Raised) An Act Concerning Health Insurance Coverage Of Prosthetic Devices And H.B. No. 5672 (Raised) An Act Expanding Insurance Coverage For Hearing Aids For Children.**

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am here today to speak against the bills mentioned above.

We are opposed to these bills because it seeks to add a new for all individuals and group policies, including the State of Connecticut State Employees Health Insurance Plan that would further increase their costs. Mandates remove any choice that employers or individuals might have in purchasing health care. Our goal as a managed care organization is to provide a comprehensive meaningful set of benefits to individuals and employers purchasing our product. How we accomplish this goal changes as the needs and desires of the market changes. Mandating benefits take away the flexibility insurers have in developing products in response to the needs of the marketplace. The cost of mandates may cause the purchasers of health care, specifically employers to stop offering health insurance all together.

We would respectfully request that the committee not move forward with these bills.



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5018

Connecticut State Medical Society  
Testimony Submitted to the Insurance and Real Estate Committee  
February 3, 2009

Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee, On behalf of the over 7,000 members of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today on several proposed pieces of legislation. We feel that these bills will have an impact on appropriate coverage and access to healthcare services in Connecticut, as well as the overall well-being of Connecticut residents.

HB5673

HB5021

HB5028

HB5024

SB290

HB5672

HB5671

SB458

Proposed Bill 5018 An Act Requiring A Cost-Benefit Analysis of Health Insurance Benefits in This State, would establish a working group to conduct a cost-benefit analysis of existing health insurance benefits mandated in this state and require that a cost-benefit analysis be conducted prior to the implementation of any new health insurance law. We agree that it is important that the impact of requirements placed on the healthcare industry through mandates be understood from both a quality and cost perspective. As you know through years of testimony by this organization, we believe that a service deemed medically necessary by a patient's treating physician should be afforded insurance coverage and payment. Unfortunately, the refusal by many health insurers to cover medically necessary services has led to the need for this body to require health insurers to do what is right through the passage of certain mandates or coverage requirements.

Language for this legislation must be clear that any review of the "benefit" would recognize the impact on the "health and well-being" of those in need of such services, including, but not limited to, enhanced life expectancy, improved activities of daily living, maintenance of health and reduction of pain or discomfort. Any system to evaluate the impact of legislation passed that impacts the health of our citizens must provide for an analysis on the increased in quality of life to individuals receiving the benefit. Therefore, we ask that if it progresses through the session that organized medicine be invited to participate in the development of an appropriate and comprehensive review of our state "mandates. Cost is an important factor, but the benefits to the citizens of Connecticut must be evaluated and foremost in the minds of legislators, regulators and those who intend on evaluating the effectiveness and advantages of mandated medical services.

Additionally, passage of HB 5018 would impact no fewer than seven other proposed bills on your agenda today including:

HB 5673 AAC Health Insurance Coverage for Wigs For Individuals with Permanent Hair Loss

HB 5021 AA Expanding Health Insurance Coverage for Ostomy-Related Supplies

HB 5023 AA Requiring Health Insurance Coverage for Wound Care for Individuals with Epidermolysis Bullosa

HB 5024 AAC Health Insurance Coverage for Bone Marrow Testing

SB 290 AA Requiring Health Insurance Coverage for Bone Marrow Testing

HB 5672 AA Expanding Insurance Coverage for Hearing Aids for Children

HB 5671 AAC Health Insurance Coverage of Prosthetic Devices

Without a doubt, passage of these bills would provide a tremendous benefit to patients afflicted with these conditions. They would strengthen an individual's health status and/or increase quality of life. These benefits cannot be compared or contrasted to the financial cost of their implementation. However, we must once again stress that the position of the CSMS is that none of these bills would be necessary if a rational determination of a medically necessary service by a physician to improve health or increase a patient's quality of life was the trigger for insurance coverage and payment.

Finally, today we wish to provide comments to you on Senate Bill 458 An Act Requiring Communication of Mammographic Breast Density Information to Patients. Early screening and detection of breast cancer must be priority. Nothing should preclude appropriate coverage and payment for the imaging services or potentially any medically necessary follow-up services or care provided. We welcome the opportunity to work with this committee to ensure that appropriate information is provided and appropriate follow-up care is covered.

