

PA 11-067

SB0010

House	9277-9283	7
Insurance	511-542, 552, 620-628, 630, 632-635, 637	48
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**H – 1118**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2011**

**VOL.54  
PART 27  
8965 – 9294**

law/lxe/jr/fst/gbr  
HOUSE OF REPRESENTATIVES

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June 7, 2011

Butler.

REP. BUTLER (72nd):

Yes, I'd like to move this to the Consent Calendar.

SPEAKER DONOVAN:

Without objection, so ordered.

REP. BUTLER (72nd):

Thank you.

SPEAKER DONOVAN:

Clerk, please call Calendar 537.

THE CLERK:

On page 24, Calendar 547, Senate Bill Number 1040,  
AN ACT CONCERNING THE VOCATIONAL TECHNICAL SCHOOLS,  
favorable report.

SPEAKER DONOVAN:

Excuse me, sir. 537, let's try that again.

THE CLERK:

On page 23, Calendar 537, Substitute for Senate Bill  
Number 10, AN ACT CONCERNING INSURANCE COVERAGE FOR BREAST  
MAGNETIC RESONANCE IMAGING, favorable report of the  
Committee on Appropriations.

SPEAKER DONOVAN:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

I move the Joint Committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is on acceptance of passage. Remark.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

The reason for the bill is that the -- it will provide MRI coverage when an annual mammogram demonstrates a woman has dense breast tissue.

And I would like to call LCO 4992, Senate "A".

SPEAKER DONOVAN:

Clerk, please call LCO 4492, designated Senate "A".

THE CLERK:

4992?

SPEAKER DONOVAN:

4992.

THE CLERK:

LCO Number 4992, Senate "A", offered by Senator Crisco and representative Megna.

SPEAKER DONOVAN:

Any question on summarization? Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

This removes the sun-setting provision of December 31st, 2013, and I move its adoption.

SPEAKER DONOVAN:

The question is on adoption. Remark further? If not, let me try your minds. All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Oppose nay. The ayes have it. The amendment's adopted. Representative Johnson?

REP. JOHNSON (49th):

Thank you, Mr. Speaker. I have LCO Amendment 5943, Senate Amendment "B". I'd like to call it and be allowed to summarize.

SPEAKER DONOVAN:

Clerk, please call LCO 5943, designated Senate "B".

THE CLERK:

LCO Number 5943, Senate "B" offered by Senator Crisco and Representative Megna.

SPEAKER DONOVAN:

Any objection to summarization? Representative Johnson, you may proceed.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

This restores existing law for requiring coverage for breast ultrasound screening under specified circumstances. It also requires MRIs under specified circumstances if -- with breast -- dense breast tissue, and removes the requirement that MRIs be provided in accordance with guide -- guidelines established by National Comprehensive Cancer Institute.

VOICES:

Move adoption.

REP. JOHNSON (49th):

I move adoption.

SPEAKER DONOVAN:

The question is on adoption. Remark further?  
Remark further? If not, let me try your minds. All those in favor please say aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed nay. The ayes have it. The amendment's adopted.

SPEAKER DONOVAN:

I move --

SPEAKER DONOVAN:

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Representative?

REP. JOHNSON (49th):

-- for another amendment, Mr. Speaker.

LCO Number 6646, Senate "D".

SPEAKER DONOVAN:

Clerk, please call LCO 6646, designated Senate "D".

THE CLERK:

LCO Number 64 -- I'm sorry, 6646, Senate "D", offered  
by Senator Roy, Backer and Senator Crisco.

SPEAKER DONOVAN:

Representative seeks leave of Chamber to summarize.

Hearing no objection, please proceed.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

Is this -- what this does is it actually allows us to have service districts be defined as municipalities for purposes of having group health plans. I move adoption.

SPEAKER DONOVAN:

The question is on adoption. Remark further. If not, let me try your minds. All those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

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Opposed --

REP. JOHNSON (49th):

Okay. Can I --

SPEAKER DONOVAN:

Pardon me. The amendment is adopted.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. I'd like to move this to  
Consent Calendar. What? What? What's that?

SPEAKER DONOVAN:

Okay. Will you remark further on the bill? Remark  
further on the bill? The amendment is adopted.

A VOICE:

It's not going to be on there.

REP. JOHNSON (49th):

It's not Consent?

SPEAKER DONOVAN:

The amendment is adopted. Remark further on the bill  
as amended? Remark further on the bill as amended? If  
not, staff and guests, come to the well of the House.  
Members take their 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 by roll call.

Members to the Chamber.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board and make sure your vote's properly cast. If all the members have voted, the machine will be locked.

It's easy to do, just push the button. The machine will lock. Clerk, please take a tally. Clerk, please announce the tally.

THE CLERK:

Senate Bill Number 10 as amended by Senate "A", "B" and "D" in concurrence with the Senate.

Total number voting	138
Necessary for passage	70
Those voting Yea	114
Those voting Nay	24

SPEAKER DONOVAN:

Bill as amended is passed.

Will the Clerk please call Calendar 510.

THE CLERK:

On page 20, Calendar 510, Substitute for Senate Bill Number 518, AN ACT AUTHORIZING ELECTRONIC SIGNATURES ON DECLARATIONS OF PERSONAL PROPERTY, favorable report of the Committee on Planning and Development.

SPEAKER DONOVAN:

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**INSURANCE AND  
REAL ESTATE  
PART 2  
339 – 666**

**2011**

those people appear, and then we'll alternate.

And we'll begin on Senate Bill 10 with Collin Udell.

COLLIN UDELL: For the record my name is Collin O'Connor Udell. The story of my breast cancer diagnosis underscores the importance of Senate Bill Number 10.

I'm an attorney and the mother of three young children under ten. In the summer of 2009, I had an unusual symptom that was very unlike the usual lump we're taught to look for.

There was no history of breast cancer in my family. I just had a physical two weeks before and had been pronounced completely healthy. I religiously had mammograms which never disclosed any problems. Several years before I was told I had dense breasts but was never told I was at higher risk for breast cancer because of it.

That day in the summer of 2009, I woke up with a red flush on my left breast. I went to one of the top breast surgeons in Hartford, and she did an ultrasound, which showed nothing.

She decided I had mastitis and offered me antibiotics, which struck me as odd, but I took them.

Two weeks later, the red flush was still there, and she offered me more antibiotics, which I took, but I had a sinking feeling.

So I went back home and hopped on Google, as we all tend to do now, and started researching, and what I found frightened me.

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I learned that a red flush like that could potentially be the sign of inflammatory breast cancer. I had several other symptoms on the checklist, and the material I read advised I should get an MRI to figure out what was going on.

The next morning, I called the doctor and spoke with the nurse who got off the phone, consulted with the doctor, got back on and said that the doctor said I was absolutely fine, that I should stop worrying about cancer and that I was, quote, not in that realm.

She said that an insurance company would not cover the costs of an MRI.

Somehow, sensing that I was fighting for my life, I said that I absolutely needed an MRI and that I would pay for it if necessary. Only then was I told that I could get the MRI.

The next morning, I had the MRI, and I had a mammogram which came back completely clear.

The MRI, however, showed a large mass in my left breast. The doctor performed a biopsy that day that turned out not only my left breast but a lymph node was affected.  
Diagnosis: Stage 3 breast cancer

Needless to say, with that diagnosis the insurance company paid for the MRI.

That night I had to look into the eyes of my children, who were then four, six and eight, and, because they're adopted, all I could think about was that they had already lost their first mother and now they were at grave risk of losing me.

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At Dana-Farber where I went for treatment they said if I hadn't gotten the MRI and started treatment when I did, I would have been dead within ten years.

Miraculously, the treatment I received there vaporized the tumor, and I now have a better than 90 percent chance of no recurrence.

In closing if I had been given an MRI earlier in the process due to my dense breast tissue, I could have been diagnosed at Stage 1 or even earlier and the anguish that wracked my family last year could have been avoided.

And it's terrifying to think what would have happened if I had listened to the nurse's statement that the insurance company wouldn't pay for the MRI and had succumbed to the considerable pressure not to have one.

So I'm speaking in support of this bill because I feel passionately that other women should not have to go through this experience.

Thank you.

SENATOR CRISCO: Thank you, Collin.

Just before -- I have some questions. I just wanted the committee to be aware that this committee did take action on this bill last year. Unfortunately in the legislative process, it was not -- we didn't have time to act upon it. There was no time to act upon it. So it's been an issue that we've been very, very concerned about.

We'll go with questions. Any questions?  
Representative Coutu.

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REP. COUTU: Thank you, Mr. Chairman.

I want to say good job by being proactive with your own health. At the end of the day, a doctor can give some advice and guidance. It's never 100 percent, so you should always pursue further evaluation. Use your Google like you did. So good job.

COLLIN UDELL: Thank you.

REP. COUTU: And I'm happy you're here today.

COLLIN UDELL: So am I.

REP. COUTU: I guess my question revolves around do you think that when anyone has dense breast material, does that mean they should automatically receive an MRI?

COLLIN UDELL: I think that that is a good idea, because in my case, I had, you know, repeated mammograms, as I said, which were clear. I had an ultrasound which was clear, and it was only the MRI that showed the cancer.

REP. COUTU: Okay. I appreciate that.

You know, I always am concerned, because as many of us know, Connecticut had the most insurance mandates in America, and indirectly that has resulted in some of the highest insurance costs.

And with my experience, me and my family, we had insurance premiums of about \$430. Me and we wife didn't have that much money, so adding another 10 to 15, \$20 really would have put us in a position where we would have just dropped our healthcare.

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This is a few years ago.

COLLIN UDELL: Uh-huh.

REP. COUTU: So I hear -- there's definitely some concern there if there's a lot of women who are having this dense breast material and not getting the proper medical evaluations.

COLLIN UDELL: Uh-huh.

REP. COUTU: In your case, did you -- was there a long period of time when you were getting all these MRI -- all the checks that you were getting?

