PA 11-083

SB0923

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CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
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8965 – 9294

It was -- it was a negative vote.

SPEAKER DONOVAN:

Representative Kokoruda in the negative. The transcript will so note.

Will the Clerk please call Calendar 4 -- 543. 543.

Excuse me, I'm so sorry. Will the Clerk please call Calendar 597.

THE CLERK:

On page 33, Calendar 597, Substitute for Senate Bill Number 923, AN ACT CONCERNING THE AMERICAN COLLEGE OF RADIOLOGY AND COLORECTAL CANCER SCREENING RECOMMENDATIONS, favorable report of the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

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

SPEAKER DONOVAN:

Question's on acceptance of Joint Committee's favorable report and passage of the bill. Will you remark?

REP. MEGNA (97th):

Thank you, Mr. Speaker.

The bill adds the American College of Radiology to -- to the language under 38a-492k.

And, Mr. Speaker, the Clerk is in possession of LCO 6045. I ask that it be called and I be permitted to summarize.

SPEAKER DONOVAN:

Will Clerk please call LCO 6045, which is previously designated Senate "A".

THE CLERK:

LCO Number 6045, Senate "A" offered by Senator Crisco and Representative Megna.

SPEAKER DONOVAN:

Representative seeks leave of Chamber to summarize. Any objection? Representative, you may proceed.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

This -- this amendment puts limitations on car co-insurance payments, co-insurance and deductibles under the coverage, and I move its adoption.

SPEAKER DONOVAN:

The question is on adoption. Remark further?

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

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All opposed Nay. The amendment is adopted. Remark further on the bill as amended? If not, staff and guests, please come to the well of the House. Members, take their seats. The machine will be 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. If all the members have voted, the machine will be locked. Clerk, please take a tally. Clerk, please announce the tally.

THE CLERK:

Senate Bill 923 as amended by Senate "A", in concurrence with the Senate.

Total number voting 142

Necessary for passage 73

Those voting yea 99

Those voting Nay 43

Absent and not voting 9

SPEAKER DONOVAN:

Bill as amended is passed. Will the clerk please call calendar 453.

A VOICE:

It's 543.

SPEAKER DONOVAN:

534.

THE CLERK:

On page 23, Calendar 543, Senate Bill Number 912, AN ACT AUTHORIZING FLAVORING AGENTS FOR PRESCRIPTION PRODUCTS. Favorable report of the Committee on Public Health.

SPEAKER DONOVAN:

Representative Baram.

REP. BARAM (15th):

Thank you, Mr. Speaker. I move for acceptance of the Joint Committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is acceptance of Joint Committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark?

JOINT STANDING COMMITTEE HEARINGS

INSURANCE AND REAL ESTATE PART 8 2295 – 2657

2011

DAVID BOOMER: I apologize. David Boomer with the Kowalski Group, with the Radiological Society of Connecticut. In regards to Senate Bill 923, the -- this would create a lung cancer screening benefit in individual and group health plans.

I think the reason you haven't had that before is, in the medical community, there's been a dispute over whether an effective test exists. And as you'll see in our statement that -- that's been submitted, the National Cancer Institute completed a 53,000 person study last December when they -- they realized that they had the data they needed. And it clearly shows that a low dose -- it's called Helical -- H-e-l-i-c-a-l -- CAT scan does reduce mortality for the -- as opposed to people who have other kinds of tests. So based on that evidence, we think it makes sense to add this into the statute.

The second thing this bill does in Section 3 and 4 is -- is very simple. On colorectal cancer screenings, which is already in the statutes, there are a couple of groups that are listed that can give advice and are considered expert groups to advise carriers, and so forth, of how it should be most effectively implemented. We would simply add in the American College of Radiology, which is the National Organization of all the Radiologists, so that they're at the table on Colorectal Cancer. Because there's more and more evidence that -- the virtual colonoscopy or -- virtual colonoscopy is -- is highly successful and should -- and should have an increased use.

And then to wrap up, just to make sure you -- and as the committee knows -- radiologists don't order the tests, so they're not self-referring her -- here. These are done by

physicians. They happen to perform the tests.

But we believe those are two positive changes. Thank you very much.

SENATOR CRISCO: Oh, wait, one minute.

Any questions of David, alias, Dr. Dee?

Representative Schofield.

REP. SCHOFIELD: Dr. Boomer (inaudible.)

DAVID BOOMER: Well, Dr. Dee is our President of the State's Society and he was at Mid-state -- detained.

