

Act Number:	09-041	
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GENERAL ASSEMBLY
SENATE**

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page 42, Calendar 259, Senate Bill 802, I move to
remove from the foot and mark PR.

THE CHAIR:

Without objection.

SENATOR LOONEY:

Good. Thank you, Mr. President.

A couple of changes of markings, Mr. President.
On calendar page 10, Calendar 389, House Bill 6327,
previously marked go, Mr. President, I would move to
place that item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place the item
on consent. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. On calendar page 26,
Calendar Number 86, Senate Bill 458, also previously
marked go, I would move to place that item on the
Consent Calendar.

THE CHAIR:

Motion is on the floor for consent. Seeing no
objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. And on calendar page
28, Calendar 144, Senate Bill 849, previously marked

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Senate Bill 876.

Calendar page 25, Calendar 534, House Bill 6599.

Calendar page 26, Calendar Number 86, Substitute
for Senate Bill 458.

Calendar page 29, Calendar 166, Substitute for
Senate Bill 825.

Calendar page 31, Calendar 221, Substitute for
Senate Bill 893.

Calendar page 34, Calendar Number 320, Senate
Bill Number 256.

Calendar page 35, Calendar 370, Substitute for
Senate Bill 922.

Mr. President, I believe that completes those items previously placed on the Consent Calendar.

THE CHAIR:

(Inaudible) roll call vote, sir. The machine will be opened.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar, will all Senators please return to the chamber. The Senate is now voting by roll on the
Consent Calendar, will all Senators please return to the chamber.

THE CHAIR:

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Have all Senators voted?

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

THE CLERK:

Motion is on adoption of Consent Calendar Number 1. Total number voting, 36; those voting yea, 36; those voting nay, 0; those absent/not voting, 0.

THE CHAIR:

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I would move that all items referred to various committees from the chamber today be transmitted to those committees immediately.

THE CHAIR:

Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, also, would announce that we will be convening tomorrow about -- at 11:30 a.m., it's our intention to pick up with bills that had previously been marked "go" today. So I would move that all items previously marked go

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bill? Will you remark further on the bill? If not, staff and guests please 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, please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Is your vote properly recorded? If so, the machine will be locked. The Clerk will take the tally. And the Clerk will announce the tally.

THE CLERK:

House Bill 6567.

Total Number Voting	147
Necessary for Passage	74
Those voting Yea	128
Those voting Nay	19
Those absent and not voting	4.

DEPUTY SPEAKER GODFREY:

The bill is passed.

Mr. Clerk, will you please call Calendar 570.

THE CLERK:

On page 25, Calendar 570 a substitute for Senate

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Bill Number 458, AN ACT REQUIRING COMMUNICATION OF
MAMMOGRAPHIC BREAST DENSITY INFORMATION TO PATIENTS,
favorable report of the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Insurance and
Real Estate Committee, Representative Fontana.

REP. FONTANA (87th):

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

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage in
concurrence. Will you explain the bill please, sir.

Sir, just a second. That's better.

Representative Fontana.

REP. FONTANA (87th):

Thank you, Mr. Speaker. Mr. Speaker, this bill
requires that all mammography reports, that is reports
containing the written results of a mammogram given to
a patient on and after October 1, 2009, shall include
a notice containing information about breast density
based on the American College of Radiology's breast
imaging reporting and data system. It requires that

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these reports provide a specific notice if a patient has dense breast tissue. I urge passage.

DEPUTY SPEAKER GODFREY:

Thank you, sir. The gentleman from Waterbury, Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Mr. Speaker, I rise in strong support of this legislation. You know, this whole issue of dense breast tissue was brought before the insurance committee some four years ago by a woman, Nancy Capella of Woodbury and it's a very important issue regarding breast cancer and the detection of it so this legislation expands on that and I urge full support of the chamber. Thank you.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Remark further on the bill?
Representative Bacchiochi.

Yes, if we could have that aisle cleared so I can see you, madam. Thank you. Please proceed.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. I also rise in support of the bill, but through you, Mr. Speaker, a few questions to the proponent of the bill.

DEPUTY SPEAKER GODFREY:

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Please frame your questions, madam.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. Could the chairman of the insurance committee explained to the chamber exactly what the doctors would be to do as far as notification? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana, do you care to respond?

REP. FONTANA (87th):

Through you, Mr. Speaker, I believe the doctor, physician or provider who issues a report on a mammography shall include a particular notice with the results of the mammogram or mammography report. It's not clear to me whether the patient's specific health-care provider would do it. It appears to be more likely that the report provided typically by the provider who produces the report shall provide it but in any case, in lines 26 through 34 and lines 60 through 68 the specific text that shall be provided to a patient with dense breast tissue that supplemental tests may be available and advisable and that the patient should consult with her physician as appropriate to discuss any questions or concerns that she may have with the report. Through you.

DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. I'm still -- because I am a such strong support of this bill and it's a very important bill, I just want to make sure that we are sending the message correctly. If it would be the doctor that needs to make that recommendation to his or her patient, or would it be the x-ray -- I don't know the name for it. The x-ray doctor would tell the other doctor who would therefore tell the patient.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker, if the gentle lady would refer to lines 32 and 33 and 66, 67, she will note that the language provides that a copy of the report has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report. It's unlikely that a physician would direct a notice saying that a copy has been sent to himself or herself. So more likely, as the lady has questioned, it's the

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entity providing or producing the report, which is typically not a general practitioner to whom the woman goes who will be providing the notice. Through you.

DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

So am I correct to understand then, through you, Mr. Speaker, that the patient would receive some written documentation from the patient's caregiver suggesting that due to dense breast tissue, some further examination or testing, perhaps, is suggested?

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker, yes, the way that we see this working is that the health-care provider to whom you would go for a mammography or mammogram, would produce the results of the report and then include the statement along with the results of that report and then as indicated by the provide a copy of the report to the patient's specific physician or general practitioner. Through you.

DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

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REP. BACCHIOCHI (52nd):

Yes. Now I -- that does clarify that and I appreciate that, Mr. Speaker. I'd also like to know if this written -- is -- does this bill that required that the information be provided to the patient? Must that information be provided in written?

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker, yes. These mammography reports are written reports containing the written results of a mammogram so they are in writing and this notice shall be included in that written report, therefore these notices shall be writing, as well. Through you.

DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, and through you, Mr. Speaker, because I am fairly new to the Insurance Committee and I am just trying to understand how this works. Would this be a penalty to the mammographer or the doctor if that piece of information was not included in the report that was given to the patient? Through you, Mr.

Speaker.

DEPUTY SPEAKER GODFREY:

Representative Fontana.

REP. FONTANA (87th):

Through you, Mr. Speaker, the statutes dealing with insurance, Title 38a, are being amended in two cases, first in Section 1 dealing with individual health insurance policies, and then in Section 2, dealing with group health insurance policies, therefore it would fall under the general provisions of enforcement pertaining to Title 38a. Through you.

DEPUTY SPEAKER GODFREY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. I also want to thank the chairman and ranking members of the Insurance Committee for working on this bill and bringing it forward. And I appreciate the answers of the Chairman. Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

Representative Miller.

REP. MILLER (122nd):

Thank you, Mr. Speaker. I rise to make a few

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comments. I do support the bill wholeheartedly. I would just tell you my hospital in Little Rock, Arkansas is a step ahead of Connecticut. They utilize the MRI for some treatment as well as operations for breast cancer so I just thought I'd bring that out and make you aware of it. Thank you.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Will you remark further on the bill? Will you remark further on this bill? If not, staff and guests, please 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 taking a roll call vote. Members to the chamber, please.

DEPUTY SPEAKER ALTOBELLO:

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

THE CLERK:

On Senate Bill 458, in concurrence with the

Senate.

Total Number Voting	146
Necessary for Passage	74
Those voting Yea	146
Those voting Nay	0
Those absent and not voting	5.

DEPUTY SPEAKER ALTOBELLO:

The bill is passed.

Are there any points of personal privilege or announcements? Representative Urban of the 43rd, you have the floor, madam.

REP. URBAN (43rd):

Thank you, Mr. Speaker. For a point of personal privilege.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. URBAN (43rd):

Thank you. I would like to invite my colleagues, today is the fifth anniversary of the Micro Enterprise Resource Group. As you know, this operates through the Community Economic Development Fund, giving our micro entrepreneurs the ability to run businesses in the state of Connecticut and support a very tight local economic web in this trying to economy that

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CHAIRMEN: Senator Crisco
Representative Fontana

VICE CHAIRMEN: Senator Hartley
Representative Megna

MEMBERS PRESENT:

SENATORS: Caligiuri

REPRESENTATIVES:

D'Amelio, Abrcrombie
Altobello, Bacchiochi
Geragosian, Nardello
O'Connor, Roldan
Schofield, Wright

SENATOR CRISCO: Can I have your attention, please?
The Insurance and Real Estate Committee's
public hearing will begin. If you have
conversations, please take them out in the
hall, cell phones and beepers, et cetera, we'd
appreciate if they be turned off in respect
for everybody participating. And we'll start
with our public speaking part of the public
hearing.

Is Dawn Apuzzo here? Dawn is on her way and
so when she appears, we will gladly provide
time for her.

We will continue on with Senate Bill Number
458.

Joe Cappello.

JOE CAPPELLO: Good afternoon, my name is Joe
Cappello from Woodbury, Connecticut. I'd like
to thank Senator Crisco, Representative
Fontana and members of the Insurance and Real
Estate Committee again for your concern for
the health of the women of Connecticut.

My wife Nancy and I have come before this committee since 2005 and we always believed when it comes to the issue of dense breast tissue this committee really gets it. When you needed clarification, we welcomed the questions because you showed a determined interest. Under Senator Crisco's leadership you helped us begin to expose the best kept secret of dense breast tissue and its ability to hide tumors from unsuspecting women with the passage of the bill to mandate ultrasound coverage. Before then this issue was not on anyone's radar screen. You have helped shine a bright public light on an otherwise unknown but deadly flaw in the early detection of breast cancer with the passage of that legislation. Women across Connecticut were like lambs going to slaughter with a late-stage diagnosis without the knowledge that a simple ultrasound would have found their tumor at an earlier stage. It's all about early detection.