COLLIN UDELL: No. I got them every year religiously. And I guess another point that I would make is that Connecticut is, unfortunately, one of the leading states for having diagnoses of breast cancer.

So -- and there are many, many women who have dense breasts and have no idea. So really, you know, we look around at our family and -- and I'm sure if you ask around, you'll increasingly hear that there are people that you know that have dense breasts and probably don't know that they're at increased risk, so...

REP. COUTU: Right.

How much did they say the MRI would cost you?

COLLIN UDELL: My understanding is that it's somewhere between three and six thousand dollars. And I'm an attorney, and I'm just blessed that I could afford to pay, but there are lots of women out there who can't.

REP. COUTU: Right. And is that the only way that you're aware of that you can determine if it's potentially cancerous?

COLLIN UDELL: That was -- in my case, that was true, yes.

REP. COUTU: Okay. Thank you.

COLLIN UDELL: Thank you. Any other questions?

SENATOR CRISCO: Thank you, Representative.

Questions? Other questions? Yes, Representative Schofield.

REP. SCHOFIELD: Yes. Thank you, Mr. Chairman.

I just want to follow up, because we did actually pass a bill a year or two ago -- and so I'm assuming that predated your situation -- that does require now that if you have dense breast tissue, that after your mammogram you are to be notified of that and notified that you can have a follow-up ultrasound.

And my recollection is that it goes beyond that and covers an MRI if it's inconclusive.

So maybe the Chairman --

SENATOR CRISCO: No, there was no MRI coverage. That's why we had to do the bill.

REP. SCHOFIELD: No MRI, all right. That's the part that's missing.

I guess -- you know, interestingly in going from my annual exams, my own doctor has questioned the wisdom of that just because

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they are so overwhelmed and inundated with women who are frightened by getting this letter in the mail and -- and also by the huge volume of people who are coming, although she has admitted that has resulted in probably the discovery of a few cancers that might not have been discovered until a later stage with MRIs.

So it's probably a good thing that it happened, but we don't really have the capacity to deal with it.

But I'm just curious about your conclusion that -- that the insurance company would definitively have denied coverage. Aside from the nurse giving you her opinion or conjecture on that matter, did you have any evidence that they would have denied it?

COLLIN UDELL: I -- it was actually the nurse conveying the doctor's response. And no, I accepted what my doctor told me at that time.

REP. SCHOFIELD: Okay. Because I would be more upset with the doctor for not taking you seriously. I think that's an issue there, that --

COLLIN UDELL: I did switch providers, but I don't really think that's the problem. I think you have to look at why it is that that would be the physician's response.

I mean, as I said, she is one of the top doctors in Hartford, top breast surgeons, very well regarded. I'm sure you're all familiar with her.

REP. SCHOFIELD: Okay, thank you.

COLLIN UDELL: Thank you.

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SENATOR CRISCO: Thank you. Any other questions?

Thank you so much, Collin

Dr. Cappello?

Before Dr. Cappello speaks, for the new members of the committee, let me inform you that Dr. Cappello has been a pioneer in the diagnosis of dense breast tissue.

Working with Senator Hartley several years ago, she presented this committee public testimony about her own personal situation. And because of her efforts and succeeding efforts, two bills, one that provides for coverage of ultrasound and the second where a radiologist has to inform an individual that they have dense tissue and they should seek advice of their physician to see if they need further testing

The (inaudible) have become, as Nancy will probably tell us, national models in at least five or six other states. And because of her efforts, many women have been spared a lot of pain and suffering, let alone preserving their life.

But there's an equation to this, which is -- that some people like to hear. We have saved insurance companies an awful lot of money because of early diagnosis where medical care in just multiple amounts would have been necessary if there was an early diagnosis.

And we have a tendency to forget that.

So again, Dr. Cappello, we thank you for all you've done, and proceed.

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NANCY CAPPELLO: Thank you, Senator Crisco, members  
of the Insurance and Real Estate Committee.

SB10

For the record, my name is Nancy Cappello, and  
I reside in Woodbury.

Insurance companies often deny coverage of  
screening MRIs even for women at high risk of  
breast cancer. In Connecticut, 36 percent of  
newly diagnosed breast cancers are at an  
advanced stage where the cancer has traveled  
to the lymph nodes and beyond. That's 997  
women in Connecticut.

Many of these late-stage diagnoses occur  
because of lack of access to appropriate  
screening tools to find cancer at its earliest  
stage when it is most treatable.

Despite a decade of normal mammograms,  
including a normal mammogram one month before  
my diagnosis, I consider myself one of the  
victims of an advanced-stage cancer, and that  
was actually -- my diagnosis was seven years  
ago today, February 3, 2004, when I heard  
those dreaded words: You have breast cancer,  
and it's at an advanced stage.

Unknown to me at the time, my mammograms kept  
failing me because of dense breast tissue.  
When cancer is present, it is more unlikely to  
go undetected on a mammogram when a tissue is  
dense, even with digital mammography.

Breast density is one of the strongest  
predictors of the failure of mammography  
screening to detect cancer and is emerging as  
one of the strongest risk factors. And we  
know that ultrasound and MRI when combined  
with mammogram increases the detection of

small node-negative cancers.

In my case, a pathology report uncovered 13 lymph nodes, a normal mammogram weeks before. That's not early detection.

Armed with knowledge that many women were unaware of by starting an organization called Are You Dense to raise awareness of dense breast tissue, with the unwavering support of Senator Crisco and Senator Hartley and this committee, Connecticut has led the nation with a passage of two bills that Senator Crisco just mentioned and has become the rallying cry of women in other states with similar stories as mine.

While mammogram is considered the gold standard of screening, it is not a perfect tool. And we know that it can find hidden cancers that -- that certainly the MRI can find hidden cancers and it may be useful beyond the high-risk patients, as Dr. Wendy Bird found out in her research.

What has haunted me since my own diagnosis is the fact that there are women who follow all the rules, as I did, and have the yearly mammogram who still may have that hidden intruder really stealing their lives.

This bill will ensure that there's another reliable screening tool to find cancer early, when it's most treatable. These life-altering decisions must be determined by the patient and her healthcare provider to increase the survival odds of the 2700 women who are diagnosed with breast cancer in Connecticut each year.

Thank you for your continued support of the

issues of dense breast tissue for early detection.

SENATOR CRISCO: Thank you, Dr. Cappello.

Are there any questions? Yes, Representative Johnson.

REP. JOHNSON: Thank you, Mr. Chairman. And thank you for your testimony.

I was wondering if you could just go into a little bit of detail about the cost in terms of the cost saved for people who have early detection versus later-stage breast cancer, if you could just -- I'm sure you have some of that information.

NANCY CAPPELLO: You know, I really don't. I'm coming here as a patient and also representing a lot of women with dense breast tissue.

As far as the specific details of data, I'm sure there's other folks that can certainly better explain it to you. In fact, I know we have a doctor from Jefferson who's going to be on after me, and maybe he could address that issue.

REP. JOHNSON: Okay. Thank you for being here.

NANCY CAPPELLO: You're welcome.

REP. JOHNSON: Thank you, Mr. Chairman.

SENATOR CRISCO: Representative Schofield.

REP. SCHOFIELD: Thank you, Chairman Crisco,  
[inaudible.]

Are you looking to have an MRI every year or

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only if there are indicators of a problem, as  
in the patient before you?

NANCY CAPPELLO: Right. This would be my wish  
list.

Right now, we have -- ultrasound screening is  
covered by insurance companies, although I'm  
going to be speaking on the second -- on the  
bill after this about the coverage. And we do  
have automated ultrasound available, and I  
think there's -- a doctor from Jefferson will  
talk about that -- which can find cancer that  
mammograms missed.

What I really think is critically important is  
that patients and their healthcare providers  
look at the individual patients and determine  
what's the best route for that patient.

Now, in Collin's case, she already had a --  
she had a -- she had a -- she had a rash, and  
the information that she brought to the table  
should be -- you know, there should be a  
discussion with the patient and her doctor.

I certainly think that -- I would not be --  
think that every time a woman comes with dense  
breasts -- because we know two-thirds of  
premenopausal women and a quarter of  
postmenopausal women do have dense breasts,  
but I think you have to go the route,  
depending on her individual risk factors.

But the other interesting thing is that if you  
have high tissue density, that in and of  
itself is a risk factor, in fact, a five times  
greater risk factor than those with fatty  
tissue.

Who's telling the patient that? You only know

that information when you have your mammogram and that information is conveyed to you, because at my age at 51 at the time, I had extremely dense tissues.

When I went back and read my real report, every year for a decade, no change from prior exam. Extremely dense tissue. You couldn't see anything through that density. And so I was at greater risk.

So even though it was not in my family, I still had a greater risk of having breast cancer, and I think that my surveillance should have been greater, which it was not.

REP. SCHOFIELD: So it's not just a greater risk of not finding the cancer. It's actually greater incidence of cancer --

NANCY CAPPELLO: Absolutely.

And in my second testimony I'll talk a little bit about the research on that. There's two problems. It's really double jeopardy. You can't see it, and also you have a greater chance of having cancer.

REP. SCHOFIELD: Thank you.

NANCY CAPPELLO: Thank you very much.

SENATOR CRISCO: Any other questions? Yes,  
Representative Coutu.

REP. COUTU: Thank you, Mr. Chairman.

I'm glad you're doing well --

NANCY CAPPELLO: Thank you.

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REP. COUTU: -- first and foremost. That's excellent.

And I think it's great that you've designed an organization, sort of grassroots, taking the lead, without any costs from the government. That's exceptional. A good job.

NANCY CAPPELLO: Thank you.

REP. COUTU: Secondly, for the -- we have a few different pieces of legislation pending relating to dense breast tissue. There's a magnetic resonance imaging, ultrasound screening. I'm sure there's a few other types of tests that you can do.

Do you have any opinion that the MRIs is what we're finding is working?

