

PA 11-163

SB0314

House	9917-9919	3
Insurance	1070-1074, 1149-1157, 1209, 1210, 1230-1231	18
<u>Senate</u>	<u>1969-1971, 2004-2006</u>	<u>6</u>
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**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**INSURANCE AND  
REAL ESTATE  
PART 4  
988 – 1324**

**2011**

this particular plan, which was mental health benefits and physical medicine, meaning physical therapist visits, these are types of visits that require multiple visits. It's not as if you're going to your primary care because you have the flu. You go once, you don't go back until you're sick again.

Mental health benefits, physical medicine, chiropractic, are multiple visits. They, in their wisdom, recognize this, and actually put us back for this 60-dollar co-pay where, yes, if you went to the urologist, or you went to - to the gynecologist, it was a 60-dollar co-pay. No, now it's a 30-dollar co-pay. So that was quite interesting that an insurance company actually recognized it. And I hope, possibly that can be a future, but I think sometimes some insurance companies need to be pushed.

So I'll be happy to answer any questions.

SENATOR CRISCO: Thank you, doctor.

Any questions? Any questions now?

Thank you very much.

MARC PEYSER: Thank you.

SENATOR CRISCO: Proceeding to Senate Bill 314.

Maureen?

MAUREEN DINNAN: Good afternoon, Senator Crisco, Representative Megna, Senator Kelly, Representative Coutu, members of the Insurance Committee.

I'm Maureen Dinnan. I'm the Executive Director of a HAVEN, which is the Health Care Professional Assistance and Monitoring Program. I appreciate the opportunity to speak to you on behalf of Senate Bill 314.

I did want to draw your attention to the fact that written testimony has also been submitted, but in addition to mine, there has been written testimony submitted by Dr. Thomas (Inaudible), who is a dentist who is the Chair of the Dental Health Committee for the Connecticut State Dental Association. He's also a volunteer Professional Director at HAVEN.

But Senate Bill 314 is an important legislation, and essential to protect the public. And the reason we believe that this serves to protect the public health, is because we want all persons who face the challenges of mental health to refer themselves for treatment without fear or hesitation.

Persons, and especially professionals, do not feel free to seek such care and treatment because identification of mental health conditions will often jeopardize their livelihood.

The law that created HAVEN was passed in 2007, and that law was helpful in overcoming some of those fears because it set forth the parameters regarding licensure discipline. But there still remains a very real fear that admitting the need for treatment may jeopardize availability of malpractice coverage, and without malpractice insurance, a professional cannot practice.

In addition, professionals have had difficulty regarding obtaining their disability insurance. So this is a recognized impediment to health care professionals seeking care for themselves.

There was a study that I refer to in my written testimony, where there was a study of 7,905 surgeons. Six point three percent of those surgeons had had suicidal ideation over the prior 12 months.

There is no doubt that health care in the current time is extremely stressful. What's most disconcerting though, is of that 6.3 percent, more than 60 percent did not seek treatment out of fear, including fear of insurance consequences. So what we felt is that, with treatment and monitoring these professionals, our expert practitioners, they do very well, and they're valuable resources. If untreated, the results can be devastating to patients as well as to the practitioner.

This legislation does not mandate the insurance coverage. It -- it does not deprive the insurance company of the information it needs to make its underwriting decisions. But what it does is it sets a reasonable expectation for fairness, and therefore, what we can do is we can assure professionals, and all persons who face the challenges of mental health conditions, that important decisions will not be based on prejudice or stigma. Thank you.

SENATOR CRISCO: Thank you, Maureen.

Any questions? Any questions?

Thank you so much.

Matthew Katz?

MATTHEW KATZ: Senator Crista -- Crisco, Representative Megna, and members of the Insurance and Real Estate Committee, my name is Matthew Katz, and I'm the Executive Vice President of the Connecticut State Medical Society. On behalf of our more than 7,000 physicians, and physician-in-training members, thank you for the opportunity today to testify in strong support of both Senate Bill 877 and Senate Bill 314.

And thank you for letting me speak to both at the same time, because we feel that even though they address slightly different issues, the most germane component of this is mental health parity, and access to care and insurance of the same protections in medical care as there -- or same protections in mental health and behavioral issues, as there is in medical, general medical care today.