REP. SCHOFIELD: Thank you, Mr. Chair. I -- I just want to ask a little bit more information about this cancer screening test. Is it something that the National Comprehensive Cancer Network recommends as a screening test, and for whom? For which target population? Is it screening for everybody or are -- are you recommending only people who are at high risk?

DAVID BOOMER: I believe the higher risk -- it was -- is -- on paragraph 4 of the statement, there's a little more detail on it. That it was -- this was conducted by the National Cancer Institute. They ended it prematurely last December because they felt they had enough data. They had 53,000 enrollees that were considered at higher risk. And what they did is they -- they compared different tests that the individuals had, and they found one in particular that was just -- it was identifying more -- many more cancers among the group low dose Helical CT Scan.

REP. SCHOFIELD: Okay. I know I'm asking kind of clinical questions here but -- and in addition -- well they haven't come out with their

recommendations yet -- but do you have a sense of the -- there is a list already by the United States Preventative Services Task Force, of which screenings they're going to suggest be with no co-pay. And the basis for those recommendations are cost effectiveness. And so is this something that's on their list, because I -- I'm just very concerned about making a recommendation that every Tom, Dick and Harry out there get a CT Scan or an M.R.I. to make sure they don't have lung cancer.

That -- I mean we're talking about a huge expense there. If it's focused on people who are symptomatic, have a cough, they're smokers, that's a different thing.

DAVID BOOMER: And I believe that's what this is. That would be the protocol but I will double check and -- with Dr. Dee, and we'll -- we'll get that back to you.

REP. SCHOFIELD: Okay. And -- and check on that U.S. Preventative Services Task -- Task Force for me as well, would you?

DAVID BOOMER: Will do.

REP. SCHOFIELD: Thank you.

SENATOR CRISCO: Thank you, Representative.

Any other questions?

Dr. Dee -- thank you, sir.

DAVID BOOMER: Thank you.

SENATOR CRISCO: Representative Sawyer.

REP. SAWYER: Good afternoon, Mr. Chairman, and members of the committee and ranking members. Thank you for have -- allowing me to testify

HB6307

You may want to, you know, communicate with the representatives from the Insurance Department to see if there's, you know, some mutual ground. All right?

REP. SAWYER: That would be fine, thank you.

SENATOR CRISCO: Thank you, Representative.

We will go back to the public part.

Is Johnson here? Bryte -- Bryte? Is that correct, Bryte?

BRYTE JOHNSON: Bryte.

SENATOR CRISCO: Bryte?

BRYTE JOHNSON: Yeah. Good afternoon, members of the committee. I'm Bryte Johnson. I'm the state director of government relations and advocacy for the American Cancer Society testifying on SB 923.

We're fine with the second portion of the -- of the bill adding the radiologists to the list of folks that are consulted regarding colorectal screening recommendations.

We're unable to support Section 1 of the bill, at this time, however, because the evidence just isn't there quite yet. There are still too many questions as to the effectiveness of a Helical CT Scans.

We have seen some very positive initial results but there are still a lot of questions that need to be -- need to be answered. For example it's not clear screening with Spiral CT Scans would have the same effect on different groups of people, such as those who smoked less or not at all, or on people younger than age 55.

It's also not clear what the best screening schedule might be. Should they be -- should it be done yearly, every other year, et cetera. Additionally, CT Scans do have a drawback. Spiral CT Scans do have a drawback in that they sometimes identify spots on lungs that are not lung cancer and, ultimately, need be -- need additional tests to be sure.

Approximately 25 percent of folks tested with a spiral CT have had false positives and have had to under -- undergo additional testing, sometimes biopsy, sometimes even surgery, only to find out that what they had is, in fact, not cancerous.

Right now, our recommendations are that we do not recommend annual screenings, only because the technology's not quite there yet. Should that change over the next year, we'll be first in line to -- to support a bill establishing a mandate, but we're just not there yet.

And Representative Schofield, I would like -- in answer to your question, the U.S. --

SENATOR CRISCO: One minute. Bryte -- no just --

BRYTE JOHNSON: Oh, I beg your pardon.

SENATOR CRISCO: All right. Thank you. Are you finished?

BRYTE JOHNSON: Yes.

SENATOR CRISCO: All right. Good.

Are there any question of Mr. Bryte?

Representative Schofield.

REP. SCHOFIELD: I guess I should repose that question. And you already know what it is.

