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CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
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Could this please be moved to the Consent Calendar, sir?

DEPUTY SPEAKER ALTOBELLO:

We have a motion before us to move this to the Consent. Seeing no objection, so ordered.

Would the Clerk please call Calendar 589.

THE CLERK:

On page 28, Calendar 589, substitute for Senate Bill Number 396, AN ACT CONCERNING INSURANCE COVERAGE FOR THE SCREENING AND TREATMENT OF PROSTATE CANCER. Favorable report of the Committee on Appropriations.

DEPUTY SPEAKER ALTOBELLO:

Representative Megna, you have the floor.

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.

DEPUTY SPEAKER ALTOBELLO:

The question is acceptance and passage. Please proceed.

REP. MEGNA (97th):

Thank you, Mr. Speaker. The Clerk is in possession of LCO 6677. I ask that it be called and I

be permitted to summarize.

DEPUTY SPEAKER ALTOBELLO:

The Clerk please call LCO 6677.

THE CLERK:

LCO Number 6677, Senate "A" offered by Senator Fasano.

DEPUTY SPEAKER ALTOBELLO:

Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. This amendment creates parity for physicians and payment for colonoscopy and endoscopic services and I move adoption.

DEPUTY SPEAKER ALTOBELLO:

Question before the Chamber is adoption of Senate "A". Adoption of Senate "A"? Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. The Clerk is in possession of LCO 6065. I ask that it be called and I be permitted to summarize.

DEPUTY SPEAKER ALTOBELLO:

One at a time. Senate "A". Further on Senate "A"? Representative Schofield? Representative Schofield on Senate "A"?

REP. SCHOFIELD (16th):

I'm sorry. I want to speak on the underlying bill, I think. It's going too fast to keep up so, sorry.

DEPUTY SPEAKER ALTOBELLO:

Representative -- further on Senate "A". If not, I'll try your minds, all those in favor please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Those opposed? The Ayes have it. Further on the bill? Further on the bill? Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. The Clerk is in possession of LCO 6065. I ask that it be called and I be permitted to summarize.

DEPUTY SPEAKER ALTOBELLO:

Would the Clerk please call LCO 6065.

THE CLERK:

LCO Number 6065, Senate "B", offered by Senator Williams, et al.

DEPUTY SPEAKER ALTOBELLO:

Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. This just makes some technical changes to the underlying bill and I move adoption.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is adoption of Senate "B". Adoption of Senate "B". Without --

REP. MEGNA (97th):

Thank you, Mr. Speaker. I urge my colleagues to support the bill as amended. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Further on Senate "B"? If not, I'll try your minds, all those in favor please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed? Senate "B" is adopted. Further on the bill as amended? Further on the bill as amended? If not, staff and guests please retire to the -- wait, whoa.

Representative Schofield on the bill as amended.

REP. SCHOFIELD (16th):

Yes, thank you, Mr. Speaker. I -- oppose

this bill. When -- when various ambulatory surgery centers and the like were set up many years ago, the understanding was always that they were going to be a less expensive alternative to hospitals and -- and what we're doing now is saying, well, now we're going to pay them, the doctors, more regardless of where they are. They'll get paid the same in both places. And the whole pricing structure in these places is different. And what this does in the long run is hurt the hospitals which is what they feared all along that all the profitable business would be siphoned off by physicians who would say at the beginning that they were going to be cheaper and then in the long run they'd end up taking away the profitable business which leaves our inner-city hospitals in worse shape. So I object to the bill and urge my colleagues to vote no. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you very much.

Further on the bill as amended? Further on the bill as amended? Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. I just urge my colleagues to support the bill.

DEPUTY SPEAKER ALTOBELLO:

Thank you.

REP. MEGNA (97th):

Thank you.

DEPUTY SPEAKER ALTOBELLO:

Have you proposed for -- for Consent? You have not. Hearing nothing further, staff and guests please retire 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.

DEPUTY SPEAKER ALTOBELLO:

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

THE CLERK:

Senate Bill 396 as amended by Senate "A" and "B", in concurrence with the Senate.

Total Number voting	144
Necessary for passage	73
Those voting Yea	85
Those voting Nay	59
Those absent and not voting	7

DEPUTY SPEAKER ALTOBELLO:

Senate Bill 396 passed in concurrence with the Senate.

Would the Clerk please call Calendar 507.

THE CLERK:

On page 45, Calendar 507, Senate Bill Number 38, AN ACT CONCERNING THE FREEDOM OF INFORMATION ACT AND DIVISION OF PUBLIC DEFENDER SERVICES. Favorable report of the Committee on Judiciary which recommends passage with Senate Amendment Schedules "A" and "B".

DEPUTY SPEAKER ALTOBELLO:

Representative Morin, you have the floor.

REP. MORIN (28th):

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

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SENATOR CRISCO: Thank you.

Dr. Lynch. Brian Lynch here? No Brian Lynch?

Proceeding now to Senate Bill 396.

Dr. Gray?

SCOTT GRAY: Good afternoon, Senator Crisco, Representative Megna, and members of the Insurance and Real Estate Committee. Thank you for the opportunity to present this testimony in support of Senate Bill 396.

My name is Dr. Scott Gray and I'm an orthopedic surgeon practicing in Danbury and Ridgefield, Connecticut. I am also a prostate cancer patient, and I'm here today representing the Connecticut State Medical Society and prostate-afflicted men in the state of Connecticut -- prostate cancer afflicted men.

In March of 2009, I was diagnosed with prostate cancer. After much self-reflection and research, I decided to undergo a surgical remedy called nerve sparing total prostatectomy. There are sympathetic nerves that are located on either side of the prostate gland that control erectile function, and that can often be spared due to the more newer and better understanding of anatomy and current surgical magnification techniques.