Thank you for the opportunity to provide this testimony to you today. We look forward to working with you on these and other important issues addressed by this committee throughout the session.



Insurance and Real Estate Committee  
February 3, 2008

5021

### Testimony of the American Cancer Society

The American Cancer Society is urging your support of HB 5021, AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR OSTOMY-RELATED SUPPLIES.

There are several types of ostomy procedures that allow an individual who has had a surgically created opening in the body, to allow the discharge of bodily waste. Many individuals who go through ostomy procedures are ones that are required to do so because of the negative effects of cancer. As a result of various cancer treatments, an ostomy device has been added to allow the individual to continue their normal lives after treatment.

There are a variety of ostomy procedures, the most common include colostomy, ileostomy, and urostomy. A colostomy is created when a portion of the colon or the rectum is removed, often do to the removal of cancerous polyps within the colon. The remaining colon is brought to the abdominal wall where the ostomy device can be attached. An ileostomy is a surgically created opening in the small intestine. A urostomy is a general term for a surgical procedure that diverts urine away from a diseased or defective bladder. Many individual that have this type of device have been victims of bladder cancer.

An individual that does have an ostomy, is required to have a pouch system that collects the bodily waste. This pouch system is typically purchased by the individual and can become quite costly. HB 5021 will ensure that insurance coverage is granted to individuals that require these supplies. This legislation is helpful because many people can only afford a portion of the supplies, however this bill would increase the minimal amount from \$1,000 to \$5,000, which an amount that would cover most of a patients related costs. In this current economic situation, such a savings would help the most effected individuals.

Please support this piece of legislation so that individuals with ostomy devices can adequately afford the devices that they require.

**CBIA**

5021

Connecticut Business &amp; Industry Association

TESTIMONY  
BEFORE THE  
INSURANCE AND REAL ESTATE COMMITTEE  
LEGISLATIVE OFFICE BUILDING  
FEBRUARY 3, 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 5021, AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR OSTOMY-RELATED SUPPLIES**. 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 5021 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.

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State of Connecticut  
 HOUSE OF REPRESENTATIVES  
 STATE CAPITOL  
 HARTFORD, CONNECTICUT 06106-1591

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ASSISTANT DEPUTY SPEAKER

MEMBER  
 JUDICIARY COMMITTEE  
 LEGISLATIVE MANAGEMENT COMMITTEE  
 PLANNING AND DEVELOPMENT COMMITTEE

Testimony

By

Rep. Mary G. Fritz, 90th District  
 Cheshire – Wallingford

on

HB 5021, An Act Concerning Expanding Health Insurance Coverage for Ostomy-Related Supplies

February 2, 2009

Chairman Crisco, Chairman Fontana, honorable members of the Insurance and Real Estate committee, I am submitting testimony in strong support of An Act Concerning Expanding Health Insurance Coverage for Ostomy-Related Supplies, HB 5021.

For the record I am Mary Fritz, the State Representative from the 90<sup>th</sup> District Covering parts of Cheshire and Wallingford.

As you know, this bill was presented to you last year and you very graciously voted it out of the committee. This bill also passed the house by a weak margin. Unfortunately, in the waning days of the session it did not get called in Senate. So here I am again – hoping this time for passage by both chambers and the Governor's signature

I would now like to beg your indulgence and give you a brief history of this bill on ostomy supplies and my involvement.

- 2 -

In 1999, a 30 year old constituent of mine came to me for help. Because of cancer, part of her intestine had to be removed and she was forced to have a colostomy. When she approached her employer about coverage for the supplies, the insurance company responded that these supplies "WERE COSMETIC" and would not be covered

That year it did not make it to the floor of the House. But we came back again in 2000 and we were successful. Connecticut became the 1<sup>st</sup> state in the country to mandate coverage for ostomy supplies up to \$1000.

Eight years later, 2008, I came to you again and asked for your help because the cost of supplies annually far exceeded the \$1000 limit. Please remember without these supplies ostomy patients cannot and would not have a normal life -- needless to say absolutely no quality of life.