BRYTE JOHNSON: Sorry to bury the lead. USPSTF does not recommend lung cancer screenings, as of yet, although we're all basically waiting with bated breath on the final results of the -- the study that the prior speaker on this bill did mention. The initial results from that study have come out but the final results have not. And we're hoping that the final results will answer a lot of these questions that are still out there.

REP. SCHOFIELD: Thank you very much.

SENATOR CRISCO: Thank you, Bryte.

Any other questions?

And I would like to thank you for all the good work you did.

BRYTE JOHNSON: Thank you.

SENATOR CRISCO: Proceeding to SB 172.

Mr. Kehmna.

ROBERT KEHMNA: Thank you, Mr. Chairman, Representative Megna and members of the Insurance and Real Estate Committee. For the record, my name is Bob Kehmna, from the Insurance Association of Connecticut.

I'm here today in opposition to Senate Bill 172 which is patterned after a recent NCOIL Model, over substantial opposition before the NCOIL Group. In New Mexico, a similar bill has been recently defeated. To our knowledge, no state has adopted this model to date.

The bill would require written notice to individual life insurance policyholders on -- upon the occurrence of certain events of

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Insurance and Real Estate Committee
February 22, 2011

B. Johnson

Testimony of the American Cancer Society

The American Cancer Society is unable to support **SB 923, An Act Concerning Health Insurance Coverage And Certain Cancer Screenings.**

It is often hard to find lung cancer early. Usually symptoms of lung cancer do not appear until the disease is already in an advanced stage. Even when symptoms of lung cancer do appear, many people may mistake them for other problems, such as an infection or long-term effects from smoking. This may delay the diagnosis even further.

Screening is the use of tests or exams to detect a disease in people without symptoms of that disease. For example, the Pap test is used to screen for cervical cancer. Because lung cancer usually spreads beyond the lungs before causing any symptoms, an effective screening test for lung cancer could save many lives.

Until recently, no lung cancer screening test had been shown to lower the risk of dying from this disease. Earlier studies of 2 possible screening tests, chest x-ray and sputum cytology, did not find that these tests could detect lung cancers early enough to improve a person's chance for a cure. For this reason, major medical organizations have not recommended routine screening with these tests for the general public or even for people at increased risk, such as smokers.

A newer type of CT scan, known as low-dose spiral CT (or helical CT) has shown some promise in detecting early lung cancers in heavy smokers and former smokers. Spiral CT provides more detailed pictures than a chest x-ray and is better at finding small abnormalities in the lungs.

The National Lung Screening Trial (NLST) is a large clinical trial that compared spiral CT scans to chest x-rays in people at high risk of lung cancer to see if these scans could help lower the risk of dying from lung cancer. The study included more than 50,000 people aged 55 to 74 who were current or former smokers with at least a 30 pack-year history of smoking (equivalent to smoking a pack a day for 30 years). People in the study got either 3 spiral CT scans or 3 chest x-rays, each a year apart. They were then observed for several years to see how many people in each group died of lung cancer.

Early results from the study, announced in November 2010, found that people who

got spiral CT had a 20% lower chance of dying from lung cancer than those who got chest x-rays. They were also 7% less likely to die from any cause than those who got chest x-rays, although the exact reasons for this are not yet clear.

The full results of the study have not yet been published, and there are some questions that still need to be answered. For example, it's not clear if screening with spiral CT scans would have the same effect on different groups of people, such as those who smoked less (or not at all) or people younger than age 55. It's also not clear what the best screening schedule might be (how often the scans should be done, how long they should be continued, etc.).

Spiral CT scans are also known to have some downsides that need to be considered. One drawback of this test is that it also finds a lot of abnormalities that turn out not to be cancer but that still need to be tested to be sure. (About 1 out of 4 people in the NLST had such a finding.) This may lead to further, sometimes unnecessary tests such as CT scans, or even more invasive tests such as biopsies or surgery in some people. Spiral CT scans also expose people to a small amount of radiation with each test. It is less than the dose from a standard CT, but it is more than the dose for a chest x-ray.

These factors, and others, need to be taken into account by people and their doctors who are considering whether or not screening with spiral CT scans is right for them.

While the American Cancer Society reviews new data and evidence on a regular basis and we await the final results from the NLST, we do not recommend routine lung cancer screening at this time, either for all people or for those at increased risk. In the meantime, however, some people who are at higher risk (and their doctors) may decide that screening is appropriate for them.

