

PA10-59

SB17

House	4212-4216	5
Insurance	521-525, 560-567, 644-645	14
Senate	1024-1031, 1065-1066	10
<hr/>		29

H – 1086

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

**VOL.53
PART 13
3923 – 4245**

THE CLERK:

On page 15, Calendar 377, Substitute for Senate Bill Number 17, AN ACT CONCERNING HEALTH CARE PROVIDER RENTAL NETWORK CONTRACT ARRANGEMENTS, 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?

REP. FONTANA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill modifies our laws regarding contracts between healthcare providers and entities that contract to deliver healthcare services. Specifically the bill requires the contracting entity to update routinely and at least every ninety days its list of covered entities

which must be made available to healthcare providers by law and makes a violation of the law an unfair or deceptive insurance practice.

Essentially, Mr. Speaker, what this does is it turns out that a few years back we passed a great law on this subject. So much so in fact that the National Conference of Insurance Legislators modeled their model law after what we had done. Now in so doing, however, they modified it or improved it in a few very minor ways and those minor ways are contained in this bill, Mr. Speaker.

Essentially this is a disclosure bill. It provides healthcare providers with more information and provides the insurance department with a means to enforce it.

Mr. Speaker, the Clerk has an amendment, LCO 2448, otherwise identified as Senate Amendment Schedule "A." I ask that he call it and that I receive permission to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is indeed in possession of LCO Number 2448, previously designated as Senate Amendment Schedule "A." Mr. Clerk, if you'd call the amendment.

THE CLERK:

LCO Number 2448, Senate "A," offered by Senate Crisco and Representative Fontana.

DEPUTY SPEAKER GODFREY:

The gentleman has asked leave of the Chamber to summarize. Is there objection? Hearing none, please proceed, Representative Fontana.

REP. FONTANA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment makes a clarifying technical change to the listing provisions in the underlying bill. I move for its adoption.

DEPUTY SPEAKER GODFREY:

Question is on adoption. Will you remark further on Senate Amendment Schedule "A?" Will you remark further on Senate Amendment Schedule "A?"

If not, let me try your minds.

All those in favor, signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended?

pat/mb/gbr
HOUSE OF REPRESENTATIVES

640
May 3, 2010

Will you remark further on the bill as amended?

Representative D'Amelio.

REP. D'AMELIO (71st): Thank you, Mr. Speaker.

Mr. Speaker, I rise in support of the bill.

As my colleague mentioned it's a disclosure bill.

It's a good bill and I urge adoption. Thank you.

DEPUTY SPEAKER GODFREY:

I thank the distinguished ranking member of
the Insurance Committee.

Will you remark further on the bill as
amended?

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.

DEPUTY SPEAKER GODFREY:

Have all the members voted? If all the members
have voted, the machine will be locked and the Clerk
will take a tally and Mr. Clerk would you kindly
announce the tally.

THE CLERK:

Senate Bill Number 17 as amended by Senate "A" in
concurrence with the Senate.

Total number voting	149
Necessary for passage	75
Those voting Yea	149
Those voting Nay	0
Those absent and not voting	2

DEPUTY SPEAKER GODFREY:

Bill as amended -- bill as amended is passed
in concurrence.

Distinguished Deputy and Majority Leader,
Representative Olson.

REP. OLSON (46th):

Thank you -- thank you, Mr. Speaker, good
evening.

I move for the immediate transmittal of all
items acted upon that need further action at this
time.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Will the Clerk please call Calendar 390?

THE CLERK:

On page 16, Calendar 390, Substitute for

**JOINT
STANDING
COMMITTEE
HEARINGS**

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

2010

Thank you, Chairman.

SENATOR CRISCO: You're welcome.

Any other questions?

Thank you so much, Matt.

Proceeding to Senate Bill 17.

Doctor Vesce.

FRANCIS VESCI: Well, that was close. It's Vesce.

