

PA12-190

SB0098

House	8252-8254, 8288-8290	6
Insurance	397-399, 417-423	10
<u>Senate</u>	<u>1875-1915</u>	<u>41</u>
		57

**JOINT
STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
REAL ESTATE
PART 2
360 – 637**

2012

consumers. Very -- very confusing for them. Believe it or not they actually do change primary care docs more often than you think they do. It requires us to reissue ID cards so there is some confusion there when the member goes -- how do we -- you know which card do we pick?

The State of Connecticut is a little bit different in the sense that they issue an ID card for each individual person, each individual subscriber under a policy. A lot of health plans and a lot of commercial plans you're given one card and that's for the entire family. So conceivably you could have multiple primary care docs. If mom has one primary care doc, dad has another one, requiring you to -- to include all of them on there.

So I think for some -- all the reasons that were expressed previously we're in opposition to the bill.

REP. MEGNA: Thank you.

Are there any questions?

Thank you very much, Christine.

Move on to Senate Bill 98. David Boomer.

DAVID L. BOOMER: Senator Crisco, Representative Megna, members of the Committee, I'm David Boomer with the Kowalski Group. We represent the Radiological Society of Connecticut, the state's professional association of over 300 medical doctors who perform or practice the special -- specialty of radiology and I'm here to make brief comments on Senate Bill 98, An Act Concerning Deductibles and Guidelines for

Colonoscopies.

We have discussed this with you before last year specifically in regard to section 1 of this bill which deals with who sets the standards for what kind of tests will be covered for colorectal cancer. Our proposal to you has been that the American College of Radiology, which is the national association of radiologists, that they are very involved with one particular test called CT colonography. They'd like to be at the table here in Connecticut when these very important standards are developed because as you know that's what insurance companies use in determining what kind of tests are -- are covered.

The current law on this allows or states that these standards are developed by the American College of Gastroenterology with -- after consultation with two other groups, the American Cancer Society and then the American College of Radiology. Our proposal to you today, and it's outlined in our -- in our statement that we've submitted to you, is make all three groups co-equal so that for instance the American College of Radiology can be -- truly at the table to argue for coverage of something called CT colonography or possibly you should do what most of the other states do and we gave you a map in this. The red are states that use -- let the American Cancer Society do the guidelines.

You have the American College of Gastroenterology doing it now and I -- I would just use an analogy that that's like having -- letting Syracuse set the -- the schedule for the basketball teams for each season. There are other teams that are involved but if

29
ch/gbr INSURANCE AND REAL ESTATE
COMMITTEE

February 21, 2012
1:00 P.M.

they're not at the table, why would you let one team determine the schedule for everyone else.

They're -- they're a wonderful profession, gastroenterology, but they're a specialty. There are other tests now that are -- that are coming on board and that have been shown to be valid that are -- that are really outside of their expertise and we think these other groups should be co-partners in that.

Thank you.

REP. MEGNA: Thank you.

Are there any questions?

Thank you very much, Mr. Boomer.

Move on to House Bill 5143. Susan Giacalone.

SUSAN GIACALONE: Good afternoon, Representative Megna, Senator Crisco and the members of the Insurance and Real Estate Committee. For the record my name is Susan Giacalone and I'm here on behalf of the Insurance Association of Connecticut. We have submitted written comments on House Bill 5143 so I'll try to summarize my comments and I think I might be your last person again hearing.

While the insurance industry understands the intent behind this bill, we are opposed to it because it actually changes the fundamental nature of insurance. Insurance is about covering an actual event that results in actual damages or losses. This bill changes it all on its face and is asking us to provide coverage for an in -- anticipated loss from an event that may not even be covered under the



Quality is Our Bottom Line

Insurance & Real Estate Committee

Public Hearing

Tuesday, February 21, 2012

Connecticut Association of Health Plans

Testimony in Opposition to

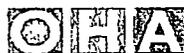
**SB 97 AAC Breast Ultrasound Screening
SB 98 AAC Deductibles and Guidelines for Colonoscopies**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 97 AAC Breast Ultrasound Screening and SB 98 AAC Deductibles and Guidelines for Colonoscopies.

While we appreciate the intent of the legislation, it will simply add an appreciable cost to the delivery system that will ultimately be passed onto consumers via higher premiums. The ability of health plans to incorporate cost sharing mechanisms into various benefit design packages is critically important to providing affordable insurance products. Removing flexibility in the process, particularly given that the costs have not proven prohibitive, makes little sense at a time when the state at-large is attempting to address issues related to universal coverage.

We urge your opposition.

Thank you for your consideration.



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

A handwritten signature in black ink, appearing to read 'FTR'.

**Testimony of Victoria Veltri
Healthcare Advocate**

Submitted to the Insurance and Real Estate Committee
In Support of SB 98
February 21, 2012

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, the Healthcare Advocate. OHA is an independent state agency with a three-fold mission to assure managed care consumers have access to medically necessary healthcare, to educate consumers about their rights and responsibilities under health insurance plans, and to inform legislators of problems consumers face in accessing care and propose solutions to those problems

We support SB 98 to provide consumers access to screening colonoscopies without the financial burden of deductibles, coinsurance, copayments, or other out-of-pocket expense. Our office has received numerous consumer complaints regarding confusing insurance language, denied coverage, and unexpected out-of-pocket expenses for screening colonoscopies. Although colonoscopies are widely considered preventative diagnostic screenings for colorectal cancer, many consumers in Connecticut currently have to pay for this procedure as out-patient surgery.

We recommend a definition for the term 'procedure' be added to the language of this bill to specify the components required of a colonoscopy: the gastroenterologist's charge, the facility charge, the anesthesiologist charge, the removal/biopsy of polyps, and lab charges. It is misleading for insurance companies to advise a consumer that a screening colonoscopy is covered, and then deny claims for the various components inherent to the standards of care for performing this medical screening.

The Office of the Healthcare Advocate supports the principles of access to quality healthcare, elimination of misleading practices, and consumer maximization of value for their health insurance premiums. We appreciate the opportunity to testify today on behalf of our state's 3.5 million healthcare consumers.

If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov



CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

FTR

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 21, 2012

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 and Connecticut has begun the process of establishing its federally-required health insurance exchange, more still needs to be done to lower costs and 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 98, AN ACT CONCERNING DEDUCTIBLES AND GUIDELINES FOR COLONOSCOPIES**. This bill prohibits insurers from requiring deductibles for certain colonoscopy services. By prohibiting deductibles as a tool for medical service payments, this bill effectively shifts the costs associated with such deductibles onto the rest of the insured market. Such legislation increases healthcare cost much like health benefit mandates do.

As Connecticut moves towards developing its new health insurance exchange, 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.98** 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.



