

PA 11-204

HB6472

House	3125-3159	35
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DEPUTY SPEAKER ALTOBELLO:

The Bill passes.

Representative Johnson of the 49th.

Would the Clerk please call Calendar 88.

THE CLERK:

On Page 43, Calendar 88, Substitute for House
Bill Number 6472 AN ACT CONCERNING HEALTH INSURANCE
COVERAGE FOR OSTOMY SUPPLIES. Favorable Report of the
Committee on Appropriations.

DEPUTY SPEAKER ALTOBELLO:

Representative Johnson of the 49th, you have the
floor.

REP. JOHNSON (49th):

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

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is acceptance of
the Joint Committee's Favorable Report and passage of
the Bill. Please proceed, madam.

REP. MOHNSON (49th):

Thank you, Mr. Speaker. The reason for the Bill
is that since 2000 there has been a law that has

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required insurance companies to pay \$1,000 a year for ostomy supplies.

Over the last 11 years the cost of the supplies has increased rapidly for out-of-pocket expenses and this Bill addresses the problem.

There was a verbal amendment in the Insurance Committee to create a requirement that would provide coverage instead of \$5,000 to \$1,500 a year, so I move for support.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is passage of the Bill. Representative Fritz of the 90th, you have the floor, madam.

REP. FRITZ (90th):

Thank you, Mr. Speaker. The Clerk has an Amendment, LCO Number 5836. If he would call and I be allowed to summarize, please.

DEPUTY SPEAKER ALTOBELLO:

Will the Clerk please call LCO 5836, which shall be designed House Amendment Schedule "A".

THE CLERK:

LCO Number 5836, House "A", offered by
Representative Fritz.

DEPUTY SPEAKER ALTOBELLO:

The good Representative Fritz seeks leave of the Chamber to summarize the Amendment. Seeing no objection, please proceed, madam.

REP. FRITZ (90th):

Thank you, Mr. Speaker. Basically what this Amendment does is, it raises the coverage to \$2,000 because what came out of the Committee was actually too low and in consultation with people who are in the drug supply business, this \$2,000 number is appropriate.

In point of fact, I went back and did some research and looked at what things cost in 2000 and what they cost today.

Eggs were 90 cents in 2000 and \$1.75 today.

White bread was 98 cents a loaf and \$1.40 today.

A domestic car cost \$19,000 new in 2000 and \$30,000 today.

Milk, a gallon of milk in 2000 cost \$2.75 and it's \$3.50 today.

Gas, well, we all know where that is. In 2000 it was approximately \$1.60 and this morning coming in through Hartford it was \$4.239.

So I would suggest to my colleagues that this Amendment is appropriate and I move that it be adopted.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is adoption of House "A". Will you remark on House "A"? Will you remark on House "A"? Representative Coutu of the 47th, you have the floor.

REP. COUTU (47th):

Thank you, Mr. Speaker. Mr. Speaker hearing the examples that bread and other things went up on average 50 percent, we're raising this potential mandate by 100 percent.

So I was curious, through you, was there any studies or any examples with things relating to this mandate in the medical field? How much of a percentage did those services go up? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Thank you, Mr. Speaker. Representative Coutu, it's actually not about services. It's about supplies.

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The people who have ostomy operations live on bags and tubes and unfortunately the cost of those supplies in contact with medical supply companies is approximately \$2,000 a year. This brings it right into line what the costs are.

DEPUTY SPEAKER ALTOBELLO:

Representative Coutu.

REP. COUTU (47th):

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Further on House "A"? Further on House "A"?

Representative Johnson, you have the floor.

REP. JOHNSON (49th)

Thank you, Mr. Speaker. I just wanted to add that during the process of reviewing this legislation, that I actually was in contact with the University of Connecticut, the people who created the University of Connecticut Center for Public Health and Health Policy, their Connecticut mandated health insurance benefits review for 2010 and they actually said that if the mandate was increased to \$5,000 a year, that the cost on a per person per month basis would still be under five cents, so the actual cost of a per person per month basis would be zero, and you can look

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in the summary of that report to show that the ostomy supplies are now at zero, and I have reports from the actuaries that say that even at \$5,000 a year mandated it would be zero.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Johnson.

Representative Coutu on House "A", for the second time, I believe.

REP. COUTU (47th):

Thank you, Mr. Speaker. Mr. Speaker, the State of Connecticut has, we're pushing almost 60 health insurance mandates and the end consequence of these mandates as we expand the amount, the dollar of coverage, can be a major problem.

And this year I learned of an example. The realtors, the thousands of businesses across the State of Connecticut, their brokers, their agents, were questioning why are we one of only a few states in America that don't have access to the National Realtor Association Health Care Plan.

The answer is very simple. The cost of healthcare because of the number of mandates that we have in the state is too high. So it ends up, they

have no access to healthcare. This is already a mandate on the books. We're just increasing the size of the mandate by 100 percent.

But, in 2014, the federal government is coming up with the Patient Protection and Affordability Act. When this legislation and when this becomes law for our state, any health mandate that they don't think, that they don't basically clarify within their perimeters, the State of Connecticut, our taxpayers will be liable to cover those costs.

So these potentially 60 mandates cumulatively will result in a tax increase for our taxpayers across the State of Connecticut and they will increase the cost of health insurance.

We know other states that have lower number of mandates across America. Their healthcare costs typically are less. There's a direct correlation with the number of mandates that we have on our health insurance companies and the cost of insurance for people, employers, and their employees.