Senator Crisco, Representative Fontana and members of the Insurance Committee, my name is Doctor Francis Vesce. I am the Vice President of the Connecticut Chiropractic Association and co-chair of the association's Insurance Relations Committee. I live in Southington and practice in New Britain. I would like to testify in support of Senate Bill 17.

The proposed bill brings needed regulation to the practice of provider and network rental arrangements. These rental arrangements are contract assignment clauses often occur without the physician or provider's knowledge or consent, leading to a fraudulent network list and an illusionary benefit to the consumer. The consumer attempts to make an appointment or seek the marked discount for services which was sold by the policy only to find a doctor or clinic doesn't participate or has no knowledge of the program.

The proposed internet website list will allow consumers to check for a more recent listing. However, the existing process is flawed from the start, because these arrangements are

often by default or in opt-out process. Insurers include network listings for doctors and other providers which they have for one product selling it for another. The providers have no knowledge of the other products because they were not asked during the application process if they wanted to participate with these products. At times, they are instructed that if they do not want to participate they are to send notice.

This lack of clear language and accountability leads to an illusionary benefit sold to the consumer. Doctor services should not be sold without the doctor or clinic being informed and giving their consent. As Legislators, would you agree to have your -- have constraints like these placed on your abilities or do you, as citizens, feel you have the right to be part of an informed process.

Please amend the language of Senate Bill 17 to require opt-in agreements by all providers. Once the providers sign the contract they have -- they acknowledge that they wish to participate then and only then will you have a valid accountable process and a real benefit to the consumer.

SENATOR CRISCO: Thank you, Doctor.

Any questions? Any questions for the Doctor?

Thank you very much.

FRANCIS VESCI: Thank you.

SENATOR CRISCO: Mr. Quigley.

BRIAN QUIGLEY: Thank you, Senator Crisco. I'm

Brian Quigley representing America's Health Insurance Plans. I'll be very brief on Senate Bill 17. This issue as -- as the committee is well aware has been debated for a number of years. We think the current laws is efficient to address the issues. There has been a provision in bills in the past that say that the no payer covered entity could sell or lease beyond the initial.

This bill has very convoluted language that I think accomplishes the same thing and we continue to oppose that limitation on the ability of covered entities that either lease or rent the network that would essentially destroy the concept of rental network. So, we -- we think this is a settled issue and we frankly wish it wouldn't keep coming up. But, you know, if people want to meet on it, we'll be happy to meet on it again. But this issue with the Legislature has rejected it several years in a row. I'd be happy to answer any questions.

SENATOR CRISCO: Thank you, Brian. We'd just like to see you time and time again.

BRIAN QUIGLEY: Thank you, Senator.

SENATOR CRISCO: One minute.

Any questions?

Yes, Chairman Fontana.

REP. FONTANA: I'd just say, Brian, just because we haven't acted on it, it doesn't meet, and we rejected it. And let me also say that the language is not identical to what we did last year. In fact, we changed it to some degree. So, we should just state for the record both

of those points. Thank you.

BRIAN QUIGLEY: I think I said the Legislature didn't act on it, not this committee. And the language, while it is different, essentially reaches the same result. If you require a covered entity to be a contracting entity, that makes them have to negotiate a contract with each provider. And that, in essence, eliminates the concept of a covered entity leasing beyond the initial lease. So while the language is different and in a different place, it has the same result.

SENATOR CRISCO: Representative D'Amelio.

REP. D'AMELIO: Thank you, Mr. Chairman.

REP. FONTANA: Brian, very quickly. I always get -- even last year I was stuck on this issue -- how do you lease or rent these types of services?

BRIAN QUIGLEY: You -- you rent the network so if a Cigna or an Aetna or another entity develops a network of providers and has contracts with those providers, another entity lets say an automobile insurer, workers' compensation insurer, an out-of-state employer would rent that network and -- and get the same reimbursement rates and be subject to the same contract restrictions as the initial contracting entity.