NANCY CAPPELLO: Well, MRI -- you know, the thing about MRI is they can find a lot of things. And again, this is just the research that -- you know, I'm --

As a Ph.D. -- I'm not an M.D. -- I don't have a stethoscope, but the -- the research about MRI is that yes, they can find cancers a lot better than just having ultrasounds, although there are some false positives, which has been one of the -- you know, there's always a challenge. There's always a tension in that.

And again, going back to ultrasound, I do -- I am a fan of ultrasound, again, depending on the patient, because it's easy to be administered, for the most part.

And automated ultrasound I think is going to change the landscape of how we screen. Again, this is about screening. It's not about

finding cancer and then giving an ultrasound. It's about finding it early, and that's critically important, and I will tell you that I get many emails from women -- not only in Connecticut, across the country -- that tell me that because of the ultrasound or the MRI, their cancer was found early.

I've been free of cancer for seven years, but my -- when I look at the research, I have greater risk of getting cancer. My cancer is chronic. I have 13 lymph nodes. It had traveled. If it wasn't found then, I probably would not be here.

So, you know, again, it's a real serious issue. And Connecticut, again, has been the leader across the nation in this bill -- in this area of dense breast tissue.

REP. COUTU: One final question.

Relating to insurance policies, there's some companies that provide better insurance than maybe if I own a small business and I have ten employees, I just can't afford to get coverage for every medical condition.

NANCY CAPPELLO: Right.

REP. COUTU: So I get the barebone medical plan for my employees.

NANCY CAPPELLO: Right.

REP. COUTU: So have you seen there is some insurance plans that have this coverage out there?

NANCY CAPPELLO: Yes. Yes, there are.

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Now, in my case, because I already had cancer -- and my insurance will cover most anything, which will be the MRI every other year and the ultrasounds every six months, but there are -- again, I'm looking at it -- and this is where the mindset has to change. We're talking about a screening. We're not talking about after cancer is found. We're really about finding it early where it's most treatable and the survival is the highest.

REP. COUTU: Right.

And on your testimony, you say 997. Is that yearly?

NANCY CAPPELLO: Yes.

REP. COUTU: Okay.

NANCY CAPPELLO: That's at advanced stage.

REP. COUTU: Yes.

NANCY CAPPELLO: We have 2700 women a year in Connecticut that are -- that are diagnosed with breast cancer and --

REP. COUTU: I'd be -- I'd be curious to find out -- I'll wrap this up, Mr. Chairman. Oh, I'm sorry, Mr. Chairman.

I'd be curious to find out a little bit more data relating to of those 997 how many were regularly getting mammograms. And I know -- like the previous lady was getting mammogram checks, but I'm just curious, a little more deeper if possible in the future.

NANCY CAPPELLO: Yes.

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REP. COUTU: I know it takes money --

NANCY CAPPELLO: No, that's -- that's a great question, and I know through the American College of Radiology and Dr. Jean Weiger, who actually testified here a couple of years ago, they are now doing a survey out to all the imaging facilities in Connecticut, ACR-approved, to ask them the question, how many ultrasounds have you found, how many cancers?

Again, if it's you or your family or your loved one, that's the critical piece, you know? You really want your cancer found early when it's most treatable.

REP. COUTU: Thank you.

NANCY CAPPELLO: Thank you very much.

REP. COUTU: Good health to you.

NANCY CAPPELLO: Thank you. I appreciate that.

SENATOR CRISCO: Any other questions? Any other questions? The committee should also be aware that in spite of Dr. Cappello's crusade, it's still a very, you know, large unknown factor among women, Nancy has two fundraisers during the year, one at Quassy Park, Are You Dense Foundation, and one at the Palace Theater in Waterbury.

And not only that, but she has also printed at her own cost information about Are You Dense, and we had it distributed to state employees. Was it last year?

NANCY CAPPELLO: Yes.

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SENATOR CRISCO: So we're in deep gratitude to you.  
We greatly appreciate all you've done.

NANCY CAPPELLO: Thank you, Senator Crisco.

SENATOR CRISCO: It's unfortunate that we have to  
do it that way, but it's been done.

But another interesting story, you know, my  
wife never had any indication of dense tissue  
and went for her yearly mammogram and was told  
that she does have dense tissue. And because  
of that, she did have to have an ultrasound.

Fortunately it worked out well, but I can't  
tell you or use enough words how much people  
are unaware of this issue.

So as state officials, if you ever have an  
opportunity, whether it's a town committee  
meeting or some other event to talk about it,  
I think you'll be doing a great service.

That's just my own personal, you know, opinion  
of that.

Any other questions? Thank you.

NANCY CAPPELLO: Thank you very much.

SENATOR CRISCO: I'm sorry. Yes, Representative.

REP. SAMPSON: Thank you, Mr. Chairman. Thank you  
for being here today.

NANCY CAPPELLO: You're very welcome.

REP. SAMPSON: I guess my question really is trying  
to determine whether we actually have a  
problem and where it is.

The testimony has been great so far about pointing out how important an MRI might be to helping find breast cancer in someone who has dense breast -- breast tissue.

I guess the question I have is are insurance companies denying the requests of patients or doctors with those patients to provide those MRIs?

NANCY CAPPELLO: I don't have all the data, but the women I hear from, the answer is yes.

REP. SAMPSON: Okay.

Because I guess what I'm trying to figure out is the insurance companies certainly can provide this coverage, and they have in certain cases, and I'm wondering if it's the lack of the -- the doctors' understanding to know that they should be making the case for this to happen or -- what I -- what I'm afraid of is making an automatic mandate --

NANCY CAPPELLO: Yes, yes.

REP. SAMPSON: -- that is going to cost all consumers to say we've got to do MRIs in everybody in this case.

NANCY CAPPELLO: Yes. You raise a good point, because we just have recent data that will tell you that -- that demonstrated with a Harris Poll that we did in March of 2010 not only -- 95 percent of women do not know their breast density even though it's a risk factor.

But the other I think most compelling information -- and that's why I really take my hat off to Jefferson Radiology, is that only one in ten women find out about their breast

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density from their physician.

This is why I started -- and I'm a volunteer -- Are You Dense, you know, for that specific reason. We have to get this information out.

Again, it's about early detection. It's a fatal flaw. But Connecticut has really changed that.

REP. SAMPSON: Understood.

I guess -- I guess the only question is, then, do -- should we -- instead of trying to mandate insurance companies to do things -- and I'm not saying that's a bad idea, I'm just throwing this out here, shouldn't some focus be on trying to educate doctors in what they're required to do?

NANCY CAPPELLO: That is one of the focuses. Absolutely. That's a critical focus.

At the same time, that shouldn't get in the way of a woman finding her cancer early. And many women who have been educated at least can ask the right questions.

Some women who are not -- that's why we have the brochures both in English and Spanish and our website is in Spanish also, reaching outside to the underserved, but it's really important that women get this critical information.

REP. SAMPSON: Very good, thank you.

NANCY CAPPELLO: You're very welcome.

SENATOR CRISCO: Any other questions for

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Dr. Cappello? Thank you so much for all you do.

NANCY CAPPELLO: Thank you. I'll be back.

SENATOR CRISCO: All right.

I remind the committee that we don't use the word "mandate." We use the word "prevention." That's an...

Doctor, Dr. Glickstein? Is he here?

MARC GLICKSTEIN: Good afternoon, Senator Crisco, members of the committee. Thank you for allowing me to speak today.

My name is Dr. Marc Glickstein, and I'm a medical doctor practicing the subspecialty of radiology, and I represent the 400 members of the Radiology Society of Connecticut today in support of Senate Bill 10, An Act Concerning Insurance Coverage for Magnetic Resonance Imaging.

I'd like to also just take a -- make one aside and thank Dr. Cappello and Ms. Udell for their comments, very heartfelt and very personal, and I think it gives a dramatic representation of what the issues are before us.

The Radiology Society is delighted to support this legislation. It's a natural progression of the steps that have been taken in recent years to increase the knowledge of and access to imaging tests that detect breast cancer, particularly for women who have dense breast tissue.

Senate Bill 10d would add MRI to the list of procedures covered by the law, and this is a

very good thing.

Many of the members of our society are breast imagers who are committed to discovering even the smallest of cancers in their patients through state-of-the-art imaging. And technology to do this continues to develop rapidly.

Mammograms are considered a baseline procedure, but other tests are now available to -- to evaluate the possibility of breast cancers through the use of breast ultrasound or MRI.

There's no doubt about the utility of these additional procedures. The radiology -- the American College of Radiology, through its ACRIN trials show that breast ultrasound does find cancers that were not seen by mammography, particularly for women who have dense or heterogeneously dense breast tissue.

On the other hand, ultrasound can be very sensitive technology and can often find problem or suspected problem that can lead to biopsy and turns out to be nothing serious at all, and we call that a false positive examination.

The Radiology Society believes that women should know all the options that are available in the way of safe and effective breast examinations. MRI plays an important role in this regard. It's very important.

And the state has had a law on the books for several years now that requires MRI equipment to be accredited and to meet safety and health standards. That's a very good thing.

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We'd also like to suggest to you that you take this provision and extend it to accreditation of ultrasound equipment as well.

Connecticut's radiologists are among the finest in the nation. They take their responsibility for patient care very seriously and are constantly adapting to the latest technologies that improve the chance of earlier detection of breast cancer.

Senate Bill 10d will help in this regard, and on behalf of the Radiology Society of Connecticut, we are delighted to support it.

Thank you.

SENATOR CRISCO: Thank you, Doctor. And thank you for all your fine work.

Yes, Representative.

REP. ALBERTS: Thank you, Doctor, for your testimony.

Is there a potential false positive issue with MRIs?

MARC GLICKSTEIN: Well, yes, I mean, the -- any medical test basically has a certain number of false positives and false negatives.

Nothing is 100 percent.

I think with MRI -- so many times it can be a problem-solver. For example, you find a lesion that you're not sure of on a mammogram, the next step would typically be you do an ultrasound on it. Sometimes that's indeterminate. And then sometimes you might suggest an MRI.