The American Cancer Society recommends that, as much as possible, people who were smokers, are current smokers, have been exposed to secondhand smoke, or have worked around materials that increase the risk for lung cancer, be aware of their lung cancer risk. These people should talk with their doctors about their likelihood of developing lung cancer and about the potential benefits, risks, and limitations of lung cancer screening. After discussing what is and is not known about the value of testing for early lung cancer detection, if you and your doctor decide in favor of testing, then be sure to have it done at a center that has experience in lung scanning and that supports a multidisciplinary program for testing people at high risk.

The United States Preventive Services Task Force (USPSTF), a group of experts gathered together by the US government, has concluded that there's not enough evidence at this time to recommend for or against lung cancer screening in people

without symptoms.

The American College of Chest Physicians (ACCP) does not recommend routine lung cancer screening at this time, advising "individuals undergo screening only when it is administered as a component of a well-designed clinical trial."

Even with the promising results from the NLST, people who are current smokers should realize that the best way to avoid dying from lung cancer is to stop smoking.

Please take no action on SB 923. Thank you.

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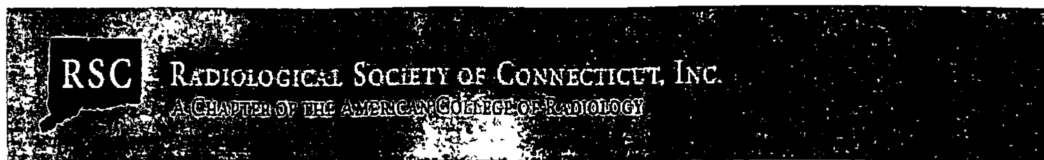

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Radiological Society of Connecticut
statement of support for
SB 923, AAC Health Insurance coverage and Certain Cancer Screenings
February 22, 2011

David Boomer

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

My name is Gary Dee. I am a Medical Doctor, practice the profession of Radiology here in the state and serve as president of the Radiological Society of Connecticut. We strongly support Senate Bill 923 and offer a few suggested changes to the language.
Our General Assembly has been at the forefront of protection of our citizens with respect to screening for cancers, such as breast and colon.

Can you imagine a test that could save the lives of all people who die from breast cancer each year? That is what Dr. Bruce Johnson, an official from the American Society of Clinical Oncology and Director of Thoracic Oncology at the Dana Farber Cancer Institute, points out that is the likelihood if we had a test that would detect lung cancer early. WE NOW HAVE THAT TEST.

Until now, there has been no such test which had been generally accepted as effective for screening for lung cancer, by far the most fatal of cancers. Thus, with respect to sections 1 and 2, as regards screening for lung cancer, this bill will likely facilitate the adoption of the first test that will save many lives. Lung cancer, most frequently caused by cigarette smoking, is the leading cause of cancer-related deaths in the United States. It is expected to have claimed 157,300 lives in 2010. There are more than 94 million current and former smokers in the United States, many of whom are at high risk of lung cancer.
Connecticut is in the third highest quartile among the states for incidence of lung cancer, according to the Website of the Centers for Disease Control and Prevention. (http://www.cdc.gov/cancer/lung/statistics/state.htm)

In early December 2010, the National Cancer Institute (NCI) decided to prematurely end a huge multi-center research study because its results were so definitive that it could not in good conscience withhold the right test from the participants. The study, begun in 2002, enrolled more than 53,000 current and former heavy smokers ages 55 to 74 into the National Lung Screening Trial (NLST) at 33 sites across the United States. The NLST, a randomized clinical trial, compared the effects of lung cancer screening with CT and X-ray on lung cancer mortality and found 20 percent fewer lung cancer deaths among trial participants screened with low-dose helical CT. By the usual standards of clinical testing, this is a huge benefit.

The American Cancer Society and the American College of Radiology are working on screening recommendations, which are likely to be based on NLST criteria and application of cost-benefit analysis, and these may be published in the next few months. Consequently, the Radiological Society of Connecticut supports this bill, but suggests

that the language in lines 6-8 and lines 17-19 be changed from: "... recommendations established by the American Lung Association, after consultation with the American Cancer Society and the American College of Radiology, based on the ages, family histories ..." to "...recommendations established by the American Cancer Society and/or the American College of Radiology, based on the ages, histories ..." The reasons for these changes are that the two organizations specified are the ones that generally recommend radiological screening criteria. Secondly, we suggest deleting the word "family" because it is generally a personal (not family) history of exposure to cigarette smoke or other environmental factors that determine a person's risk for lung cancer.