It enables smaller insurers as I said, auto insurers, workers' comp insurers, out-of-state employers or employer groups that don't have the ability to negotiate let's say a Hartford Hospital to be able to get the benefit of someone's negotiating power. And -- and the law in place makes sure that the provider is

protected that they get the same rights under the lease contract that they get under the initial contract. And there are notice requirements, you know, if there are problems with those, again, we'd be happy to sit down and talk about those. But there are notice requirements in the law.

SENATOR CRISCO: Thank you.

Any other -- yes, chairman Fontana.

REP. FONTANA: Thank you, Chairman.

Just, Brian, just so I can just expand a little bit on what I just said before. To clarify the language we changed this year from last year, is, as I understand, we incorporated language from the National Conference of Insurance Legislators Model Act, regarding this particular. Last year, we had a provision of our own creation. This is actually from the Model Act that they've developed on this subject. So we're not seeking to blaze new ground on this so much as to emulate what's been promulgated elsewhere.

Thank you.

BRIAN QUIGLEY: I'd be happy to check with my experts and I'm certainly not the expert on national networks to see if that is where we are on that issue.

REP. FONTANA: Great. Thanks.

BRIAN QUIGLEY: While we work with --

SENATOR CRISCO: Thank you.

BRIAN QUIGLEY: We don't support every provision.

FJR 17
Matthew Katz

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Connecticut State Medical Society Testimony on
Senate Bill 17 An Act Concerning Rental Network Contract Agreements
Insurance And Real Estate Committee
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 Senate Bill 765 An Act Concerning Rental Network Contract Agreements.

The Connecticut State Medical Society worked with members of this Committee and representatives from the insurance industry during the 2008 Legislative Session to successfully craft and pass Public Act 08-126 An Act Concerning Regulation of the Secondary Market in Physician Discounts. We believe that this legislation prevents the inappropriate and unauthorized sale and purchasing of physician networks and contracts that have caused physicians much frustration over the course of the last decade in Connecticut. It brings transparency to a practice that existed in which physician contracts and discounts were rented, leased or sold without the knowledge and approval of the physician. We were one of the first states in the country to enact this needed legislation in 2008 and have seen an impact of the legislation that took effect January 1, 2009. We have already worked with at least one national rental network to identify incorrect recognition of physician network participation and we have worked with the network and the insurers involved to correctly adjust payments to physicians retroactively. Both the rental network and the insurers that rented the network recognized the existing state regulatory requirements and took the necessary corrective action. CSMS believes that this company's corrective actions and those of the insurers involved would not have been possible without having such a strong and specific state law.

While we understand the intent of Section 1 of Raised Bill 765 is to require that relevant information provided to physicians as required by Public Act 08-126 be provided on a timely and routine basis, we must raise a concern regarding the impact of the proposed language. Public Act 08-126 required entities defined in the bill to (1) maintain a website or toll free number through which physicians could obtain a list of covered entities to which a providers services, discounted rates have been sold, leased, rented, assigned or granted access to and (2) make that information available upon request at the time of entering a contract. It was the understanding of the CSMS throughout the development of last session's language that information provided through the website, toll-free telephone number and at the time of contacted needed to be available and updated on a real-time bases as the physicians and the networks agreed to network participation or network termination. For that reason, the language before you today in section 1 may weaken the language of Public Act 08-126.

Public Act 08-126 was the product of compromise between physicians, insurers and leadership of this committee. We are proud of the product that was developed and believe it has provided the necessary protections to prevent the unauthorized use of rental or associated networks or further unwarranted or inappropriate discounting of physician rates by parties not otherwise known to the physician and/or patient. Thank you for the opportunity to testify on Senate Bill 17.



Quality is Our Bottom Line

**Insurance Committee Public Hearing
February 18, 2010**

Testimony regarding

SB 17 AAC Health Care Provider Rental Network Contract Arrangements.

The Connecticut Association of Health Plans respectfully opposes SB 17 AAC Health Care Provider Rental Network Contract Arrangements and urges the Committee's rejection of the bill.

Connecticut was ahead of the curve in its adoption of PA 08-126 AAC Regulation of the Secondary Markets in Physician Discounts.