So, you know, it is -- it can be an additional step beyond (inaudible). Sometimes when we have indeterminate lesions, one test will show something that the other two tests don't.

It's not to say that we would advocate that every patient get mammogram, ultrasound, MRI, but there are certainly instances where that may be the case.

And I think, as was said before, you know, one of the questions that was brought up before that I just wanted to mention -- and I don't have all the answers on this, but the idea of, you know, whether insurance companies are paying for -- for the MRI, you know, in some cases -- and this is anecdotal based on discussions with patients, but -- because I don't know how every single insurance works, but there are cases where -- where they don't and -- and there are cases where they require a certain set of potential diagnoses or symptoms in order to -- to -- in order to reimburse for that.

Sometimes they might not accept the MRI if it's ordered by a primary care physician, for example. So, you know, you do have other costs in this system. But not having patients have access and get payment, get reimbursed for the MRIs --

For example, if a patient has to see a primary care physician first, I mean, the patient cannot get reimbursed through seeing a primary care physician. They may have to make another appointment and go take time off of work, go see a surgeon, you know, get a referral from the surgeon in that case.

So it can -- you know, there are other hidden costs in the system as well.

REP. ALBERTS: Doctor, what do you think would be the typical billing cost that you would have if you were performing a procedure, understanding that there's a range?

MARC GLICKSTEIN: Yes.

REP. ALBERTS: What would you say, for our education?

MARC GLICKSTEIN: Well, as -- you know, you have to be a little careful about what the published fees are and what the reimbursed fees are, because they're quite different.

And in fact, when Ms. Udell was speaking, I actually ran out and I called my office and I asked what -- what is our charge for doing a breast MRI?

And this is -- this is actually a fairly involved examination. Let me just tell you a little bit about, you know, why -- what's involved with this.

But, you know, a patient goes in, there's a special what's called a coil where it's a special device that the breasts are immobilized and scanning is done in a very state-of-the-art high-field-strength magnet that can cost, you know, \$2 million or so. The coil is several hundred thousand dollars in costs.

You do a pre- and a post-contrast examination, and you use software to basically subtract two images, a pre- and a post-contrast image, and then you see the area of abnormality, if there

is one, that tends to light up on the skin.

So it's -- it's a long exam. It takes multiple pulse sequences, multiple stages in the exam to acquire all the data. It uses very sophisticated and very expensive equipment.

So, anyway, getting back to the question, the published fee is approximately \$3,000 for either a unilateral or bilateral. But our typical -- the typical reimbursement through -- and of course this varies from carrier to carrier, but through private insurance and typical reimbursement, it's on the order of around \$1,200 or \$1,100, somewhere -- somewhere in that range.

So that's what the -- that's what the insurance companies pay. So you can see there's a substantial reduction between -- published fees almost are meaningless because we rarely ever get those, so...

REP. ALBERTS: Now, I live in northeastern Connecticut, and my local hospital, Day Kimball Hospital, has I guess they call it a portable unit.

MARC GLICKSTEIN: Right.

REP. ALBERTS: It drives in and they park it there, and my understanding is that there are very tight time constraints, that that unit is spoken for, you know, religiously for just about every minutes it's there.

Is that what your experience is with these units across the state?

MARC GLICKSTEIN: Well, I mean, I can speak to Day

Kimball because I'm a member of Jefferson Radiology. We actually perform the radiology -- we actually run the radiology department there now.

So yes, there -- there are constraints. There's always constraints on utilization of equipment, and that's one of the things that I would also like to point out, that this state has been very proactive in making sure through the Office of Healthcare Administration with the CON laws that we have in place, we have tried to ensure that there is an appropriate mix of patient need and equipment in the state so that there's not a situation where you have a lot of unmet need and -- and therefore potential for overutilization and unnecessary utilization of equipment.

So yes, there are constraints on utilization of equipment. But being part of a network, I mean, you at Day Kimball would have access to the referral base and the equipment through Jefferson Radiology or Hartford Hospital or anything like that.

So, you know, the -- the unit at Day Kimball probably is not one that would have the technical qualifications that would allow it to do that study in the first place, so you would probably get referred somewhere else where they had the higher level -- not higher level but just the -- the equipment that had the technical qualifications that could perform that examination.

REP. ALBERTS: If we were to pass this bill as presented, would we have the capacity in the state right now to actually fulfill what we're attempting to do?

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MARC GLICKSTEIN: You know, I don't know the answer to that. I -- that would really require looking at, you know, what the level of utilization is on all machines.

And I think, you know, I think the other thing is that, you know, there's never 100 percent utilization. I mean, even with mammography, probably only about 60 percent of women get the, you know, annual screening mammograms, and that's something that's got virtually infinitive capacity.

So, you know, there's some disparity between what the actual utilization is and what the potential utilization is, but I couldn't answer that question specifically.

REP. ALBERTS: I appreciate it, Doctor. Thank you for your testimony. Thank you, Mr. Chairman.

MARC GLICKSTEIN: Thank you.

SENATOR CRISCO: You're welcome.

Any more questions? Any more questions?

Yes, Representative Johnson.

REP. JOHNSON: Thank you, Mr. Chairman. I was wondering if you had any analysis on the cost-benefit analysis of trying to determine what the advantages -- the (inaudible) advantages of detecting breast cancer earlier later -- rather than later?

MARC GLICKSTEIN: Well, you know, I think those -- those types of questions are -- are difficult to answer, because, you know, you talk to somebody like Nancy Cappello, and she'll tell you that the cost benefit is infinite.

On a -- you know, on a personal level, you know, you can't really put a price on -- on that. And I think, as we said before, the -- the long-term savings -- and I don't have specific numbers on this, but the long-term savings of trying to get somebody at an early stage, do a relatively limited lumpectomy that can be curative, as opposed to having somebody who presents with later stage breast cancer where they're going to require extensive surgery, extensive chemotherapy and, you know, perhaps several go -- several rounds of that, you know, there's -- there's a considerable difference in -- in what those costs can be, and, you know, of course there's personal issues which you really can't put a price on.

REP. JOHNSON: Thank you so much. Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, Representative.  
Representative Kelly.

SENATOR KELLY: Would you be able to put a -- a number on, like, the simple lumpectomy versus the more detailed Stage 3, handling that, just an average ballpark? Could you do that or --

MARC GLICKSTEIN: You mean the cost of that?

SENATOR KELLY: The cost, yes.

MARC GLICKSTEIN: No, I'm not a surgeon. I don't really have any experience with the surgical fees for something like that.

SENATOR KELLY: I understand, but I was just wondering. That's okay. Thank you very much. I appreciate --

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MARC GLICKSTEIN: Sure.

SENATOR KELLY: -- you coming out today.

SENATOR CRISCO: Doctor, I know you can't quantify the costs and it's -- I know I didn't talk about the (inaudible) costs, but perhaps you -- for the committee you could explain if early diagnosis is not possible, what a patient has to go through as far as rounds of chemotherapy, surgery, other different costs. And, not to be cruel, forgetting the costs of funeral, you know, what is involved, I mean, if early diagnosis is not possible and how -- hospital stays, et cetera.

Am I coherent on that?

MARC GLICKSTEIN: Oh, yes, absolutely.

And, you know, I think one could go down the list of basically asking what are the potential complications of breast cancer, and, you know, once you start getting -- you can have metastatic disease that can involve lungs, with breathing difficulties, central nervous system, with everything attendant from that, bone metastases where you have somebody who can develop pathological fractures, who can require surgery, orthopedic surgery for fractures, you know, involvement of the liver, the kidneys, you know. A whole variety of things, you know, can be involved with the spread of the disease.

As far as treatment, of course there's the initial surgery. Generally surgery is going to be one or two stages. And at a certain point, there's really not much more to do once you get to the point where a patient has had their lymph nodes removed and total

mastectomy. There's really not much else to do surgically.

Chemotherapy can be quite varied and depending on the stage can be more or less toxic to the patient.

So, you know, there's -- there's a myriad of complications and interventions that -- that can occur medically to try to help these patients.

You know, once you're at the point where you've got extensive metastatic disease, many of those patients don't do very well in the long run.

So, you know, to try to prevent all those complications and that scenario from occurring, that's what we're trying to do, is early detection to prevent all that stuff.

SENATOR CRISCO: Thank you, Doctor.

Representative Roldan.

REP. ROLDAN: Thank you, Mr. Chairman.

Just to answer your question -- and thank you, Doctor, for your testimony.

You know, this is -- for me, it's a very personal issue because my mom died of breast cancer, so I know I -- I lived with this for about ten years of my life.

So from the point at which you have an initial exam, whatever the cost of that is, to the point in which the individual might be going through experimental treatment, it could be anywhere between that cost and the cost of a

half a million dollars a year, depending on the patient.

Certainly that was the cost at the end of my mom's life, that it was probably averaging, that cost, with hospitalization and different types of treatment that an individual has to go through.

Thanks, Mr. Chairman.

SENATOR CRISCO: Thank you, Representative.

Any other questions for the doctor? Thank you very much.

MARC GLICKSTEIN: Thank you very much.

SENATOR CRISCO: I appreciate all your -- your work.

We will now revert back to the state official part of our testimony.

Senator Prague.

SENATOR PRAGUE: Senator Crisco and members of the Insurance Committee -- first of all, Senator Crisco, thank you for going back and allowing me to testify.

For the record, I'm Senator Edith Prague of the 19th District. I frequently admire the kinds of bills that this committee deals with. Today I'm here to testify in support of Senate Bill 32, Senate Bill 34, Senate Bill 15, and I certainly support Senate Bill 10d.

Really this is very good work on the part of this committee, but I want to address Senate Bill 32 and Senate Bill 34 at the moment.

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their copayments and deductibles before the exam is fully covered.

In fact, I submitted a letter from one of those patients who is questioning whether to have her ultrasound next year, as she had to pay \$130 out of pocket for it. So depending on a woman's ability to pay, there is uneven participation in this lifesaving measure.