In 1996, the Mental Health Parity Act was enacted and required parity on an annual dollar basis for mental health benefits and surgical benefits. However, it didn't apply to substance abuse and other related behaviors. So in 2008, ment -- another mental health law federally was passed, that expanded those benefits and protections that included substance abuse and disorders. However, at that time, those bills did not address everything, and those bills did not identify a regulatory process that needed to be put in place.

It took until February of 2010, when the Obama Administration issued regulations implementing the 2008 law that provided greater clarity as

to how it should be applied at a federal level. And for the first time, there were actually rules that allowed those that were diagnosed with del -- diagnosed with sometimes life-threatening disorders, not suffer needlessly, or arbitrary limits on medical care, or, in many cases, be excluded from medical care.

The rules bring needed relief to families. Unfortunately, in Connecticut, these laws do not apply to everyone because of the federal standard associated with the size of the insurance product, offered to those of 50 or more.

CSMS is asking today, through our support of these bills, and what you heard from Ms. Dinnan earlier, that the same federal safeguards should apply at the state level, regardless of market size, group size, or whether the insurance is obtained at an individual level.

We urge ado -- adoption of both of these bills, regardless of whether or not the individual is seeking individual or group coverage. And we urge support. Thank you.

SENATOR CRISCO: Thank you, Matt.

Any questions?

Thank you very much.

Proceeding now to Senate Bill 877.

Is Kirk, Kirk Lowry here?

Is it Cheri? Is Cheri here?

Testimony of the Connecticut Veterinary Medical Association  
In Support of SB 314 AAC Mental or Nervous Conditions under the CUIPA  
Before the Insurance and Real Estate Committee  
February 10, 2011

Chairman Crisco, Chairman Megna and members of the Insurance and Real Estate Committee:

We represent the Connecticut Veterinary Medical Association which represents over 95% of the veterinarians in the state of Connecticut. We are writing in support of SB 314, An Act Concerning Mental or Nervous Conditions under the Connecticut Unfair Insurance Practice Act. We feel that to deny to insure or to discontinue insuring solely based on a mental or nervous condition results in health care professionals being reluctant to seek help for these conditions due to a fear of being denied liability or disability insurance. This reluctance to seek help is detrimental not only to the individual but is detrimental to patient care and safety. We ask for your support for SB 314 in order that insurance decisions are based on fairness and sound judgment.

Thank you for your consideration of this matter.

Sincerely,

Eva Ceranowicz DVM  
Andrea Dennis DVM  
Connecticut Veterinary Medical Association



**Connecticut State  
Dental Association**835 West Queen Street  
Southington, CT 06489860 378 1800 / phone  
860 378 1807 / fax

CSDA.com

Legislative Testimony  
Insurance Committee  
SB00314INSAn Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair  
Insurance Practices Act  
Thomas Calnon, D.D.S.

Senator Crisco, Representative Megna, and members of the Insurance Committee: My name is Thomas Calnon and I have been practicing dentistry for thirty-six years in the City of Norwalk. I am president of the Board of Directors of the Health Assistance interVention Education Network (HAVEN) for Connecticut Health Professionals and chair of the professional health and wellness committee of the Connecticut State Dental Association (CSDA). I thank you for the opportunity to present this written testimony in support of Bill No. 314, An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair Insurance Practices Act.

S.B. No. 314 represents an important public policy for our state that insurers are expected to exercise good faith and fair dealing in matters of both physical and mental health. For 10 years, I have answered a Hot Line provided by the CSDA for dentists or persons concerned for dentists who may be suffering from a physical or mental illness. As dentists often practice in small or solo settings, a dentist who suffers from a mental health condition such as substance use disorder, depression, or anxiety is often isolated and afraid to seek assistance for fear of prejudice and stigma. Family members and staff are also afraid that mandating treatment may risk livelihood and income. Over the years, I have spoken to dentists, friends, children and spouses, who have been reluctant to seek care and treatment for a professional with mental health conditions for fear of negative repercussions on their dental license as well as loss of malpractice and disability insurance. Unfortunately, these fears have been justified.

In 2007, the legislature passed the law enabling HAVEN to exist. As a result, since July 2007, I have been able to assure dentists and other health professionals that seeking care and treatment will not become a matter of public discipline on their dental or healthcare licenses. However, I have not been able to assure the professionals that professional liability coverage or disability coverage will not be jeopardized.

S.B. No. 314 enables us to tell persons who face the challenges of mental health conditions that decisions regarding insurance coverage are required to be made based on parameters of fairness and sound reasonable principles. Fear of loss of coverage or increased premiums should not outweigh the benefit of care and treatment.