That act requires a "contracting entity" that enters into or renews a contract with a health care provider on or after January 1, 2009 and sells, leases, rents, assigns, or grants access to that provider's health care services, discounted rates, or fees, to include a contract provision that it can permit a third party "covered entity" to access such provisions.

The act requires covered entities that access such services to pay the discounted rates or fees established in the provider's contract with the contracting entity. It specifies that a covered entity's right to access such provisions ends when the contract between the contracting entity and the provider terminates for all intents and purposes.

Under the act, all written and electronic remittance advices (payment notices sent to providers) must clearly identify the name of the covered entity responsible for paying the provider and the contracting entity whose payment rates and discounts apply.

In addition, the act requires each contracting entity to:

1. give a provider who requests it, when first contracting with him or her, a list of all known covered entities to which it may give access to his or her services, rates, or fees and
2. maintain a website or toll-free telephone number through which a provider can obtain a listing of covered entities having access to his or her services, rates, or fees.
3. requires a contracting entity or covered entity that issues a member ID card to clearly mark on the card the website address or toll-free telephone number.

The legislation in question has only been on the books for a little over a year and we would respectfully submit that we should allow time for the legislation to work prior to seeking additional regulation in this regard.

Many thanks for your consideration.

17
Francis Vesco ✓
Senator Crisco, Representative Fontana, and members of the Insurance Committee, my name is Dr. Francis Vesco, I am the vice president of the Connecticut Chiropractic Association and co-chair of the Insurance Relations Committee. I live in Southington and practice in New Britain.

PAGE
LINE

I would like to testify in support of Senate Bill 17. The proposed bill brings needed regulation to the practice of provider and network rental arrangements. These rental arrangements or contract assignment clauses often occur without the physician or provider's knowledge or consent; leading to a fraudulent network list and an illusionary benefit to the consumer. The consumer attempts to make an appointment or seek the marked discount for services, which was sold by the policy, only to find a doctor or clinic doesn't participate or has no knowledge of the program. The proposed Internet website list will allow consumers to check for a more recent listing. However, the existing process is flawed from the start, because these arrangements are often by default or an "opt-out" process. Insurers include network listings for doctors and other providers, which they have for one product, selling it for another. The providers have no knowledge of the other products because they were not asked, during the application process, if they want to participate with these products. At times they are instructed that if they do not want to participate they are to send notice. This lack of clear language and accountability leads to an illusionary benefit sold to the consumer. Doctors services should not be sold without the doctor or clinic being informed and giving their consent. As Legislators would you agree to have constraints like these placed on your abilities or do you as citizens feel you have the right to be part of an informed process.

Please amend the language of Senate Bill 17 to require "opt in" agreements by all providers. Once the provider signs a contract they acknowledge they wish to participate. Then and only then, will you have a valid accountable process and a real benefit for the consumer.



FTR 17 ✓

American Association of Preferred Provider Organizations

Testimony regarding Senate Bill 17

An Act Concerning Health Care Provider Rental Network Contract

Arrangements

Presented to the Joint Committee on Insurance and Real Estate

February 17, 2010

Chairman Crisco, Chairman Fontana, Members of the Committee:

I am writing on behalf of the American Association of Preferred Provider Organizations (AAPPO), the leading national association of Preferred Provider Networks (PPNs) and affiliate organizations. Our 995 members include both PPNs and payers who offer PPO networks and PPO benefits. PPNs are today's most popular healthcare choice for 193 million consumers, which constitute 69 percent of all Americans with healthcare coverage. AAPPO and its members seek to advance the awareness of the — greater access, more choice and flexibility — that PPOs bring to American healthcare system.

AAPPO worked collaboratively with the National Conference of Insurance Legislators (NCOIL) to develop and adopt provider contracting model legislation in November 2008. AAPPO fully supports the NCOIL model legislation. AAPPO and AMA collectively published a PPO provider contracting toolkit for physicians and the PPO industry advocating that the same level of transparency be adhered to in all aspects of PPO provider contracting.

