

PA10-163

HB5004

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**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2010**

**VOL.53  
PART 9  
2571 – 2966**

dp/mb/gbr  
HOUSE OF REPRESENTATIVES

23  
April 30, 2010

DEPUTY SPEAKER ALTOBELLO:

Would the House please come back to order?

Representative Olson of 46th, you have the floor,  
madam.

REP. OLSON (46th):

Good afternoon, Mr. Speaker.

Mr. Speaker, I move that this item be passed  
temporarily. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Question before the Chamber whether or not to  
pass this item temporarily.

Seeing no objection, so ordered.

Would the Clerk please call Calendar 30.

THE CLERK:

On page 28, Calendar 30, Substitute for House  
Bill Number 5004, AN ACT CONCERNING TRANSPARENCY IN  
HEALTH INSURANCE CLAIMS DATA, favorable report by the  
Committee on Government Administration and Elections.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana of the 87th, you have the  
floor.

REP. FONTANA (87th):

Thank you, Mr. Speaker.

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

DEPUTY SPEAKER ALTOBELLO:

Question before the chamber is acceptance and passage of the bill.

Please proceed.

REP. FONTANA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill requires an insurer to disclose to municipalities, claims data on people covered under their group health insurance policies. The bill requires the municipality to use this information only for the purposes of obtaining competitive quotes for group insurance or promoting wellness initiatives for its employees. Mr. Speaker, this bill was before us last year and actually voted out of the chamber, 127 to nothing, it is back this year.

And with it, Mr. Speaker, the Clerk has an Amendment LCO 4029. I ask that he call it and that I be allowed to summarize.

DÉPUTY SPEAKER ALTOBELLO:

Would the Clerk please call LCO 4029, which is

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House Amendment Schedule "A."

THE CLERK:

LCO 4029, House "A" offered by Representatives  
Fontana and Senator Crisco.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana has sought leave of the  
chamber to summarize. Seeing no objection, please  
proceed, sir.

REP. FONTANA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, I will speak to the underlying bill  
if and when this amendment is approved, but to the  
amendment specifically, Mr. Speaker, it makes a  
technical change and repairs and fixes and improves  
language that was actually in the file copy as voted  
out of the Insurance Committee, but which was changed  
based on comments and revisions made by the Judiciary  
Committee.

Mr. Speaker, it clarifies that the information,  
the claims data, will not be subject to freedom of  
information disclosure. It clarifies whom may use  
that information and for what purposes and finally,  
Mr. Speaker, the amendment clarifies that insurers may  
have the right to protect that information if

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unauthorized entities seek access to it in court or through other means. I urge adoption. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

Question before the Chamber is adoption on House "A." Further on House "A?"

If not, I'll try your minds.

All those in favor please, signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed?

The ayes have it. Amendment is adopted.

Further on the bill as amended?

Representative D'Amelio of the 71st, you have the floor, sir.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker and good afternoon to you.

A couple of questions, through you, to the proponent of the bill as amended.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker.

Representative Fontana, there was some discussion when this was before the Insurance Committee this year. There was a fear that information would be let out that was going to be disclosed to these municipalities. Can you please explain to the chamber, the amendment again and what we've done on the Insurance Committee to avoid that through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fontana.

REP. FONTANA (87th):

Thank you, Mr. Speaker.

Certainly. In the committee this year, we talked about the issue of this information itself. Certainly, we intend for this information to be used by municipalities to reduce their health care costs by allowing them to review their actual claims experience and to both get more competitive quotes and/or pursue wellness programs that will help to reduce claim experience.

However, we are concerned about privacy to that medical data and the confidentiality of that data and what happened was after we voted it out of the Insurance Committee, it went to the Judiciary

Committee and the committee was concerned about language in the original file copy having to do with that confidentiality and whether, in fact, the information was privileged and would, in fact, be subject to subpoena and so forth.

So, the Judiciary Committee made an amendment in committee to address that language. Now, since then, we have worked with the Senate, cochairman of the Judiciary Committee, the department and the industry to revise that language so that it preserves the protections in the original file copy related to freedom of information; clarifies that collective bargaining units may have access to the information; clarifies that towns may use the information for those two purposes, competitive quotes and wellness program design development; and, finally, that if another party or entity seeks access to that information, that the insurance company, managed care organization covering municipality, may seek to block it if you will, or prevent the disclosure of that information for various reasons.