Dentists suffer from mental health conditions at the same rate as the general public. An American Dental Association survey suggests that 1.5% of dentists actively practicing will have an alcoholic beverage before going to work. HAVEN and the CSDA are working hard to find and reach out to these dentists. We recognize the fact that reluctance and fear to seek treatment raises the risk of patient harm. We must take every measure possible to remove obstacles for accessing mental health care and to give us the tools for effective intervention. S.B. No. 314 is an essential step to that end.

In closing, I thank the Committee for examining fairness in insurance practices and for allowing me to submit testimony. If you have any questions, I would be happy to make myself available at your convenience.

Sincerely,

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# HAVEN

HEALTH ASSISTANCE INTERVENTION EDUCATION NETWORK



Legislative Testimony  
Insurance Committee  
SB00314INS

An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair  
Insurance Practices Act

Senator Crisco, Representative Megna, Senator Kelly, Representative Coutu and members of the Insurance committee, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in support of Bill No. 314, An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair Insurance Practices Act.

S.B. No. 314 requires that insurers use sound actuarial principles or actual or reasonably anticipated experience when declining to insure, refusing to continue to insure, or changing the rates for insurance of an individual due to mental or nervous conditions as defined in the American Psychiatric Association's "Diagnosis and Statistical Manual of Mental Disorder." Establishing the expectation that decisions regarding insurance will be based on parameters of fairness will help us encourage healthcare professionals who suffer from mental health conditions to seek care and treatment.

Healthcare professionals suffer from mental health disorders at the same rate as the general population. This means that 10 -15 % over the course of their career will suffer from substance use disorders, 6.7% depression and 2.6% bipolar illness. In fact, some studies suggest that healthcare professionals suffer from depression at a higher rate than the general population. However, professionals are often reluctant to seek help because they are afraid of negative repercussions on their ability to practice. Fear that they will be considered uninsurable is a recognized impediment to getting needed treatment.

The fear is real. Following an educational presentation, a dentist offered that she would be reluctant to encourage a colleague to seek help because she had privately sought treatment for depression following a death in the family. When she disclosed the fact that she had received treatment for depression in an insurance renewal application, her disability insurance was not renewed. S.B. 314 would not require that insurance be maintained, but only that the insurance company use sound and fair principles in their underwriting decisions. Assuring professionals that insurance decisions will not be made

arbitrarily or be based on prejudice or stigma will encourage professionals to access help.

The reluctance of healthcare professionals to seek care and treatment is believed to contribute to the disproportionate rate of suicide for physicians in the United States. See, "Suicidal Ideation Among American Surgeons" ArchSurgery 2011;146(1)54-62. The consequences of not accessing treatment are potentially harmful to not only the patients they serve, but also to the providers who need care.

The Connecticut legislature set an important public policy when enacting Connecticut General Statute Section 19a-12a allowing professionals the opportunity to seek help through an assistance and monitoring program without fear of licensure discipline. Public and patient safety is best protected by taking every available measure to promote responsibility for professional health and wellness. S.B. 314 supports this public policy by helping alleviate another fear which inhibits professionals from seeking care and treatment for mental health conditions. Persons who are responsible and compliant with treatment for mental health conditions may be assured that insurers are expected to exercise good faith and fair dealings in matters of both physical and mental health.

I would like to again thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted:

Maureen Sullivan Dinnan, J.D.  
Executive Director

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**Connecticut State Medical Society Testimony in Support of**  
**Senate Bill 877 An Act Concerning Mental Health Parity**  
**Senate Bill 314 An Act Concerning Mental or Nervous Conditions Under the Unfair Insurance Practices**  
**Act**  
**Presented to the Insurance and Real Estate Committee**  
**February 10, 2011**

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, my name is Matthew Katz, Executive Vice President of the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 physician and physician in training members thank you for the opportunity to present this testimony to you today in support of Senate Bill 877 An Act Concerning Mental Health Parity and Senate Bill 314 An Act Concerning Mental and Nervous Conditions Under the Unfair Insurance Practices Act. To the extent that these bills provide protections for mental health conditions consistent with Federal Law we support the language. Federal language should be codified on the state level to ensure consistency in medical care regardless of covering entity. In addition, we welcome the opportunity to work with the committee to appropriately define "nervous condition" so that similar protections can be afforded individuals with these conditions.