Please reduce the burden of this copayment so that all women have access to finding cancer at its earlier stage when it is most treatable and survival is high.

Thank you for your support throughout the past years and beyond.

SENATOR CRISCO: Thank you, Dr. Cappello.

Any questions? Any questions on 848? Thank you very much.

NANCY CAPPELLO: Thank you very much.

SENATOR CRISCO: We will now proceed to House Bill 5448, Dr. Piana. I hope I have that right.

ANTHONY PIANA: Yes, sir, you do. Thank you.

Mr. Chairman and members of the Committee, I'm here in support of this bill, 5448, support of An Act Requiring Health Insurance Coverage for Breast Mammography.

You've just heard a lot of breast cancer in the State of Connecticut relating to dense breasts, Bill Number 10. I'm going to bring out some key points about breast mammography that will be of interest to you as well.



CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

TESTIMONY  
BEFORE THE  
INSURANCE AND REAL ESTATE COMMITTEE  
LEGISLATIVE OFFICE BUILDING  
FEBRUARY 3, 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 10, AN ACT CONCERNING INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING**. 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.

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 10 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 COLLIN O'CONNOR UDELL  
REGARDING S.B. NO. 10 (COMM.)  
AN ACT CONCERNING INSURANCE COVERAGE  
FOR BREAST MAGNETIC RESONANCE IMAGING

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Ln 16

The story of my breast cancer diagnosis underscores the importance of the bill now before you. I am an attorney and the mother of three young children under 10. In the summer of 2009, I had an unusual symptom that was very unlike the usual lump we are all taught is the precursor to breast cancer. There was no history of breast cancer in my family. I had just had a physical two weeks before and had been pronounced healthy. I religiously had mammograms which had never disclosed any problems. Several years before I was told that I had dense breasts but never told I was at a higher risk of breast cancer because of it.

That day in the summer of 2009, I woke up with a red flush on my left breast. I went to one of the top breast surgeons in Hartford, who shall remain nameless. She did an ultrasound, which showed nothing, and she decided I had mastitis. This struck me as odd, but I took the antibiotics she offered. Two weeks later, the red flush was still there. She offered me more antibiotics, which I took, but I had a sinking feeling. I went to Dr. Google that night and started researching, and what I found frightened me.

The red flush, I learned, could potentially be the sign of inflammatory breast cancer. I had several other symptoms on the checklist, and the material I read advised that I should get an MRI to figure out what was going on. I called the doctor and spoke with the nurse, who was adamant that the doctor said I was "absolutely fine," that I should stop worrying about cancer, and that I was "not in that realm." She said that an insurance company would not cover the cost of an MRI. Somehow sensing that I was fighting for my life, I said that I absolutely needed an MRI, and that I would pay for it if necessary. Only then was I told that I could get the MRI.

The next morning, I had the MRI. I also had a mammogram which came back completely clear. However, the MRI showed a large mass in my left breast. The doctor performed a biopsy that day; it turned out not only my left breast but also a lymph node was affected. Diagnosis: Stage III breast cancer. Needless to say, with that diagnosis, the insurance company paid for the MRI.

That night, I was forced to look into the eyes of my children, then 4, 6, and 8. Because they were adopted, all I could think about was that they had already each lost their first mother, and now they were at grave risk of losing me. At Dana Farber, where I went for treatment, they told me that if I had not gotten that MRI and started treatment when I did, I would have been dead within two years.

This story has a happy ending. Miraculously, the treatment I received at Dana Farber vaporized the tumor, and I now have a greater than 90% chance of no recurrence. I plan to attend my children's high school and college graduations, dance at their

weddings, and hold my grandchildren. I am so grateful to God and to Dana Farber for literally saving my life.

However, if I had been given an MRI earlier in the process due to my dense breast tissue, I could have been diagnosed at Stage 1 or even earlier, and the anguish that wracked my family last year could have been avoided. And it is terrifying to think what would have happened if I had listened to the nurse's statement that the insurance company would not pay for the MRI and had succumbed to the considerable pressure not to have one.

Please pass this bill so that other women do not have to go through this experience. As wonderful as the pink ribbon movements are, the Komen runs that we support, and I am grateful for them all – they all mean nothing to women with dense breasts if they cannot get the MRI that would properly diagnose them in the first place.

Collin O'Connor Udell  
158 King Philip Drive, West Hartford, CT 06117

Nancy M. Cappello  
96 Rowley Road  
Woodbury, CT 06798

TESTIMONY IN SUPPORT OF RAISED SENATE BILL 10

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Ln 15

Senator Crisco, Representative Megna and Members of the Insurance and Real Estate Committee:

My name is Nancy Cappello and I reside in Woodbury. I support SB 10 as insurance companies often deny coverage of screening MRIs - even for women at a high risk of breast cancer.

In CT, 36% of newly diagnosed breast cancers are at an advanced stage where the cancer has travelled to the lymph nodes and beyond - 997 women. Many of these late-stage diagnoses occur because of lack of access to appropriate screening tools to find cancer at its earliest stage when it is most treatable.

I am one of the victims of an advanced stage breast cancer diagnosis in 2004 despite a decade of normal mammograms, including a "normal" mammogram one month before my diagnosis. Unknown to me at the time, my mammograms kept failing me because of dense breast tissue. When cancer is present, it is more likely to go undetected on a mammogram when the tissue is dense, even with digital mammography. In fact, Breast density is one of the strongest predictors of the failure of mammography screening to detect cancer and is emerging as one of the strongest risk factors.

Ultrasound and MRI, when combined with mammogram, increase the detection of small, node negative cancers - which is what we want because the later the stage at diagnosis, the greater likelihood of dying from the disease. In my case, the pathology report uncovered 13 cancerous lymph nodes - a normal mammogram weeks before - is that early detection?

Armed with knowledge that many women were unaware of, I started an organization called Are You Dense to raise awareness of dense breast tissue for the early detection of breast cancer. With the unwavering support of Senator Crisco, Senator Hartley, and this committee, CT has led the nation with the passage of two bills - one for insurance coverage of whole breast ultrasound as a screening and bill to communicate breast density information to women through their mammography report. This inform bill has become the rallying cry for women in other states with similar stories as mine. Presently we have 3 pending bills - Texas, Florida and New York and four other states considering similar actions.

While mammogram is considered the gold standard of screening - it is not a perfect tool. Dr. Wendie Berg's research demonstrates that MRI finds hidden cancers even after ultrasound and mammography have been performed - and that MRI might be useful beyond the high-risk patients.

What has haunted me since my own diagnosis is the fact that there are women who follow all the rules, have their yearly mammogram and still may have a hidden intruder stealing their lives - most likely because of dense breast tissue. This bill will ensure that patients and their health care providers have access to another reliable screening tool to find cancer early when it is most treatable and survival is high. I never had that opportunity.

Those life altering decisions must be determined by the patient and her health care provider to increase the survival odds of the 2700 women diagnosed with breast cancer each year in CT.

Thank you for your continued support for the early detection of breast cancer for women with dense breast tissue.



Statement of the  
Radiological Society of Connecticut  
in support of  
Senate Bill 10  
Insurance and Real Estate Committee

P5.  
Ln 7

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Sen. Crisco, Rep. Megna and members of the committee:

My name is Dr. Marc Glickstein. I am a Medical Doctor, practice the subspecialty of Radiology and am representing the 400 members of the Radiological Society of Connecticut today in support of Senate Bill 10, An Act Concerning Insurance Coverage for Breast Magnetic Resonance Imaging.

The RSC is delighted to support this legislation. It is a natural progression of the steps you've taken in recent years to increase the knowledge of, and access to, imaging tests that detect breast cancer, particularly for women who have dense, fatty breast tissue.

SB 10 would add Magnetic Resonance Imaging (MRI) to the list of procedures covered by the law. It is a good addition.

Many of our members are breast imagers who are highly committed to discovering even the smallest of cancers in their patients through state-of-the-art imagery. The technology to do this continues to develop rapidly. Mammograms are now considered to be a baseline procedure. More detailed tests are now available that can add to the detection of cancers through the use of MRI or Breast Ultrasound (BUS).

There is no doubt about the utility of these additional procedures. The ACRIN 6666 trials show that a breast ultrasound does find cancers that were not spotted by a mammogram—particularly for women who have dense or heterogeneously dense breast tissue. The flip side is that ultrasound is such a sensitive technology that it can find a problem that leads to a biopsy and turns out to be nothing serious. We call that a “false positive” examination.

RSC believes that women should know about all of the options that are available in the way of safe and effective breast examinations. MRI plays an important role in this regard. So important that the state has had a law on the books for several years now that requires all MRI equipment to be accredited and meet safety and health standards. That's a good thing. We would like to suggest that you take this provision (Sec. 19a-690) and extend it to Ultrasound equipment also.

Connecticut's Radiologists are among the finest in the nation. They take their responsibility for patient care very seriously and are constantly adapting to the latest technologies that improve the chance of earlier detection of breast cancer. Senate Bill 10 will help in this regard and, on behalf of the Radiological Society of Connecticut, we are delighted to support it. Thank you.

# The Best-Kept Secret

by Nancy M. Cappello, Ph.D. My Story



In February 3, 2004, I was diagnosed with Stage 3c breast cancer. Less than 48% of women with Stage 3c breast cancer are alive after five years. What I have learned since my diagnosis is that 1) I have dense breast tissue and wasn't aware of its significance in that tumors in women with dense breast tissue are often not detected by mammography alone (tumors appear white on a mammogram and dense tissue is white-thus no contrast to detect the tumor) and 2) the mammography report that is generated by the radiologist to the referring doctor, which contains more detailed information about a woman's breasts, is not the same report that a woman receives after having a mammogram.