My surgery was performed by Dr. Joseph Wagner, a prostate cancer surgical expert with the Connecticut Surgical Group. I was properly informed by Dr. Wagner that a large min -- majority of men, post-operatively, may have some degree of temporary or permanent

impotence as a result of either nec -- necessary surgical removal of the sympathetic nerves in order to obtain clear surgical margins, or as a result of careful manipulation of these nerves trying to protect them.

I learned that it has become standard post-operative management, for at least nine months post-surgical treatment in nerve sparing surgery, for men to be treated with low-dose phosphodiesterase inhibitor medication, better known as Viagra, however, other brands are also available. Their function, when utilized in this manner, is to keep the sexual organ at a baseline functional condition so that when nerve function returns to a greater or a lesser degree, there is a much better chance of satisfactory sexual function without medication or alternative treatment.

There is voluminous medical literature supporting this post-operative management. However, in Connecticut, there is nearly universal denial for prescription coverage by the managed care industry. In my case, it required a prolonged appeal process, four months to manage the paperwork, and burdensome amount of phone calling and many hours of anxiety, let alone out-of-pocket costs.

I'm a physician who knows how to manage this process, but imagine how difficult the average male prostate cancer patient feels when he's faced with this problem, let alone the costs of the medicine each month. I obtained approval ultimately, however, was informed it was on a case-by-case basis.

A number of years ago, the state legislature in its infinite wisdom, recognized that female

breast cancer patients who required total mastectomy surgery suffered a loss of emotional, psychologic -- and psychological well-being as a result of this disfiguring surgery. I am making a plea that male prostate cancer patients are no less sensitive human beings, with the exact same emotional and psychological problems, and concerns about their dignity, their self-esteem, and ability to enjoy a meaningful sexual relationship with their partners after surgery.

I believe this situation is equivalent, in medical and psychological well-being, to women who require reconstructive surgery after breast cancer surgery. Please support this bill for the sake of the men in Connecticut who suffer in silence post-surgery, when their urological surgical experts perform heroic surgery to spare their lives, however, they are unable to obtain universal approval for what is clearly the current standard in medical treatment after prostate cancer surgery.

Thank you for your time, and I'll be available for any questions.

SENATOR CRISCO: Thank you, Dr. Gray.

Any questions? Any questions?

Thank you very much.

Is it Dr. Waynee? Dr. Waynee? I hope I have the correct --

SB 396

JOSEPH WAGNER: I'm Dr. Joseph Wagner, and I'm a board certified urologic oncologist with Connecticut Surgical Group, and Dr. Gray's physician.

Good afternoon, Senator Crisco, Representative Megna, members of the committee, and fellow guests.

I'm here today to represent more than 1,500 physicians in a variety of medical specialties, advocating on behalf of our patients in support of Bill 396, AN ACT CONCERNING INSURANCE COVERAGE FOR CERTAIN THERAPIES AND PRESCRIPTION DRUGS FOR THE TREATMENT OF PROSTATE CANCER.

I would like to thank the committee for addressing these two important issues that have a profound impact on the lives of men afflicted with prostate cancer and for their families.

Prostate cancer is the most common cancer diagnosed in American men. Two hundred and seventeen thousand new cases will be diagnosed this year, and 2,400 of those cases will occur in Connecticut. Radiation therapy in the form of external beam therapy or interstitial seed placement, are proven, safe and effective treatments for this disease. Both are considered to be standard of care. It is critical to the health and well-being of Connecticut citizens that these treatment options be covered by any and all health insurance programs.

Radical prostatectomy is also one of the main forms of curative treatment for prostate cancer, with approximately 800 patients undergoing radical prostatectomy in Connecticut each year. Advances in surgical techniques have resulted in improved cancer cure and control, but despite these improvements, a significant number of men suf

-- suffer from the side effects of incontinence and impotence.

Impotence by itself can be a life- and relationship-altering condition. Compound that condition with the diagnosis of cancer, and the impact is devastating to the patient and his partner. After prostate cancer surgery, there are permanent physical changes that take place in a man's penis that endanger his ability to achieve an erection, either naturally, or with the help of medications.

Research studies published in peer-reviewed literature have demonstrated that early and regular utilization of 5-phosphodiesterase inhibitors, that's Viagra, Cialis and Levitra, more quickly and permanently restore potency after radical prostatectomy. It has been demonstrated that men who take, nightly, 5-phosphodiesterase inhibitors for nine months post-surgery are five times more likely to have spontaneous erections sufficient for s -- for sexual intercourse down the road, than men who do not.

These treatment protocols have now become the standard of care, and in our last annual meeting, 92 percent of all urologic oncologists were administering these medications in this manner. Unfortunately, few, if any, insurance companies provide any coverage for these medications. All too often, the treatment of impotence, even if it is associated with cancer, is looked upon by payers as unnecessary, untested, and elective. Men are notorious for not wanting to bring attention to such an intimate condition, but now that science has matured, these drugs help.

We ask that you please support this bill for the sake of all men a -- afflicted with prostate cancer and their partners. Thank you.

SENATOR CRISCO: Thank you, Dr. Wagner.

Are there any questions?

Yes, Representative Johnson.

REP. SUSAN JOHNSON: Thank you, Mr. Chairman.

And thank you for your testimony. I just wanted to ask you, did you -- you were the one who brought the -- the different types of surgery for prostate cancer to Connecticut?

JOSEPH WAGNER: Robotic, yes.

REP. SUSAN JOHNSON: Robotic surgery, yes. And thank you for your work and your testimony.

Could you just tell us a little bit about the procedure that are -- you're talking about and how it works, and how it helps you identify the nerve tissues?

JOSEPH WAGNER: Yeah, robotic surg -- standard, open prostatectomy is performed with an incision from the belly button down to the bone above the penis. And the problem with that incision, it's a big incision, which is nice that you can get your hands in there and feel things, but it takes longer to bounce back from it. Tends to be a bloodier operation.