RADIOLICAL SOCIETY OF CONNECTICUT
A CHAPTER OF THE AMERICAN COLLEGE OF RADIOLOGY

Statement of the
Radiological Society of Connecticut
before the
Insurance and Real Estate committee
February 21, 2012
S.B. 98

1/5

The Radiological Society of Connecticut is a professional association of over 300 medical doctors in the state who practice the specialty of radiology. We appreciate the opportunity to offer comments on Senate Bill 98, An Act Concerning Deductibles and Guidelines for Colonoscopies. We wish to speak in favor of the bill, and present some additional points and suggestions for your consideration.

First a few facts are in order:

- Colorectal cancer is the third most common cancer and the second leading cause of cancer death in the United States.
- Colon cancer is preventable, because precancerous abnormalities are detectable and can be treated easily, but many eligible people are not choosing to get screened, despite mandatory coverage by health plans. Until recently, standard colonoscopy had been the only way to visualize these tumors at an early stage. Despite its effectiveness, only 55 percent of Connecticut residents over the age of 50 have been screened for colon cancer. By comparison, screening rates for non-invasive mammograms run at about 74 percent.
- There is another test that is proven to be reliable and is non-invasive: CT Colonography, also known as "virtual colonoscopy." This employs cutting-edge low dose x-ray technology to produce three-dimensional images of the colon. It is much less invasive than a traditional colonoscopy and does not require sedation. It is much less expensive than standard colonoscopy, as it does not involve time in hospital or surgical center, anesthesia, or recovery time. Many studies have now shown that this new technology allows another, less invasive, equally effective way to see the inside of the colon without putting a tube through the colon under anesthesia. A recent research paper in Lancet showed that when patients were offered the CT exam as one option, the number of patients screened increased by 55%. This would convert Connecticut's screening rate from just over 50% to over 75%, thus saving lives and accomplishing what the legislature sought to do by passing the original law.

Please note: We are not saying that CT colonography is better than standard colonoscopy, although some recent research suggests that it might be. Nor are we saying that the mandate

should favor one over the other. That decision should be left up to the patient and the treating physician. It should not be determined by what insurance companies want to cover. We believe that if the screening mandate is changed to include CT Colonography, more patients will choose to be tested, and more lives will then be saved by early detection.

According to current statute, for this to happen, CT Colonography will need to be endorsed by the entity responsible for developing colon cancer screening standards. Insurers will not cover the test and promote it until that happens. Unfortunately, the incumbent entity has not supported the new test.

Many states have an insurance mandate to cover colorectal cancer screening—but Connecticut is an outlier in how this is done in that our current law makes us the only state to vest the endorsement with the subspecialty society of gastroenterologists. Most states vest it with the American Cancer Society.

We ask you to change the statute because colon cancer screening is a priority of our state, as per the statutory mandate and a special initiative of the Department of Public Health. Our policy should not be dependent on the views of just a single medical specialty.

Section 1 of SB 98 relates to the entities that are authorized to develop screening guidelines to detect colorectal cancer. The current law vests this responsibility in the American College of Gastroenterology (ACG). Two other groups, the American Cancer Society (ACS) and the American College of Radiology (ACR), are given secondary roles in this endeavor. S.B. 98 partially changes this by having the standards developed by the ACG, ACS *or* the ACR. We suggest that the language be made clearer by changing it to: "... standards developed by one of the following: ACG, ACS, or ACR."

In summary, the science and technology of medicine change, and the law needs to change with it or provide for new guidelines. Connecticut's citizens deserve the best chance at prevention and cure of this common, deadly disease. There are two options for addressing this issue: You could amend the law so that all three groups develop the standards on par with one another. Another option would be to mirror most states and let an organization who has no axe to grind—the American Cancer Society—develop the standards. ACG, like the ACR, is both a patient AND specialty advocacy society. The American Cancer Society has no specialty orientation, with no vested interest in applying the science to how patients are best served. Thank you for considering the views of the Radiological Society of Connecticut.

H – 1147

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
PART 25
8215 - 8555**

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

393
May 9, 2012

Will the Clerk please call Calendar Number 458.

THE CLERK:

On page 21, Calendar 458, Senate Bill Number 98, AN ACT CONCERNING DEDUCTIBLES AND GUIDELINES FOR COLONOSCOPIES, favorable report by the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Bob Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

Mr. Speaker, I move acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is on acceptance and passage in concurrence with the Senate.

Will you remark?

REP. MEGNA (97th):

Yes, Mr. Speaker.

This bill clarifies that when a covered person goes into -- in for a colonoscopy for screening purposes, that no deductible or copayment applies, which is the intent of the policy.

Mr. Speaker, the Clerk is in possession of LCO 3995.

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

394
May 9, 2012

I'd ask that it be called and I be permitted to summarize.

SPEAKER DONOVAN:

The Clerk please call LCO 3995, which will be designated Senate -- previously designated Senate "A."

THE CLERK:

LCO 3995, Senate "A," offered by Representative Megna, et al.

SPEAKER DONOVAN:

Is there objection to summarization?

Hearing none, Representative Megna, you may proceed.

REP. MEGNA (97th):

Mr. Speaker, this makes clarifying changes and technical changes to the underlying bill. And with that, 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 of the amendment, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed, nay.

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

395
May 9, 2012

The ayes have it. The amendment is adopted.

Remark further on the bill as amended? Remark
further on the bill as amended?

Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

I move that this item be added to the consent
calendar.

SPEAKER DONOVAN:

The motion is to place this item on the consent
calendar.

Is there objection?

Hearing none, the item is placed on the consent
calendar.

Will the Clerk please call Calendar 463.

THE CLERK:

On page 22, Calendar 463, Senate Bill Number 196, AN
ACT CONCERNING RECORDING OF PISTOL AND REVOLVER SALES IN
A BOUND BOOK, favorable report by the Committee on the
Judiciary.

SPEAKER DONOVAN:

Representative Steve Dargan, you have the floor, sir.

REP. DARGAN (115th):

Thank you, Mr. Speaker.

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

429
May 9, 2012

calendar.

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker..

Mr. Speaker, I'm about to call the items again that are on the consent calendar, but I would like to alert the Clerk to two bills that we will be taking off the consent calendar. They are Calendars 380, and Calendars 431. Those are Calendars 380 and Calendar 431.

HB5333
SB130

SPEAKER DONOVAN:

Will the Clerk please call Calendar 204.

THE CLERK:

On page 6, Calendar 204, Substitute for House Bill Number 530, AN ACT CONCERNING THE BOARD IN CONTROL OF THE CONNECTICUT AGRICULTURAL EXPERIMENT STATION, favorable report by the Committee on Government Administration and Elections.

SPEAKER DONOVAN:

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker.

With that, let me -- I was looking to just list the calendar numbers again that we are planning to put on the consent calendar before I move them. I'll be doing this

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

430
May 9, 2012

in numerical order by calendar number.