Just two months prior to my late stage cancer diagnosis, I had a mammogram and the "Happy Gram" report that I received gave me the thumbs up. During my annual exam a few months later, my doctor felt a "ridge" in my right breast and ordered a mammogram and an ultrasound. The mammogram revealed "nothing" but that same day the ultrasound detected a large 2.5 cm tumor. Because cancer was detected at an advanced stage, I had a mastectomy and endured an aggressive treatment of chemotherapy and radiation. Since my diagnosis, I am compelled to tell the BEST-KEPT SECRET about dense breast tissue and its significance in that mammograms have limitations and women with dense breast tissue are at a greater risk of getting breast cancer.



8/13

## AWARDS

A formal Citation by the Connecticut General Assembly in recognition of "extraordinary commitment to promoting early detection of breast cancer through successful legislative advocacy and public awareness campaign and for the courage to transform a personal tragedy into a positive force."

The Distinguished Angel Award from the American Cancer Society for advocacy in informing the public about dense tissue and its risk factors.

Falk Foundation for Excellence for informing women of the fatal flaw in the early detection of breast cancer.

There are too many women who are unaware of their breast density, believe their "happy gram" when it reports no significant findings and are at risk of receiving a late stage cancer diagnosis.

Be informed about your breasts.

Early detection is the key to survival.

## MEDIA AND SPEAKING ENGAGEMENTS

Dr. Cappello has been a featured speaker at numerous venues throughout the country. Her message, conveyed with humor and motivation, speaks of her journey from patient to advocate. Her story inspires others to take their challenges and lessons learned to make a positive impact in the lives of others. Dr. Cappello's tragedy of her advanced breast cancer, resulting in CT's Landmark legislation, has been featured in many media outlets such as television, print and radio.

The MISSION of Are You Dense, Inc. is to educate the public about dense breast tissue and its significance for the early detection of breast cancer. Please help us reveal the best-kept secret about the limitations of mammography alone to detect cancer in women with dense breast tissue.

FOLLOW US ON FACEBOOK



www.areyoudense.org

- ◆ Breast density is one of the strongest predictors of the failure of mammography screening to detect cancer.
- ◆ 2/3 of premenopausal women and 1/4 of post menopausal women have dense breast tissue.
- ◆ Women who have extremely dense breast tissue are at a 4 to 6x greater risk of developing breast cancer.

Are You Dense, Inc.

A 501(c)(3) Public Charity

## HOW DO I KNOW IF I HAVE DENSE BREAST TISSUE?

A radiologist can determine the density of a woman's breasts by examining a mammogram. Request a copy of your mammography report from your referring doctor. Make sure it is the report that is generated *from the radiologist* and not a form letter. Read the report carefully. Look for descriptions of your breast tissue. Connecticut is the first state to mandate that each mammography report provided to a patient shall include information about breast density.

## WHAT DO I DO IF I HAVE DENSE BREAST TISSUE?

Talk to your doctor about having an ultrasound or breast MRI. Connecticut General Statutes Sections 38a-503 and 38a-530 require insurance companies to provide coverage for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the BIRADS (Breast Imaging Reporting and Data System) established by the American College of Radiology (ACR). To determine the insurance laws in your state contact your state representative or public health department.

### Remember to:

- ◆ Conduct monthly breast exams and have your physician conduct a thorough yearly breast exam.
- ◆ Have a mammogram. A mammogram distinguishes the density of a woman's breasts.

There are two BIRADS (Breast Imaging Reporting and Data System) scales that are used by radiologists to standardize mammography reporting.

The following (ACR) BIRADS scale categorizes breast density:

<b>1</b>	<b>ALMOST ENTIRELY FATTY:</b> <i>mammogram very effective, sensitive to even small tumors</i>
<b>2</b>	<b>SCATTERED FIBROGLANDULAR TISSUE:</b> <i>minor decrease in sensitivity</i>
<b>3</b>	<b>HETEROGENEOUSLY DENSE TISSUE PRESENT:</b> <i>moderate decrease in sensitivity</i>
<b>4</b>	<b>EXTREMELY DENSE TISSUE PRESENT:</b> <i>marked decrease in sensitivity</i>

Ask your doctor which category of breast density you have. Most likely the mammography report that you will receive **will not** contain this information.

The other BIRADS scale characterizes the findings that are seen on the mammogram. Currently, most mammography reports reference this BIRADS\* scale.

<b>0</b>	<b>ASSESSMENT IS INCOMPLETE;</b> <i>additional imaging is needed</i>
<b>1</b>	<b>NEGATIVE</b>
<b>2</b>	<b>BENIGN FINDING</b>
<b>3</b>	<b>PROBABLY BENIGN FINDING;</b> <i>short interval follow-up suggested</i>
<b>4</b>	<b>SUSPICIOUS ABNORMALITY;</b> <i>biopsy should be considered</i>
<b>5</b>	<b>HIGHLY SUSPICIOUS OF MALIGNANCY;</b> <i>biopsy should be perform</i>

A woman with dense breast tissue cannot rely solely on the above BIRADS\* scale to determine findings of breast cancer.

Thomas Kolb, M.D. in his research on 11,130 women found that supplementing mammography with ultrasound markedly increases cancer detection in women with dense breasts. The additional ultrasound screening increased the number of women diagnosed with non-palpable invasive cancers by 42%. While mammography detected 98% of cancer in women with fatty breasts, it found only 48% in women with the densest breasts. (American Medical Association: September 19, 2002)

"I've seen over and over cancer cases in which ultrasound has picked up what mammogram has missed in women who were not at risk and ~~who had~~ *had* dense breasts." *Wendie Berg, M.D., Radiologist and Principal Investigator of large-scale study to examine benefits of ultrasound screening.* (Marnell Jameson, Los Angeles Times June 14, 2004, pg. F 1)

Cancer turns up five times more often in women with extremely dense breasts than in those with the most fatty tissue, a study shows, signaling the importance of a risk factor rarely discussed with patients. "It's been ignored to an absolutely unbelievable degree," said study leader Dr. Norman Boyd at Princess Margaret Hospital in Toronto. He believes that breast density is equally as important as advanced age and dangerous mutations of cancer genes in raising a woman's breast cancer risk. (Jeff Donn, The Associated Press. 2007)

The addition of a single screening ultrasound to mammography increased detection of breast cancers that are small and node negative. (Berg et al, JAMA: 2008)

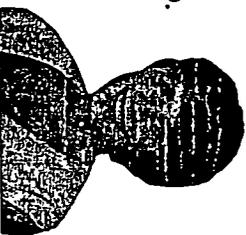
A 2010 Harris Interactive Poll revealed that 95% of women do not know their breast density despite increased cancer risk and that doctors have spoken to less than one in 10 women ages 40+ about breast density. (U-Systems Survey. 2010)

### For more information

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# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Testimony of the Connecticut Insurance Department

Before  
The Insurance and Real Estate Committee

February 3, 2011

**Senate Bills:**

**No. 10 – An Act Concerning Insurance Coverage for Breast Magnetic Resonance Imaging**

**No. 12 – An Act Prohibiting Copayments for Preventive Care Services**

**No. 17 – An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage**

**No. 21 – An Act Concerning Health Insurance Coverage for Routine Patient Care Costs for Clinical Trial Patients**

The Connecticut Insurance Department would like to offer the following general comment regarding the potential budgetary impact of the above referenced health insurance mandates, as well as some specific comments on SB 12 and 17.

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 Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) (PPACA), as amended, 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. **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.

We would also like to offer additional comments regarding two specific proposals:

**No. 12 – An Act Prohibiting Copayments for Preventive Care Services - PPACA Sec. 1001 mandates coverage for preventative services without cost sharing for plan years beginning 9/23/10 for all non-grandfathered plans; therefore, this will unnecessarily duplicate federal law which already has addressed this issue.**



**Statement  
 Of  
 Anthem Blue Cross and Blue Shield  
 On  
SB 10 An Act Concerning Insurance Coverage for Breast Magnetic Resonance  
 Imaging  
 and  
SB 17 An Act Concerning Wellness Programs and Expansion of Health Insurance  
 Coverage  
 and  
SB 21 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs  
 For Clinical Trial Patients  
 and  
SB 848 An Act Concerning Breast Ultrasound Screenings**

Good afternoon Senator Crisco, Representative Megna and members of the Insurance Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am on testifying on SB 10 An Act Concerning Insurance Coverage for Breast Magnetic Resonance Imaging; SB 17 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage; SB 21 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs For Clinical Trial Patients and SB 848 An Act Concerning Breast Ultrasound Screenings..

We are concerned about SB 10, SB 17 and SB 21 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.

I would also like to add that SB 21 has a potentially large cost because of the number of clinical trials that are currently underway and that people are enrolled in disabling, progressive or life-threatening diseases. An argument could be made that almost every disease could fit into these categories and subsequently substantially increase the cost of this mandate.

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*Quality is Our Bottom Line*

Insurance Committee Public Hearing  
February 3, 2011

Connecticut Association of Health Plans

Testimony in Opposition to

- **SB 10 AAC Insurance Coverage for Breast Magnetic Resonance Imaging.**
- **SB 848 AAC Breast Ultrasound Screenings.**
- **HB 5448 AA Requiring Health Insurance Coverage for Breast Thermography.**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 10, SB 848 and HB 5448. 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 this year to address the needs of the approximately 400,000 Connecticut residents who lack health insurance coverage. As we all know, the reasons people go without insurance are wide and varied, but most certainly cost is a major component. In discussing these proposals, please also keep in mind that:

- Connecticut has approximately 49 mandates, which is the 5<sup>th</sup> highest behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)
- For all mandates listed, the total cost impact reported reflects a range of 6.1% minimum to 46.3% maximum. (OLR Report 2004-R-0277 based on info provided by the Dept. of Insurance)

- State mandated benefits are not applicable to all employers. Large employers that self-insure their employee benefit plans are not subject to mandates. **Small employers bear the brunt of the costs.** (OLR Report 2004-R-0277)
- The National Center for Policy Analysis (NCPA) estimates that **25% of the uninsured are priced out of the market by state mandates.** A study commissioned by the Health Insurance Assoc. of America (HIAA) and released in January 1999, reported that "...a fifth to a quarter of the uninsured have no coverage because of state mandates, and federal mandates are likely to have larger effects. (OLR Report 2004-R-0277)
- **Mandates increased 25-fold over the period, 1970-1996, an average annual growth rate of more than 15%.** (PriceWaterhouseCoopers: The Factors Fueling rising Healthcare Costs- April 2002)
- National statistics suggest that **for every 1% increase in premiums, 300,000 people become uninsured.** (Lewin Group Letter: 1999)
- "According to a survey released in 2002 by the Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET), employers faced an average **12.7% increase in health insurance premiums** that year. A survey conducted by Hewitt Associates shows that employers encountered an **additional 13% to 15% increase in 2003.** The outlook is for more double-digit increases. **If premiums continue to escalate at their current rate, employers will pare down the benefits offered, shift a greater share of the cost to their employees, or be forced to stop providing coverage.**" (OLR Report 2004-R-0277)

Thank you for your consideration.