The citizens of the State of the Connecticut owe this committee a debt of gratitude for its fine work in the early detection of breast cancer for women with dense breast tissue. The hard, cold granite walls of this legislative building became a little softer and warmer to the women of Connecticut that day. Your work on dense breast tissue legislation will continue to reap benefits many fold for many years to come. Nancy receives many letters from women across the state thanking her for her advocacy on their behalf. She speaks to many groups and tells her story about her late-stage cancer diagnosis and break through that medical barrier with clear compelling words of truth.

In closing, I come today in support of Raised Bill Number 458 also with 100 signed letters

of support. Through this bill Connecticut women will be given the necessary information to make an informed decision about their health and for the first time empowered with knowledge about their breast density.

I sincerely thank you in advance for support of this bill.

SENATOR CRISCO: Thank you, Joe, and we thank you for your support of your wife and this crusade which, as you stated, no doubt has saved many lives and pain and suffering.

Are there any questions of Mr. Cappello?

Thank you very much.

JOE CAPPELLO: Thank you.

SENATOR CRISCO: Dr. Cappello.

NANCY CAPPELLO: Senator Crisco, Representative Fontana and committee members, my name is Nancy Cappello. I reside in Woodbury. Four years ago I testified about a public health issue that I call the best kept secret. It's about dense breast tissue and the limitations of mammograms to find cancer in women with dense breast tissue. By supplementing mammograms with ultrasound increases cancer detection in women with dense breast tissue. Unfortunately I had to find this out after my mammogram failed to find cancer which led to a late-stage diagnosis of stage 3C. Less than 48 percent of women with stage 3C survive five years. When I questioned why my mammograms did not find the cancer -- I had 11 mammograms prior to my diagnosis -- she responded that I have dense breast tissue and that mammograms are limited in finding cancer. Dense tissue is white, cancer is white. That's no contrast

to detect the cancer. This was the first time that I was told that I had dense breast tissue. So I went on a search and found out that dense breast tissue was known in the medical community but that information was being kept from women. Why wouldn't I know that mammograms are limited? Why wouldn't my doctors tell me that ultrasound increases cancer detection? Why wouldn't I know that dense breast tissue in and of itself is a risk factor? Women who have extremely dense breast tissue have a four to six times greater risk of having dense breast tissue, our own 2006 Connecticut study. I had 18 lymph nodes removed and 13 were cancer, a normal mammogram weeks before.

I had a mastectomy, endured the side effects of chemotherapy radiation, hormonal therapy and six surgeries. I still suffer the side effects of treatment, neuropathy in my fingers and my toes. I live each day knowing that my late-stage diagnosis could have been prevented if my doctors, my caregivers, informed me of my breast density. So four years later we have a law that many women are unaware of as there is no standardized practice of communicating breast density to find cancer at its earliest stage. There is an injustice when early-stage cancer detection is dependent on a women's zip code, which practice she goes to. Dr. Gary Griffin, a radiologist who is here today and is going to be speaking after me, finds an additional ten early-stage cancers on women with otherwise normal mammograms with the use of ultrasound. Last year this bill passed the insurance public health in the senate that was never called by the house for a vote. Last year the Society of Radiologists testified against the language of the bill. This year Dr. Steven Cohen, who represents the society, and I have agreed on

language and I am submitting that language for your consideration.

Since my diagnosis, actually today is the fifth year anniversary of my diagnosis, it was to this day it was February 3, 2004, I've been telling women about this issue. I have spoken to numerous groups, had media coverage, developed a brochure, "Are you dense?" and also launched a web site, www.areyoudense.org. I am compelled to help others as I do not want any woman to unnecessarily suffer the tragedy of a late-stage diagnosis.

In closing, this law will reach those women that I cannot. In these dire economic times the Connecticut legislature is struggling to find ways to benefit Connecticut's citizens without costing the state dollars. This is one way to give women information about their health as early detection extends life. Your past legislative actions have saved lives and this bill will save many more. My heartfelt thanks.

SENATOR CRISCO: Thank you, Dr. Cappello. Are there questions, any questions, any statements?

I know Chairman Fontana will do everything he could to make sure that the bill is called on the house.

NANCY CAPPELLO: Thank you, it's much appreciated.

SENATOR CRISCO: He's very committed to it. And we want to again thank you and your husband, Joe, for your crusade. As we know, it's amazing the number of calls we receive from

individuals about your brochure, and there is no doubt that a lot of pain and suffering and lives have been saved and we greatly appreciate that. And we also appreciate -- well, she's not here -- Senator Hartley's original involvement who brought it to our attention.

So any other questions?

No questions.

Yes, Representative D'Amelio.