And, that's the language in lines 10 through 25 of the original amendment. Through you, Mr. Speaker.  
DEPUTY SPEAKER ALTABELLO:

Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker.

I thank the gentleman for his answers. Mr. Speaker, I rise in support of the legislation that's before us. Transparency seems to have been the buzzword before the Insurance and Real Estate Committee this year. As Representative Fontana stated, this bill passed unanimously last year but it didn't make it through the whole cut of -- unfortunately, it died on the Senate calendar upstairs.

But, I stand in support because I think municipalities will have a greater understanding of their health care needs with this legislation. I thank Representative Fontana for working with everyone involved in the industry regarding this bill and I urge adoption. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative D'Amelio.

Further on the bill as amended?

If not, staff and guests please retire well of the House. Members take your seats. The machine will be open.

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HOUSE OF REPRESENTATIVES

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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 members voted? Have all members voted? Please check the board and make sure your vote is properly cast. If all members have voted the machine will be locked.

Will the Clerk please take a tally? And, would the Clerk please announce the tally?

THE CLERK:

House Bill 5004 as amended by House "A."

Total number voting 133

Necessary for adoption 67

Those voting Yea 133

Those voting Nay 0

Those absent and not voting 18

DEPUTY SPEAKER ALTOBELLO:

Bill as amended is passed.

House will stand at ease.

(Chamber at ease.)

**S - 610**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
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cd  
SENATE

560  
May 5, 2010

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Calendar page 15, Calendar 521, House Bill 5424,  
move to place on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Calendar page 15, Calendar 523, House Bill 5223,  
move to place on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Calendar page 16, Calendar 531, House Bill 5004,  
move to place on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Calendar page 17, Calendar 533, House Bill 5436,  
move to place on the consent calendar.

cd  
SENATE

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May 5, 2010

Calendar page 10, Calendar 461, House Bill 5207;  
Calendar 483, House Bill 5244.

Calendar 484, on page 11, House Bill 5383; Calendar  
487, House Bill 5220; Calendar 488, House Bill 5297;  
Calendar 490, 5425 -- House; Calendar 496, House Bill  
5497; Calendar 509, House Bill 5126.

Calendar page 14, Calendar 511, House Bill 5527;  
Calendar 514, House Bill 5426; Calendar 516, House Bill  
5393.

Calendar page 15, Calendar 520, House Bill 5336;  
Calendar 521, House Bill 5424; Calendar 523, House Bill  
5223; Calendar 525, House Bill 5255.

Calendar page 16, Calendar 531, House Bill 5004.

Calendar page 17, Calendar 533, House Bill 5436;  
Calendar 540, House Bill 5494; Calendar 543, House Bill  
5399.

Calendar page 18, Calendar 544, House Bill 5434;  
Calendar 547, House Bill 5196; Calendar 548, House Bill  
5533; Calendar 549, House Bill 5387; Calendar 550, House  
Bill 5471; Calendar 551, House Bill 5413; Calendar 552,  
House Bill 5163; Calendar 553, House Bill 5159.

Calendar page 19, Calendar 554, House Bill 5164.

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Calendar page 20, Calendar 556, House Bill 5498;  
Calendar 557, House Bill 5270; 559, House Bill 5407; 562,  
House Bill 5253; and House Bill -- Calendar 563, House  
Bill 5340; Calendar 567, House Bill 5371; and Calendar  
573, House Bill 5371.

Mr. President, I believe that completes the items

THE CHAIR:

Mr. Clerk, could you please give me on Calendar 567,  
do you have 5516, sir?

THE CLERK:

What -- what calendar?

THE CHAIR:

567 on page 22.

THE CLERK:

It's 5516.

THE CHAIR:

Yes, sir. Okay.

Machine's open.

THE CLERK:

An immediate roll call vote has been ordered in the  
Senate on the consent calendar. Will all Senators please  
return to the chamber. Immediate roll call has been ordered in the Senate on the  
consent calendar. Will all Senators please return to the chamber.