The compromise reached last year was a \$5000 annual limit

Let's make history again in 2009 and have this proposal become law. Senator Crisco I'm counting on you!

Thank you

000559

5021

RICHARD BLUMENTHAL  
ATTORNEY GENERAL



55 Elm Street  
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Hartford, CT 06141-0120

Office of The Attorney General  
State of Connecticut

*TESTIMONY OF  
ATTORNEY GENERAL RICHARD BLUMENTHAL  
BEFORE THE INSURANCE AND REAL ESTATE COMMITTEE  
FEBRUARY 3, 2009*

I appreciate the opportunity to support House Bill 5021, An Act Expanding Health Insurance Coverage for Ostomy-Related Supplies.

This legislation increases the maximum health insurance coverage limitation to \$5,000 for medically necessary appliances and supplies relating to an ostomy, including but not limited to collection devices, irrigation equipment and supplies, skin barriers and skin protectors.

Ostomy supplies are a critical, integral, necessary and ongoing part of certain surgeries. In 2000, the General Assembly required health insurers to cover such supplies up to a maximum of \$1,000 annually. The cost of medical supplies is increasing rapidly each year, dramatically reducing the practical benefits of the 2000 law.

The current law already requires that any supplies covered under this insurance mandate be medically necessary. Yet, my office has received complaints of insurer rejection of ostomy supplies as cosmetic -- an incredibly unfair and misguided understanding of ostomy supplies.

I urge the committee to favorably consider House Bill 5021 and send a clear message to insurers to cover such supplies. Patients deserve nothing less.



Quality is Our Bottom Line

Insurance Committee Public Hearing  
 Tuesday, February 3, 2009  
 Testimony on behalf of the  
 Connecticut Association of Health Plans

5673  
 5021  
 5023  
 5024  
 5672  
 5671

On behalf of the Connecticut Association of Health Plans, we respectfully urge the Committee to take no action with respect to the following bills:

- HB 5673 AAC Health Insurance Coverage for Wigs for Individuals with Permanent Hair Loss.
- HB 5021 AA Expanding Health Insurance Coverage for Ostomy-Related Supplies.
- HB 5023 AA Requiring Health Insurance Coverage for Wound Care for Individuals with Epidermolysis Bullosa.
- HB 5024 AAC Health Insurance Coverage for Bone Marrow Testing.
- HB 5672 AA Expanding Insurance Coverage for Hearing Aids for Children.
- HB 5671 AAC Health Insurance Coverage of Prosthetic Devices.

While each proposal 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, again, 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 and there is no question that cost will be added to the system if the above proposals are adopted. 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 generally not applicable to employers (generally large employers) that self-insure their employee benefit plans. 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)

- 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)

As the state moves forward with initiatives to provide all residents with access to health insurance coverage, mandates must be part of the discussion. The fact that the Committee is considering 6 new mandates just today, some clinical and some administrative in nature, argues for the need for an independent analysis of whether adoption is warranted given their impact on the overall cost of health care.

Several of the bills before you are proposals which the industry worked on previously with proponents to reach compromise. It's a difficult balance which must be struck when deciding various benefit levels of this nature and it's up to policy makers to determine at which point high benefit policies for some make coverage cost prohibitive for others.

We thank you for your consideration.

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Director  
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February 3, 2009

5023

Statement  
Of  
Anthem Blue Cross and Blue Shield  
On

**S.B. No. 458 (Raised) An Act Requiring Communication Of Mammographic Breast Density Information To Patients; Proposed H.B. No. 5021 An Act Expanding Health Insurance Coverage For Ostomy-Related Supplies; Proposed S.B. No. 290 An Act Requiring Health Insurance Coverage For Bone Marrow Testing; Proposed H.B. No. 5024 An Act Concerning Health Insurance Coverage For Bone Marrow Testing; Proposed H.B. No. 5023 An Act Requiring Health Insurance Coverage For Wound Care For Individuals With Epidermolysis Bullosa; H.B. No. 5671 (Raised) An Act Concerning Health Insurance Coverage Of Prosthetic Devices And H.B. No. 5672 (Raised) An Act Expanding Insurance Coverage For Hearing Aids For Children.**

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am here today to speak against the bills mentioned above.

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