With respect to Sections 3 and 4, which deal with screening for colon cancer, the Radiological Society of Connecticut supports the inclusion of the American College of Radiology on lines 33-34 and 48-49. We would ask, however, that the language be changed from "... recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society and the American College of Radiology..." to "... recommendations established by the American College of Gastroenterology, the American Cancer Society and/or the American College of Radiology..." The reason for this change is that since passage of Section 38a-518k of the general statutes, there has been developed and proven effective a CAT scan screening test for colon cancer. This test, sometimes referred to as "Virtual Colonoscopy," has been shown in some studies to be more effective than traditional colonoscopy, and is less invasive. As with the lung cancer screening test discussed above, and as with breast ultrasound upon which the Assembly relied for its mandate for coverage, the virtual colonoscopy data were obtained from a large, multi-center trial sponsored by the NCI. The study enrolled more than 2,600 patients at 15 sites nationwide. It is the largest multi-center study to compare the accuracy of state-of-the-art CT colonography to the gold standard of conventional colonoscopy. The results of this study are published in the Sept. 18, 2008, issue of the *New England Journal of Medicine,* and showed results comparable to those of traditional colonoscopy. Thus, as with mammography and as proposed for lung screening, above, it is appropriate to include the American Cancer society and American College of Radiology as organizations with primary roles in guidelines for screening for colon cancer.

(http://www.acr.org/MainMenuCategories/media_room/FeaturedCategories/Videos/CTC-Trial.aspx)

Thank you for your attention.

CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 22, 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 923, AN ACT CONCERNING HEALTH INSURANCE COVERAGE AND CERTAIN CANCER SCREENINGS.** The business community and other stakeholders are calling for significant reforms to Connecticut's costly and inefficient health care system. As you consider the various proposals to reform the state's health care system, CBIA asks you to refrain from making the already high cost of health care even more unaffordable for the state's companies and residents.

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

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

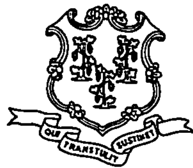
Every health benefit mandate, while providing a benefit to the individuals who utilize those services, increases health insurance premiums for all state-regulated group and individual policies. In fact, the Council for Affordable Health Insurance (CAHI) has reported that health benefit mandates increase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

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

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

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

Again, please reject **SB 923** and thank you for the opportunity to offer CBIA's comments on this legislation. I look forward to working with you on this and other issues related to the reforming Connecticut's health care system.



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony of the Connecticut Insurance Department

Before
The Insurance and Real Estate Committee

February 22, 2011

SB 923—An Act Concerning Health Insurance Coverage and Certain Cancer Screenings

The Connecticut Insurance Department would like to offer the following general comment regarding the potential budgetary impact of SB 923—An Act Concerning Health Insurance Coverage and Certain Cancer Screening in light of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) (PPACA), as amended.

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

The PPACA requires that by January 2014, each state shall establish an American Health Benefit Exchange (Exchange) that facilitates the purchase of qualified health plans. Qualified health plans will be required to offer an essential benefits package as determined by the Secretary of Health and Human Services (HHS). PPACA Section 1311(d)(3) provides that a State may require that qualified health plans offered in the State offer benefits in addition to the essential health benefits, but, if the State does mandate additional health benefits be provided, the States must assume the cost of those additional benefits by making payments to an individual enrolled in a qualified health plan offered in the State or, to the qualified health plan on behalf of the enrolled individual to defray the cost of the additional benefits. **In simple terms, all mandated coverage beyond the required essential benefits (as will be determined by HHS) will be at the State's expense. Those costs may not be delegated to the individual purchaser of insurance or the insurer.**

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

February 22, 2011

Statement
Of
Anthem Blue Cross and Blue Shield
On
SB 923 An Act Concerning Health Insurance Coverage And Certain Cancer Screenings

Good afternoon, Senator Crisco, Representative Megna and members of the Insurance and Real Estate 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 here today to speak on SB 923 An Act Concerning Health Insurance Coverage And Certain Cancer Screenings

We are unclear of why this mandate is before the committee today. We know of no issues regarding our coverage of lung cancer screening tests and we are concerned as we have spoke before this committee when debating other mandates that mandates remove choice that is desperately by employers for the health benefits that they purchase for their employees.

We also want to issue a word of caution to the Committee that continuing to mandate screening, etc. that are recommended by certain professional societies can require the Legislature to go back in and change the statute when those professional societies modify or eliminate their recommendations on a particular medical conditions, etc. Health plans have a process in place through our medical directors and therapeutic committees to remove medical protocol of procedures, etc. and change our benefit policies often to reflect the changes in medical protocol, etc. as recommended by professional societies. It seems unnecessary for the Legislature to have to essentially engage in the same practice because the statutes are passed with recommendations from professional societies.