REP. D'AMELIO: Thank you, Mr. Chairman. I just would like to echo the sentiment of my colleague, Senator Crisco, thank you so much for your tireless effort on this issue. I know that you brought this actually to the attention of the legislature some five years ago before this committee. Who knows how many lives were saved. But thank you so much for sharing your story and for educating all of us on this very important topic. You know, I always mention this to the women that I care about to make sure that they have the knowledge of this screening and stuff so --

NANCY CAPPELLO: Thank you.

REP. D'AMELIO: So again thank you.

NANCY CAPPELLO: Thank you so much. Thanks to all of you. I appreciate it.

SENATOR CRISCO: Any other questions of Dr. Cappello? Any questions?

Thank you. And I think it certifies that the process does work and we greatly appreciate your and Joe's efforts. Thank you so much.

SENATOR CRISCO: Thank you, Representative Schofield.

Any other questions?

Thank you so much for appearing before us today, Dawn.

DAWN APUZZO: Thank you.

SENATOR CRISCO: Appreciate it.

We will return back to Senate Bill 458, and Dr. Gary Griffin. Dr. Griffin here? Yes. And perhaps, Doctor, you could help us in regards to the prescriptions, if you know anything about it, if you're knowledgeable about it. If you're not, it's no problem.

GARY GRIFFIN: I can't help you in that regard. I'm Dr. Gary Griffin, director of breast imaging services at Charlotte Hungerford Hospital in Torrington. I had testified here last year in support of the legislation for screening breast ultrasound and basically I just wanted to indicate that we've been utilizing screening breast ultrasound at our hospital since this bill was introduced in 2005 and have had continued very successful venture with this in terms of finding still a substantial number of breast cancers that would otherwise have been invisible on the mammography and in so doing hopefully giving these patients a better chance at a better outcome. I think the most important part of our operation though has been the fact that we do make sure that women are aware that they have increased breast density. We decided ourselves it's required to send a letter to patients regarding what their results are and

we decided early on to include information as to whether they had an increased breast density on those letters so that they could then turn around and contact either our own department or their own physician regarding whether they wanted to go ahead with further testing. And I think that really has been the key to making sure that further testing was done or at least giving these women the chance to make an informed decision about whether they wanted to have something done or not.

So I think basically at least the wording that we have on this legislation now is very important to make sure that that's something that's done more on a general basis because I'm not sure that this is done on any routine manner for other radiology practices, and again most women may still not be aware that they have increased breast density if their own physician who gets the mammographic report doesn't let them know that.

One thing I just also wanted to express that I have a little bit of a concern on is the fact that particularly with the economic climate that we have right now there is still a number of women that even though they have insurance because their screening mammogram is still part of their deductible, they're potentially foregoing it because they are still looking at it as something that's an out-of-pocket expense. And even though it's not specifically already in this bill, I believe the term for this is first dollar coverage, but basically if there was a way to make sure that more or all of the insurance companies covered mammography as a preventive service regardless of what a patient's deductible was, I think you might have a better chance of seeing these people. Obviously if they don't

have a mammogram, then they may never have the ultrasound as well. So I just wanted to bring that up as a possible thing to consider in the future.

SENATOR CRISCO: Thank you, Doctor.

Are there any questions of doctor Griffin?

Well just, Doctor, you know, we did a couple of years ago pass a statute in regards to deductibles and co-pays, a cap on them for imaging care, and there might be some -- it may not be first dollar, but there might be some benefit to that but it was done three years ago.

GARY GRIFFIN: Thank you.

SENATOR CRISCO: Yes, Representative Schofield.

REP. SCHOFIELD: Thank you, Chairman. I just wanted to understand better when you talk with physicians rather than going to the patient directly, do you find that if you notify a woman's doctor that she has this increased breast density that they don't appropriately do necessary additional testing? I'm just sort of wondering what the --

GARY GRIFFIN: Well, basically most physicians are busy and most physicians are very busy, and I'm not sure that all of them really understand the implication of what increased breast density means. Not only does it mean it's more difficult to discover a breast cancer because you're looking through more other tissue to try to find it, but also the fact that just having a denser breast is a relative increased risk of breast cancer. And I think a lot of them when they get a report they look on the bottom line it says

"negative" which basically most mammograms are, and that's really all they are looking for. They are not thinking, well, gee, it's negative but it has a high density and maybe I should do something more. And I think we found that our patients end up being their own best advocates in this. If they are aware of that, then obviously not everyone is going to decide to go on to have an ultrasound or some other test, but at least they know that there is an issue there.

REP. SCHOFIELD: So what percentage of women have these extra dense tissues?

GARY GRIFFIN: Well, again, it varies depending on there is probably more at an earlier age that will have -- there might be as much as 40 percent of women who are in the forty to fifty year age group that might have dense breast tissue, possibly may go down to maybe 10 to 20 percent by the time you get into your seventies. So it's the younger women that tend to have that as a much higher percentage. Obviously those are the people that if you catch a breast cancer early on have got a better chance of much longer livelihood if you can catch it.