Far too often, people look at the model that Connecticut has and says, wow, state employees have a great plan. The reason is because state employees pay about 11 percent of the overall premium. It really

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comes down to how much of the premium do the employees have to pay. And when you add in more mandates the premium will go up because most employers across the state require their employees to pay 30, 40 percent of that overall premium.

Once again, we realize that these mandates have a consequence and an effect and I think there's no greater example than the Realtor Association and us being one of the few states in America where they don't have access to a healthcare plan. And that's it. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Coutu. Representative Srinivasan of the 31st, you have the floor.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, if I can request the proponent of this Bill, I'm not sure. Are we on the Amendment or on the Bill itself?

DEPUTY SPEAKER ALTOBELLO:

We are on House "A". House "A" effectively raises the limit on coverage on an annual basis, so we're on House "A".

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REP. SRINIVASAN (31st):

House "A", right. Thank you, Mr. Speaker. I just want to clarify that when this amount is increased on ostomy supplies, which I understand that the cost of everything has gone up and everything else.

What I could not clear, and through you, Mr. Speaker, at the end of the day, what is the increase for the premium per person. I did not get that clear.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz, do you care to respond?

REP. FRITZ (90th):

Through you, Mr. Speaker, I do not know what the cost of the increase of the premium is. But I do know that the reason for the original bill in 2000 was because I had a constituent 30 years old who came to me who had part of her intestine removed because of cancer.

And when she tried to get coverage from the insurance company, she was told it was cosmetic. It took three years to get the original bill through.

To me, the cost of the premium is negligible if you cannot get the supplies and do not have appropriate coverage. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you. Thank you. Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, if I could request the proponent of the Bill that have commented on the cost per person through month? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

To whom, sir?

REP. SRINIVASAN (31st):

To the proponent of the Bill.

DEPUTY SPEAKER ALTOBELLO:

Would you restate your question, sir?

REP. SRINIVASAN (31st):

To Representative Johnson.

DEPUTY SPEAKER ALTOBELLO:

Could you restate your question, please.

REP. SRINIVASAN (31st):

The question being, through you, Mr. Speaker, that I understood that this mandate that we are requesting from our insurance companies. Yes, it's a

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very good intent. I definitely agree with the intent of the mandate, but my concern is the cost that it would add on to our premiums because of increasing the amount by 100 percent. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

I'm still not certain of your question, sir.

REP. SRINIVASAN (31st):

The question goes to the proponent of the Bill.

DEPUTY SPEAKER ALTOBELLO:

Well, we're not on the Bill. We're on the Amendment.

REP. SRINIVASAN (31st):

Amendment, okay. So we should come back. Thank you. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

I believe you had made a query to the proponent of the Amendment regarding cost and she answered she did not know.

REP. SRINIVASAN (31st):

Okay. Thank you. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Further on House "A"? Representative Noujaim. Care to comment on House "A"?

REP. NOUJAIM (74th):

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Thank you, Mr. Speaker. Good afternoon, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Good afternoon, sir.

REP. NOUJAIM (74th):

I am not certain if this question is in reference to the Amendment or in reference to the piece of legislation itself, but I will ask it anyway.

Through you to Representative Fritz, if I may ask you. I read the Office of Fiscal Analysis Report on this and it says there is no fiscal impact to the State of Connecticut.

So if I may, through you, Mr. Speaker, if there's no fiscal impact, why are we talking about increase in premium? Who would then be paying the premium?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker. Representative Noujaim, in all due respect, I did not bring up the cost of the premium. It's your friend the doctor who brought up the cost of the premium.

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Representative Noujaim.

REP. NOUJAIM (74th):

Thank you. Thank you, Mr. Speaker. I appreciate Representative Fritz's answer.

So there is no additional cost to the premium paid by the State of Connecticut for those services? Am I correct through this, Mr. Speaker, through you?

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, I do believe Representative Noujaim in terms of ostomy supplies under state insurance there is no limit.

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

REPL. NOUJAIM (74th):

Thank you, Mr. Speaker. And through you, Mr. Speaker, for legislative intent, Representative Fritz, if this, would this not be a negotiation between the administrator of the plan for the State of Connecticut and the insurance company itself rather than being a legislation coming to us to be voted upon? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, the problem is that it was never negotiated before. It does not need to be negotiated now. It needs to address the fact that, and point of fact, many employers refused to cover, or have insurance coverage for ostomy supplies, even though they had workers who had ostomies and needed to have these supplies to live.

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. So through you, Mr. Speaker, if I'm understanding then, it does not have a fiscal impact on the state itself, but it could have fiscal impact on private employers. Am I correct? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Thank you, Mr. Speaker. I do believe Representative Noujaim that Representative Johnson answered that in terms of the actuarial studies that she had looked into.

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DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. I truly apologize. For some reason I did not hear Representative Johnson's answer, so may I, through you pose the question to Representative Johnson, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Please proceed.

REP. NOUJAIM (74th):

Through you, Mr. Speaker to Representative Johnson, if she did not hear the answer.

So if there is no impact on the state, would this also impact private employers insofar as the cost of the premiums on insurance plans for their employees?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Johnson, do you care to reply?

REP. JOHNSON (49th):

Thank you, Mr. Speaker. Yes, I did do some careful research on this and I know that we have received this general overview of Connecticut mandated health insurance benefits for 2010. That was part of

a study done by the University of Connecticut Center for Public Health and Health Policy.