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SENATE

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THE CHAIR:

Have all Senators voted? Please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 2.

Total number voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar Number 2 passes.

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President.

Mr. President -- Mr. President, before moving to adjourn, I would like to ensure the entire chamber will wish Laura Stefon, Senator McDonald's aide, my former intern, a happy birthday.

And with that -- and with that, Mr. President, I would move the Senate stand adjourn

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**INSURANCE AND  
REAL ESTATE  
PART 2  
340 – 672**

**2010**

SENATOR CRISCO: Thank you, Brian..

Thank you very much.

Proceeding to Bill Number 5004. Doctor Kerr.

PHILIP KERR: Good afternoon again, Senator Crisco, Representative Fontana and other distinguished members of the Insurance and Real Estate Committee. For the record, my name is again Doctor Philip Kerr. And I am a board certified dermatologist and dermatopathologist working in Farmington at the UConn Health Center. I'm here in the capacity of President of the Connecticut Dermatologist Society to represent several medical specialty groups in support of HB 5004.

First, I would like to thank this committee for raising this important bill. And I would also like to offer specific language with regard to the definition of claims paid. We believe our input on this issue will help strengthen the overall bill and provide the accountability we are all looking for from the health insurance industry.

As you may know, the Connecticut Dermatology Society along with the Connecticut State Medical Society and the other specialty medical societies have long supported increased transparency with regard to the health insurance industries reporting of medical loss ratios. To help provide this accountability, Connecticut must focus on defining the terms that are used in this reporting.

Now more than ever, especially in light of the recent banking industry bail outs, I believe

Americans want to be fully informed consumers who know where the money in health care is really being spent. We believe that in including the following language and the definition of claims paid on line two will help prevent any creative accounting by the industry and effectively capture only those costs that are true medical expenses. As you can see, we wish to add to the list of items that are specifically excluded from being considered "claims paid," these additions include those we have listed in bold and underlined.

We further believe that small businesses, such as medical practices, who employ ten or more employees, be granted the same rights enjoyed by a town, city, borough, school district or fire district in accessing this utilization data and suggest the following revision as detailed here.

And finally, I would like to further strengthen HB 5004 by requiring that this information be disclosed to employers not just to upon request, but also at the point of purchase and there after annually. After all, shouldn't transparency truly be transparent. Towards that end we recommend the following language be substituted as detailed here.

In closing, we would like to thank this committee for your consideration on the amended language we presented here today. And appreciate the committee's time and commitment to this important transparency issue for all Connecticut citizens.

SENATOR CRISCO: Thank you, Doctor.

Questions?

Chairman Fontana.

REP. FONTANA: Thanks, Chairman.

And thank you, Doctor, for your testimony.

Just so that we have it on the record, this is also a bill that last year was extensively negotiated, in this case between the controller's office and it's staff and members of the industry. So while they may be things in here that you find (inaudible), most likely they were the subject of negotiation and mutual agreement to do it in a way that allowed us to move forward with the bill.

So, I appreciate your suggestions and I agree with some of them. But, recognizing that we're trying to provide at least some benefit of this claims data to some of the people out there who would like to make it -- to take advantage of them. We've, I think, made some accommodations to try to move forward together as a group. So I just wanted to mention that that's one of the reasons why it may not reflect some of the things that you'd like to see in it. So, thank you.

PHILIP KERR: Thank you.

REP. FONTANA: Thank you for your testimony.

SENATOR CRISCO: Thank you.

Any other questions?

Doctor Kerr, thank you very much.

Matt Katz.

MATTHEW KATZ: Good afternoon again. My name is Matthew Katz, I'm the executive vice president of the Connecticut State Medical Society. On behalf of the more than 7,000 members, thank you for the opportunity to testify on House Bill 5004, THE ACT CONCERNING TRANSPARENCY AND HEALTH INSURANCE CLAIMS.

The medical society has been on record for over a decade highlighting the importance of transparency. We believe that should not only apply to physicians and other providers, but also to employers; large and small. And we would entrust upon this committee, and I know this was a bill that was looked last year, to look very closely at which employers would actually have access to the information; what types of information they would have access too, especially in light of changes to federal as well as state laws tied to transparency, to ensure that there is consistency across sections from regulations; to also ensure that in fact an employer who has two employees, as well as, an employer who has 500 employees has access to that information.

Whether they are ERISA regulated or a specifically state regulated insurer and insurance entity acting on behalf of an employer, that employer should have that information not only at the time of purchase but prior if, in fact, they are moving from one insurer -- insurance entity agent or other to another. So we just impress upon this committee to look closely at those aspects of this bill to ensure that there's full transparency for employers, large and small, as well as the employees that may ask for that information regarding their own experience if they, in fact, are leaving that employer. And ensuring that this covers them as well.

5004  
Phillip Kerr

Testimony of the Connecticut Dermatology and Dermatologic Surgery Society,  
 Connecticut Society of Eye Physicians,  
 CT ENT Society,  
 CT Urology Society  
 For the Insurance and Real Estate Committee

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LINE 14

on  
HB5004 An Act Concerning Transparency In Health Insurance Claims Data

on

February 18, 2010

Presented by Phillip Kerr, M.D.

Good afternoon Senator Crisco, Representative Fontana and other distinguished members of the Insurance and Real Estate Committee. For the record my name is Dr. Phillip Kerr, and I am a board certified dermatologist and dermatopathologist working in Farmington at the UConn Health Center. I am here in the capacity of President of the Connecticut Dermatology Society to represent several medical specialty groups in support of HB 5004 AAC Transparency in Health Insurance Claims Data.

First, I would like to thank this committee for raising this important bill, and I would also like to offer specific language with regard to the definition of "claims paid." We believe our input on this issue will help strengthen the overall bill and provide the accountability we are all looking for from the health insurance industry. As you may know, the CT Dermatology Society, along with the Connecticut State Medical Society and other specialty medical societies have long supported increased transparency with regard to the health insurance industry's reporting of "medical loss ratios." To help provide this accountability, Connecticut must focus on defining the terms that are used in this reporting. Now more than ever, especially in light of the recent banking industry bailouts, I believe Americans want to be fully informed consumers who know where the money in healthcare is really being spent.

We believe that including the following language in the definition of "claims paid" on line 2 will help prevent any creative accounting by the industry and effectively capture only those costs that are true medical expenses.

line 2-9 (1) "Claims paid" means the amounts paid for the covered employees of an employer or governmental entity by an insurer, healthcare center, hospital service corporation, medical service corporation or other entity as specified in subsection (b) of this section for medical services and supplies for prescriptions filled, but does not include expenses for stop-loss coverage, reinsurance, enrollee educational programs, other cost containment programs or features, administrative costs, medical reserve funds, expenditures for which the insurer is reimbursed by an enrollee's other insurance coverage or other third party liability, administrative expenses associated with sub-capitation and/or contracts with third-parties that provide specific services in a carved out arrangement, or profits.

We further believe that small businesses, such as medical practices, who employ 10 or more employees, be granted the same rights enjoyed by a town, city, borough, school district or fire district in accessing this utilization data, and suggest the following revision:

Line 10-11 (2) "Employer" means any town, city, borough, school district, taxing district, business, company or fire district employing ten or more employees ~~more than fifty employees.~~

Finally, I would like to further strengthen HB 5004 by requiring that this information be fully available to employers both at the point of purchase, and thereafter annually and/or upon request. After all, shouldn't transparency truly be transparent? Towards that end, we recommend the following language be substituted as below:

Line 23-27 (1) Disclose at the point of purchase to an employer entering into ~~sponsoring~~ such policy, and thereafter annually and/or upon request by such employer, the following information for the most recent thirty-six month period or for the entire period of coverage, whichever is shorter, ending not more than sixty days prior to the date of purchase or request in a format as set forth in subdivision (3) of this subsection:

In closing, we would like to thank this committee for your consideration on the amended language we presented here today and appreciate the committee's time and commitment to this important transparency issue for all Connecticut citizens.