They are Calendar Number 71, Calendar 204, Calendar 205, Calendar 287, Calendar 292, Calendar 330, Calendar 402, Calendar 407, Calendar 412, Calendar 417, Calendar 425, Calendar 426, Calendar 442, Calendar 458, Calendar 460.

Calendar 463, Calendar 492, Calendar 495, Calendar 499, Calendar 500, Calendar 501, Calendar 506, Calendar 507, Calendar 508, Calendar 512, Calendar 515, Calendar 516, Calendar 530, Calendar 538 and Calendar 545.

And I'd also like to add to that -- I'm sorry. I omitted one which is Calendar 275.

SPEAKER DONOVAN:

The question before us is passage of the bills on today's consent calendar.

Will you remark? Will you remark?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call.
Members to the Chamber. The House is voting the consent calendar by roll call. Members to the Chamber, please.

HB5025
HB5368
HB5326
HB5539
HB5146
SB328
HB5534
HB5555
SB157
SB232
SB339
SB340
SB41
SB98
SB116
SB196
SB97
SB188
SB234
SB237
SB299
SB347
SB371
SB391
SB345
SB383
SB384
SB29
SB354
HB5320
SB254

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

431
May 9, 2012

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board to make sure your vote has been properly cast.

If all the members have voted the machine will be locked. The Clerk will please take a tally.

The Clerk please announce the tally.

THE CLERK:

On today's consent calendar.

Total Number Voting	150
Necessary for Adoption	76
Those Voting Yea	150
Those Voting Nay	0
Those Absent and Not Voting	1

SPEAKER DONOVAN:

The consent calendar passes.

Will the Clerk please call Calendar 443.

THE CLERK:

On page 20, Calendar 443, Senate Bill Number 60, AN ACT PROHIBITING PRICE GOUGING DURING SEVERE WEATHER EVENTS, favorable report by the Committee on the Judiciary.

SPEAKER DONOVAN:

S - 641

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2012**

**VOL. 55
PART 6
1633 - 1960**

cah/mab/gbr
SENATE

243
April 26, 2012

The bill passed. Mr. Clerk.

THE CLERK:

On page 26, Calendar Number 60, Senate Bill Number 98,
AN ACT CONCERNING DEDUCTIBLES AND GUIDELINES FOR
COLONOSCOPIES, favorable report of the Committee on
Appropriations.

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:

The motion is on acceptance and passage. Will you
remark, sir.

SENATOR CRISCO:

Yes, Madam President.

THE CHAIR:

Please proceed, sir.

SENATOR CRISCO:

Well, yes, Madam President. I just can't hear you.
Perhaps you could call for --

THE CHAIR:

Ladies and gentlemen, can we keep the voices down in
the assembly here? The Senator is having trouble
hearing what's going on.

SENATOR CRISCO:

Yes, Madam President. It's not my age.

cah/mab/gbr
SENATE

244
April 26, 2012

THE CHAIR:

I never would say that, sir.

SENATOR CRISCO:

Madam President, the Clerk has an amendment, LCO 3995.
I request it be called and I be given permission to
summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 3995, Senate "A" offered by Senators
Crisko, Hartley and Representative Megna.

THE CHAIR:

Senator Crisko.

SENATOR CRISCO:

Yes, Madam President. I move for its adoption.

THE CHAIR:

The motion is adoption. Will you remark, sir?

SENATOR CRISCO:

Yes, Madam President. The amendment addresses the
issue that Senator Hartley just spoke to. We have
deleted certain language in Section 1 of Senate Bill
98 and that explains the amendment.

THE CHAIR:

Will you remark? Will you remark on the amendment?
If you're all in favor of the amendment, please -- I
guess, sorry.

Senator Boucher, are you running back to remark of the
amendment?

cah/mab/gbr
SENATE

245
April 26, 2012

SENATOR BOUCHER:

Thank you, Madam President. I do have some questions on the underlying bill so I presume I can wait until this amendment is passed. Thank you.

THE CHAIR:

Thank you. Thank you very much.

Seeing -- all in favor of Senate amendment A, please say.

SENATORS:

Aye.

THE CHAIR:

Opposed? Senate "A" passes.

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President. Madam President, basically to explain the bill, we've had situations when an individual goes in for a prevention procedure which requires a small deductible. And during the procedure, there is discovered a polyp and what was a prevention procedure turned out to be a diagnostic procedure which created the problem of the person's deductible to kick in.

So when a person went in for a \$50 prevention, they may come out of the procedure with a \$5,000 deductible. This applies to some plans. For example our Anthem Blue Cross plan, this would not apply, but many small businesses throughout the state are issuing plans for their employees with considerable deductibles.

And so this will clarify that and a couple of hospitals have reported this to us and we feel that this will address the issue so that the patient will not be hit with the deductible as compared to the co-pay prevention.

cah/mab/gbr
SENATE

246
April 26, 2012

THE CHAIR:

Thank you.

Will you remark?

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President.

If I could, a few questions to the proponent of the bill as amended.

THE CHAIR:

Please proceed, sir.

SENATOR MCKINNEY:

Thank you.

Senator Crisco, as I understand what has happened, there you could go in, for example, for a screening for a colonoscopy. Your physician could discover a polyp; decide that we're here, we're going to remove the polyp. And then the insurance company -- or the physician then charges for the procedure of removing the polyp, which would trigger the deductible and not the initial reason for seeing the doctor which was the screening. Is that correct? Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Republican leader, that is correct.

THE CHAIR:

Senator McKinney.

cah/mab/gbr
SENATE

247
April 26, 2012

SENATOR MCKINNEY:

Thank you.

So then my question would be -- and I've, knock on wood, never been to one of these and hope I'd never have to be, but if you were to simply have a procedure to remove the polyp, that would trigger the deductible. Through you, is that correct, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Republican Leader, yes, that is correct, if you have that particular policy with that requirement.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

And through you, Madam President, we certainly want someone who goes in for a screening and then they discover a polyp which needs to be removed to schedule the polyp removal for another day and another time. That wouldn't seem to be the best use of the physician's time or the individual's time, and quite frankly, the sooner you get a polyp removed the better. Is that correct?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Republican Leader, you know, that is correct. Also as one experiences the screening for colorectal cancer, there is a challenging preparation for the procedure, so obviously, one would try to not duplicate that

cah/mab/gbr
SENATE

248
April 26, 2012

procedure. And depending upon the policy this would eliminate that situation where the deductible will kick in. There may be -- it also depends upon the coverage your insurance company provides and it also depends upon the procedure in the future. You know, there may be a situation where it's not a screening. It's definitely an examination to see if there's a condition and then the deductible under that plan will take place.