And in that, the current cost of ostomy supplies is at \$1,000 and at zero cost per person per month.

I contacted the people who did the study and I said, what would happen, because I knew about Representative Fritz's Amendment, I said what would happen if we went to \$2,500 and they said that even if you went to \$5,000 a year there would be zero cost per person per month for premiums, in additional costs for a number of reasons.

The first reason is, as you get beyond \$2,500 a month, a year, rather, what happens is fewer and fewer people who require ostomy supplies do not use that much in the way of ostomy supplies so you have fewer and fewer people actually using that many ostomy supplies. So that's one of the reason they cited when they did their study is that when you get up around 42,500 a year, very few people need more than that, so that is why there's actually, you know, fewer, no increase in cost on a per person per month basis.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

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REP. NOUJAIM (74th):

Thank you, Mr. Speaker, and I would like to extend gratitude to Representative Johnson for her answer.

But one further question I may have is, if I am to understand this Amendment raises it to \$5,000, not to \$2,500. Am I correct? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, no. It raises it to \$2,000, Representative Noujaim.

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. And through you, Mr. Speaker, I'd like to ask just for a further explanation. You know, although I am in agreement with the principle of the legislation, just a question in generality to Representative Fritz.

Would this like be, basically similar to insuring a family, whether the family has two children or four children basically the cost would remain the same. Is that accurate? Through you, Mr. Speaker.

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DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, Representative Noujaim, could you clarify what you really mean?

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you. Thank you, and through you, Mr. Speaker, to clarify. Like if you have an insurance plan and it's for a family and the family has two children in the family. They will have a cost.

And let's say they have three children or four children. From what I understand, I know normally the cost premium, the premium does not increase, and that's what I mean. Would this be a similar situation?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, I really cannot envision a family of four people having ostomies

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because I think that you're in the right ballpark but you're playing the wrong ballgame.

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim you have the floor.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. Go Red Sox.

DEPUTY SPEAKER ALTOBELLO:

Thank you. Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you to Representative Fritz. I just want to clarify what we heard Representative Johnson say earlier. That's why I was a little confused with both of them speaking on the Amendment or on the Bill.

We heard that if the amount of the ostomy was increased from \$2,000 to \$5,000 we still did not have an increase in the premium. The premiums remain the same. That's the way I understood that through Representative Johnson because of the reason A, B and C.

But we are now in this, we are saying that we want to reduce that from \$5,000 to \$2,000 so that is the part that I'm not able to comprehend. I know we

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currently are at \$1,000. We know the cost of everything is going up.

If \$5,000 is going to cost us the same as \$2,500 I'm not clear as to where we are dropping it or why we are dropping it to \$2,000. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you. Would you care to make an inquiry regarding that through the Chair to Representative Johnson, or?

REP. SRINIVASAN (31st):

No. Through you, Mr. Speaker, it would be to Representative Fritz because that's where the Amendment is, that we are reducing from \$2,500 to \$2,000, where I would have gone the other way. I would have gone all the way to \$5,000 because we're not paying anything extra anyway rather than coming back next year or two years and having to raise the amount once again.

So if \$5,000 is going to get us, the coverage of \$5,000 at no extra cost, I think we should go for the entire amount rather than a relatively reduced amount.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz, do you care to remark?

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REP. FRITZ (90th):

Through you, Mr. Speaker, the original Bill was \$5,000 but it was unacceptable to the Insurance and Real Estate Committee. And then upon further research it was determined that \$2,000 was appropriate and that's what the supplies annually would cost. So, that's where we are.

And Mr. Speaker, when the vote is taken on this Amendment, I would respectfully request a Roll Call.

DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan, you have the floor, sir.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker, just for a point of my clarification that even when it's reduced to \$2,000 after going back to the insurance companies, there is no cost to the, as far as the premium is concerned, in terms of the premium going up since we have dropped it down to \$2,000 now. I just want to get that clarified, through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz, do you care to respond?

REP. FRITZ (90th):

Through you, Mr. Speaker, I couldn't hear what he said.

DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan, do you care to restate your question, please.

REP. SRINIVASAN (31st):

Yes, Mr. Speaker. It would be my privilege to do that. I just want to make sure that after, through you to Representative Fritz, that after going back to the insurance company who felt that \$5,000 was unacceptable, that \$2,000 is acceptable to them rather than the \$2,500 that there would still be no cost as far as the premium is concerned, increasing the premium at the \$2,000 per person.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, the \$5,000 was unacceptable to the Insurance and Real Estate Committee. It was not brought to an insurance company for their approval or disapproval.

And the \$2,000 that is recommended in this Amendment is what we learned from pharmaceutical

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companies who sell these supplies and confirmed for us that \$2,000 would cover the annual cost of supplies for ostomies.

DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. So for this cost of \$2,000, thank you for the clarification. I appreciate that very much, Representative. I just, for this cost of \$2,000, going back to what Representative Johnson had said earlier, that's why we're going back and forth here, that there is no extra cost as far as the insurance premium is concerned.

I just want to make that point, clarify that point also. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Srinivasan.

Representative Fritz, you had made a motion earlier. However, you didn't actually have the floor. Would you care to make a motion, ma'am.

REP. FRITZ (90th):

Thank you, Mr. Speaker. I do have the floor now?

DEPUTY SPEAKER ALTOBELLO:

You do, madam.