In robot surgery, we make five keyhole incisions, put hollow tubes through those incisions, and then instruments and cameras

are attached to the robot. And the beauty of it is, the instruments that I use are about this big, which is a lot smaller than my hand so I can fit that into smaller spaces. And the camera gives me 10 times the magnification of my naked eye, and when I put it right up against what I'm operating on, I see about 20 times better than I do with open surgery.

So most studies have shown improved cancer control, quicker bounce-back time, better cosmesis, a better chance of good urine control and sexual function down the road, than there is with standard surgery.

REP. SUSAN JOHNSON: Thank you so much.

Thank you, Mr. Chairman.

SENATOR CRISCO: You're welcome.

Representative Coutu?

REP. COUTU: Thank you Mr. Chairman.

And thank you for your efforts to help the men of Connecticut -- live a healthy and happy life.

On one of your paragraphs here, you have some relating to if they use these inhibitors, it's been published in other literature. What -- what literature? Is it just, like medical journals?

JOSEPH WAGNER: Yes, exactly. "Peer-reviewed" means that someone does a study, and then it's submitted to a journal. And then experts in that field review it for its scientific merit and decide whether or not it's worthy of publication and dissemination.

REP. COUTU: Okay, thank you.

SENATOR CRISCO: Yes, Doctor, let me also extend our appreciation to -- for your skills and everything you so. I don't think we say thank you enough, and so we thank you for your professionalism.

Indirectly related, this committee is often criticized for mandates that we adopt. And several years ago, we adopted a mandate, we like to call (inaudible), or PSA testing. I wonder if it would care to comment as far as what you think that the (inaudible) has been passing that legislation.

JOSEPH WAGNER: Yeah, I think PSA screening -- when you compare screening for breast cancer, colon cancer, et cetera, the only one that's better is probably colon cancer with the colonoscopy. When PSA testing really came into vogue, for lack of a better term, in the early nineties, people predicted that we would see cancer death rates drop in about 1996 to 1997, and that's exactly what happened, and things have really leveled off now that all the men coming through, have been treated with PSA screening in their late forties or early fifties because it has become the standard of care.

SENATOR CRISCO: Thank you very much.

Any other quest -- yes. Representative.

REP. SAMPSON: Thank you, Mr. Chairmen.

And thanks for coming in, Doctor. I just -- a quick question. This is going to sound crazy, but roughly how much is a month's worth of

Viagra, for instance, being that it wouldn't be covered currently?

JOSEPH WAGNER: Yeah, currently all three of the medications -- you know, varying costs, obviously, depending on where you go. But it's roughly 18 to $26, depending on which of the medications you choose.

I give a prescription for 15 pills, and I have them cut them in half, just to try to save money, although I hope no one from the pharmacy industry is listening. So that's 15 pills a month -- it's roughly $350 times 10, 3,500, 4,200 for the year. So it adds up pretty quickly. And when -- you know, I operate on approximately 300 patients per year and I calculated out once, if you just didn't give my patients Viagra for a month, or tried to slow down the process, you're making a few hundred thousand dollars, just off of me and my patients.

REP. SAMPSON: (Inaudible). Thank you.

Thank you, Mr. Chairman.

SENATOR CRISCO: Amazing. Amazing.

Yes, Chairman Megna.

REP. MEGNA: Thank you, Mr. Chairman.

Doctor, are there any companies out there now that do provide coverage for this drug?

JOSEPH WAGNER: It's -- it's been so variable. I mean, what I've done is I put together a little, what I call "war package" that I hand to my patients, and it's a letter from me stating some of these facts, forms that the

patients fill out, and then five or six articles supporting this, and then the patients will send it to their insurance company. But, you know, I can have two patients, each with, you know, insurance company Z, and one patient, you know, gets the medication all paid for, and the other one doesn't. So it seems very arbitrary, you know, for lack of a better term.

REP. MEGNA: So -- so at least one or more do.

JOSEPH WAGNER: Oh, sure, some do. But also, within the same insurance company, for one patient they might, and for another they don't.

REP. MEGNA: That's interesting. Interesting plan, yeah.

My second question is: are there any -- any -- anything that's not a prescription that is effective for the patients? Like herbs or supplements or?

JOSEPH WAGNER: No. There are programs -- before phosphodiesterase inhibitors were available -- it became available in the late 1990's. People were doing penile injection therapy, but that requires drawing up medicine, like a diabetic would draw up insulin, a small needle, and then putting that -- burying it deeply into the penis, squirting in the medicine to get an erection. Obviously a little less a -- appealing than the pills.

REP. MEGNA: Okay, thank you.

Thank you, Mr. Chairman.

SENATOR CRISCO: Again, Doctor, thank you for all you do.

Now for the other side of the story. Eric George. You could pass if you want to.

SB 396

ERIC GEORGE: No, no, no, no. I'll take it head on. I -- I do actually try to limit your exposure to me, in terms of going up against the mandates, and every now and then, I try to select one, and sometimes I just pick wrong. That just happens sometimes so I'm not even go -- I'm very sympathetic to those who are afflicted with a -- with the maladies that you were just hearing about. Very, very, very, very sensitive about it.

I am here to speak for the small employers, and just say that when you pass mandates, you are impacting their premiums by raising them. They have fully-insured plans -- and self-insured plans, are not impacted by mandates, but fully-insured plans are. And those are the employers that, as the Business Association for the State of Connecticut, we are trying to protect the most. We are trying to make sure that they have the ability to provide health insurance to their employees and their fam -- their employees' families.

And when we see efforts to raise costs, we have to chime in. We would be doing them a disservice if we did not. And I'm also here to remind the committee that with federal reform, we do need to be very careful in terms of the mandates that we pass, because if they are in excess of what the essential benefit plan is, the State of Connecticut is going to have to factor that in to their budgeting. And the State of Connecticut's going to have to pay for -- these are very real costs. So

these are decisions, hard decisions, you're going to have to make, and I want to make sure that you keep the small employer in mind, and you keep the State budget in mind. Thank you.