Madam President, as the Republican Leader knows, we've all experienced some severe hardships in friends that we know that have succumbed to colorectal cancer, a cancer that could be early diagnosed if the proper procedures are followed and this is what we're trying to achieve.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

And as with many, if not all of the insurance issues we deal with in mandates, this obviously does not apply to any ERISA plans. Through you, Madam President, is that correct?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Republican leader, that is correct.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

cah/mab/gbr
SENATE

249
April 26, 2012

And if I could because I actually haven't talked to any of the insurers within the state of Connecticut I believe you said state employees who are under Anthem are treated one way, others do not. Could you please explain what percentage of people covered in Connecticut would this trigger the deductible for and what percent would not if that makes sense? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Republican Leader, just -- I realize -- I ask that question in regards to the ERISA plans with the insurance industry and I was told about 40 percent of the plans in Connecticut are ERISA plans. The rest, you know, are individual plans or health care plans like we have that are negotiated by, you know, OPM and those cases, those -- this situation would be covered.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

And so I guess, Madam President, and maybe I'll make a statement and Senator Crisco could respond because I think his answer will -- although he talked about it in bringing out the bill, might be helpful in informing my position on the bill.

We have a law in the State of Connecticut that mandates coverage of colonoscopies. A good law that requires screening for people for cancer. That's a good thing to do. But not all insurance companies are mandated to cover the procedures that are incident to the colonoscopy. I mean, many people that go out and have a colonoscopy and find out everything is fine. Some people, unfortunately, find out you know potentially bad news, they have a polyp. Some people

cah/mab/gbr
SENATE

250
April 26, 2012

find out even worse news.

But here we're saying that the mandate is now going to go beyond covering the screening. It's going to cover the screening and the procedure. And I'm just wondering where that then ends. Does it end at removing polyps now? Do we go farther than that? Because I think the argument can be made that we are actually mandating coverage of a new procedure.

Clearly, if you separated the two, a colonoscopy as one procedure and a polyp removal as a second procedure, the first is a required mandate under our law, the second is not. If they're done both -- let me back up -- if they are done both at the same time, why wouldn't we allow the physician to charge for the procedure, but not the colonoscopy and the screening? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President. Through you to the Republican leader, we do. If I can use an example of our own our personal health insurance, one could go in for a screening and have -- the doctor may determine that there are polyps there and they should be removed to avoid further publications. In that scenario under our plan, it is covered. There is no problem. Other plans may have -- because we don't have the deductible in that situation -- other plans that are offered particularly by small businesses may have a \$5,000 deductible in this particular procedure. So that the patient then would, instead of having the co-pay of \$50, will be charged -- would have to take care of the \$5,000 deductible and some of the hospitals, Madam President, through you to the Republican leader, are reporting this as a problem.

SENATOR MCKINNEY:

And so through you, the procedure of the screening through the colonoscopy and then the removal of the polyp, is there additional costs incident to the

cah/mab/gbr
SENATE

251
April 26, 2012

removal of the polyp that -- which would be why you would have the deductible to before that procedure or is it if you do it at the same time there's no extra cost? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I would assume through speaking through different physicians and insurance companies that, obviously, there is additional cost, if beyond the screening there are polyps discovered and the physician has to remove them.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you. I thank Senator Crisco. Madam President, I'm still going to -- there may be others with questions and debate -- hopefully, there will be because I'm still undecided, believe it or not, on how to vote on this.

You know, one of the things that is of concern to me, is that, assuming the U.S. Supreme Court doesn't throw out the federal health-care law, we know that many health-care mandate we pass now -- we have to pay for as a state under the federal health care law. And to me, this reads as a new health care mandate. We cover the screening, which is good, but now, we're saying we're not only going to mandate coverage for the screening, but in cases where a polyp is found, we're going to cover the screening and the removal of the polyp that may be a good thing but it is something we're going to have to pay for and I'm now concerned about that new state mandate. Thank you.

THE CHAIR:

Senator Crisco.

cah/mab/gbr
SENATE

252
April 26, 2012

SENATOR CRISCO:

Yes, Madam President.

I respect the Republican Leader's opinion and we have looked at this with the same concerns that the Republican Leader has expressed. And we've been advised that under most policies, excluding ERISA that, you know, the procedure for screening and that the procedure for diagnostic removal would be covered under those specific policies.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

Through you to the proponent of the bill I have a few questions.

THE CHAIR:

Please proceed, sir.

SENATOR KELLY:

Thank you.

Senator, when you indicated that there were some plans that may have deductibles as much as \$5,000, I believe you're referring to what's known as an HSA, a high deductible plan. Does this -- or will this bill cover those types of plans? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Senator, to my knowledge, no.

THE CHAIR:

cah/mab/gbr
SENATE

253
April 26, 2012

Senator Kelly.

SENATOR KELLY:

Okay. So we're not going to deal with those high-deductible plans where people have to pay the \$5,000 deductible because they make the personal choice to pay a lower premium on either a monthly, quarterly or annual basis, but understand that they have high deductibles that wouldn't cover such procedures. On the other hand you have one quick to seize the normal -- point of service plans that many small businesses have that in the course of the health care delivery when I go to visit my physician or health care institution, I may have to pay a co-pay in order to get that service. Is that the type of plans that this is going to cover? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to Senator Kelly, yes.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Okay. Now, under current law if I walk in for a colonoscopy screening -- do I have to pay or make a co-pay? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to Senator Kelly, it depends on the plan.

cah/mab/gbr
SENATE

254
April 26, 2012

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you. So it's possible that that could happen.

If I go in just for a polyp removal and depending upon the plan, let's say the plan requires a co-pay, what -- I guess, let me retract.

In essence, what is this bill going to do? Is it just going to, instead of having a co-pay on the screening and a co-pay on a removal of a polyp if you do them at one time you're going to remove the co-pay on both? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to Senator Kelly, note. The co-pay would apply, and again, as I said earlier, depending upon the plan the deductible would not apply during the procedure.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

So if I'm correct, if I have a plan that has no co-pays, isn't it generally also the that's a higher general premium plan? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

It depends upon whether it's a group individual plan or an individual plan. I think it will vary depending

cah/mab/gbr
SENATE

255
April 26, 2012

upon the plan, Madam President, through you to Senator Kelly.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President. Will this apply to self-funded plans? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to Senator Kelly, to my knowledge, no.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Okay. So the plans that we're talking about are those plans that are private, depending upon the plan that you have with your companies, you could have a plan that covers these copays. But I don't think the bill would want to be effected against those types of policies because it's redundant. We're looking at those types of policies that do not cover the copay.

So if I have a bill or I have a -- a policy that doesn't cover a copay -- (inaudible) -- let me back up -- I'm -- that requires a copay when I go to the physician, this bill is going to apply to that situation.

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

cah/mab/gbr
SENATE

256
April 26, 2012

Madame President, through you, to Senator Kelly, yes.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Okay. So now we have plans that -- that have a copay for screening, have a copay for a polyp removal. And this bill in that situation does what?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madame President, through you, to Senator Kelly.