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REP. FRITZ (90th):

Well, Mr. Speaker, I would respectfully request that when the vote is taken, it be taken by Roll.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is whether or not to have a Roll Call on this matter. Will all those in favor of a Roll Call please indicate by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

We'll try that again. The question before the Chamber is when we have this vote, whether or not it will be a Roll Call Vote. The Chair was in doubt of the last action.

Would all those in favor of having a Roll Call Vote on this issue please indicate by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

I would say the requisite 20 percent has been met. When the vote is taken it shall be taken by Roll.

Further on House "A"? Representative Schofield of the 16th, you have the floor, madam.

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REP. SCHOFIELD (16th):

Thank you, Mr. Speaker. As a Member of the Insurance Committee, I just wanted to clarify a few of the things that have been discussed here.

First off, you know, when Representative Johnson was saying that there was no cost, I think what she was referring to was a study that indicated a very minimal cost, and in the context of those studies that are done by UConn, when the premium impact is less than a tenth of a percent or some small amount like that, they list it as zero. It doesn't mean absolutely there's no cost. There's always an incremental cost when you add or double a benefit as is proposed in this Amendment.

Part of the reason that we scaled it back from \$5,000 to \$2,000 is because of the issue that Representative Coutu raised with the change in the federal health reform package, which establishes an essential benefit package that the federal government will require all plans to have.

We don't know yet what is going to be in that package and our concern was that by raising it to \$5,000, which as Representative Fritz pointed out, is more than necessary to cover the average cost of

ostomy supplies in a year, that we could be in excess of that federally required benefit package.

If a state has a mandate that exceeds the benefit package outlined in the federal reform package, the state will be on the hook for paying the difference. The state, not the insurer, not the policyholder, the state will be on the hook for paying that difference in cost in the out years. So we were concerned about not wanting to add too much in cost.

Furthermore, since based on my research you can buy a year's worth of ostomy supplies on the Internet for \$1,500, we didn't want to remove incentive for people to be good shoppers and buy the most, you know, the cheapest source of supplies.

If you over-insure someone by raising it to \$5,000 as Representative Srinivasan sort of recommended, we would wind up over-insuring people, removing an incentive for them to be good shoppers and also potentially leaving the state open to a cost down the road in relation to the federal health reform.

So I hope that that clarifies the background on the issue. Thank you.

DEPUTY SPEAKER ALTOBELLO:

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I see that it does, madam. Thank you very much.
Representative Chapin of the 67th on House "A", please
proceed.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. Mr. Speaker, I've heard
a lot of discussion on this Amendment about \$1,000,
\$2,000 and \$5,000.

This Amendment before us is changing the file
copy. Existing law has the dollar amount set at
\$1,000. The file copy before us increases that from
\$1,000 to \$1,500. It looks as if this Amendment is
replacing the \$1,000 with the \$2,000 thereby making
the effect of this \$2,500. Is that correct?

May I ask that to the proponent of the Amendment?
Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz, for the math one more time.

REP. FRITZ (90th):

Thank you, Mr. Speaker. In fact, if you look at
the Amendment, Representative Chapin, do you have it
before you? In line 7 it's bracket \$1,000 after
closing bracket insert \$2,000, and then again in line
21 bracket \$1,000 and after the closing bracket insert
\$2,000. Is that clear, sir?

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DEPUTY SPEAKER ALTOBELLO:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. It is clear. It appears that the Amendment before us does not bracket out the new language in the file copy of 500, thereby making it, this Amendment proposes a change from \$1,500 to \$2,500, even a greater mandate than previously thought.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Chapin.

We have a request to speak for the third time on House "A". We have a request to speak for the, Representative Noujaim you have the floor, sir.

REP. NOUJAIM (74th):

For the second time, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

I believe so, sir.

REP. NOUJAIM (74th):

Thank you, sir. For the second time, through you, I would like to, if I may, to direct a question to Representative Schofield, who is a Member of the Insurance Committee.

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DEPUTY SPEAKER ALTOBELLO:

Sure without objections, please proceed, sir.

REP. NOUJAIM (74th):

And through you, Mr. Speaker. Mr. Speaker, maybe I am too much of a businessman and too little of a politician, so my question is, we have an administrator who negotiates those policies with the insurance company, and obviously that administrator is a state employee, just like I do at work. I negotiate the plans for the employees that we have with insurance company. I don't ask for a vote. We negotiate a plan.

So now we have an administrator who negotiates a plan with an insurance company. And through you, Mr. Speaker, why is it necessary for us, the Legislators, to put a law in place to negotiate a contract between our administrator who works for the State of Connecticut and the insurance company that covers the contract for the State of Connecticut and other insurance companies that cover contracts to employers?

And if I am not clear, I will repeat the question again. Through you, Mr. Speaker to Representative Schofield.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative. We're getting a little bit off the Bill here, although there was discussion regarding just this same matter.

So Representative Schofield, Representative Noujaim has asked for clarification and perhaps you may enlighten the Chamber.

REP. SCHOFIELD (16th):

Certainly. I think, through you, Mr. Speaker, that Representative Noujaim is confusing the state employee plan with all other health plans.

The people that work for the state and negotiate with insurance plans on behalf of state employees do not negotiate the terms and benefits of any other health plans for other employers or for individuals. The benefits that are required in health plans for other employers and individuals are in fact described by state statute.

I hope that answers the question, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. Through you. No, no, no. I am not confused. Through you, Mr. Speaker. I

pat/gbr
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know the difference between the state employees and the private employees and private employers.