Thank you for the opportunity to speak to you today and we will answer any questions that you might have.

Quality is Our Bottom Line

Insurance Committee Public Hearing
February 22 2011

Connecticut Association of Health Plans

Testimony in Opposition to

- **SB 923 AAC Health Insurance Coverage and Certain Cancer Screenings.**
- **HB 6306 AAC the Listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings and Primary Care Provider Designations.**
- **HB 6310 AAC Certain Health Care Provider Network Arrangements.**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 923, HB 6306 and HB 6310. 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.***

There are benefit mandates and then there are administrative mandates both of which add appreciable cost to the underlying premium. Both SB HB6306 and HB 6310 are administrative in nature and make specific demands on health insurers. With respect to HB 6310, we can only assume that the bill's intent is to require parity between ophthalmologists and optometrists and we would caution the legislature against setting such precedents in statute.

When considering benefit mandates, please note the unintended consequences of previous mandates that were considered or enacted by other states such as ABMT (autologous bone marrow transplant) for the treatment of breast cancer. Some states mandated its use and coverage and ABMT not only turned out be ineffective, it was actually hastening the deaths of women. Hormone replacement therapy is another example. In some states, mandates to cover it were

considered but the clinical trials now demonstrate that it is not a panacea and not benign, and should only be used in very limited circumstances for very short durations. Legislation can never keep up with science, which is always evolving and we would caution the legislature against adopting additional mandates at this time.

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 5th highest** behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)

- For all mandates listed, the total cost impact reported reflects a range of **6.1% minimum to 46.3% maximum.** (OLR Report 2004-R-0277 based on info provided by the Dept. of Insurance)

- State mandated benefits are not applicable to all employers. Large employers that self-insure their employee benefit plans are not subject to mandates. **Small employers bear the brunt of the costs.** (OLR Report 2004-R-0277)

- The National Center for Policy Analysis (NCPA) estimates that **25% of the uninsured are priced out of the market by state mandates.** A study commissioned by the Health Insurance Assoc. of America (HIAA) and released in January 1999, reported that "...a fifth to a quarter of the uninsured have no coverage because of state mandates, and federal mandates are likely to have larger effects. (OLR Report 2004-R-0277)

- **Mandates increased 25-fold over the period, 1970-1996, an average annual growth rate of more than 15%.** (PriceWaterhouseCoopers: The Factors Fueling rising Healthcare Costs- April 2002)

- National statistics suggest that **for every 1% increase in premiums, 300,000 people become uninsured.** (Lewin Group Letter: 1999)

- "According to a survey released in 2002 by the Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET), employers faced an average **12.7% increase in health insurance premiums** that year. A survey conducted by Hewitt Associates shows that employers encountered **an additional 13% to 15% increase in 2003**. The outlook is for more double-digit increases. **If premiums continue to escalate at their current rate, employers will pare down the benefits offered, shift a greater share of the cost to their employees, or be forced to stop providing coverage.**" (OLR Report 2004-R-0277)

Thank you for your consideration.

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Mr. Clerk.

SENATOR LOONEY:

Mr. President --

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, good afternoon.

THE CHAIR:

Good afternoon.

SENATOR LOONEY:

Mr. President the next three items that would like to mark as go in order. First Calendar page 6, Calendar 165, Senate Bill 923; Calendar page 6, Calendar 191, Senate Bill 1078; and then Calendar page 8, Calendar 223, Senate Bill 1065.

THE CHAIR:

Mr. Clerk please proceed as requested.

THE CLERK:

Mr. President turning to page 6, Calendar 165, substitute for Senate Bill 923, AN ACT CONCERNING THE AMERICAN COLLEGE OF RADIOLOGY AND COLORECTAL CANCER SCREENING RECOMMENDATIONS, Favorable Report of the Insurance Committee.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

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

THE CHAIR:

Question before the Senate is acceptance and passage. Will you remark further?

SENATOR CRISCO:

Yes, Mr. President. There is an amendment. But, before I call that let me just explain to the circle that this particular legislation brings into decision making for standards for colorectal cancer not only the College of Gastroenterology but also the College of Radiology with the hope that the right standards would be adopted which will result in better diagnosis and also possibly less testing and less costs to the insurance industry. With that, Mr. President, I would like to call LCO 6045.