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

5004  
Matthew Katz

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LINE 19

**Connecticut State Medical Society Testimony on**  
**House Bill 5004 An Act Concerning Transparency in Health Insurance Claims Data**  
**February 18, 2010**

Senator Crisco, Representative Fontana and Members of the Insurance and Real Estate Committee, on behalf of the more than 7,000 members of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you on **House Bill 5004 An Act Concerning Transparency in Health Insurance Claims Data**. As this committee well knows, CSMS has continually promoted transparency in every aspect of the health insurance arena, especially in the area of claims submission, review, adjudication and payment.

In previous testimony, CSMS has provided this committee with a standard definition developed by the American Medical Association for both claims paid and medical loss ratio. The foundation of any successful legislation is a comprehensive and consistent definition spanning all insurers.

CSMS supports provisions of this legislation that would allow employers access to claims paid data of their employees from insurers with whom they contract. Additionally, due to the sheer commitment of financial resources required to purchase health insurance for employees, all employers regardless of size should be granted access to this information and the ability to do so at point of purchase, as long as personal health information is protected in a manner consistent with state and federal law.

CSMS asks for the opportunity to work with this committee to further expand the language contained within the bill. While it is of the utmost important for consumers to be granted access to the information contained in the bill, of equal importance is the ability for physicians to garner access for insurers with whom they contract or intent to contract. Too often data and information provided to physicians is inconsistent with the actual experience of the health insurer.

The bill before you offers an opportunity for this committee to provide much needed transparency in the contracting process. For that reason we ask for your support and expansion of House Bill 5004.



*Quality is Our Bottom Line*

Insurance Committee Public Hearing  
Thursday, February 18, 2010

Connecticut Association of Health Plans

Testimony regarding

HB 5004 AAC Transparency in Health Insurance Claims Data.

The Connecticut Association of Health Plans respectfully urges the Committee's caution with respect to passage of HB 5004 AAC Transparency in Health Insurance Claims Data. We very much appreciate that the draft before you recognizes some of our past concerns, however, we would be remiss if we didn't express to you our continuing reservation with regard to the underlying intent of the legislation and its potentially costly and burdensome requirements.

The bill under consideration would require the disclosure of certain claims data to employers under certain parameters. While we applaud the efforts in the bill to assure the confidentiality of the employees whose data is being provided, we remain concerned that with a group size of 50 employees that it remains fairly easy to tie specific claims with individual employees potentially compromising their privacy rights.

Furthermore, the anticipated level of reporting under the proposal is enormous. Pharmacy utilization data alone constitutes thousands of transactions requiring that health plans provide reams of data under this proposal. Similarly, reporting procedures and services by practice type is likewise costly and extremely burdensome. We would respectfully request that if such reporting is required, that language be added to the bill requiring that the employer bear the cost of providing such information.

As always, we thank you for your consideration.

## State of Connecticut

5004 FTR  
Nancy WymanNANCY WYMAN  
COMPTROLLERMARK E. OJAKIAN  
DEPUTY COMPTROLLER

Hartford

**Testimony Before the Insurance and Real Estate Committee  
State Comptroller Nancy Wyman  
February 18, 2010**

Good afternoon Chairman Crisco, Chairman Fontana, Senator Caligiuri, Representative D'Amelio and distinguished members of the Insurance and Real Estate Committee. I am State Comptroller Nancy Wyman and I appreciate the opportunity to testify in support of House Bill 5004, "An Act Concerning Transparency in Health Insurance Claims Data."

If enacted, this legislation would allow municipalities in the state the opportunity to request claims data from the entity that is offering them their group health insurance policy.

Specifically, insurers would be required, over the most recent 36 month period, to provide claims experience, monthly premiums and the number of those insured by coverage tier to the government body or employer to which they are issuing coverage. The insurer would not be obligated to make available the information more than once a year and would present the data in a written report, electronic file or through a secure website. In order to protect sensitive data, information that is required by law to be confidential would be exempt from requests by the insured entity.

In the previous legislative session, opposition to this proposal was raised regarding privacy concerns. I am acutely sensitive to the need to make sure individuals retain the confidentiality that HIPAA and other statutes require. This year's legislation stipulates that an employer is restricted from using information obtained through this proposed bill for cost control and the promotion of wellness initiatives only.