All I'm saying is, what are we trying to legislate here? I'm not understanding what are we trying to legislate.

We have people who negotiate insurance plans and we have insurance companies with whom those plans are negotiated and have been negotiated.

Why are we making laws for those plans? Why don't let them negotiate the plans and see what they come up with. And this is not a question. This is just a direct, this is just a direct response from me.

Are we trying to legislate everything, and that's why I'm saying, perhaps I am speaking more as a businessman rather than a Legislator.

You know, let the enterprise take care of itself and that's my point. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you very much. Representative O'Neill, you have the floor, sir.

REP. O'NEILL (69th):

Thank you, Mr. Speaker. You caught me off guard. I thought you were thanking Representative O'Neill for his comments and I was wondering how I got over there.

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If I could, a question through you to the
proponent of the Amendment.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. O'NEILL (69th):

If this Amendment passes and the Bill passes,
what will be the amount of mandated ostomy supplies?
What will be the dollar figure of mandated ostomy
supplies?

Will it be \$2,500? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fritz.

REP. FRITZ (90th):

Through you, Mr. Speaker, after reading back on
the Bill, after the comments by Representative Chapin,
and in answer to your question, it is \$2,500 and I
stand corrected Representative Chapin and
Representative O'Neill.

DEPUTY SPEAKER ALTOBELLO:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

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Further on House "A"? Further on House "A"? If not, staff and guests please retire to the Well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber.

The House is voting House Amendment Schedule "A" by Roll Call. Members to the Chamber.

DEPUTY SPEAKER ALTOBELLO:

Have all Members voted on House "A"? Have all Members voted? Please check the board to make sure your vote is properly cast.

If all Members have voted, the machine will be locked. Would the Clerk please take a tally.

Would the Clerk please announce the tally.

THE CLERK:

On House Amendment Schedule "A".

Total Number Voting	143
Necessary for Adoption	72
Those voting Yea	94
Those voting Nay	49
Those absent and not voting	8

DEPUTY SPEAKER ALTOBELLO:

House "A" passes. Further on the Bill as amended? Representative Coutu of the 47th, you have the floor, sir.

REP. COUTU (47th):

Thank you, Mr. Speaker. Mr. Speaker, now knowing that it was stated \$2,000 was the required amount that we need to cover these supplies, this Amendment's raising it to \$2,500.

The major concern that I have is once again in 2014, the package that's going to be coming from the federal government, we don't have the perimeters yet, and if it's lower than that amount, \$2,500, the state will be responsible to cover the cost of that and every other mandate.

So with that, I know this has good intentions, but I'll be a no vote and I urge my colleagues to vote no. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Coutu. Further on the Bill as amended? Further on the Bill as amended?

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

THE CLERK:

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The House of Representative is voting by Roll
Call. Members to the Chamber.

The House is voting by Roll Call. Members to the
Chamber, please.

DEPUTY SPEAKER ALTOBELLO:

Have all Members voted? Have all Members voted?
Please check the board to make sure your vote is
properly cast.

If all Members have voted, the machine will be
locked. Would the Clerk please take a tally.

And would the Clerk announce the tally.

THE CLERK:

House Bill 6472 as amended by House "A".

Total Number Voting 150

Necessary for Passage 76

Those voting Yea 101

Those voting Nay 49

Those absent and not voting 1

DEPUTY SPEAKER ALTOBELLO:

The Bill as amended is passed.

Would the Clerk please call Calendar 130. 130.

THE CLERK:

On Page 44, Calendar 130, Substitute for House
Bill Number 6113 AN ACT CONCERNING THE INVESTIGATION

**JOINT
STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
REAL ESTATE
PART 8
2295 – 2657**

2011

ERIC GEORGE: Good afternoon, Senator Crisco, members of the Insurance and Real Estate committee. For the record, my name is Eric George, Associate Counsel for the Connecticut Business and Industry Association. And I'm here to ask for your opposition to Senate Bill 1083.

HB6472
SB1085

I've come before you multiple times asking you to reject mandates, and we've gone through all of the rigmarole. I will say this, you have in place now an analysis process through the University of Connecticut and the Department of Insurance, which is slated to look at all of the mandates, giving you what their costs are and what their benefits are.

I would urge you to do that prior to passing mandates. And to have a -- a body that will give you such data, rather than just passing laws because we don't yet quite have the information on them.

I can tell you that the counsel will -- Counsel for Affordable Health Insurance says that mandates increase costs by over 50 percent. I can tell you that the Centers of Policy and Analysis say that 25 percent of our uninsured are priced out for mandates alone.

But I think that you need to process the exact information from the Department of Insurance prior to passing any mandates. Thank you, I'd be happy to answer any questions.

SENATOR CRISCO: Thank you, now are you -- I respect your position on the cost end analysis, but we don't seem to be receiving most -- an analysis on the benefits, but that's something we're working on. But we see the costs from the -- and this is timelined, but if there's any suggestions you have in the future for how we could expedite the process we'd love to talk to you.

ERIC GEORGE: My suggestion would definitely be have -- be to have the data on the front end before policy decisions are made.

ERIC GEORGE: It's not that extensive. It's produced every year. It's been updated through 2010.

REP. COUTU: Yeah, I'll take that -- a couple copies of that.

ERIC GEORGE: Okay, I can bring it up to you after I get done.

REP COUTU: And thank you, Mr. Chairman.