In 1996, the Mental Health Parity Act (MHPA) was enacted and required parity in aggregate lifetime and annual dollar limits for mental health benefits and medical/surgical benefits. The MHPA, however, did not apply to substance use disorder and did not bar some other types of limitations on mental health benefits. In 2008, the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was signed into law. The MHPAEA expanded on the MHPA by broadening the parity rules as they apply to mental health benefits as well as extending these rules to substance use disorder benefits.

Under the MHPAEA, any group health plan that includes mental health and substance abuse disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out-of-pocket costs, benefit limits and practices such as prior authorization and utilization review. For example, a plan may not apply separate deductibles for treatment related to mental health or substance use disorders and medical or surgical benefits – they must be calculated as one limit. MHPAEA applies to employers with 50 or more workers whose group health plan chooses to offer mental health or substance use disorder benefits. MHPAEA was effective for plan years beginning on or after July 1, 2010.

In February of 2010, the Obama Administration issued regulations implementing the MHPAEA providing greater clarity on how MHPAEA should be applied. For the first time, these rules help assure that those diagnosed with debilitating and some-times life threatening disorders will not suffer needless or arbitrary limits on medical care. The rules bring needed relief to families faced with meeting the cost of obtaining mental health and substance abuse services.

Unfortunately, in Connecticut, MHPAEA law and regulations do not apply to everyone – especially those receiving insurance through small employer groups and in the individual market. CSMS is asking today,

through our support of this bill, that the same federal safeguards outlined above be applied to anyone who receives health insurance coverage in Connecticut, regardless of the size of the group or whether insurance is obtained in the individual market. CSMS urges the adoption of parity in health insurance and access to health care services in Connecticut, regardless of whether or not individuals are seeking health insurance or medical care for mental or behavioral health matters, substance use disorders or any other medical condition.

We urge your support for these bills and offer our assistance to make sure that the language is consistent with medical practice.

Legislative Testimony  
Insurance Committee

SB00314INS

SB 314

An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair  
Insurance Practices Act  
Alfred Herzog, M.D.

Senator Crisco, Representative Megna, and members of the Insurance committee, my name is Alfred Herzog, M.D. and I have been practicing psychiatry for 44 years in the City of Hartford. I am the Program Psychiatrist of the Institute of Living, Professionals' Addiction Recovery Services. I thank you for the opportunity to present this written testimony to you in support of Bill No. 314, An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair Insurance Practices Act.

S.B. No. 314 makes clear that declining to insure, refusing to continue to insure, or changing the rates for insurance of an individual due to mental or nervous conditions as defined in the American Psychiatric Association's "Diagnosis and Statistical Manual of Mental Disorder" will be considered an unfair insurance practice unless the insurer is able to demonstrate that the decision is based on sound actuarial principles or actual or reasonably anticipated experience.

Professionals are afraid to seek treatment for mental health issues for reasons including fear that professional liability insurance coverage and/or disability insurance will be jeopardized. This fear is compounded from the time we graduate medical school and annually complete applications requiring that we disclose treatment for mental health conditions with a "Detailed Explanation" if a response is affirmative. No physician wants to respond that they have sought such treatment, and speculates what will be done with the information if given. Physicians are afraid that underwriting decisions will be based on the stigma and prejudice commonly associated with mental health conditions. Our understanding of mental health conditions and treatment options for these illnesses has advanced and the Hartford County Medical Association supports every effort to encourage all persons who face the challenges of mental health conditions including depression, bipolar disorder, generalized anxiety, and substance use disorders to seek treatment. This bill will help us encourage our colleagues to do so.

The importance of such a measure was recently underscored in an article entitled "Suicidal Ideation Among American Surgeons" ArchSurgery 2011;146(1)54-62. Suicide is a disproportionate cause of death for U.S. physicians. This is despite the fact that physicians suffer from mental health conditions at the same rate as the general population. According to this study of 7,905 surgeons, 6.3% reported suicidal ideation over the prior twelve months. Yet only 25% of the 6.3 % had sought psychiatric or psychological help, while 60.1% were reluctant to seek help. One reason offered for the reluctance was concern for malpractice coverage.

We should not be afraid of treatment. We should be afraid of not seeking help. When reluctance and fear inhibits a physician from seeking treatment for mental health conditions, the risk to quality of care and patient safety rises. Indeed, the studies regarding suicide show for physicians, it is a matter of life and their own death.