As you are acutely aware, the rising cost of health care is threatening to have serious long term negative impacts on our national, state and local economies. Businesses are also struggling to keep up and their employees are feeling the financial pain of skyrocketing co-payments and deductibles. By 2016, employer sponsored health care plans in Connecticut could rise 75%, with the median household spending 34% of its income on health care needs.

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As the economic driver of our state, small businesses make up a significant number of Connecticut's employers. The enormous contribution they offer our economy cannot be underestimated and I encourage the Committee to expand the scope of this legislation to include these vital employers.

Creating greater transparency in our health care system gives employers the ability to make informed, financially sound decisions when determining who to choose as an insurance provider. Employers that have access to claims experience can seek out competitive rates, shop for superior health care benefits and ultimately lower the costs for their employees.

It is my hope that the Committee will take favorable action on this important initiative.  
Thank you.

SB  
50  
✓  
FTR

**Testimony of Victoria Veltri  
General Counsel**

**Before the Insurance and Real Estate Committee  
In support of SB 50, SB 17 and HB 5004  
February 18, 2010**

Good afternoon, Representative Fontana, Senator Crisco, Senator Caligiuri, Representative D'Amelio, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, General Counsel with the Office Healthcare Advocate ("OHA"). OHA 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.

I am here today to testify on behalf of OHA, in favor of SB 50, AN ACT CONCERNING ORAL CHEMOTHERAPY TREATMENTS. Consumers who can take their medically necessary chemotherapy by pill, in the convenience of their own home and without the challenges and cost of facility-based chemotherapy ought not be left without coverage. OHA has seen many cases in which this situation has left people without consistent chemotherapy treatment. In the best of circumstances, we assisted consumers to get help from the pharmaceutical company to provide their medication. Most of these consumers had otherwise excellent insurance that might have provided coverage for hospital based chemotherapy at four times the cost.

As good as S.B. 50 is, it could be made even better by including recognition of the many other chronic diseases for which pills have been developed as a substitute for infusion therapy. Cancer is no longer the only disease for which biologics have been developed. Many consumers with these other serious, degenerative or life-threatening illnesses face the same issue as that of cancer sufferers whose treatment might be found in pill form—unequal coverage.

As most policies do not treat oral chemotherapy or oral medication for other serious, degenerative or life-threatening illnesses as medical treatment, we recommend that the committee revise Section 1(d) of the bill to include coverage for these illnesses.

OHA also supports SB 17, AN ACT CONCERNING HEALTH CARE PROVIDER RENTAL NETWORK CONTRACT ARRANGEMENTS, which will correct one of the more insidious problems faced by consumers and providers. With the constant shuffling of the control of rental networks, it is nearly impossible to determine at any one point in time whether a provider is actually participating in a certain network. Our office assisted several providers and their patients in the last few years by sorting through contracts that contradict each other and essentially force providers to remain in rental networks that have changed hands, sometimes more than four or five times, with no control over their reimbursement rates. Often providers will have taken the steps necessary to end their relationships with a rental network, only to find out later that the same network is now owned by a rental network with which the providers have contracts. In other words, these arrangements can wreck havoc in their wakes. These situations hold patients captive because they typically take a long time to resolve, and more often than not, at least in our experience are adjudicated incorrectly. SB 17 will go a long way to resolve these issues by placing obligations on the networks and clarifying that any violation will be deemed an unfair or deceptive insurance practice under the general statutes.

Finally, OHA also supports HB 5004, AN ACT CONCERNING TRANSPARENCY IN HEALTH INSURANCE CLAIMS DATA. This is a common sense bill that gives some bargaining power back into the hands of employers when negotiating insurance coverage for their businesses. While this bill should not be necessary—carriers should provide this information upon the business' request—the bill is narrowly tailored to provide employers with employer-specific confidential utilization and claims data, while not eroding the requirement of carriers to provide compiled utilization and claims data to the Insurance Department for use in the Managed Care Report Card, as required by P.A. 09-46. OHA supports amending the "claims paid definition" in SB 17 to that advanced by the medical providers here today. The amendment clarifies that any cost that is not strictly a claim, as in a claim by an enrolled provider for reimbursement of expenses, must not be counted as a paid claim for purposes of SB 17 and, by extension, P.A. 09-46.

Thank you for providing me the opportunity to deliver OHA's testimony today.