SENATOR CRISCO: Thank you, Eric. Eric, just -- and we probably asked you this question before. We're getting two opinions that the mandate issue where the State would have to pay for the benefit, just, only applies to the Insurance Exchange. Do you want to comm --

ERIC GEORGE: (Inaudible). Sure, and I'll -- I'll read a -- I'll reiterate what I said two days ago, what the -- what the -- what HHS seems to want is all of the, you know, insured products that are going to be offered to small employers, large employers, individuals in the various states to kind of be filtered through the new health insurance marketplace, which are going to be the Exchange, that's kind of the -- the idea behind the Exchanges. So, you're right, but that would mean that these plans that are going through the Exchange would have to come back, in terms of their costs -- if they're in excess of the essential benefits -- only if -- come back to the State.

So, with the budget crisis that we're experiencing right now, with the unfunded liabilities that we're looking at in the tens of billions of dollars, we have to keep all of these thoughts in mind. I mean, the -- the discussion is not only on not passing new cost drivers, but looking at areas where we can trim and cut. So what I'm asking you to do is to keep that in mind as you proceed and make these decisions. I'm asking you to oppose it, but I understand this is a difficult decision for you to make.

SENATOR CRISCO: No, we respect that, but I want to make sure that I heard correct. So, the -- the problem of State paying for mandates beyond the -- the AHA, the Affordable Health Care Plan, it only pertains to Insurance Exchanges.

ERIC GEORGE: Again, that is --

SENATOR CRISCO: Again, it could be --

ERIC GEORGE: That is my understanding --

SENATOR CRISCO: Okay.

ERIC GEORGE: -- Senator. If you would like --

SENATOR CRISCO: No, we're looking into it, but I just wanted (inaudible).

ERIC GEORGE: Sure, and I can -- I can research it as well. It is my understanding that it's correct. But it's also my understanding that the marketplace, the Health Insurance Exchange, is what HHS and the federal reform is really looking to be the game in town.

SENATOR CRISCO: Yeah, and of course the Insurance Exchange pertains to, what, 400 percent poverty for the -- for a family of four? That's a --

ERIC GEORGE: (Inaudible).

SENATOR CRISCO: -- everybody else can -- I mean if you want (inaudible) the Exchange, you could. But why would you do it if you have your own plan? And also, we're not sure if ARISA, you know, our self-insure plans also pertain to it. But we --

ERIC GEORGE: Well, none of your state mandates apply to ARISA plans.

SENATOR CRISCO: Yeah.

ERIC GEORGE: None of them. The state -- self-insured plan can ignore every single one of your state mandates.

SENATOR CRISCO: And -- but there are some requirements under the new Affordable Health Care Act that --

ERIC GEORGE: Sure, and they have to comply with the federal mandates. Absolutely. But not the state mandates.

SENATOR CRISCO: Good, thank you.

ERIC GEORGE: It's very different.

SENATOR CRISCO: And sincerely -- and the other comment you -- you present in your testimony which we respect and we appreciate the role of the small employer, and you state, you know, the role that we have, but I never hear the role that insurance companies have to play in this. I mean, they are the ones who are raising the premiums, and they are the ones who experience, I think, sufficient net income, but that's another issue.

But, you know --

ERIC GEORGE: Oh, say the word. I know you want to say it.

SENATOR CRISCO: -- it's -- no, there's a -- there's just another -- there's another part --

ERIC GEORGE: Say it.

SENATOR CRISCO: -- of the glass being half empty.

Thank you so much.

ERIC GEORGE: Thank you.

SENATOR CRISCO: Hold on.

Any questions? Any questions?

Yes, Representative Schofield.

REP. SCHOFIELD: Actually more for you, than for you, Eric. But I -- I think that the question about the minimum essential benefit --

ERIC GEORGE: Uh-huh.

REP. SCHOFIELD: -- is not just a question of where the state would have to pay the cost. Yes, that would be within the -- the Exchange only. But the de -- definition of a qualified health plan under federal law applies, not only to the plans in the Exchange, but the plans sold everywhere, outside. And if you make the plans that are not in the Exchange have to meet a whole bunch of state mandates that you might exempt the Exchange plans from, that's one more reason for --

ERIC GEORGE: Right.

REP. SCHOFIELD: -- employers to drop --

ERIC GEORGE: Right.

REP. SCHOFIELD: -- coverage, and tell people to go to the Exchange because their insurers could be so much more expensive with all the state

mandates, if you were to say those state mandates didn't apply in the Exchange because you didn't want to have to pay for them.

SENATOR CRISCO: No, I appreciate that. And I thank you for that. But, again, we're talking about certain level of poverty. But we are -- continue to research to see, you know, that we have all the facts.

But I thank you, Representative.

Any other questions?

Yes, Representative Coutu.

REP. COUTU: For the self-funded plans that don't have to abide by these mandates, who are in the -- is that the federal -- the state government has that --

ERIC GEORGE: No, no. No, no, no.

REP. COUTU: -- plan or?

ERIC GEORGE: No, a self-funded plan would be a company. If the company is large enough, and has enough operating budget, they can set aside reserves to say that they are going to be taking on the medical -- they're going to take on the cost of the medical claims of their population. So, basically, a self-funded plan is really a benefit. It's not anything that you would be able to purchase on the market. It's really what your com -- company is offering you. The company hires a TPA to administer the sit -- the system, but then the company, and not a health a -- insurance carrier, pays the medical claims under it. So under that scenario, it's not a fully-insured plan. It's really not a plan at

all. It's really a benefit. It has to comply with federal law, but not state regulations.

REP. COUTU: Because I know a municipality like Norwich, they have self-funded plan.