S.B. 314 assures that decisions regarding insurance will be based on parameters of fairness. A professional who is suffering from depression or other mental health condition should not fear that he or she will suffer discrimination or be treated unfairly. S.B. 314 is an additional important to step to overcoming our hesitation as a profession to intervene and help our colleague by encouraging physicians and other healthcare professionals to seek assistance and monitoring for mental health conditions.

In closing, I would like to again thank the Committee for allowing me to submit testimony. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted

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**Testimony of Victoria Veltri, Acting State Healthcare Advocate  
Before the Insurance and Real Estate Committee  
In Support of H.B. 5032, S.B. 312, and S.B. 314  
February 10, 2011**

Good afternoon Senator Crisco, Representative Megna, Senator Kelly, Representative Coutu and members of the Insurance and Real Estate Committee. For the record, I am Victoria Veltri, the Acting State Healthcare Advocate. My office, the Office of the Healthcare Advocate (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 face in accessing care and proposing solutions to those problems.

I testify today on behalf of OHA in support of three bills, H.B. 5032, S.B. 312, and S.B. 314. Each of these pieces of legislation provides a positive change in the way health insurance operates, and I ask for your consideration of each of these important pieces of legislation.

H.B. 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING, would require insurance plans to cover most of the costs associated with bone marrow testing, capping patients' copayments at 20% of the cost of the procedure. Bone marrow testing is a vital way to link possible bone marrow donors to possible bone marrow recipients; donating bone marrow is an act that can help save lives. Linking bone marrow donors to recipients ensures medically necessary treatment while reducing the costs of ongoing treatment in lieu of transplantation. Passing this legislation would ensure that cost is less of a barrier to the saving of lives.

Additionally, H.B. 5032 would require that bone marrow testing be performed in an American Society for Histocompatibility facility and that the results of such tests be recorded in the National Marrow Donor Program database. These steps guarantee bone marrow testing is done in a safe, accredited facility and that the results of these tests are stored in a protected, useful database.

OHA also supports S.B. 312, AN ACT ELIMINATING THE AGE CAP FOR HEALTH INSURANCE COVERAGE FOR SPECIALIZED FORMULA. This legislation would help give individuals access to the specialized formula they need, regardless of age. There are many medical conditions that make specialized formula a necessary source of nutrition for many years of a patient's life. Currently the law only requires insurance

plans to cover this important medical expense for children under the age of 12. Again, the failure to cover this specialized formula can result in unnecessary hospitalizations and doctor visits. This bill would eliminate this unfair age restriction and help to ensure patients have access to the specialized formula that they need to survive.

S.B. 314, AN ACT CONCERNING MENTAL OR NERVOUS CONDITIONS UNDER THE CONNECTICUT UNFAIR INSURANCE PRACTICES ACT is also an important piece of legislation that OHA supports. This legislation would help to guarantee that insurance companies cannot discriminate against patients based on the presence of a mental or nervous condition. If passed, this legislation would ensure that individuals with mental or nervous conditions are not unfairly denied coverage or given inappropriately discrepant coverage. The additional protection afforded by this bill to individuals with mental or nervous conditions is appropriate, necessary, and important.

Thank you for allowing me to testify in support of H.B. 5032, S.B. 312, and S.B. 314. I will be happy to answer any questions you may have. If you have any questions concerning this testimony, please contact me at [victoria.veltri@ct.gov](mailto:victoria.veltri@ct.gov) or 860-297-3982.



*Quality is Our Bottom Line*

**Insurance Committee Public Hearing  
Thursday, February 10, 2011**

**Connecticut Association of Health Plans**

**Testimony Submitted in Opposition to**

**HB 5032 AA Requiring Health Insurance Coverage for Bone Marrow Testing.**

**HB 5438 AA Limiting Copayments, Deductibles or Other Out-of-Pocket Expenses for Chiropractic Services.**

**SB 314 AAC Mental or Nervous Conditions Under the Connecticut Unfair Insurance Practices Act.**

**SB 877 AAC Mental Health Parity.**

**SB 879 AAC Prescription eye Drops.**

**SB 396 AAC Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer.**

**SB 312 AA Eliminating the Age Cap for Health Insurance Coverage for Specialized Formula.**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of the above mandates. While every mandate under consideration by the legislature is laudable in its intent, each must be considered in the context of the larger debate on access and affordability of health care and ***now must also be viewed in the context of federal health care reform and the applicability of the Patient Protection and Affordable Care Act of 2010 (PPACA).***