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Connecticut General Assembly



# PCSW

Permanent Commission on the Status of Women

*The State's leading force for women's equality*

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Written Testimony of  
 The Permanent Commission on the Status of Women  
 Before the  
 Insurance and Real Estate Committee  
 February 3, 2011

RE: S.B. 10, AAC Insurance Coverage for Breast Magnetic Resonance Imaging  
S.B. 12, AA Prohibiting Copayments for Preventative Care

Senators Crisco and Kelly, Representatives Megna and Coutu and members of the committee, thank you for this opportunity to provide written testimony on behalf of the Permanent Commission on the Status of Women (PCSW) in response to the introduction of S.B. 10, AAC Insurance Coverage for Breast Magnetic Resonance Imaging and S.B. 12, AA Prohibiting Copayments for Preventative Care

S.B. 10, AAC Insurance Coverage for Breast Magnetic Resonance Imaging

S. B. 10 would provide insurance coverage for breast magnetic resonance imaging when an annual mammogram demonstrates heterogeneous or dense breast tissue. Passage of this bill would benefit 40% of Connecticut's population – the 1.4 million Connecticut women over the age of 18<sup>1</sup> who are at risk of being diagnosed with breast cancer.

*CT Specific Data:*

- In 2005, 2,802 women were diagnosed with malignant breast cancer.<sup>2</sup>
- 75% of breast cancers diagnosed are in women over the age of 50.<sup>3</sup>
- Breast cancer is diagnosed more often than any other cancer, representing 29% of the diagnosed cancer cases women.<sup>4</sup>
- Connecticut ranks 26<sup>th</sup> in the nation for the number of deaths from breast cancer.<sup>5</sup>

Women with high density breast tissue are four to five times more likely to develop cancer than women with low density breast tissue.<sup>6</sup> Patients with high breast tissue density often need more than a regular mammogram to

<sup>1</sup> U.S. Census Bureau, American Fact Finder, 2009 Population Estimates.

<sup>2</sup> CT Department of Public Health, <http://www.ct.gov/dph/cwp/view.asp?a=3134&q=396512>

<sup>3</sup> Ibid.

<sup>4</sup> The CT Tumor Registry, Cancer in Connecticut in 2005 With a Focus on Tobacco Related Cancers, February 2009

<sup>5</sup> Ibid.

<sup>6</sup> <http://www.komen.org/BreastCancer/HighBreastDensityonMammogram.html?terms=dense+breast+tissue>

PCSW Testimony  
 Before the Insurance and Real Estate Committee  
 February 3, 2011  
 Page 2 of 3

ensure that breast cancer tumors are not present. Providing alternative screening tools would assist women to discover and treat breast cancer earlier.

### S.B. 12, AA Prohibiting Copayments for Preventative Care

S.B. 12 would prohibit co-payments, deductibles or other out-of-pocket expenses for preventative care services, defined as (1) annual physicals and periodic health evaluations, including test and diagnostic procedures ordered in connection with routine examinations such as annual physicals; (2) routine prenatal and well-child care; (3) child and adult immunizations; (4) tobacco cessation programs; and (5) obesity weight loss programs as prescribed by a licensed physician. Passage of this bill would positively impact:

#### *CT Specific Data:*

- 20% of households who do not have enough income to meet their basic costs of living based upon the family economic self-sufficiency standard (FESS). Of the 20%, female head of households represent 29% vs. 14% of male head of households.<sup>7</sup>
- 21% percent of female-headed families who live below the poverty line.<sup>8</sup>
- 43.9% of adult women and 56% of the entire adult population who are overweight or obese.<sup>9</sup>
- 14.8% of women who smoke (206,800 women); of which 7% are pregnant women<sup>10</sup>

Almost 8% of working adults in Connecticut spend 20% or more of their income on out-of-pocket medical expenses.<sup>11</sup> Connecticut women have higher out-of-pocket medical expenses than men, and are more vulnerable to medical debt. Fifty-six percent (56%) of medical bankruptcy filers are women.<sup>12</sup> As health care costs grow, more than one-quarter of non-elderly women (27%) and two-thirds of uninsured women (67%) report they delayed or went without care they believed they needed because they could not afford it.<sup>13</sup>

Health care and insurance must be affordable so that true universality is accomplished. This means that low-income households should be exempt from cost-sharing while higher income households should pay no more than 5% of family income on total health care costs. This bill would provide the opportunity for Connecticut's residents to be healthy citizens despite the ups and downs of their financial situation, which would result in decreased healthcare expenses.

We look forward to working with you to address these issues. Thank you for your consideration.

<sup>7</sup> Diana M. Pearce, Ph.D. *Overlooked and Undercounted: Where Connecticut Stands*. Prepared for the Permanent Commission on the Status of Women, June 2007 – also source for self-sufficiency charts.

<sup>8</sup> U.S. Census Bureau, American Fact Finder, Connecticut Selected Economic Characteristics: 2005-2007

<sup>9</sup> Kaiser Family Foundation. Connecticut: Overweight and Obesity Rates for Adults by Sex, 2009.

<sup>10</sup> Campaign for Tobacco Free Kids. *Mother's Day Data on Smoking Mors and Related Harms, 2010 Update*. <<http://www.tobaccofreekids.org/research/factsheets/pdf/0257.pdf>>

<sup>11</sup> State Health Access Data Assistance Center, December 2007

<sup>12</sup> D.U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," *Health Affairs*. February 2005.

<sup>13</sup> Kaiser Family Foundation, News Release, July 2005



**TESTIMONY**  
of the  
**CONNECTICUT CONFERENCE OF MUNICIPALITIES**  
to the  
**INSURANCE & REAL ESTATE COMMITTEE**  
February 3, 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.

- S.B. 10      “An Act Concerning Insurance Coverage for Breast Magnetic Resonance Imaging”  
S.B. 17      “An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage”  
S.B. 21      “An Act Concerning Health Insurance Coverage for Routine Patient Care Costs for Clinical Trial Patients”  
H.B. 5448    “An Act Requiring Health Insurance Coverage for Breast Thermography”

These proposed bills would mandate insurance policies cover certain new medical procedures/items. Some of the costly new procedures and items mandated in these bills include: weight loss programs, breast thermography, breast magnetic resonance imaging, hearing aids, routine patient care costs for clinical trial patients, and certain prostate cancer treatments and prescription drugs.

The 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 all of these 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 these proposed mandates

## ## ##

If you have any questions, please contact Bob Labanara of CCM at [rlabanara@ccm-ct.org](mailto:rlabanara@ccm-ct.org).

**S - 617**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2011**

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

mhr/gbr  
SENATE

26  
May 19, 2011

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

THE CHAIR:

Seeing no objection, so ordered.

SENATOR CRISCO:

Thank you, Madam President.

THE CHAIR:

Thank you.

Mr. Clerk.

THE CLERK:

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

The Clerk is in possession of amendments.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

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

THE CHAIR:

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SENATE

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May 19, 2011

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

Senator Crisco.

SENATOR CRISCO:

Madam President, and members of the Circle, Connecticut has earned the title as being a leader in early diagnosis of breast cancer; in fact, numerous other states have adopted and have introduced legislation or on the premise of adopting legislation because of the work done by this Circle and the House of Representatives and the Executive Branch.

This all started several years ago, when Senator Hartley introduced an outstanding, heroic woman, named "Nancy Cappello," who went through the experience of having five mammograms, receiving a "happy gram," and then being told that she had advanced breast cancer. And she raised the question why. Well, she was told that you have dense tissue, and dense tissue sometimes appears the same, you know, to throw off a mammogram as well as, you know, show as -- as well as a tumor can throw off a mammogram.

And because of her leadership and her fight, Connecticut is the leader in early diagnosing for breast cancer. In fact, we just received notice that

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SENATE

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the Health Commissioner of Taiwan will be visiting us in -- in Connecticut, in July, to look at the work that we've done in this area.

And, Madam President, what this bill does, it provides coverage for breast magnetic resonance imaging when an annual mammogram demonstrates a woman has dense breast tissue. As I stated, these tissues are undetected with a normal mammogram, and it has been proven over the past several years, the number of -- the -- the type of suffering and the loss of life has been prevented.

And I just had -- and we've talked about this bill before, but I just ask the Chamber to just consider what the traumatic loss of a breast or two breasts can be to a woman, let alone, you know, the advanced spreading of the disease because early diagnosis was not achieved.

And as I mentioned earlier, because of Senator Hartley and Nancy Cappello, we have traveled, you know, in this area, and we've left a trail that is unparalleled in early breast cancer diagnosis, Madam President.

THE CHAIR:

Thank you, Senator Crisco.

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SENATE

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Are you -- will you remark further?

Senator Hartley.

SENATOR HARTLEY:

Good afternoon, Madam President, and thank you.

I just rise to support the bill and to echo the comments of the Chair, the esteemed Chair of the Insurance Committee, who really was the father of this concept. When it was first presented to him, he recognized it immediately. He recognized the value and also the fact that technology being what it is in the 21st Century, we would be ill positioned if we did not, in fact, avail ourselves.