ERIC GEORGE: Yeah, I mean --

REP. COUTU: Is that --

ERIC GEORGE: -- if you were -- if you were of a size enough, and you're also ad -- you have an adequate reserves that you can set aside, you can go down the right. You do take a big risk doing that.

REP. COUTU: Yeah, I know.

ERIC GEORGE: I don't want you to think that that is like a panacea to fix everything. What you're doing, you might be saving on premiums, but you do have to pay the medical claims when they come due.

REP. COUTU: Right.

ERIC GEORGE: And if those exceed what you were paying in premiums, then this didn't work out so well for you.

REP. COUTU: Uh-huh. Absolutely. Thank you.

ERIC GEORGE: Okay.

REP. COUTU: I'll add one more thing quickly and then we (inaudible).

ERIC GEORGE: Okay. I -- I can't leave until you excuse me.

REP. COUTU: Well -- okay. This -- so I'm just trying to verify any of these mandates. Do the self-insured plans have to also abide by these mandates?

ERIC GEORGE: Self-insured plans only have to abide by federal mandates, not state mandates.

REP. COUTU: Okay, and is -- maybe I should know this, but is the state -- I know this was a big debate last year, too.

Does the State, moving -- or are we in a self-insured plan?

ERIC GEORGE: The State employee plans are in a self-insured system at this point in time. Before, they were fully-insured.

REP. COUTU: So they don't have to follow --

ERIC GEORGE: The State has opted to follow all of its mandates.

REP. COUTU: That's good. I like to hear that when government follows the rules, so that's great.

Thank you.

REP. SUSAN JOHNSON: Anybody -- have any additional questions?

Thank you so much --

ERIC GEORGE: Thank you.

REP. SUSAN JOHNSON: -- for your testimony.

Susan Halpin? And we're now moving along to -- this would be Senate Bill 316?

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CBIA

CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 10, 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 **SB 396, AN ACT CONCERNING INSURANCE COVERAGE FOR CERTAIN THERAPIES AND PRESCRIPTION DRUGS FOR THE TREATMENT OF PROSTATE CANCER.** 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 **SB 396** 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.

Testimony of the
Connecticut Urology Society
Connecticut Society of Eye Physicians
Connecticut ENT Society
Connecticut Dermatology and Dermatologic Surgery Society
SB 396 AN ACT CONCERNING INSURANCE COVERAGE FOR CERTAIN THERAPIES AND PRESCRIPTION DRUGS FOR THE TREATMENT OF PROSTATE CANCER.

Before the Insurance and Real Estate Health Committee
On
February 10, 2011

Good afternoon Senator Crisco, Representative Megna and other distinguished members of the Insurance and Real Estate Committee. My name is Dr. Joseph Wagner, and I am a board certified urologist working in, Farmington Connecticut. I am here representing over 1200 M.D.s in various medical fields in support of SB396 An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer.

I would like to thank the committee for addressing these two important issues that have a profound impact on the lives of men afflicted with prostate cancer and their families.

Prostate cancer is one of the most common cancers diagnosed in men with over 217,000 new cases per year nationally and approximately 2,400 cases in Connecticut. Radiation therapy, in the form of external beam therapy or interstitial seed placement, has been proven to be safe and effective treatments for the disease. Both are widely considered to be the standard of care. It is critical to the health and well being of Connecticut citizens that these treatment options be appropriately covered by any and all health insurance plans and should not be denied as "experimental or not medically necessary".

Radical prostatectomy is also one of the main forms of curative treatment for prostate cancer with approximately 800 patients in Connecticut seeking this treatment annually. Advances in surgical techniques have resulted in improved cancer cure and control. Despite these improvements men may still suffer from treatment side effects of incontinence and impotence.

Impotence, by itself, can be a life and relationship altering condition. Compound that condition with the diagnosis of cancer and the impact is devastating to the patient and his partner. After prostate cancer surgery there are permanent physical changes that take place in a man's penis that endanger his ability to achieve an erection either naturally or with the help of medication. Research studies published in peer reviewed literature have demonstrated that early and regular utilization of 5-phosphodiesterase inhibitors (Viagra, Levitra and Cialis) more quickly and permanently restores potency after radical prostatectomy. It has been demonstrated that men who take nightly 5-phosphodeisterase inhibitors for nine months post surgery are five times more likely to have spontaneous erections sufficient for satisfactory sexual intercourse. These treatment protocols have now become standard of care.

Unfortunately, few if any insurance companies provide any coverage for these medications. All too often, the treatment of impotence even if it is associated with prostate cancer is looked upon by the payors as unnecessary, untested and elective. Men are notorious for not wanting to bring attention to such an intimate condition but now the science is mature. These drugs help.

We ask that you please consider support for this important piece of legislation for the sake of all the men and their partners who suffer from prostate cancer related impotence. I will be happy to take any questions.

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Connecticut State Medical Society
FOUNDED IN 1792
160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

Connecticut State Medical Society
Testimony In support of
Senate Bill 396 An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer
Insurance and Real Estate Committee
February 10, 2011

Senator Crisco, Representative Megna and Members of the Insurance and Real Estate committee, my name is Doctor Scott Gray, MD an orthopedic surgeon from Danbury Connecticut and a member of the Connecticut State Medical Society (CSMS). Additionally, I am a prostate cancer patient. On behalf of our more than 7,000 physician and physician members, as well as all men afflicted by prostate cancer thank you for the opportunity to present this testimony to you today in support of Senate Bill 396 An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer.

I was diagnosed with Prostate Cancer by blood test screening and prostate biopsy. After much self reflection and research I decided to undergo a surgical remedy called nerve sparing total prostatectomy. There are sympathetic nerves that are located on either side of the prostate gland that control erectile function that can often be spared due to a better anatomy understanding of and current surgical magnification techniques.