SENATOR CRISCO: You're welcome, (inaudible).
Representative Schofield.

REP. SCHOFIELD: Thank you, Mr. Chairman. I have kind of a couple questions about these two bills. On ostomy supplies, do you -- this is -- probably you don't have an answer, but do you have any idea what a typical person with a colostomy needs to spend on an annual basis on ostomy supplies? Because they get \$1000 worth of coverage now, and what's proposed is \$5000. What's the typical cost?

HB 6472

ERIC GEORGE: I can do some research for you. I do not have that information now, but I can do research for you if you would like.

REP. SCHOFIELD: Yeah, if someone could get that for us, that would be helpful. I mean, one thing that occurs to me is, you know, there's certain sectors that -- if you're buying toilet seats for the military, they're going to cost you \$5000. If you're buying them for your home at Lowe's, you know, they're 15 bucks.

And it's kind of the same thing in health care. And it's in part because we are insulated from the real cost and so there isn't real competitions. I wonder if these things are -- can you buy them on the internet at a cheaper price these days?

ERIC GEORGE: Right. You're scratching at an issue that is huge in the entire health care debate. And that's the data. And that's, you know, not only quality data, that's cost data as well.

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COMMITTEE

1:00 P.M.

Where you comparatively can look at different providers, look at different avenues to get care and make a determination.

I mean, I will tell you if I -- if it was a huge issue that I was dealing with, I'm not necessarily going with the cheapest. I want to know, you know, quality data as well. And comparative quality data in terms of who are those providers treating? What was the populations that they were treating?

But that -- that's a difficult issue to get -- for everybody to get their arms around. But it's as important as anything that we discuss in the health care debate. It is one of the kinds --

REP. SCHOFIELD: If you could get some pricing data --

ERIC GEORGE: Yeah, I can do -- I will get you whatever I can, Representative Schofield.

REP. SCHOFIELD: -- not only on, you know, what -- what it costs through insurance these days, but if you were to buy colostomy supplies elsewhere where you don't have it covered where there's a little more competition, what would the pricing be like?

And then I had a question on the -- the colonoscopies as well. You know, the United States Preventive Services Task Force is working on identifying tests, extreme tests and preventive services that should be offered without a co-pay. And that will be a federal standard.

SB1085

And I'm wondering if -- because this is proposing that all colostomy -- colonoscopies done without a co-pay would -- is that on their list as well?

ERIC GEORGE: I -- I don't think we know what their list is (inaudible) at this point.



March 1, 2011

**Statement
Of
Anthem Blue Cross and Blue Shield
On
HB 6472 An Act Concerning Health Insurance Coverage For
Ostomy Supplies
And
SB 1085 An Act Concerning Health Insurance Coverage For Colonoscopies**

Good afternoon, Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. My name is Christine Capiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am here today to reluctantly speak on HB 6472 An Act Concerning Health Insurance Coverage For Ostomy Supplies And SB 1085 An Act Concerning Health Insurance Coverage For Colonoscopies.

We are concerned about these because they seek to add a new mandate for all individuals and group policies, including the State of Connecticut State Employees Health Insurance Plan. Mandates remove any choice that employers or individuals might have in purchasing health care. Our goal as a managed care organization is to provide a comprehensive meaningful set of benefits to individuals and employers purchasing our product. How we accomplish this goal changes as the needs and desires of the market changes. Mandating benefits take away the flexibility insurers have in developing products in response to the needs of the marketplace. The cost of mandates may cause the purchasers of health care, specifically employers to stop offering health insurance all together.

We also would like to point out that HB 6472 while raising the annual cap on ostomy supplies may contradict with federal healthcare reform, Patient Protection and Affordable Care Act (PPACA), which has a provision that removes the annual maximums on certain healthcare services including ostomy supplies. This would create a situation where the state law is actually less of a benefit for members and they would be restricted to the \$5,000 cap rather than an unlimited cap under PPACA.

Thank you for the opportunity to speak to you today and I welcome any questions you might have.



TESTIMONY
of the
CONNECTICUT CONFERENCE OF MUNICIPALITIES
to the
INSURANCE & REAL ESTATE COMMITTEE
March 1, 2011

CCM is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 90% of Connecticut's population. We appreciate this opportunity to provide testimony to you on issues of concern to towns and cities.

HB 6472 "An Act Concerning Health Insurance Coverage for Ostomy Supplies"
SB 1085 "An Act Concerning Health Insurance Coverage for Colonoscopies"

HB 6472 would mandate the expansion of all health insurance policies to cover the costs of ostomy supplies for up to \$5,000 – while SB 1085 would mandate that all health insurance policies prohibit implementing out-of-pocket expenses (i.e. co-payments) for additional colonoscopies.

These state-mandated changes to health insurance coverage will increase insurance costs and thus premiums, which will eventually be borne by policy holders - municipalities to name one. This would result in increased insurance costs statewide.

While these two proposals have their merits, the bottom line is that they will increase insurance costs across the board at a time when local budgets can least afford it.

CCM urges the committee to **take no action** on HB 6472 and SB 1085.

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If you have any questions, please contact Bob Labanara of CCM at rlabanara@ccm-ct.org.



**Insurance and Real Estate Committee
March 1, 2011
Testimony of the American Cancer Society**

The American Cancer Society supports H.B. No. 6472 - An Act Concerning Health Insurance Coverage For Ostomy Supplies.