AAPPO sincerely believes that our collective goal should be to improve the flow of needed information among PPNs, payers and providers in order to improve the health care experience for all consumers. We would very much like to work with you to further accomplish this goal as it pertains to S.B. 17.

Concerns with S.B. 17

Public/Government Affairs Office: 1275 Pennsylvania Ave., NW, 10th Floor • Washington, DC 20004 • Phone: (202) 481-6842

Headquarters: 222 South First St., Suite 303 • Louisville, KY 40202 • Phone (502) 403-1122 • Fax (502) 403-1129 • www.aaplo.org

Written Testimony of AAPPO

February 17, 2010

Page 2 of 3

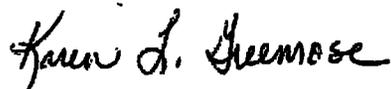
We support the current language of S.B. 17, but suggest two changes. The first is to update January 1, 2009, effective dates within the legislation to January 1, 2011, to make clear that industry members will have an opportunity to develop their internal reporting processes and come into compliance in a timely fashion.

Secondly, we suggest adding language that clarifies that any covered entity that sells, leases, rents, assigns or grants access to a provider's health care services, discounted rates or fees, must abide by the same transparency requirements as a contracting entity. This is a requirement in the model legislation developed by NCOIL on this issue, and we believe that the suggested language makes a necessary clarification in this bill's language.

The suggested modifications are attached to this testimony.

Thank you for your consideration.

Respectfully submitted,



Karen Greenrose.
President

Suggested Language for S.B. 17
(new text underlined)

Sec. 2. Section 42-491

(a) Any contracting entity that enters into or renews a contract with a health care provider on or after ~~January 1, 2009~~, January 1, 2011, and that sells, leases, rents, assigns or grants access to such provider's health care services, discounted rates or fees shall include in such contract a provision specifically stating that such contracting entity may sell, lease, rent, assign or grant access to such provider's health care services, discounted rates or the fees established in such contract.

(e) On and after ~~January 1, 2009~~, January 1, 2011, all remittance advices, whether written or electronic, shall clearly identify the following:

(f) On and after ~~January 1, 2009~~, January 1, 2011, any contracting entity or covered entity that issues a member identification card shall clearly mark on such card the address of the Internet web site or toll-free telephone number set forth in subdivision (1) of subsection (b) of this section.

(g) Any covered entity that enters into or renews a contract to gain access to a provider's health care services, discounted rates or fees and subsequently sells, leases, rents, assigns or grants access to such provider's health care services, discounted rates or fees shall be meet the same requirements of a contracting entity under this section.



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Testimony of the Connecticut Insurance Department

Before

The Insurance and Real Estate Committee

February 18, 2010

Senate Bill 17 – An Act Concerning Health Care Provider Rental Network Contract Arrangement

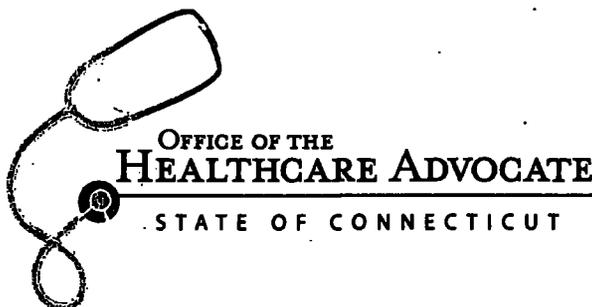
Senate Bill 17 is a proposed amendment to an existing law under which jurisdiction rests with the Department of Consumer Protection. This bill shifts enforcement responsibility to the Insurance Department.