My surgery was performed by Dr. Joseph Wager a prostate cancer surgical expert we are lucky and blessed to have practicing in CT with the Connecticut Surgical Group. I was properly informed by Dr. Wagner that a large majority of men post operatively have some degree of temporary or permanent impotence as a result of either necessary surgical removal of sympathetic nerves in order to obtain clear surgical margins, or as a result of careful manipulation of these nerves by manual protection in order to

preserve them. If the nerves are by necessity removed on both sides of the prostate or unintentionally injured beyond their ability to recover spontaneously with time, permanent inability to function sexually can occur.

I learned that it has become standard post operative management for at least 9 months post surgical treatment in nerve sparing surgery for men to be treated with low dose Phosphodiesterase inhibitor medication better known as Viagra however other brands are also available. Their function when utilized in this manner is to keep the sexual organ at a baseline functional condition so that when nerve function returns to a greater or lesser degree there is a much better chance of satisfactory sexual function without medication or minimal medication supplementation.

There is voluminous medial/urological literature supporting this post operative management however in CT, there is nearly universal denial for prescription coverage by the managed care insurance industry. In my case it required a three level appeal process; the first two of which did not and never will involve a urological cancer specialist. Only on the third level appeal did that occur. It took me 4 months to manage the paperwork, a burdensome amount of phone calling and many hours of anxiety let alone the out of pocket cost which for these medications runs many hundreds of dollars per month.

I am a physician who fortunately knows how to manage this process and is used to the adversarial environment. Imagine how difficult the average male prostate cancer patient feels when he is faced with this problem let alone the cost of this medicine each month. I ultimately obtained approval however was informed that it was on a case by case basis. It is never guaranteed, and always unacceptably burdensome. I have many patients whom I have identified as having prostate cancer surgery when I obtain a history who have told me they just gave up on this process. It is interesting that the insurance industry may cover implant surgery for total impotence but cannot see their way to cover a pharmaceutical approach post operatively.

A number of years ago the state legislature in it infinite wisdom recognized that female breast cancer patients who required total mastectomy surgery

suffered a loss of emotional and psychosocial well being as a result of this disfiguring surgery and passed legislation requiring coverage for breast reconstructive surgery. I am making my plea that male prostate cancer patients are no less sensitive human beings with the exact same emotional and psychosocial problems and concerns about their dignity, self esteem, and ability to enjoy a meaningful sexual relationship with their partners after surgery.

Whether phosphodiesterase inhibitors are needed in low dose for 9 months post surgery or they are needed forever due to the unavoidable sacrifice or injury to sympathetic nerve function, I believe this situation is equivalent in medical and psychological well being of women who require reconstructive surgery after mastectomy surgery.

Please support this Bill for the sake of the men in Connecticut who suffer in silence post surgery when their urological surgeons perform heroic surgery to spare lives, however are unable to obtain approval for what is clearly the current standard in medical treatment after prostate cancer surgery.

I remain available for any questions.

Respectfully Submitted,

F. Scott Gray, MD

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony of the Connecticut Insurance Department

Before
The Insurance and Real Estate Committee

February 10, 2011

SB 396—An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer

The Connecticut Insurance Department would like to offer the following general comment regarding the potential budgetary impact of SB 396—An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer in light of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) (PPACA), as amended.

When considering the enactment of new or additional health insurance mandates, the Department respectfully urges the Committee to understand the future financial obligations they may place on the State of Connecticut and taxpayers.

The PPACA requires that by January 2014, each state shall establish an American Health Benefit Exchange (Exchange) that facilitates the purchase of qualified health plans. Qualified health plans will be required to offer an essential benefits package as determined by the Secretary of Health and Human Services (HHS). PPACA Section 1311(d)(3) provides that a State may require that qualified health plans offered in the State offer benefits in addition to the essential health benefits, but, if the State does mandate additional health benefits be provided, the States must assume the cost of those additional benefits by making payments to an individual enrolled in a qualified health plan offered in the State or, to the qualified health plan on behalf of the enrolled individual to defray the cost of the additional benefits. **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.**

Essential benefits have yet to be defined by HHS; therefore, there is no mechanism for determining if these proposed mandates will fall within the definition of essential benefits or not. However, should they be passed into law and be determined to exceed the essential benefit requirements, the State will have an immediate financial obligation to pay the cost of each of those mandates to the individual or to the insurers effective in 2014.

CONNECTICUT CONFERENCE OF MUNICIPALITIES

45 Years of Service

THE VOICE OF LOCAL GOVERNMENT

TESTIMONY

of the

CONNECTICUT CONFERENCE OF MUNICIPALITIES

to the

INSURANCE & REAL ESTATE COMMITTEE

February 10, 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 93% of Connecticut's population. We appreciate this opportunity to provide testimony to you on issues of concern to towns and cities.

SB 396 **"An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer"**

SB 879 **"An Act Concerning Prescription Eye Drops"**

These two proposed bills would mandate the expansion of health insurance policies in order to provide coverage for certain treatments related to prostate cancer and for additional supplies of prescription eye drops.

The state-mandated expansion of 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 SB 396 and SB 879.

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

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Testimony of
F. Scott Gray, MD

In Support of
SB 396, An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer

Insurance and Real Estate Committee
February 10, 2011

Senator Crisco, Representative Megna and Members of the Insurance and Real Estate committee, thank you for the opportunity to present this testimony in SUPPORT of Senate Bill 396, an act concerning insurance coverage for certain therapies and prescription drugs for the treatment of Prostate Cancer.

I am an Orthopedic Surgeon practicing in Danbury and Ridgefield CT. and I am also a Prosate Cancer patient. In March of 2009 I was diagnosed with Prostate Cancer by blood test screening and prostate biopsy. After much self reflection and research I decided to undergo a surgical remedy called nerve sparing total prostatectomy. This can be done in an open fashion, by laparoscopy or in my case by robotic assisted surgery. The common theme is an attempt to spare sympathetic nerve function that controls erectile ability.