An ostomy is a surgical procedure that creates an opening (stoma) on the skin that connects an internal organ such as the large or small intestine to the surface of the body. An ostomy is not a disease, but a change in the way your body works to allow stool or urine to pass after a disease or injury.

A temporary ostomy allows a disease or operative site to heal without irritation by the passage of body waste. Temporary ostomies can usually be reversed with little or no loss function of the intestines. A permanent ostomy is necessary when disease, disease treatment, injury or birth defects impair normal function of the bowel or bladder. Cancers such as colorectal or bladder necessitate nearly 80% of ostomy procedures.

A stoma has no valve or shut-off muscle. This means the ostomate will not be able to control of the passage of stool or urine from the stoma, which necessitates an external collection method consisting of an external pouch or bag attached to the body for collection of stoma drainage and then emptied every few days.

In 2000, Connecticut passed legislation requiring that ostomy supplies (including the collection pouches as well as flanges, wafers, barriers or faceplates that fit around the stoma) be a covered benefit of up to \$1000 annually. As the cost of health care in Connecticut and the nation has exponentially increased in the 11 years since passage more and more ostomates are incurring prohibitively higher out of pocket costs for their supplies.

HB 6472 would increase the benefit coverage from \$1000 annually up to \$5000 annually. The American Cancer Society strongly supports legislation that improves the affordability and availability of health care for cancer patients and we urge a Joint Favorable report on this bill.

Thank you.

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

Connecticut State Medical Society

House Bill 6472 An Act Concerning Insurance Coverage for Ostomy Supplies

Senate Bill 1085 An Act Concerning Health Insurance Coverage for Colonoscopies

Senate Bill 1083 An Act Concerning Health Insurance Coverage of Prescription Drugs for Pain Management Insurance And Real Estate Committee

March 1, 2011

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the more than 7,000 physicians and physician in training members of the Connecticut State Medical Society, thank you for the opportunity to present this testimony to you today on **House Bill 6472 An Act Concerning Insurance Coverage for Ostomy Supplies**, **Senate Bill 1085 An Act Concerning Health Insurance Coverage for Colonoscopies** and **Senate Bill 1083 An Act Concerning Health Insurance Coverage of Prescription Drugs for Pain Management**. Without a doubt, passage of these bills would provide a tremendous benefit to certain patients. They would strengthen an individual's health status and/or increase quality of life. These benefits cannot be compared or contrasted to the financial cost of their implementation.

House Bill 6472 An Act Concerning Insurance Coverage for Ostomy Supplies increases the annual limit on ostomy supplies from one thousand dollars to five thousand dollars. The cost of such supplies has increased dramatically since original passage. The one thousand dollar limit is nowhere near adequate for patients requiring ostomy supplies annually.

Senate Bill 1085 An Act Concerning Health Insurance Coverage for Colonoscopies prohibits the imposition of a co-payment or deductible for additional colonoscopies required in a benefit year. The cost of colonoscopies on an individual can be significant. The determination by a physician that a second colonoscopy is medically necessary indicates that there is potential for a severe medical condition. Unaffordable co-payments and deductibles could cause those in need to delay seeking treatment; causing an increase in costs to the healthcare system should a complicated or advanced problem arise.

Senate Bill 1083 An Act Concerning Health Insurance Coverage of Prescription Drugs for Pain simply prevents an insurer from requiring the use of over-the-counter medications when a physician using professional judgment has determined that such medications would be ineffective. It does not, however, impact the ability to provide generic equivalents for name brand medications.

While we support these bills, we must once again stress that the position of the CSMS is that none would be necessary if a rational determination of a medically necessary service by a physician to improve health or increase a patient's quality of life was the trigger for insurance coverage and payment.



Quality is Our Bottom Line

Connecticut Association of Health Plans

Testimony Submitted in Opposition to

HB 6472 AAC Health Insurance Coverage for Ostomy Supplies.
SB 1085 AAC Health Insurance Coverage for Colonoscopies.

Insurance Committee Public Hearing
Tuesday, March 1, 2011

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of HB 6472 and SB 1085. 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 5th 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.



CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
MARCH 1, 2011

My name is Eric George and I am Associate Counsel for the Connecticut Business & Industry Association (CBIA). CBIA represents approximately 10,000 businesses throughout Connecticut and the vast majority of these are small companies employing less than 50 people.

While the federal government has passed health care reform, more needs to be done to lower costs. More needs to be done to improve the health of our citizens. Employers find health care costs rising faster than other input costs. Some providers are unable to generate sufficient patient revenue to cover costs. Some patients cannot get timely access to optimal care. And too many individuals remain without health insurance, engage in unhealthy behaviors and live in unhealthy environments.

For the business community, the issues of health care quality, cost and access are critical. After numerous years of double-digit and near-double-digit increases, health insurance has quickly become a product that many people and companies find they can no longer afford. In addition, the cost of health care directly affects businesses' ability to create new jobs.

Therefore, CBIA asks this committee to reject **HB 6472, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR OSTOMY SUPPLIES**. The business community and other stakeholders are calling for significant reforms to Connecticut's costly and inefficient health care system. As you consider the various proposals to reform the state's health care system, CBIA asks you to refrain from making the already high cost of health care even more unaffordable for the state's companies and residents.

The recent federal health reform law, the Patient Protection and Affordable Care Act, requires that if a state adopts any mandated benefit that exceeds the benefit levels of the "essential benefit plan" then that state must pay for the cost of that mandate. The federal government has not yet defined what constitutes an "essential benefit plan." So, the State of Connecticut is rolling the dice with each new or expanded mandate that it adopts because if that mandate goes further

than the "essential benefit plan" then the state will be paying the bill – further stressing our already strained state budget.

Every health benefit mandate, while providing a benefit to the individuals who utilize those services, increases health insurance premiums for all state-regulated group and individual policies. In fact, the Council for Affordable Health Insurance (CAHI) has reported that health benefit mandates increase health insurance premiums between less than 20% to more than 50%. According to CAHI, Connecticut's mandates increase group and individual health insurance premiums by as much as 65%.

Connecticut's employers are already struggling to afford health insurance for their employees. The hardest hit among these companies are small employers whose revenues and operating budgets make affording employee health insurance extremely difficult. However, when the legislature adopts new health insurance mandates, it makes affording health insurance particularly difficult for these small employers. This is because state mandated benefits only impact plans that are subject to state regulation. If a company has the financial ability to self-insure, then that company's health plan is governed solely by federal law, including the Employee Retirement Income Security Act (ERISA), and does not have to comply with state health benefit mandates. Companies that are able to self-insure (and therefore not subject to Connecticut's health insurance mandates) are typically larger companies that can afford taking on such risk. Smaller companies usually cannot and are forced to be fully insured and subject to state regulation.

So, Connecticut's health insurance mandates impact smaller employers in the state to a greater degree than larger employers. When the legislature either creates a new mandate or expands an existing mandate, it is making health insurance less affordable for those small companies that can least afford to shoulder these cost increases.

CBIA asks this committee to reject all new or expanded mandate proposals and to enact a moratorium on health insurance mandates. It is crucial that as the state moves forward toward major health care reform, that the General Assembly refrain from taking any actions that would increase the cost of already skyrocketing health insurance premiums.

Again, please reject HB 6472 and thank you for the opportunity to offer CBIA's comments on this legislation. I look forward to working with you on this and other issues related to the reforming Connecticut's health care system.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2011**

**VOL. 54
PART 21
6546-6914**

cd/lg/sg/mhr/gbr
SENATE

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June 8, 2011

An immediate roll call vote has been ordered in the Senate. Will all Senators please return to the Chamber. An immediate roll call vote has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? Have all members voted?
The machine will be locked.

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

THE CLERK:

Madam President, the motion is on the adoption of House Bill 6238.

Total Number Voting	36
Those voting Yea	23
Those voting Nay	13
Those absent and not voting	0

THE CHAIR:

The bill has passed.

Mr. Clerk.

THE CLERK:

Madam President, the bottom of page 11, Calendar Number 520, Substitute for House Bill Number 6472, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR OSTOMY SUPPLIES, as amended by House Amendment Schedule "A,"

cd/lg/sg/mhr/gbr
SENATE

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June 8, 2011

LCO Number 5836, favorable report of the Insurance and Appropriations Committees.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

I move for acceptance of Joint Committee's favorable report and passage of the bill. I believe

--

THE CHAIR:

Oh --

SENATOR CRISCO:

Yes.

THE CHAIR:

Motion is on -- on approval of the bill.

Will you remark further, sir?

SENATOR CRISCO:

Thank you, Madam President.

Madam President, if anyone in the Circle is aware of the need for ostomy supplies by either loved ones or friends, I think they could appreciate how important those supplies are. Under the current law, ostomy supplies are covered by insurance up to \$1000 annually. It's been 11 years -- 11 years since this

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legislation was passed. And the cost of ostomy supplies has increased rapidly, resulting in extremely high out-of-pocket expenses for patients. This bill addresses the problem by requiring of -- of coverage of ostomy up to \$2500.

THE CHAIR:

Will you remark further? Will you remark further?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

This bill expands health insurance coverage of ostomy-related supplies from the current \$1,000 which is -- covers annually to \$2500 annually. We heard at committee various sources of opposition, which not only include the business community but also the Connecticut Insurance Department. And I believe that in this time with this economy that there is a relation between cost and coverage.

A portion of these costs are already covered, but I think at this point to expand the coverage would go too far at this time. And I would vote against this -- this bill.

Thank you.

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THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Mr. Clerk, will you please call for a roll call vote? And the machine is opened.

THE CLERK:

An immediate roll call vote has been ordered in the Senate. Will all Senators please return to the Chamber. An immediate roll call vote has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? Have all members voted? If so, the machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

Madam President, the motion is on the adoption of House Bill 6472.

Total Number Voting	34
Those voting Yea	26
Those voting Nay	8
Those absent and not voting	2

THE CHAIR:

cd/lg/sg/mhr/gbr
SENATE

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June 8, 2011

The bill has passed.

Mr. Clerk.

THE CLERK:

Madam President, turning to page 17, Calendar Number 612, House Bill Number 6234, AN ACT CONCERNING ELECTIONS OF THE EXECUTIVE BOARDS OF DIRECTORS OF CONDOMINIUM UNIT OWNERS ASSOCIATIONS AND CHANGES TO THE COMMON INTEREST OWNERSHIP ACT, as amended by House Amendment Schedule "A," LCO Number 7972, favorable report of the Insurance and Judiciary Committees.

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:

Question is on approval of the bill.

Please proceed, sir.

SENATOR CRISCO:

Thank you, Madam President.

Madam President, members of the Circle, this bill addresses three issues. It sets, I believe, standards