The Insurance Department understands the desire for this type of regulation and enforcement involving contracting entities which sell, lease, and assign network contracts. However, the Insurance Department opposes this bill at this time due to the unanticipated added responsibilities imposed on the Department. These include:

1. Consumer Services will receive additional questions from providers and handle a significant increase in complaints from providers.
2. Market Conduct will need to monitor (a) contract language (b) 90-day updates (c) proper claims payment (d) maintenance of web site, toll free numbers and ID card information (e) remittance advices, and (f) other items as specified in the bill, with respect to the licensed entities it now reviews (including health insurers and health care centers).
3. Fraud, Investigations and Compliance unit will need to monitor the issues listed above for the regulated entities it already supervises (Preferred Provider Networks, Medical Discount Plans, and Marketers for Medical Discount Plans).
4. The Department will need to assign a new area to monitor the activity of certain entities covered under the law which are not under the statutory authority of the Department as these entities are not required to have a license or certificate of registration from the Department. The number of such entities is unknown.
5. It is anticipated that, with these new requirements and enforcement, there will be a significant increase in the number of administrative hearings which will necessitate additional resources from the Department's Legal Division.

The Insurance Department would be pleased to work with the Department of Consumer Protection on implementation and enforcement of the requirements under the bill.

17
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SB
50
✓
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**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.

S - 601

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2010**

**VOL. 53
PART 4
933 - 1266**

cd
SENATE

178
April 21, 2010

your minds regarding Senate "A." All those in favor of Senate "A," please indicate by saying aye.

SENATORS:

Ayes.

THE CHAIR:

All those opposed say nay. The ayes have it.

Senate "A" is adopted.

Do you care to remark further? Do you care to remark further on the bill as amended?

If not, Senator Doyle.

SENATOR DOYLE:

Thank you, Mr. President. Seeing no -- if there's no objection, I move the bill to the consent calendar.

THE CHAIR:

Without objection, this bill is placed on our consent calendar.

Mr. Clerk.

THE CLERK:

Calendar Number 50, File Number 20, substitute for Senate Bill 17, AN ACT CONCERNING HEALTHCARE PROVIDER RENTAL NETWORK CONTRACT ARRANGEMENTS, favorable report of the Committee on Insurance and Public Health.

cd
SENATE

179
April 21, 2010

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Mr. President, I move for acceptance of joint committee's favorable report and passage of the bill.

THE CHAIR:

On acceptance and passage, do you care to remark further?

SENATOR CRISCO: |

Yes, Mr. President.

The Clerk has an amendment, LCO-2448. I request that it be called, and I be given permission to summarize.

THE CHAIR:

Would the Clerk please call LCO 2448 to be designated Senate "A"?

THE CLERK:

LCO 2448 which has been designated Senate Amendment Schedule "A" is offered by Senator Crisco of the 17th District.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

cd
SENATE

180
April 21, 2010

Thank you, Mr. President. I move for adoption of the amendment.

THE CHAIR:

Question before the chamber is adoption of Senate "A."

Senator Crisco, do you care to remark?

SENATOR CRISCO:

Yes, Mr. President.

Mr. President, LCO 2448 adds the updating

THE CHAIR:

Before you begin, Senator Crisco.

The good senator has asked for permission to summarize the amendment. Is there objection to summarization? Seeing none, please proceed, Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

In summary, the amendment to LCO 2448 adds the update in every 90-day provision to cover an entity that subsequently sells, et cetera, to make compare -- to require for a contracting entity. And in summary of the summary that basically provides more transparency and opportunity for the network.

THE CHAIR:

cd
SENATE

181
April 21, 2010

Do you care to remark further? Do you care to remark further regarding Senate "A"? If not -- I'm sorry.

Senator Caligiuri.

SENATOR CALIGIURI:

Thank -- thank you, Mr. President. Through you, if I may, a question to Senator Crisco.

THE CHAIR:

Please frame your question.