My surgery was performed by Dr. Joseph Wager a prostate cancer surgical expert we are lucky and blessed to have practicing in CT with the Hartford Surgical Associates. I was properly informed by Dr. Wager and confirmed by my independent research that a large majority of men post operatively have some degree of temporary or permanent impotence as a result of either necessary surgical removal of sympathetic nerves in order to obtain clear surgical margins, or as a result of careful manipulation of these nerves by manual protection in order to preserve them. If the nerves are by necessity removed on both sides of the prostate or unintentionally injured beyond their ability to recover spontaneously with time, permanent inability to function sexually can occur.

I learned that it has become standard post operative management for a year post surgical treatment in nerve sparing surgery for men to be treated with low dose Phosphodiesterase inhibitor medication better known as Viagra however other brands are also available when Viagra is not tolerated. Their function when utilized in this manner is to keep the sexual organ at a baseline functional condition so that when nerve function returns to a greater or lesser degree there is a much better chance of satisfactory sexual function without medication or minimal medication supplementation.

There is voluminous medial/urological literature supporting this post operative management however in CT, there is universal denial for prescription coverage by the managed care insurance industry. In my case it required a three level appeal process; the first two of which did not and never will involve a urological cancer specialist. Only on the third level appeal did that occur. It took me 4 months to manage the paperwork, a burdensome amount of phone calling and many hours of anxiety let alone the out of pocket cost which for these medications runs many hundreds of dollars per month.

I am a physician who fortunately knows how to manage this process and is used to the adversarial environment. Imagine how difficult the average male prostate cancer patient feels when he is faced with this problem let alone the cost of this medicine each month. I have another physician colleague who went through the same process with ultimate approval...so on a case by case basis it can be

approved however never guaranteed, and always unacceptably burdensome. I have many patients whom I have identified as having prostate cancer surgery when I obtain a history who have told me they just gave up on this process. It is interesting that the insurance industry may cover implant surgery for total impotence but cannot see their way to cover a pharmaceutical approach post operatively.

A number of years ago the state legislature in its infinite wisdom recognized that female breast cancer patients who required total mastectomy surgery suffered a loss of emotional and psychosocial well being as a result of this disfiguring surgery and passed legislation requiring coverage for breast reconstructive surgery. I am making my plea that male prostate cancer patients are no less sensitive human beings with the exact same emotional and psychosocial problems and concerns about their dignity, self esteem, and ability to enjoy a meaningful sexual relationship with their partners after surgery.

Whether phosphodiesterase inhibitors are needed in low dose for a year post surgery or they are needed forever due to the unavoidable sacrifice or injury to sympathetic nerve function, I believe is equivalent to the medical and psychological well being of women who require reconstructive surgery after mastectomy surgery. The complication rate resulting from the use of these medications and the cost when purchased in bulk by the insurance industry pharmacies is so low that it really should not be a financial concern for the insurance industry.

Please support this Bill for the sake of the men in CT who suffer in silence post surgery when their urological surgeons perform heroic successful surgery to spare lives, and they are unable to obtain approval for what is clearly the standard in medical treatment after prostate cancer surgery.

Respectfully Submitted,

F. Scott Gray, MD
Danbury, CT

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 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.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2011

VOL. 54
PART 15
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115, Senate Bill 18. And then Calendar page 33, Calendar 165, Senate Bill 923.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Madam President, calling from Calendar page 30, Calendar Number 64, substitutes Senate Bill Number 396, AN ACT CONCERNING INSURANCE COVERAGE FOR THE SCREENING AND TREATMENT OF PROSTATE CANCER. And the Clerk is in possession of several amendments.

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.

THE CHAIR:

Acting on approval of the bill, will you remark, sir?

SENATOR CRISCO:

Yes, Madam President.

Madam President, it's been common practice to treat the prostate cancer patients with external radiation beam therapy and block it therapy. These

treatments are not currently covered by many insurers in Connecticut. This bill would require insurers to cover these treatments for prostate cancer patients. In addition it has become standard (inaudible) operative management for a man to be treated with low dose inhibitor medication. However in Connecticut there is nearly universal denial for prescription coverage to the -- by the managed care industry.

This bill seeks to require insurance companies to cover medication in regards to prostate cancer.

THE CHAIR:

Will you remark further? Will you remark further?

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, I rise and ask the Clerk to call LCO 6677.

THE CHAIR:

Mr. Clerk, will you call 6677?

THE CLERK:

Madam President, the Clerk is in possession of LCO Number 6677, which shall be designated Schedule "A" offered by Senator Fasano of the 34th District.

Copies of which have been distributed.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, prostate cancer --

THE CHAIR:

Sir, would you move the adoption?

SENATOR FASANO:

Yes, I move the amendment, request permission to summarize.

THE CHAIR:

The question is on adoption, will you remark, sir?

SENATOR FASANO:

Thank you, Madam President.

Madam President, prostate cancer is a very serious form of cancer. And we also know that medical insurance and medical costs go up and up. However, what happens is if you have a colonoscopy in a hospital versus having a colonoscopy out of the hospital the physicians are paid different rates. And I think, Madam President, we want to encourage out-patient facilities. We want to encourage people to

visit the out-patient's because that costs the medical industry less. Madam President, where there is this intentional cost factor to pay the physician less they make it less desirable to do these at out-patient facilities. But many of these facilities have to go (inaudible) certificate of need procedures in order to have the necessary practice to do this so there's a certain cost involved. And if we want to continue out-patient services we need to have the same payment whether or not they do it in the hospital versus out of the hospital. Therefore, Madam President, what this amendment does it is equalize that playing field. And encourage people not to necessarily go to the hospital, go to the out-patient facilities, get the procedure done and then get back to their office or get back to their home life.

Madam President, I would like a roll call on this amendment. I think this amendment will go a long way to continuing the efforts to stop cancer, to pick it up early and to treat it, thus reducing the overall costs. And I urge adoption of this amendment.

Thank you, Madam President.

THE CHAIR:

When -- when the discussion is finished the roll

call will be put forth.

Senator Crisco.

SENATOR CRISCO:

Madam President, I accept the (inaudible) amendment and support it.

THE CHAIR:

Will you remark further? If not -- Mr. Clerk, will you call for a roll call vote on Senate "A".

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

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

THE CLERK:

Madam President --

Total number voting on LCO Number 6677, 34.

Those voting Yea 34

Nay 0

Absent and not voting 2

THE CHAIR:

The amendment is adopted. Will you remark further? Will you remark further?

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

Madam President, there is another amendment. I request that the Clerk call, LCO 6065.

THE CHAIR:

Mr. Clerk, please call 6065.

THE CLERK:

Madam President, the Clerk is in possession of LCO Number 6065, which shall be designated Senate Amendment Schedule "B". This amendment was introduced by Senator Williams and Senator Looney, et al.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President, I move for adoption of the amendment. If you will give me permission to summarize.

THE CHAIR:

Questions on adoption, will you remark further, sir?

SENATOR CRISCO:

Yes, Madam President.

Madam President, this amendment removes the sunset provision that was in the bill. And so that we -- patients will not be concerned about not having treatment within a 2 year period. And I move its adoption.

THE CHAIR:

Will you remark further? Will you remark further? If not, I'll try your minds, all in favor, say, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? The amendment has been adopted by voice votes.

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President. That concludes our discussion on the amended bill and I ask for a roll call vote.

THE CHAIR:

Will you remark further? Will you remark further? If not -- Mr. Clerk will you call for a roll

call vote? The machines will be open.

THE CLERK:

An immediate roll call vote has been ordered on the Senate -- 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 call the tally, please?

THE CLERK:

Madam President --

Total number of voting	35
Those voting Yea	32
Those voting Nay	3
Absent and not voting	1

THE CHAIR:

The bill is passed.

Mr. Clerk.

THE CLERK:

Madam President, calling from Calendar page 3, Calendar Number 115, Senate Bill Number 18, AN ACT CONCERNING APPEALS OF HEALTH INSURANCE BENEFITS

Thank you, Madam President.

THE CHAIR:

And at this time, I'd ask if there's -- seeing no objection, the bill will be put on Consent.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Good evening, again, Madam President.

THE CHAIR:

Good evening, sir.

SENATOR LOONEY:

Madam President would like to have the Clerk call the items on the Consent Calendar, so that we might move to a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

An immediate roll call has been ordered in the Senate on the First 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, the items placed on the First Consent Calendar begin on Calendar page 1, Calendar 571, House Joint Resolution Number 122; Calendar 593, Senate Joint Resolution Number 52; Calendar page 3, Calendar Number 130, substitute for Senate Bill 999; Calendar page 5, Calendar Number 221, substitute for Senate Bill 858; Calendar 222, substitute for Senate Bill 973; Calendar page 7, Calendar Number 270, substitute for Senate Bill 212; Calendar 299, substitute for Senate Bill 139; Calendar 304, substitute for Senate Bill 860; Calendar page 10, Calendar Number 439, substitute for Senate Bill 1216; Calendar page 11, Calendar 456, substitute for Senate Bill 927; Calendar page 29, Calendar Number 41, substitute for Senate Bill 98; Calendar page 31, Calendar Number 114, substitute for Senate Bill 881; Calendar page 32, Calendar 140, substitute for Senate Bill 863; Calendar page 34, Calendar Number 201, substitute for Senate Bill 1038; Calendar page 35, Calendar 215, Senate Bill 227; Calendar 236, Senate Bill 371; Calendar page 37, Calendar Number 271, substitute for Senate Bill 1111, Calendar page 38, Calendar

293, substitute for Senate Bill 1103; Calendar page 39, Calendar 303, substitute for Senate Bill 764; Calendar page 40, Calendar 342, Senate Bill 843; Calendar page 41, Calendar 362, substitute for Senate Bill 1217; Calendar 368, substitute for Senate Bill 882; Calendar 369, substitute for Senate Bill 939; Calendar page 43, Calendar 382, substitute for Senate Bill 1224; Calendar page 44, Calendar 398, substitute for Senate Bill 1044; Calendar page 45, Calendar 410, House Bill 5021; Calendar page 46, Calendar 434, substitute for Senate Bill 1219.

Madam President, that completes the items placed on the First Consent Calendar.

THE CHAIR:

We'll wait a moment. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, there is one item that we will need to remove from the Consent Calendar, because it needs to be amended and be reconsidered and then amended, and that is Calendar page 5, Calendar 222, Senate Bill 973. If that item might be removed from the Consent

Calendar and called after the Consent Calendar, so it can be corrected?

THE CHAIR:

The bill is removed from the Consent Calendar. At this time, Mr. Clerk, will you re-announce the roll call vote and the machine will be open?

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?

THE CHAIR:

All members voted? All members have noted. The machine will be closed. Mr. Clerk, will you call the tally?

THE CLERK:

Motions on adoption and Consent Calendar Number 1:

Total number voting	36
Those voting Yea	36
Those voting Nay	0

Those absent, not voting 0

THE CHAIR:

The Consent Calendar passed. Mr. Clerk, do you want to recall that bill? Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Madam President.

Madam President, if that item might -- might be passed temporarily, I believe the amendment that would be a strike-all that we needed is not -- not here yet. So we will pass that item. SB913

Madam President would yield the floor for Members for purposes of announcements or points of personal privilege.

THE CHAIR:

Are there any announcements or points of personal privilege? Any point of personal privilege or announcements? Seeing none.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, it's our intention to convene tomorrow at 11:00. Also, advise Members that you should make the weekend, especially Saturday, available for possible session, as