Please consider recent testimony submitted by the Department of Insurance relative to another proposed mandate under consideration which urges the Committee to understand the future financial obligations that new or additional health insurance mandates may place on the State of Connecticut and taxpayers stating that:

***In simple terms, all mandated coverage beyond the required essential benefits (as will be determined by HHS) will be at the State's expense. Those costs may not be delegated to the individual purchaser of insurance or the insurer.***

Both the General Assembly and the Administration have pledged again this year to address the needs of the approximately 400,000 Connecticut residents who lack health insurance coverage. As we all know, the reasons people go without insurance are wide and varied, but most certainly cost is a major component. In discussing these proposals, please also keep in mind that:

- Connecticut has approximately **49 mandates, which is the 5<sup>th</sup> highest** behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)
- For all mandates listed, the total cost impact reported reflects a range of **6.1% minimum to 46.3% maximum**. (OLR Report 2004-R-0277 based on info provided by the Dept. of Insurance)
- State mandated benefits are not applicable to all employers. Large employers that self-insure their employee benefit plans are not subject to mandates. **Small employers bear the brunt of the costs**. (OLR Report 2004-R-0277)
- The National Center for Policy Analysis (NCPA) estimates that **25% of the uninsured are priced out of the market by state mandates**. A study commissioned by the Health Insurance Assoc. of America (HIAA) and released in January 1999, reported that "...a fifth to a quarter of the uninsured have no coverage because of state mandates, and federal mandates are likely to have larger effects. (OLR Report 2004-R-0277)
- **Mandates increased 25-fold over the period, 1970-1996, an average annual growth rate of more than 15%**. (PriceWaterhouseCoopers: The Factors Fueling rising Healthcare Costs- April 2002)
- National statistics suggest that **for every 1% increase in premiums, 300,000 people become uninsured**. (Lewin Group Letter: 1999)
- "According to a survey released in 2002 by the Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET), employers faced an average **12.7% increase in health insurance premiums** that year. A survey conducted by Hewitt Associates shows that employers encountered **an additional 13% to 15% increase in 2003**. The outlook is for more double-digit increases. **If premiums continue to escalate at their current rate, employers will pare down the benefits offered, shift a greater share of the cost to their employees, or be forced to stop providing coverage.**" (OLR Report 2004-R-0277)

Thank you for your consideration.

**H – 1120**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2011**

**VOL.54  
PART 29  
9635 – 9973**

pt/tj/lxe/gbr  
HOUSE OF REPRESENTATIVES

622  
June 8, 2011

On page 21, Calendar 534, Senate Bill Number 314,  
AN ACT CONCERNING MENTAL OR NERVOUS CONDITIONS UNDER  
THE CONNECTICUT UNFAIR INSURANCE PRACTICES ACT.  
Favorable Report of the Committee on Judiciary.

SPEAKER DONOVAN:

Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. I move the Committee's  
Joint Favorable Report and passage of the bill in  
concurrence with the Senate.

SPEAKER DONOVAN:

Hold on, Representative.

REP. MEGNA (97th):

Yes, Mr. Speaker, this --

SPEAKER DONOVAN:

Hold on, Representative. There we go. Please  
proceed, sir.

REP. MEGNA (97th):

Yes, yes, Mr. Speaker. This bill adds to the  
list of unfair deceptive insurance acts the refusal to  
insure people that have -- individuals diagnosed with  
mental or nervous conditions as set forth under 38a-  
488a. I urge my colleagues to vote for the bill.

pt/tj/lxe/gbr  
HOUSE OF REPRESENTATIVES

623  
June 8, 2011

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Will you remark further on the bill? Remark further on the bill? I not, staff and guests come to the Well of the House, members take your seats, the machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is voting by roll call. Members to the Chamber.

SPEAKER DONOVAN:

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

THE CLERK:

Senate Bill Number 314, in concurrence with the Senate.

Total Number voting	147
Necessary for passage	74
Those voting Yea	147
Those voting Nay	0

pt/tj/lxe/gbr  
HOUSE OF REPRESENTATIVES

624  
June 8, 2011

Those absent and not voting 4

SPEAKER DONOVAN:

Bill is passed. Clerk, please call Calendar 490.