REP. SCHOFIELD: I guess I just have a little concern about the notion that giving the physician information we're sort of changing that dynamic of a patient/physician communication that -- and I'm trying to think if there's an analogy with other tests where we don't trust the physician to act appropriately based on the results and instead go directly to the patient and tell them 40 percent of the time to go back to their doctor and tell them, hey, we really need more testing. Are there other diagnostics that are similar --

GARY GRIFFIN: Well, I think a lot of this is just the fact that I don't know that even a lot of the physicians -- they know in our area that breast density is important because we've taken the time to make sure that they are aware of that, but short of that I'm not sure that a lot of physicians understand that. And unfortunately we deal in a world where when, and particularly in my profession, if a radiologist suggests possibly an additional test, sometimes that's looked at as well you're just trying to make an extra dollar here and there and people tend to ignore that. Again, I think in our area we've gotten to a point where a lot of our physicians, if we've spoken to a patient and they have decided not to have an ultrasound, some of those doctors will actually call the patient up and say, "What do you mean you're not having it? I really want you to have it," and that's great. But you have to have physicians that are focused on that being something important and I think some people just either don't have the interest, don't have the time or potentially just don't have the knowledge that it is something important and they are used to getting a normal mammogram and saying, okay, that's the end of it, just like, again, most patients when they got their normal letter felt, okay, that's the end of it, I don't need to do anything more. So I think it really involves kind of education of everybody. But I think it helps if the patient at least knows that there's something different about the fact that she has a higher density breast tissue at least maybe she'll ask questions.

REP. SCHOFIELD: Okay, thank you.

GARY GRIFFIN: Thank you.

SENATOR CRISCO: Thank you.

Any other questions?

Senator Hartley.

SENATOR HARTLEY: Thank you, Mr. Chair. And I first of all would like to recognize the incredible work initiated by Nancy Cappello and supported by her husband Joe that brings to us this point. It has been a number of years that we have been working with this information initiated by Nancy and Joe Cappello which quite frankly has uncovered an incredible area of preventive medicine and it's quite frankly being the educated consumer these days which ends up saving money and most importantly of course saving lives. And so having just thanked them and the foundation that has been put together with their incredible work and a lot of personal sacrifice, we of course are in a position of trying to make sure that we have reached a point which we are really informing and sharing this information with women.

My question to you, Doctor, is if a consumer asked for their report, their radiology report, would there be any notation on there? Because most, if I understand, most consumers go in, have the test, and then the reports are sent from the radiologist to the physician and it is only upon individual request by a client, a patient, that they get that report.

GARY GRIFFIN: Right. We are mandated to send a common language report to the patients themselves. Obviously there is a lot of jargon in the official report that people might not understand the nuances of, so that report that goes to the physician should have -- and what we try to do is on the bottom

of the report there's an indication of what the findings are as well as the degree of breast density and the breast density has numbers 1 through 4 with 3 and 4 being the most dense, and those are the ones we consider for ultrasound. We've typically described in our reports and most radiologists have a fairly common way of reporting these that would make it clear to the doctor reading it what amount of breast density there was for that patient as well. Again, what we had done ourselves before this legislation is we modified our letter that goes to the patients instead of just saying you have a normal mammogram, your report was sent to doctor so and so, you know, we hope to see you in a year and you should have yearly breast self examinations and an examination by a professional as well. We include in there that their breast has increased density and that it may be a benefit to consider ultrasounds for further testing because that does represent an increased risk. In our particular letter we ask them to call our department just because we feel that we can potentially explain it better than maybe even our referring physician's office could. And I had discussed this with our own medical staff prior to starting this and they didn't have a problem with it. I think it's still reasonable for the patients to speak with their own physician about it. It's just they may or may not feel comfortable with having that discussion. So that's the way we reasonably decided to do it our way.

SENATOR HARTLEY: So that's just your particular practice --

GARY GRIFFIN: Correct.

SENATOR HARTLEY: -- that is doing that? And so if

we went forward with this legislative proposal, then how would it change what you're doing now?

GARY GRIFFIN: Probably not much, but I think again most practices are not doing what we are and so most women would not have a clue what their breast density was unless either their doctor discussed it with them at the time that they had a follow-up visit or they saw their original report but the letter that they got sent in the mail, the common language letter, at this point in time doesn't indicate anything regarding breast density at all.

SENATOR HARTLEY: And how long have you been doing this, Doctor?

GARY GRIFFIN: Since 2005.

SENATOR HARTLEY: And have you been able to track in any way the correlating number of ultrasounds that might have resulted?

GARY GRIFFIN: Roughly. I mean, basically we probably do on average now we do about 10,000 mammograms a year. We roughly do about 1,000 screening ultrasounds. And out of that 1,000 ultrasounds we have been finding anywhere from five to ten cancers for precancerous conditions and those are on women who otherwise would have had a normal mammogram that at some point in time these would have presented later on but obviously potentially at a worse stage.

SENATOR HARTLEY: My recollection is that having gone through a lot of conversation about this that there has been consensus by all of the parties and it's just a matter of us trying to, I guess, get it through both chambers and onto the governor's desk. So, with that I say

thank you very much for all of your help, and we look forward to the conclusion this year of this proposal. Thanks.

GARY GRIFFIN: Thank you.

SENATOR CRISCO: Thank you, Senator Hartley.

Are there any other questions? Are there any other questions?

Dr. Griffin, thank you.

I also wanted to inform the committee that we are working with Dr. Cappello to get a greater distribution of her pamphlet, "Are You Thick," and under certain conditions the State of Connecticut and perhaps even the utilities might include in their mailing. So I want the committee to be aware of that. We are still working on that.

Thank you, Dr. Griffin.

GARY GRIFFIN: Thank you.

SENATOR CRISCO: We'll proceed with Linda Kowalski.

LINDA KOWALSKI: Good afternoon, Senator Crisco, Representative Fontana and members of the committee, I'm here today on behalf of the Connecticut Radiological Society as their executive director. The radiology society is comprised of several hundred medical doctors who specialize in the field of radiology. The RSC is delighted to support Senate Bill 458, an act requiring communication of mammographic breast density information to patients. In doing so we want to acknowledge the great leadership of senator Crisco, Senator Hartley and advocate Nancy Cappello. Many of our

members are breast imagers who are highly committed to discovering even the smallest of cancers in their patients through state-of-the-art imaging. The technology to do this continues to develop rapidly. Mammograms are now considered to be a baseline procedure. More detailed tests are now available that can add to the detection of cancers through the use of MRI or breast ultrasound. Thank you.

Last session RSC did have reservations about legislation that would prescribe a statement on patient records reporting -- encouraging them to have a breast ultrasound. Our only reluctance was that Akron 666, the efficacy of breast ultrasound screenings, our only reluctance was that a national clinical trial, Akron 666, was underway and we thought it would be better to wait for the results of this clinical trial before enacting legislation. Last summer the results of Akron 666 were announced followed by a final report late in 2008. In summary, the trials show that a breast ultrasound does find cancers not spotted by a mammogram, particularly for women who have dense breasts. The flip side is that ultrasound is such a sensitive technology. It can find a problem that leads to a biopsy and it could turn out to be nothing serious. We call this a false positive examination. RSC believes that women should know about all the options available to them. That is why we support Senate Bill 458. And we've worked with Nancy Cappello and recommend deleting lines 32 to 40 of the bill before you. So I urge you to pass 458. Thank you.

SENATOR CRISCO: Thank you, Linda.

Any questions? Any questions?

Senator Hartley.

SENATOR HARTLEY: So do I understand you, Linda, that you're asking for a deletion on some of --

LINDA KOWALSKI: Yes, we've spoken with Nancy Cappello and we both agree that lines 32 through 40 of the bill before you be deleted.

SENATOR HARTLEY: Was this section in last year's bill?

LINDA KOWALSKI: Yes.

SENATOR HARTLEY: It was, okay. Can you just give me the why for on the deletion?

LINDA KOWALSKI: Nancy and one of our doctors worked that out and I can get you the specifics because he had the conversation with her on that, so I just don't want to give you the wrong information.

SENATOR HARTLEY: Okay. And I just would like to.

Thank yourself, Linda, and also the association for really working through this with all of us.

LINDA KOWALSKI: Yes. Well, we appreciate all your good work on it, and I think we have come up with a good solution.

SENATOR HARTLEY: Thank you.

LINDA KOWALSKI: Thank you.

SENATOR HARTLEY: Thank you, Mr. Chair.

SENATOR CRISCO: Thank you, Senator Hartley.

Any other questions? Linda, you're too quick to run away. That's all right, thank you very much. Thank you for your help.

We'll proceed on now to Anne Morris. Is Anne Morris here?

ANNE MORRIS: Good afternoon, Senator Crisco, Representative Fontana and members of the committee, my name is Anne Morris and I'm the executive director of the consultant affiliate of Susan G. Komen for the Cure. We are the largest grass roots network of breast cancer activists and survivors in the world today, and we've invested about a billion dollars in the fight against breast cancer. Locally in Connecticut we've invested about 18 million over the last nine years in education, treatment and screening, so we're very invested in the Connecticut fight against breast cancer.

I'm here this afternoon to speak in support of Senate Bill 458 requiring communication of mammographic breast density information to patients. Studies have shown that as breast density increases, so does the risk of breast cancer. Breast density refers to the proportion of fat and tissue in the breast when viewed on mammograms. Low breast density means that there is a greater proportion of fat than tissue, so if you have very high tissue in your breast mammograms are not going to show you what you need to see in order to detect breast cancer. Women with very dense breasts, as seen on a mammogram, are four to five times more likely to develop breast cancer than women with no density. That's a huge number, four to five times as likely to get breast cancer. In 2005 you passed legislation mandating that people with dense

breasts are allowed to get coverage for ultrasounds. The problem that still exists today is some women are never told that they have dense breasts and that's why we're before you today and asking you to pass this legislation. We know that early detection is the key to survival with breast cancer. Stage one, early stage two breast cancers are over 98 percent five-year survival rate today. That's much much higher than they ever were in the past so the real key to breast cancer until we have a cure is that we find it early and this is one tool we have in our arsenal to do so, so why wouldn't we ensure that the women are told that they are increased risk. For some women it is a matter of life and death.