Let's state for the record that the plan may have a copay and a deductible. The copay may be for prevention, the deductible may be for procedure. And so what could happen, as I stated earlier, which the policy is trying to address, the -- the bill, is that when a person goes in for the prevention and there is a diagnostic situation and removing a polyp, that the deductible would not apply.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

But in those instances where we have a deductible, particularly as the reference that you made of \$5,000 deductible, that's a high deductible plan. Isn't it customary that in the high deductible plan you have a low corresponding premium and that the -- the insured chooses this type of plan to pay the lower premium with knowledge of the higher deductible?

Through you, Madam President.

cah/mab/gbr
SENATE

257
April 26, 2012

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madame President, through you.

Yes, that -- that is true. But these deductible plans would not have a -- would -- could have a copay for prevention but that is only for screening. We're just trying to resolve the situation where screening and diagnostic are -- are experienced during the same procedure.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

So if I understand correct, the -- what the bill is -- is attempting to do is to avoid paying two copays or a copay and a deductible when you go in for a screening and a diagnostic situation?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to Senator Kelly.

Not the copay but just the deductible.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Do we know what -- to what extent the Connecticut population is exposed to this type of situation?

cah/mab/gbr
SENATE

258
April 26, 2012

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, only through an opinion and the perception, I would believe -- I believe that it's basically a small part of the -- of the policies that are at issue throughout the state because, first of all, Madam President, through you, to Senator Kelly, ERISA plans are excluded from our jurisdiction. HAA's would not apply. So whatever is remaining will be -- particular if they have the deductible.

Madam President, could I -- may I also mention to Senator Kelly -- and I could refer to our old plan where we just had the copay, and if a procedure is done by the physician, we don't have the deductible. So there may be other plans out there like our state plan. So I would think that it's a very small percentage but that's just a personal opinion.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

The -- as we're all aware, the federal Health Care Act is well underway. And recently, the center for Medicare, Medicaid services, CMS, issued a -- a position, and it's been adopted by the Connecticut Insurance Department which, during many public hearings before the Insurance Committee, stated that the insurance department strongly recommends against any new mandates in 2012 due to the cost to the state.

The Department of Health and Human Services, HHS, issued frequently asked questions on February 17, 2012, which provide that state mandates enacted in 2012 may not be included in essential health benefits for 2014 and '15 and would be viewed as additional benefits that would incur costs to the state. Only

cah/mab/gbr
SENATE

259
April 26, 2012

state mandates already in effect on December 31, 2011, may be included in essential health benefits for 2014 and 2015 without cost to the state.

Now, we also had on one afternoon the fortune to have the Governor's special advisor on health care reform come testify before the Insurance Committee, Jeanette DeJesus. And she testified and asked the insurance committee not to adopt any new mandates this year, specifically because of that directory issued by HHS with regards to the -- to the Affordable Health Care Act because it was going to impact the State of Connecticut.

Further, the Office of Fiscal Analysis on this bill states the same thing. Per federal guidance, mandates enacted after December 31, 2011, may not be included in the essential health benefit package. As a result, the state will bear the cost of those mandates and any other mandates which are not included in the essential health benefits for those plans sold in the exchange as of January 1, 2014.

So it's clear, from both the Governor's special advisor on health care reform, the Connecticut Department of Insurance, OFA, that any new mandates we adopt are going to be borne by the state. And they have asked the insurance committee not to adopt those new mandates, and this is clearly a new mandate.

Now, the purpose for that is a few -- few reasons. First and foremost, is to give the federal Health Care Reform Act an opportunity to roll itself out, if you will, in 2014 and '15 to see what the impact is on the State of Connecticut and then proceed accordingly.

This would give us the opportunity to set the essential health benefit and then to see what the fiscal impact is and see whether or not the state can afford it going forward.

The second, is that when you look at it -- when you look at it from the perspective that we're spending the state's money, that's going to impact the general fund. And once again, the situation in the State of Connecticut is such that we, to put it bluntly, we spend more than we receive. And this will just

cah/mab/gbr
SENATE

260
April 26, 2012

continue to add to that trend.

The third reason for not wanting to impose another mandate is, as we heard, this is going to impact small business and privately held insurance policies, not those that are subject to the ERISA plans. Those are usually large companies, government. Those entities that are big business, if you will, big government.

But what we're going to do with this mandate is place a cost on small business, which is the backbone of business in the State of Connecticut which, as we heard, when we walked on our job tour, from those same individuals that the cost of doing business in Connecticut continues to exceed what they can bear.

This is an impediment to job growth. As such, we have high unemployment. We heard that when we were talking about the Route 11 tolls and the bus -- busway bill with the high unemployment in New Britain. I think it's over 11 percent. Well, in Waterbury, which is at the north of the Naugatuck Valley, we have 12 percent. And it runs down through the valley, which is part of my district.

We need to address jobs in Connecticut. When I walk door to door, that's what I heard two years ago. When I walk at fairs and festivals, meet with people at church functions, I still hear it today. The top three issues: jobs, jobs, more jobs. We can't continue to have a nagging unemployment rate. If we keep -- or we will have a continuing nagging unemployment rate if we continue to put burden on business. This is one such burden.

We've heard it from the Governor's office. We've heard it from the Connecticut insurance department. We've heard it from the Office of Fiscal Analysis. We've heard it from Connecticut business. I've heard it from my neighbors and friends.

I don't think this is the right thing to do at this time. I'm not saying there's not merit in -- in the bill. But I think we need to exercise a measure of caution. Let the federal Health Care Reform Act roll itself out for 2014, 2015, and then revisit the issue at that point. For those reasons, I'm opposed to this

cah/mab/gbr
SENATE

261
April 26, 2012

bill.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark further?

Senator Crisco, did you want to remark again
(inaudible)?

SENATOR CRISCO:

Yes, Madam President. I have the upmost respect for my ranking member's opinion in regard to the (inaudible) of this issue. But I'd like to point out that simply, you know, first of all, the Supreme Court has to make a decision on the federal Health Care Act and that could possibly -- if it is as adverse as the senator is saying, that can impact it.

Number two, from our, you know, investigation and discussion with people, we also have to take consideration that, you know, colorectal cancer is one of the -- I don't want to use the word best -- but is a cancer that with -- with early diagnosis could be prevented. And by preventing colon cancer, first of all, you're preventing substantial medical costs if it is not discovered. You are saving people's lives. And the cost benefit is substantial in regards to the individual.

And -- and I believe that we have a responsibility in regards to trying to provide for our citizens, you know, the best possible health care. And Senator Kelly speaks about the cost to the business. But if the cancer is not discovered and there's more medical expenses to be paid, that's going to have a greater impact upon the small business than this initial bill, as he mentions.

THE CHAIR:

Will you remark?

cah/mab/gbr
SENATE

' 262
April 26, 2012

Senator Kane.

SENATOR KANE:

Good evening, Madam President.

THE CHAIR:

Good evening again, sir.

SENATOR KANE:

Through you, I have some questions for the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President.

Through you, to Senator Crisco. The fiscal note from OAF says "potential." Can you speak to that?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through, to Senator Kane, no, I cannot.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

So that did not come up during the public hearing process, the potential of the state mandate?

cah/mab/gbr
SENATE

263
April 26, 2012

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to Senator Kane. I'm not on the Appropriations Committee.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Well, can you tell me about the procedure for a colonoscopy, when that is actually recommended.

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Well, Madam President, I believe, from my knowledge, there are two potential situations. One, it's recommended to pin upon one's age that a colonoscopy should be performed every five years unless there is a family history. And yet, Madam President, let me also speak to (inaudible) I am not a physician, so this is based on my own personal experience. However, there are family histories, early symptoms, that may require the physician to recommend a colonoscopy as soon as possible. And so I think you have various situations. I don't think there's any one standard. It all depends upon the physician's recommendation, an individual's history, and symptoms that exist.

THE CHAIR:

cah/mab/gbr
SENATE

264
April 26, 2012

Senator Kane.

SENATOR KANE:

Thank you, Madam President. So there is no recommended age to which someone should have this procedure?

Through you.

SENATOR CRISCO:

Madam President, I just stated -- through, to Senator Kane, there is an age recommendation.

THE CHAIR:

Senator Kane.

SENATOR KANE:

And, through you, Madam President, that age is?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam Physician -- Madam President, not being a physician, I don't recall. I want to say it's 50 but I -- I would stand corrected by any of my colleagues.

SENATOR KANE:

Thank you, Madam President.

Let's say it's 50. Now, once you are 50 -- the reason I ask this question because, in the bill, it talks about the American College of Gastroenterology, American Cancer Society, the Radiology Institute. Obviously, these associations must have recommendations that you built the bill upon.

Through you, Madam President.

THE CHAIR:

cah/mab/gbr
SENATE

265
April 26, 2012

Senator Crisco.

SENATOR CRISCO:

Yes, Madam President. That is correct.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Would you -- would -- would Senator Crisco be able to elaborate on that, what those recommendations are. Obviously there was testimony in -- in that regard, so I'm assuming he used that testimony in developing the bill, just didn't take their word for it, but obviously has some knowledge or information on that policy or those recommendations.

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to Senator Kane. I do not have any specific details, just general knowledge, which I believe will be misleading if I was to give my personal opinion.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Well, the reason I ask these questions -- Madam President, thank you -- is because I'm trying to determine whether the mandate is necessary for each and every individual. You know, not everyone, as you stated earlier, some people have a family history and may be more susceptible, so I'm trying to understand why this mandate -- because maybe not everyone is susceptible. So there has to be some type of

cah/mab/gbr
SENATE

266
April 26, 2012

standard, some type of data, some type of history, some type of information, that would lead us to believe that we need this mandate.

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President, through you, to Senator Kane.

As my vice chair pointed out to me, colorectal cancer is the third, the third most common cancer and the second -- second leading cause of cancer death in the United States. So we are trying to address that issue and address those situations where we are not trying to discourage people from screening which could lead to a diagnostic. And those particular groups, whether it be the American Cancer Society, as a rule, we try to refer to the American Cancer Society with their specific guidelines. And I think Senator Kane could appreciate that I don't have those details.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. And I -- I appreciate that. And -- and having it be such a serious issue, I don't think anyone in the circle is arguing or debating the importance of the screening and the procedures. I think the most important thing is the mandate that we are proposing here today and the cost of that mandate to each and every individual and, in turn, the cost of that mandate to health insurance policies, which, in turn, costs all of us.

Can you tell me, through you, Madam President, what the cost of a deductible or the copay is currently?

Through you.

cah/mab/gbr
SENATE

267
April 26, 2012

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to Senator Kane. It all depends upon the particular policy. But, Madam President, through you, to Senator Kane and my -- and my colleagues in the circle, early screening not only prevents death but also prevents extra costs on behalf of individuals and small businesses and insurance companies.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. No one is arguing that point, as I already stated. I don't think anyone is arguing the fact that people should screen for all types of things. You know, I'm sure, you know, each and every member around this circle has some type of history or possibly an illness that we are susceptible to, based on our family history, our genealogy, our lifestyles, quite honestly, you know, who knows. There's -- there's a whole host of different things. No one's arguing that, Senator Crisco. What we're talking about is the mandate.

So my question is more about the dollars and not about the necessity for the actual procedures. So what I'm trying to understand, through you, Madam President, is -- Senator Crisco obviously is the chairman of the insurance company, has a great depth of knowledge, and I respect and -- and value the information that he provides -- is the testimony that took place during the public hearing process, during the creation of the bill from both sides of the equation, from the issue, because people spoke in favor and against. So I'm trying to understand that because we're talking about the potential cost.

Senator Kelly brought up a very good point about what

cah/mab/gbr
SENATE

268
April 26, 2012

happens when the health care policies change and we go into this different health care system. And I believe it was recommended by the administration, I think he said, not to do something like this. So this is where I'm trying to understand the thinking behind this mandate.

The cost, I was asking you, in regards to the deductible or the copay, I know you said it was based on the plans. But can you tell me, on average, what it may be?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to Senator Kane, I cannot.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Is the -- is it reasonable?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I -- I can't answer whether it's reasonable. I mean, Madam President, through to Senator Kane, is it reasonable to save a person's life because of early detection?

Madam President, we had numerous testimony from the health care advocate, the American Cancer Society, the Radiological Society of Connecticut, the Connecticut

cah/mab/gbr
SENATE

269
April 26, 2012

-- you know, and other plans, you know, saying the benefit -- the cost benefit of this legislation far exceeds any potential costs.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

The reason I ask that question, yesterday we did a bill about price gouging and we talked about unconscionably excessive. So I don't think it's out of the realm of possibility for me to ask a question about what is reasonable when we're defining what is unconscionably excessive when we're talking about snowblowers.

So all I'm asking is -- is the average person -- can they afford the deductible that they currently may pay when they go for this procedure?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to Senator Kane.

From my experience in dealing with the health care profession, the numerous physicians and hospitals, I -- I've never, ever experienced price gouging in trying to provide health care to people and to save an individual's life. I mean, I believe that -- and all due respect to Senator Kane -- he's really leading into the -- the bigger question of the total cost of health care in -- in the state and in the country. And if he wants to have that discussion at a future date, I would glad -- would be only to happy to entertain him.

THE CHAIR:

cah/mab/gbr
SENATE

270
April 26, 2012

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

No, I wasn't inferring that there's price gouging going on in the health care industry or with deductibles. I was only making a point that if we can define "unconscionably excessive" when it comes to one issue, then I thought that we could certainly describe what is reasonable when it comes to this issue.