SENATOR CALIGIURI:

Thank you, sir. And I apologize for not being able to answer this for myself at first. And Senator Crisco may not know the answer to this. But it's my understanding, as I looked at this that not every entity that leases a -- or rents a network is necessarily going to be a contracting entity. that discount providers, health providers, for example, may not be covered by this because they're not the sort of entities that pay claims. And I didn't have a chance to discuss this with Senator Crisco in advance of the bill being called but, for the sake of the record, by question through you, Mr. President is, does Senator Crisco know one way or the other whether, in fact, my understanding of that is correct?

cd
SENATE

182
April 21, 2010

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you to Senator Caligiuri,
to my knowledge, yes, that is correct.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

I thank you, Mr. President. And at the risk of
putting too fine a point on this, my understanding of
Senator Crisco's response is that there are entities
that would not be covered, such as discount providers,
because they are not paying claims and that that's in
essence what Senator Crisco has just said and I want
to clarify for the record that that's an accurate
understanding of his response. Through you, Mr.
President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President. Through you to Senator
Caligiuri, according to my information, that is
correct.

THE CHAIR:

cd
SENATE

183
April 21, 2010

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. I thank Senator Crisco for that response, and I look forward to supporting the bill as I did in committee because, as Senator Crisco noted, once we adopt the amendment this bill will only add to transparency which, I believe, helps consumers at the end of the day.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further? Will you remark further regarding Senate "A"? If not, the Chair will try your minds on Senate Amendment Schedule "A."

All those in favor please indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed say nay.

The ayes have it. Senate "A" is adopted.

Will you remark further on the bill as amended?

Will remark further on the bill as amended?

Senator Caligiuri.

SENATOR CALIGIURI:

cd
SENATE

184
April 21, 2010

Mr. President, thank you.

It occurs to me that I asked the question that I asked as it related to the amendment. And I just wanted to be clear, for the record, that the exchange that I had with Senator Crisco would apply -- should he agree -- to the underlying bill and not just to the language that was the subject of the amendment on which we have just voted. It occurred to me because I asked the question on the amendment, I didn't want the record to be unclear as to what our colloquy related to. So my question, through you, Mr. President, to Senator Crisco, is just confirming that our exchange related to the underlying bill and not just to the amendment. Through you, Mr. President.

SENATOR CRISCO:

Thank you, Mr. President.

Through you to Senator Caligiuri, spoken as a very competent lawyer, yes.

THE CHAIR:

Thank you.

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President.

Thank you, Senator Crisco.

cd
SENATE

185
April 21, 2010

THE CHAIR:

Thank you, sir.

~~Will~~ Will you remark further on the bill as amended?
Do you care to remark further on the bill as amended?
If not, Senator Crisco.

SENATOR CRISCO:

Mr. President, if there's no objection, I request
that it be placed on the consent calendar.

THE CHAIR:

Without objection, this item may be placed on our
consent calendar.

Mr. Clerk:

THE CLERK:

Calendar Number 52, File Number 24, Senate Bill
Number 92, AN ACT CONCERNING PRESCRIPTION EYE DROPS,
favorable report of Committee on Insurance and
Appropriations.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Oh, thank you, Mr. President.

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

THE CHAIR:

cd
SENATE

219
April 21, 2010

Calendar 50, substitute for Senate Bill 17.

Calendar page 35, Calendar 64, substitute for
Senate Bill 187.

Calendar page 37, Calendar 109, substitute for
Senate Bill 189.

Calendar page 39, Calendar Number 148, substitute
for Senate Bill 226.

Calendar page 40, Calendar 182, substitute for
Senate Bill 218.

Calendar page 41, Calendar 188, substitute for
Senate Bill 200.

Mr. President, that completes those items placed
on the consent calendar.

THE CHAIR:

All right. If the Clerk has made an announcement
that a roll call vote is in progress in the Senate on
the first consent calendar, the machine will be open.
Senators may cast their vote.

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 call on
the consent calendar. Will all Senators please return
to the chamber.

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SENATE

220
April 21, 2010

THE CHAIR:

Would all Senators please check the roll call board to make certain that your vote is properly recorded. If all Senators have voted and if all votes are properly recorded, the machine will be locked, and the Clerk may take a tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1.

Total Number Voting	35
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar Number 1 is passed.

Are there any announcements or points of personal privilege? Are there any announcements or points of personal privilege?

Senator LeBeau.

SENATOR LEBEAU:

Thank you, Mr. President, for a -- for an announcement.

THE CHAIR:

Please proceed.