And if I can add one more thing quickly -- I know my time is up -- is you know there are women who don't have physicians, as we all know, especially the underserved and uninsured communities in Connecticut and across this country, and they don't have a physician that's actually going to read the report and perhaps pick up the phone and give them a call and say by the way, you know, you've got this additional risk factor, you better really pay close attention because mammography is probably not going to do it for you, you are going to need to get ultrasound or MRI screening more regularly so if something does crop up we'll find it. So, there is a whole other community I think when we talk about doctors reporting results that were somewhat missing and we know -- I'm sure you folks in this committee know much better than I do -- how large that community is in Connecticut and how underserved they are already, so I think this is especially important that somehow it's communicated to people that don't have a physician. And I'm not exactly sure how that

can be accomplished, but using the primary physician or the OBGYN as the means of getting this information to women may not be the only thing we need here.

SENATOR CRISCO: Thank you.

I want to just ask you a question. Will you be willing to work with doctor --

ANNE MORRIS: Absolutely. She is a real advocate in this area and a survivor so absolutely.

SENATOR CRISCO: I hope that something will come of it. Thank you.

Any other questions? Thank you so much.

ANNE MORRIS: Thank you.

SENATOR CRISCO: That will complete our testimony on 458, unless there is someone else out there that didn't sign up, and we'll proceed to bill 290.

Danny Lemos.

DANNY LEMOS: Thank you, Senator Crisco and Representative Fontana for letting me speak here today. My name is Danny Lemos and I'm here to support bill 290, legislation to mandate insurance companies to pay for the cost of bone marrow registration.

I was diagnosed with lymphoma in January of 2005. We were all shocked because neither one of my family had cancer. So the doctors at Dana-Farber had told me that the chances of my survival were very low, that I would need a -- the best chance of my survival would be a bone marrow transplant to develop a full cure. But we had to find an adult donor. They told me

**JOINT
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2009

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Written Testimony of
 The Permanent Commission on the Status of Women
 Before the
 Insurance and Real Estate Committee
 Tuesday, February 3, 2009

In Support of:
S.B. 7, AAC Health Insurance for Uninsured Persons
S.B. 458, AA Requiring Communication of Mammographic Breast Density Information to Patients

Senator Crisco, Representative Fontana and members of the committee, thank you for this opportunity to provide written testimony in support of S.B. 7, AAC Health Insurance for Uninsured Persons and S.B. 458, AA Requiring Communication of Mammographic Breast Density Information to Patients.

S.B. 7, AAC Health Insurance for Uninsured Persons

PCSW supports passage of S.B. 7, AAC Health Insurance for Uninsured Persons, which would provide health insurance for the uninsured who are not eligible for Medicaid or Medicare. We support it because the increasing numbers of uninsured persons affect all genders, races, and ages.

In 2006, 11% of Connecticut's population aged 25 to 64,¹ and one-third of young adults, ages 19 to 29 were uninsured.² As of December 2007, the Kaiser Family Foundation estimated that there were over 130,000 uninsured women ages 18-64 in Connecticut.³

Lack of health insurance increase the risk of undiagnosed conditions resulting in health disparities and deaths. Uninsured adults are more likely to be diagnosed with a disease in an advanced stage. For example, uninsured women are substantially more likely to be diagnosed with advanced stage breast cancer than women with private insurance.⁴

Lack of health insurance also leads to financial ruin for many families. Almost 8% of working adults in Connecticut spend 20% or more of their income on out-of-pocket medical expenses.⁵ Connecticut women have higher out-of-pocket medical expenses than men, and are more vulnerable to medical debt. Fifty-six percent (56%) of medical bankruptcy filers are women.⁶

¹ Families USA. *Dying for Coverage*, April 2008.

² <http://www.ct.gov/ohca/lib/ohca/common_elements/household06_summary_single_pages_for_pdf.pdf>.

³ <http://www.kff.org/womenshealth/upload/1613_07.pdf>.

⁴ Families USA. *Dying for Coverage*, April 2008.

⁵ State Health Access Data Assistance Center, December 2007

⁶ D U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," *Health Affairs*. February 2005.

SB 458, AA Requiring Communication of Mammographic Breast Density Information to Patients

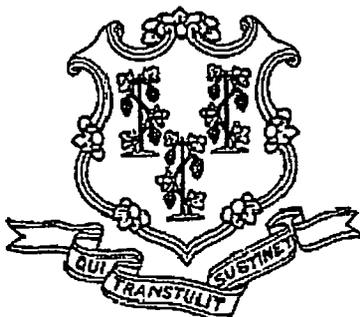
PCSW supports passage of S.B. 458, AA Requiring Communication of Mammographic Breast Density Information to Patients, to facilitate the early detection of breast cancer.

It is important for women to understand the risk factors associated with developing breast cancer, especially those women who are at a substantially increased risk. Women with high density breast tissue are four to five times more likely to develop cancer than women with low density breast tissue.⁷ Patients with high breast tissue density often need more than a regular mammogram to ensure that breast cancer tumors are not present.

If a patient is aware of her condition, which this bill seeks to provide, she could be more diligent by screening at an earlier age and following up a mammogram with an MRI or an ultrasound.⁸ We look forward to working with you to address these important issues. Thank you for your consideration.

⁷ <<http://ww5.komen.org/BreastCancer/HighBreastDensityonMammogram.html?terms=dense+breast+tissue>>.

⁸ <<http://ww5.komen.org/BreastCancer/RecommendationsforWomenwithHigherRisk.html>>.



458

AFRICAN-AMERICAN AFFAIRS COMMISSION
STATE CAPITOL
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Testimony before the Insurance and Real Estate Committee

Tuesday, February 3rd, 2009

1.00 PM in Room 2B of the LOB

Good morning Senator Crisco, Representative Hartley and members of this Committee. My name is Frank Sykes and I am speaking on behalf the African-American Affairs Commission (AAAC). The Commission is a non partisan state agency committed to advocating on issues impacting the well-being of African-Americans in the state. Today the Commission testifies in support of the following bills.

²⁹⁰
SB 423 – *An act increasing health insurance coverage for bone marrow testing*

And

SB 458 – *An act requiring communication of mammographic breast density information to patients*



160 St. Ronan Street, New Haven, CT 06511 2390 (203) 865-0587 FAX (203) 865-4997

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.



5018

**Testimony of Kevin Lembo, State Healthcare Advocate
 Before the Insurance and Real Estate Committee
 In Support of H.B. 5018
 February 3, 2009**

Good morning Senator Crisco, Representative Fontana, Senator Caligiuri, Representative D'Amelio and members of the Insurance and Real Estate Committee. For the record, I am Kevin Lembo, the State Healthcare Advocate. My office is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically-necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

HB5671
HB5672
SB290
SB458
SB763
SB765
SB6

I submit this testimony in favor of HB 5018, AN ACT REQUIRING a COST-BENEFIT ANALYSIS OF HEALTH INSURANCE BENEFITS MANDATED IN THIS STATE. My office has long supported an independent cost-benefit analysis of the consumer protections, often referred to as mandates, included in the health insurance statutes. As part of a larger discussion on healthcare reform, this type of analysis would be helpful. The mechanism described in the summary of this bill requires the establishment of an independent working group to conduct a cost-benefit analysis of existing health insurance benefits mandated in Connecticut and a cost-benefit analysis to be conducted prior to the implementation of any new health insurance mandate. Much will depend on how the words "cost" and "benefit" are defined. I hope you will consider that these terms reflect more than actual monetary savings and expenses. Benefits may be weighed in terms of health outcomes, while their costs may be weighed in more than just dollars.

I would ask for two clarifications on this bill. First, the analysis of the costs and benefits should be strictly advisory to the General Assembly. Second, since this analysis is an academic pursuit, it might best be conducted in that environment.

On the whole, it is fair to say that consumer protections enacted in statute are a reflection of the state's public policy to ensure coverage for medically necessary care. One of the failures of our system is the fragmentation of healthcare coverage. We need to take a different view; that for our healthcare system to be successful, all medically

necessary care should be covered. So while I support the concepts of HB 5671, HB 5672, SB 290 and SB 458 that require the coverage of medically necessary prosthetic devices, hearing aids, bone marrow testing services and prescribe the reporting of breast density results from mammography testing services, it is important that we move away from coverage for individual diagnoses or procedures and move to a more balanced approach of covering all medically necessary care. Under this approach insurers will still have utilization management tools available to ensure that only medically necessary care is covered.

I support SB 763 and SB 765. SB 763 removes an unfair barrier to the challenge of an insurer's unfair practices. The remedies of CUIPA should be easier for consumers and providers to access directly. This legislation would finally override case law that prohibited an individual right of action under CUIPA. SB 765 is overdue legislation that will correct problems faced by providers and consumers when rental networks use contractual relationships with third parties to sharply reduce reimbursement to providers and increase out-of-pocket costs to consumers without the provider's or consumer's knowledge. My office has handled many of these cases, and the problem is growing.

Lastly, I support SB 6 which would prohibit the imposition of higher copayments on prescription drugs obtained at a retail pharmacy than on those obtained by mail order. While there are good reasons to encourage cost savings on maintenance medications through mail order, this remains a difficult process for many consumers to navigate. Many consumers are taking more than one prescription medication that requires at least one trip to the pharmacy every month. They should not have to pay more for picking up an additional prescription that could have been mail ordered. People who take multiple medications often choose to have all of their prescriptions filled at the same pharmacy for safety reasons – to better track all of their medications. There's no reason not to have both mail-order, which will be convenient for some, and regular pharmacy pick-up for others, offered with the same co-payments.

Thank you for your attention to my remarks. Please contact me at 297-3989 with any questions you might have about my testimony.

Christine A. Cappiello
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Anthem. 

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.

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.