And as far as the debate on the total cost of health care, this is it. This is where it comes from. Increasing mandates only adds to the cost of health care or, I should say, adds to the cost of health insurance which, in turn, adds to the cost of health care.

We've probably debated these type of things many times as state mandates. So I do believe each time we add another mandate, we're actually adding to the total cost of health care. So I think we are having that discussion, although on a smaller scale with this particular bill.

So my line of questioning is trying to understand not the procedure and not the relative need for that procedure but the need for this particular mandate as -- is this something that is -- we know is currently being offered now and covered now, and what makes the deductible or the copay that is currently paid for not reasonable at this price that, all of a sudden, we're going to remove it.

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to Senator Kane, who I have the upmost respect for.

cah/mab/gbr
SENATE

271
April 26, 2012

Let me state that, obviously, it's all of one's opinion. Many of us do not prefer to the word "mandate." I personally like to refer to as a prevention. And during the public hearing, the health care advocate expressed support for the bill and referred to numerous consumer complaints regarding confusing insurance language, denied coverage, and unexpected out-of-possible expenses for screening colonoscopies. And that is what we're trying to address with this bill.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And, you know, I actually -- you know, I have used the word "mandate" and I am using the word "mandate", but it's also in the fiscal analysis so it's not just mine.

One last question, if I may, through you, Madam President, to Senator Crisco. Is this common practice in other mandates that we have on our books, other procedures similar to -- not necessarily similar to a colonoscopy but other procedures that we currently mandate?

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, Senator Kane, to my knowledge, no. This is the -- I don't want to use the word "unique", but the situation that we've heard from hospitals and the health care advocate.

THE CHAIR:

cah/mab/gbr
SENATE

272
April 26, 2012

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And I thank Senator Crisco for his answers. Again, the reason for my questions were to understand not necessarily the procedure and the necessity for the procedure but the policy that we are attempting to put in place. And if it were a reasonable situation that individuals were under currently and why the need for this particular change, and then, of course, the cost of that change, and the necessity of -- of now paying for this change for -- from here on forward.

And then, of course, what other type of procedures would be similar to this that would also require this type of change as well. So I thank Senator Crisco for his answers but I think I need to listen to more of the debate because I still can't wrap my arms around the fact that we are changing this policy for this particular item.

Thank you, Madam President.

SENATOR CRISCO:

Madam --

THE CHAIR:

Thank you.

SENATOR CRISCO:

-- Madam President, if I may --

THE CHAIR:

Yes.

SENATOR CRISCO:

-- through you, to Senator Kane and Senator Kelly. I have the upmost respect for the questions and greatly appreciate it. And from our information, it seems to

cah/mab/gbr
SENATE

273
April 26, 2012

be a unique situation to the screening of colonoscopies, Senator Kane.

THE CHAIR:

Thank you.

Will you remark further?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, I'd like to address the content of this bill with the good chairman of the insurance committee and respond to some of the questions that were posed and some of the comments, as well as highlighted issue that I think the good chairman will respond favorably to, in fact, make his bill possibly better and actually find a cost savings because most of the language we have so far involve the possibility of increased cost to premiums in our health care system.

And in talking about costs, it is not unconscionable to ask about it. Because if, in fact, we drive up the premiums and they become so great, one may end up dropping or losing all of their health insurance and possibly put them in even greater jeopardy for not having coverage of any malady that could occur or their family.

And there's no question that over the years, we've entertained a number of very deserving issues. Last count, I remember we were over 70. In fact, a year ago -- and maybe we now may be approaching between 80 or 90 mandates. And maybe the reason that our insurance department is hoping that there will be a moratorium for awhile because, as new issues and medical conditions appear, it would seemingly be near impossible to cover each and every one of these things through legislation.

And it was certainly made much more clearly stated and eloquently stated by the two previous speakers on this

cah/mab/gbr
SENATE

274
April 26, 2012

about the issues about small business. And I can actually tell you about one case that is from Seymour -- which probably is in the vicinity of a couple of the gentlemen that just spoke -- a wonderful business called "West Coast Sensors", that is -- has a staff of about ten but, for some reason, they've just gone gangbusters.

They're apparently one of the most successful businesses of its type in our region, if not a good part of the country. And they've just announced that they're moving the entire operation to Florida. They're -- they're leaving at the moment of their most explosive growth because of the cost of that small business sector. And if they lower their costs substantially, they might be able to provide more benefits for their employees.

One of the areas beyond the mandates that we are now requiring -- and, again, every single one of the issues we entertain are very deserving and certainly deserving of our consideration, but it's the pile on -- and pile on that is driving the costs up. And when we are not provided with answers about the effect of that on premiums, it makes it very difficult to support.

However, that being said, an issue did come up that has much to do with the -- what this bill that we're entertaining. In my last visit to our doctor for a screening in just this area, and in the process of doing this procedure -- there's apparently two. There's the colonoscopies screening but there's also the gastro-upper endoscopies that are being done as well to cover you from top to bottom, essentially, in that same vicinity.

Well, I found that in order to get those two accomplished, which was the proper procedure for someone of our age group, that we had to schedule two separate hospital visits for two separate procedures costing the plan and the health care system quite a bit more because, of course, you have to schedule two operating visits. You have to schedule two anesthesiologists. You have to have the various staff around it. And -- and, as such, the doctor was lamenting the fact that he didn't want to have to

cah/mab/gbr
SENATE

275
April 26, 2012

inconvenience us by scheduling it twice because he could have done both procedures at the same time, in the same visit, only requiring one visit.

Well, that didn't make any sense to me. I said, well, why are you doing that? He said, well, essentially, if I did both procedures at the same time, the insurance companies would only reimburse me for one of the two procedures. So, essentially, he was forced to have to schedule it twice, driving up the costs.

So if the good chairman of the insurance commission -- committee would entertain a friendly amendment, and adding it is a strike-all amendment, that would essentially -- and maybe I'll discuss it first, Madam President, if --

THE CHAIR:

Ma'am, do you want to call your amendment beforehand?

SENATOR BOUCHER:

Yes. Yes, Madam President. In fact, the Clerk has an amendment, LCO Number 4074.

THE CHAIR:

Mr. -- Mr. Clerk, will you please call the amendment.

THE CLERK:

LCO Number 4074, Senate B, offered by Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

I move adoption.

THE CHAIR:

The motion is on adoption.

Will you remark, ma'am?

SENATOR BOUCHER:

cah/mab/gbr
SENATE

276
April 26, 2012

Yes. Madam President, I would like to, if I could, explain what this amendment does.

THE CHAIR:

Please proceed.

SENATOR BOUCHER:

It is -- it is a strike-all amendment. However, it does include the exact language of the bill that Senator Crisco has proposed. But it adds to the end of it language that would make a screening colonoscopy and gastro-intestinal endoscopy, if it's performed during the same physician visit, such physician shall be reimbursed separately for each -- each procedure.

If we were able to pass this amendment, it actually would save the individual patient some time and convenience and less pain. And it would actually reduce the cost to the health care system all together because we wouldn't have to have double charges on all of the other requirements around this procedure.

The doctor, again, would not gain anything from it, nor would he lose anything from it because he would again be reimbursed for both procedures. The problem we have now is that he has to schedule you for two separate -- entirely separate office visits. And I was very glad that my physician was able to discuss this with me in such a way. I did not realize, at the time, that we would have an opportunity to maybe fix this small problem. But it's also very rewarding to be able to propose something that actually saves money, saves pain and discomfort on the part of the -- of the patient, and propose something that I hope that the chair of the insurance committee would consider a very friendly amendment.

Thank you, Madam President.

THE CHAIR:

Will you remark?

Senator Crisco.

cah/mab/gbr
SENATE

277
April 26, 2012

SENATOR CRISCO:

Thank you, Madam President. I greatly admire and respect the Senator's input, but I would like to remind her that we do have, by statute, a standards in contract provision where the insurance companies, the providers, and the insurance committee leaders meet twice a month to discuss issues like this. And I'd be only too happy to bring it upon as an agenda item in the very near future, which would be in a couple of months. . And because of that, I would urge rejection.

THE CHAIR:

Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President. Through you, a question for the good chairman of the insurance committee.

THE CHAIR:

Please proceed, ma'am. Please proceed, ma'am.

SENATOR BOUCHER:

Thank you. Thank you very much.

This proposal, through you, Madam President, could be decided without enforcing legislation or enabling legislation through us, and would it then become a part of the best practices.

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to the good Senator. If she's referring to the standards in contract required

cah/mab/gbr
SENATE

278
April 26, 2012

meetings, based on experience, we have resolved issues like this without legislation. And that's the purpose of the standards in contract legislative requirements.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President. May I be so bold as to ask the -- the chairman's position that if this were not to be taken up by the committee that we could entertain this as a friendly amendment in the next legislative session, should we all reconvene together.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, with all due respect, it all would depend upon the outcome of our standards in contract meeting, you know, and discuss this as an agenda item. And she has my commitment to make sure that it's on our agenda when we meet, hopefully, sometime in July.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Since I am not familiar with this process, do they include or invite the public or other individuals to remark on this or is this a closed door meeting?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

cah/mab/gbr
SENATE

279
April 26, 2012

Madam President, the term "closed doors" we -- we find, you know, not applicable. But basically, the way the statute is that the providers, the physicians and the leaders of the insurance committee meet based upon an agenda that is submitted by both the providers and the -- and the insurance companies. So we -- it's -- the past this worked very well to address issues where we found that numerous issues did not require legislation and that the particular -- either the provider or an insurance company agreed to address the issue and it was resolved.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Not to prolong this discussion but, through you, would Senator Crisco be a part of this proceeding?

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, yes, through you to Senator Boucher.

As -- as long as I'm chairman and my ranking members are present, we are part of the procedure. We are the ones -- the leadership of the insurance committee are the ones who call for the meetings and approve the agenda. We really don't approve it but we request the agenda from the providers and from the insurance companies.

THE CHAIR:

Senator Boucher.

SENATOR CRISCO:

cah/mab/gbr
SENATE

280
April 26, 2012

It is quite a remarkable piece of legislation that we all approved a few years ago.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

I really appreciate the answers from the chairman of this committee. I'm -- hesitate whether to withdraw this amendment or have us vote on it. I think I will withdraw the amendment, through you, and take the chairman at his word, and hope that our ranking members will also take this issue on. I think it is an important -- but unfortunately, too often, practice -- that we find that when writing procedure, oftentimes, costs are driven up because it -- some procedures don't make sense. Because in actual practice, we find that we increased costs rather than finding more efficient ways around doing best practices. And I think, too often, they don't include the -- the medical community and physicians, in particular, when they're making different rules with regards to reimbursement on policies.

So I do think the chairman of the insurance committee -- and I will be following the issue closely and will ask him for the date of that meeting and the outcome. And -- and if it doesn't get resolved, there's certainly another session for us to bring this up.

Thank you very much.

THE CHAIR:

So at this time, Senator, you have withdrawn?

SENATOR BOUCHER:

I have. Thank you.

THE CHAIR:

cah/mab/gbr
SENATE

281
April 26, 2012

Seeing no objection, the Senate A is being withdrawn.

Will you -- I'm sorry. That's Senate B. (Inaudible.)
Thank you. Senate B, I apologize.

Will you remark further?

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President, through you, to Senator
Boucher.

I greatly appreciate what she has done. And as she
knows from our past working experience, we greatly
respect and admire, you know, her issues and her work
for the people in her district. And if she would
supply me with the details, I will guarantee that will
be on the agenda of our next meeting.

THE CHAIR:

Thank you, Senator.

Will you remark?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President, for the second time.

THE CHAIR:

Please proceed.

SENATOR KELLY:

I just wanted to clarify. Since the last time I
spoke, I did have the opportunity to research the
issue further, and I understand that hospitals are
currently doing this procedure. That this is the
current standard from both hospitals and insurance
companies. So this is the standard practice when one
goes in for a screening on a colonoscopy. And so,
therefore, I want to revise my comments accordingly.

cah/mab/gbr
SENATE

282
April 26, 2012

As to new mandates, what I said with regards to the fiscal implications to the State of Connecticut, my comments remain the same. But with regards to this procedure, as it is currently the standard, I will be supporting the bill as it is written. But with regards to new mandates in the future, you will see a different vote.

Thank you very much.

THE CHAIR:

Thank you, Senator Kelly.

Will you remark further? Will you remark further?

If not, staff and -- I mean -- no, sorry -- I will open the machines and if you will call for a roll call vote, please.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

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

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

THE CLERK:

Senate Bill Number 98 as amended by Senate A.

Total Number of Voting	35
Necessary for Passage	18
Those Voting Yea	33
Those Voting Nay	2
Those absent and not voting	1

cah/mab/gbr
SENATE

283
April 26, 2012

THE CHAIR:

The bill passes.

Oh, Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Madam President. Madam President, we have three more bills to -- to motion for referral. First, Madam President, is calendar page 5, Calendar 197, Senate Bill 315. Madam President, move to refer that item to the Judiciary Committee.

THE CHAIR:

Seeing no objection, sir, so ordered.

SENATOR LOONEY: .

Thank you, Madam President. Next is calendar page 23, Calendar 412, Senate Bill 354. Madam President, would refer that item to the Committee on Public Safety and Security.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. The third item is calendar page -- under matters returned from committee, calendar page 32, Calendar 195, Senate Bill 270. Madam President, move to refer that item to the Judiciary Committee.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. If we might stand at ease for a moment.