THE CHAIR:

Would the Clerk please call LCO 6045.

THE CLERK:

Mr. President, the Clerk is in possession of LCO

6045 which will be designated Senate Amendment "A", copies of which have been distributed.

THE CHAIR:

Senate "A" is before the Chamber. What is your pleasure, Senator Crisco.

SENATOR CRISCO:

Mr. President, I move for adoption and be given permission to summarize.

THE CHAIR:

Question before the Chamber is adoption of Senate "A". The gentleman has requested permission to summarize. Is there objection to summarization? Seeing none please proceed, Senator Crisco.

SENATOR CRISCO:

Mr. President, we are all aware of the rise in incident of colon cancer. The appropriate diagnosis is a colonoscopy and fortunately if given early and taken early enough, it prevents the spreading of any type of cancer that's present. However, there are some cases where an individual may need a second colonoscopy in the same year and what this amendment does is state that there should be no out of pocket expenses if a second colonoscopy is needed during that Calendar year.

THE CHAIR:

Thank you, Senator. Will you remark further on Senate "A"? Will you remark further? Senator Welch.

SENATOR WELCH:

Thank you, Mr. President and through you, Mr. President I have some questions for the proponent of the amendment.

THE CHAIR:

Senator Crisco please prepare yourself.

Senator Welch you have the floor.

SENATOR WELCH:

Thank you, Mr. President. Through you, Mr. President, is there a fiscal note attached with this amendment?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Through you to the Senator, I'm not aware of one.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Okay. Through you, Mr. President, we would be asking and maybe I'm looking at the wrong LCO, but will we not be asking insurance companies including

policies provided through the State of Connecticut to waive the deductible for the second procedure? Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

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

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Okay. Then I would expect given that there would be a cost to the state, another question through you, Mr. President, as I look at LCO 6045 which I believe is the amendment that we're on, if there's no such policy so imposed the coinsurance copayment deductible or other out of pocket expense. I myself am on a high deductible health savings account plan. Does that mean that they would have to pay the entire cost and no deductible -- I would pay no deductible on such a procedure even under such plans? Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, I apologize, can the Senator repeat his question?

THE CHAIR:

Senator would you mind repeating your question, Senator Welch?

SENATOR WELCH:

Thank you, Mr. President, gladly. The amendment as I read it says that no such policy shall impose coinsurance, copayment, deductible or other out of pocket expense. Is that anticipated to include high deductible health savings accounts? Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Through you, Mr. President, yes. And, let me also respond to the Senator. I apologize we did find a fiscal note which amounted to $176,000 and if the amendment is adopted and the bill is passed, it will have to go to appropriations.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Okay. That's all I have. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further? Will you remark further? If there are no further remarks, the item before the Chamber -- Senator Kane.

SENATOR KANE:

Thank you, Mr. President. May I ask for a roll call vote on the amendment?

THE CHAIR:

The gentleman has requested for a roll call vote. When the vote is taken it will be taken by roll. Is there further discussion regarding the amendment? Is there further discussion? If not, I'd ask that the Clerk please announce a roll call vote in the Senate. The item before the Chamber is Senate Amendment Schedule "A", LCO 6045.

THE CLERK:

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

THE CHAIR:

The machine is open.

Senators, please check the board to see that your vote is properly recorded. If all members have voted, the machine will be locked. Would the Clerk please take and announce the tally?

THE CLERK:

Total Number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	10
Those absent and not voting	0

THE CHAIR:

Senate "A" is adopted.

Will you remark further on the bill as amended? Will you remark further? Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I move that the bill as amended be referred to the appropriations committee.

THE CHAIR:

The motion is to refer it to appropriations. Is there objections? Is there objections? Seeing none, so ordered.

Mr. Clerk.

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Voting on Senate Bill Number 18

Total voting on 36

Those voting Yea 30

Those voting Nay 6

Absent and not voting 0

THE CHAIR:

The bill passes.

Mr. Clerk.

THE CLERK:

Mr. President, calling from Calendar page 33, Calendar Number 165, substitute for Senate Bill Number 923, AN ACT CONCERNING THE AMERICAN COLLEGE OF RADIOLOGY AND COLORECTAL CANCER SCREENING RECOMMENDATIONS. And the Clerk is in possession of amendments.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Mr. President, I move for adoption of Joint Committee Senate Report and passage of the bill.

THE CHAIR:

On acceptance and passage, please precede, sir.

SENATOR CRISCO:

004746

Thank you, Mr. President.

Mr. President, currently colon cancer screenings are not covered by many insurance policies which prevents many from detecting cancerous growths and leads to late diagnosis, further development of the disease and death. Colon cancer is the second leading cause of cancer death in the United States. It is putting a detrimental strain on our health care system. It's difficult to detect in early stages and once a tumor invades a wall of the colon it can carry cancerous cells to other parts of the body causing new tumors to form.

With the recent development of new technology doctors have been able to detect colon cancer in the early stages. In order to save lives and save the State of Connecticut health care costs on the back end in the future this bill requires coverage of colorectal cancer screenings.

In addition, Mr. President, the bill also calls for Radiologists and Gastro Physicians to work together to develop particular protocols for colorectal cancer screening.

THE CHAIR:

Thank you, Senator.

004747

Will you remark, will you remark further?

Senator Kelly.

SENATOR KELLY:

Through you, Mr. President, to the proponent of the bill.

THE CHAIR:

Please precede, sir.

SENATOR KELLY:

My recollection is that Senate Bill 923, was amended by LCO 6045. Is that correct?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, if the consent will give me a chance to check, I'll check that out.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

SENATOR CRISCO:

Mr. President, through you --

THE CHAIR:

The Senate will come back to order.

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you to Senator Kelly, yes we adopted that amendment in this Chamber.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

And under the fiscal note for that amendment which increases -- I guess what it would do is it would no longer require any copayment and the like for additional colonoscopy. What is the fiscal note on that, through you Mr. President?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, first let me say, yes, it's for the second colonoscopy within a period of a year. And the fiscal note, we would have to stand at ease and obtain for the Senator.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator Kelly is your -- have you answered --

SENATOR KELLY:

Yes, Mr. President.

THE CHAIR:

Senator Kelly has the floor. Senator Kelly.

SENATOR KELLY:

I'll yield to Senator Crisco.

SENATOR CRISCO:

Oh, thank you --

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

-- Mr. President, I -- I'm determining that Senator Kelly has a question on the fiscal note for the -- for the amendment and -- which I believe is $176,000 and it's in the budget.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Okay, thank you, Mr. President, and thank you Senator Crisco for your answers with regards to this

004750

bill.

The underlying bill -- Senate Bill 923, that we have before us is a bill that I did support in Committee because what it did was it added -- in addition to the American College of Gastroenterology in consultation with the American Cancer Society added the American College of Radiology and I thought that was a very good idea. And is something that we should adopt. However the underlying amendment with a fiscal note of $175,000 to the state per year I think is a little bit -- a little bit too expensive for what we're trying to conduct here. And for that reason, while I liked the concept of bringing in the American College of Radiology, I think adding in the amendment to increase colonoscopies from one to two is a cost and a mandate that is a little bit too expensive.

Thank you very much.

THE CHAIR:

Thanks Senator.

Will you remark further? Will you remark further?

Senator Crisco.

SENATOR CRISCO:

May we have a roll call vote, Mr. President?

004751

THE CHAIR:

We have a bill -- the underlying bill, if there's no further comments, Mr. Clerk, please announce the pendency of a roll call vote.

THE CLERK:

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

THE CHAIR:

Senator Crisco, will you vote please?

Have all members voted? Have all members voted? Please make sure that you've accurately recorded votes. If all members have voted the clerk will announce the tally.

THE CLERK:

Total number voting	35
Those voting Yea	31
Those voting Nay	4
Absent and not voting	1

THE CHAIR:

The Bill passes.

Mr. Clerk.

004945

Thank you, Madam President.

THE CHAIR:

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

Senator Looney.

SENATOR LOONEY:

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

THE CHAIR:

Good evening, sir.

SENATOR LOONEY:

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

THE CHAIR:

Mr. Clerk.

THE CLERK:

An immediate roll call has been ordered in the Senate on the First Consent Calendar. Will all Senators please return to the Chamber? Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber?

004946

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

004947

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

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

THE CHAIR:

We'll wait a moment. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

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

004948

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

THE CHAIR:

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

THE CLERK:

Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber? Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber?

THE CHAIR:

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

THE CLERK:

Motions on adoption and Consent Calendar Number 1:

Total number voting 36

Those voting Yea 36

Those voting Nay 0

Those absent, not voting 0

THE CHAIR:

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

SENATOR LOONEY:

Yes. Thank you, Madam President.

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

SB913

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

THE CHAIR:

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

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

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