And so because of all of Senator Crisco's work with regard to Dr. Cappello's situation, the State of Connecticut has been distinguished throughout this country in terms of being a pioneer for women's health, and we owe much to Senator Crisco for that. And I am grateful to him.

And I ask my colleagues in the Circle to support this imitative.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Senator Crisco.

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SENATE

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SENATOR CRISCO:

Thank you, Madam President.

Madam President, there are two amendments, and I ask that the Clerk call LCO 4992. And I move its adoption.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 4992, which shall be designated Senate Amendment Schedule "A." It's offered by Senator Crisco of the 17th District.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I ask that the reading be waived and I be given the permission to summarize.

THE CHAIR:

Please proceed, sir.

SENATOR CRISCO:

Yes, Madam President.

Basically in this bill, this amendment pertains to a sunset. We believe if we are going to do it right, we should remove the sunset. And LCO 4992 deletes the sunset.

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SENATE

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THE CHAIR:

The question is on adoption. Will you remark further, sir? Will you remark further?

Seeing none, if there is no more discussion, please let's try your minds. All in favor, please say, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? The amendment is adopted.

Mr. Clerk.

SENATOR CRISCO:

Madam --

THE CHAIR:

Oh, I'm sorry. Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

Madam President, the Clerk has another amendment, LCO 5943. I ask that there -- be called, and I -- I move its adoption.

THE CHAIR:

Mr. Clerk.

THE CLERK:

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SENATE

32  
May 19, 2011

LCO 5943, which is designated Senate Amendment  
Schedule "C"; [sic] it's offered by Senator Crisco of  
the 17th District.

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THE CHAIR:

The question is on adoption. Will you remark?

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

I ask that I be -- permission to summarize.

THE CHAIR:

Please proceed, sir.

SENATOR CRISCO:

Yes. Madam President, we had an unfortunate situation in committee where we were advised that much of the red tape in diagnosis could be eliminated if we referred the bill -- referred in the bill to several -- two or three -- advisory groups, different associations dealing with -- with health care. Upon later investigation and since this formally was a dense breast tissue issue, we discovered that the language that we adopted excluded dense breast tissue. And so to correct that injustice, this is the purpose of the amendment.

THE CHAIR:

mhr/gbr  
SENATE

33  
May 19, 2011

Thank you, Senator.

Will you remark? Will you remark on the amendment?

If no -- if no discussion, please try your minds.

All in favor, please say, aye.

SENATORS:

Aye.

THE CHAIR:

Those opposed, nay. The amendment is adopted.

We are back on the bill. Will you remark?

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President. Good afternoon.

I'm chomping at the bit here. Madam President, I rise in support of the -- the bill, and I want to credit Senator Crisco and Senator Hartley for all of their hard work to bring it to the point where it is today.

The Clerk has an amendment, which is LCO 6097; if the Clerk could please call the amendment, and if I might be permitted to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

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LCO 6097, which is designated Senate Amendment  
Schedule "C"; it is offered by Senator Roraback, of  
the 30th District.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

I move adoption.

THE CHAIR:

The question is on adoption. Will your remark,  
sir?

SENATOR RORABACK:

My first remark, Madam President, is -- is how  
delightful it is to hear the voice of our Clerk  
calling out the amendments, and it's great to see him  
back in the Chamber.

THE CHAIR:

You're so right, sir.

SENATOR RORABACK:

Thank you, Madam President.

This -- this amendment simply provides a  
technical fix to a great bill that we recently passed  
that allows our municipalities to pool together with  
our school districts for the purpose of purchasing

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health insurance. It makes sense; obviously, the more the merrier when you're trying to get a good rate on health insurance. This bill simply adds a local sewer district, another political subdivision of public body to allow the town to join with them, if it makes sense, so that everyone can benefit and save some money. And -- and I move adoption.

THE CHAIR:

Thank you, Senator.

Will you remark? Will you remark? Will you remark? I guess --

Senator Looney.

SENATOR LOONEY:

Yes. Thank you. Thank you, Madam President.

We might briefly pass that bill temporarily.

THE CHAIR:

Seeing no objection, so -- well, the bill is passed temporarily.

Mr. Clerk.

SENATOR LOONEY:

Madam President, a matter previously marked go; it's Calendar page 6, Calendar 168, if that item might be passed temporarily.

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SENATOR LOONEY:

Yes, Madam President.

If we might mark that item passed temporarily.

THE CHAIR:

So ordered.

Mr. Clerk.

THE CLERK:

Calendar page 27, Calendar Number 71, File  
Number 55, Substitute for Senate Bill 10, AN ACT  
CONCERNING INSURANCE COVERAGE FOR BREAST MAGNETIC  
RESONANCE IMAGING, favorable report of the  
Committee on Insurance.

When the bill was last before us LCO 4992 was  
called as -- and designated Senate Amendment  
Schedule "A."

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, Madam President.

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

THE CHAIR:

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

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SENATOR CRISCO:

Yes, Madam President.

Madam President, could I ask for clarification from the Clerk? I believe yesterday we adopted two amendments for Senate Bill 10, A and B.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Madam President, when the bill was last before us LCO 4992 was called, designated Senate Amendment Schedule "A" and it was adopted. LCO 5943 was called, designated Senate Amendment Schedule "B" and it was adopted. Thereafter LCO 4992 was called and designated Senate Amendment Schedule "C" -- or correction, LCO 6097 was called and designated Senate Amendment Schedule "C."

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I'm sorry. Because of the acoustics I didn't hear the Clerk's explanation. I'm trying to find out If "A" and "B" --

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Yes, sir. They have been adopted.

SENATOR CRISCO:

All right. Thank you.

I'd like to yield to Senator Roraback, Madam President.

THE CHAIR:

Senator Roraback, will you accept the yield?

SENATOR RORABACK:

I will, Madam President. Thank you. Good afternoon.

Madam President, I was the proponent of LCO 6097, which was under consideration by the body when the bill was passed temporarily. And I would like to withdraw that amendment if there's no objection, Madam President.

THE CHAIR:

Seeing no objection, so ordered.

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

And then what I would like to do it leu of that amendment is to call another amendment, which is LCO 6646. If the Clerk could please call that amendment and if I might be permitted to summarize.

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THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 6646 which will be designated Senate  
Amendment Schedule "D." It is offered by Senator  
Roraback of the 30th District and Senator Crisco of  
the 17th District.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

As I was explaining about 24 hours ago, this  
amendment would simply expand upon the wise public  
policy --

THE CHAIR:

Do you want to move for adoption, sir?

SENATOR RORABACK:

I do. Indeed. Thank you, Madam President.

THE CHAIR:

The question is on adoption.

SENATOR RORABACK:

I would move adoption. Thank you.

As I was relating to the body a day ago, this  
amendment would merely add to the very wise public

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policy that this body recently enacted which allows at the local level the town government to join together with the school board in purchasing health insurance.

What this amendment does is simply expand that universe of permissible participants to a local sewer district. We all have fire districts and sewer districts and they were somehow overlooked when we adopted the bill last year or recently and this would include them. So I urge support.

Thank you, Madam President.

THE CHAIR:

Thank you. Thank you Senator.

Will you remark? Will you remark? If there's no further discussion, please let me try your minds. All in favor, please say, aye.

SENATORS:

Aye.

THE CHAIR:

Those not in favor, nay.

The ayes have it. The amendment is adopted.

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

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If there's no objection, I ask that it to be placed on the consent calendar.

THE CHAIR:

Seeing -- oops, nevermind. I guess not.

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, a roll call vote would be necessary on that. And I'd also like permission to comment on the bill, if I may?

THE CHAIR:

Please, sir, please proceed.

SENATOR FASANO:

Thank you, Madam President.

Madam President, I support the bill as amended. Madam President, this issue came to my attention by virtue of a doctor at St. Raphael's who indicated that they're having a difficult time in dense breast tissue to diagnose cancer. And with some familiarity with breast cancer in my family, this became a big issue for me.

Madam President, what happens is if you can't find the indications of breast cancer by virtue of a dense breast, you're required to take the next

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step. There was a patient that this particular doctor was describing to me where the next step was required, but because of the person's income level they're unable to get the next step down.

Even with the appeals that the doctor made to the insurance company to allow the examination to go forward, those appeals were on deaf ears. Madam President, I also made some calls and could not convince -- even though the person was in my district -- in an attempt to help the doctor, we could not make a convincing argument.

As a result they had to wait for the next indication if the cancer came to then start with treatment, which would put the treatment behind. That is not the preventative care I think we need. I think that's not the preventative care that's being talked about as a way to treat diseases, and in particular, cancer. So therefore, Madam President, I strongly support this bill because if we are serious about protecting and -- preventative medicine and save costs, this is one of the purest examples of that.

One may argue that this is an insurance mandate and I agree. I agree. It is, but every

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now and then you have to balance the insurance mandate with the ultimate good. It is not a doctor's wish that every time you see some cancer in a breast tissue that you -- or density of a breast tissue that you automatically do the next step. There is an indication that there's a history with this particular patient. So you've limited a lot of different issues here.

So Madam President, with that I understand it's a balancing act, but I think in this case there's a strong indication that this bill would go a long way to protecting constituents, protecting people in the state of Connecticut and avert the tragic events that we see with breast cancer.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

A roll call will be ordered.

Will you remark? Will you remark? Oh, okay.

If not, would the Clerk please announce a roll call vote and the machine will be open.

THE CLERK:

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

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Chamber. 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? I believe all members have voted. All members have voted. The machine would be locked.

And Mr. Clerk, will you tell us the tally.

THE CLERK:

Motion is on passage of Senate Bill 10 as amended by Senate Amendments Schedules "A," "B" and "D."

Total Number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The bill has passed.

Mr. Clerk.

THE CLERK:

Calendar page 32, Calendar Number 190, File Number 292, Substitute for Senate Bill 957, AN ACT CONCERNING NEIGHBORHOOD PROTECTION, favorable