THE CLERK:

On page 18, Calendar 490, Senate Bill Number 464,

AN ACT ESTABLISHING A CONNECTICUT BEER TRAIL.

Favorable report of Committee on Transportation.

SPEAKER DONOVAN:

Representative Taborsak.

REP. TABORSAK (109th):

Thank you, Mr. Speaker. Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

SPEAKER DONOVAN:

Question is on acceptance and passage. Will you remark?

REP. TABORSAK (109th):

Thank you, Mr. Speaker. Mr. Speaker, this Legislation creates a Connecticut beer trail. I'd ask that the Clerk is in possession of an amendment, LCO 5602. I'd ask that he call it and I be allowed to summarize.

SPEAKER DONOVAN:



**S - 617**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2011**

**VOL. 54  
PART 6  
1735- 2085**

mhr/gbr  
SENATE

24  
May 19, 2011

Calendar page 25, Matters Returned from  
Committee, Calendar Number 47, File Number 26, Senate  
Bill 314, AN ACT CONCERNING MENTAL OR NERVOUS  
CONDITIONS UNDER THE CONNECTICUT UNFAIR INSURANCE  
PRACTICES ACT, Favorable Report of the Committees on  
Insurance, and Judiciary.

THE CHAIR:

Senator Crisco.

• SENATOR CRISCO:

Thank you, Madam President.

Madam President, I move for acceptance of the  
Joint Committee's Favorable Report and passage of the  
bill.

THE CHAIR:

On acceptance and -- and adoption -- I'm sorry --  
on acceptance of the --

SENATOR CRISCO:

Thank you, Madam President.

Madam President, in summary, this bill adds to  
the list of unfair or deceptive insurance acts or  
practices, the refusal to insure or continue to insure  
a limitation of the amount, extent or kind of coverage  
available to or the charging of a different rate for  
the same coverage to an individual diagnosed with a

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mental or nervous condition. The law already prohibits such acts or practice for individuals with a physical disability or mental retardation.

Madam President, this bill's origin started with the discovery that many practitioners were concerned about seeking appropriate treatment because of potential discrimination.

We have situations in all our lives when because of the loss of a family member or some other tragedy, there may be a need for -- to take medication, a sedative for a period of time. And yet if that is picked up by an insurance company, it could -- there could be unfair discrimination against the individual.

So this bill doesn't change any other conditions that are due to actuarial principles or related to actual or reasonable anticipated experience.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further?

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

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If there's no objection, I ask it be placed on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR CRISCO:

Thank you, Madam President.

THE CHAIR:

Thank you.

Mr. Clerk.

THE CLERK:

Calendar page 27, Calendar Number 71, File Number 55, substitute for Senate Bill 10, AN ACT CONCERNING THE INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING, Favorable Report of the Committee on Insurance, and Appropriations.

The Clerk is in possession of amendments.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

Madam President, I move for acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

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Thank you, Madam President.

Madam President, if there is no additional comments and no objection, would move to place this item on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

Yes. Thank --

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Madam President.

If the Clerk might call the items on the First Consent Calendar at this time.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Immediate roll call 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.

Madam President, those items placed on Consent Calendar Number 1 begin on Calendar page 1, Calendar

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Number 495, Senate Resolution Number 27; Calendar 496,  
Senate Joint Resolution Number 48; Calendar page 2,  
Calendar 497, Senate Joint Resolution Number 49;  
Calendar Number 502, Senate Resolution Number 28;  
Calendar 503, Senate Joint Resolution Number 50;  
Calendar 504, House Joint Resolution Number 118;  
Calendar 505, House Joint Resolution Number 119;  
Calendar page 25, Calendar Number 47, Senate Bill 314;  
Calendar page 33, Calendar Number 217, Senate Bill  
Number 993; and Calendar page 36 -- correction.

Madam President, that completes those items on  
the Consent Calendar, Calendar page 36.

THE CHAIR:

Thank you, sir.

Would you want to again announce a roll call  
vote? And 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. All Senators please return to the  
Chamber; there's an immediate roll call in progress in  
the Senate.

THE CHAIR:

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Senator Prague, you would like to vote? Thank  
you.

All members have voted? All members have voted?  
The machine will be closed.

And, Mr. Clerk, will you call the tally.

THE CLERK:

The 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 has been adopted.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, before calling for a recess for  
purposes of -- of a caucus, would yield the floor to  
members for announcements or points of personal  
privilege.

THE CHAIR: