

PA12-061

SB0012

House	6420-6430	11
Insurance	276-280, 298-301, 313-317, 547	15
<u>Senate</u>	<u>1868-1872, 1922-1924</u>	<u>8</u>
		34

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
PART 19
6188 – 6484**

cah/gbr
HOUSE OF REPRESENTATIVES

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the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is taking a roll call vote. Members to the Chamber, please.

DEPUTY SPEAKER ORANGE:

Have all the members voted? Have all the members voted? If all the members have voted the machine will be locked and the Clerk will take a tally.

And will the Clerk please announce the tally.

THE CLERK:

House Bill 5415.

Total number voting	133
Necessary for passage	67
Those voting Yea	133
Those voting Nay	0
Those absent and not voting	18

DEPUTY SPEAKER ORANGE:

The bill passes.

Will the Clerk please call Calendar Number 453.

THE CLERK:

On page 27, Calendar 453, Senate Bill Number 12,
AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST

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MAGNETIC RESONANCE IMAGING, favorable report by the
Committee on Insurance.

DEPUTY SPEAKER ORANGE:

Representative Susan Johnson, you have the floor
Madam.

REP. JOHNSON (49th):

Thank you, Madam Speaker and good evening to you.

DEPUTY SPEAKER ORANGE:

Good evening.

REP. JOHNSON (49th):

Madam Speaker, the Clerk is in possession of LCO
Number 3956 which is a strike all amendment. Can we
move acceptance of the joint committee's favorable
report and then -- and passage of the bill but there is
a strike all (inaudible)?

DEPUTY SPEAKER ORANGE:

The question before the Chamber is acceptance and
passage of the joint committee's favorable report,
how's that?

REP. JOHNSON (49th):

And now we have a strike all amendment, LCO Number
3956.

DEPUTY SPEAKER ORANGE:

Will the Clerk please call LCO 3956 which has

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already been designated as Senate Amendment A?

THE CLERK:

...
LCO 3956, Senate A. offered by Representative
Megna, Johnson and Senator Crisco and Hartley.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Madam Speaker, would I be -- may I be granted
leave of the Chamber and allowed to summarize?

DEPUTY SPEAKER ORANGE:

You may be granted leave of the Chamber and
allowed to summarize.

REP. JOHNSON (49th):

Thank you so much.

This is --

DEPUTY SPEAKER ORANGE:

Without objection, seeing none, please proceed.

REP. JOHNSON (49th):

Thank you, Madam Speaker.

This bill -- this bill actually is a very simple
bill. What it does is it just eliminates the College
of Gastroenterology and the radiologists as determining
organizations for making a determination as to whether
or not someone should have a colonoscopy and it leaves

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in the American Cancer Society so there's only one -- one organization with one set of guidelines for making a determination as to whether or not someone should have a colonoscopy and that's all the -- the bill does.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

Will you care to remark further on Senate Amendment A? Representative Sampson, good evening.

REP. SAMPSON (80th):

Good evening, Madam Speaker.

Just a couple of very brief questions to the proponent of the bill if I may.

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. SAMPSON (80th):

Thank you, Madam Speaker.

Just two very simple questions. First off despite the title of the bill referring to breast magnetic resonance imaging, I think that the amended bill now only refers to colonoscopies. If -- can I just confirm that as correct?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

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REP. JOHNSON (49th):

That is correct. Thank you for the answer,
through you Mrs. -- Mrs. Speaker.

DEPUTY SPEAKER ORANGE:

Representative Sampson.

REP. SAMPSON (80th):

Thank you, Madam Speaker.

I thank the proponent for that answer. And I
would just like to ask what the reasoning is behind the
removal of the two groups, American College of
Gastroenterology and American College of Radiology,
from the criteria that we are going to use, just for
the record.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, the reason is to
simplify the processing of claims to provide continuity
in our statutory scheme so that we will be able to have
one set of guidelines to go by and there won't be any
confusion about coverage standards.

DEPUTY SPEAKER ORANGE:

Representative Sampson.

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REP. SAMPSON (80th):

Thank you, Madam Speaker.

And thank you to the esteemed Vice -- Vice-Chair of the Insurance Committee. Those are excellent answers and exactly what I wanted to do just to get in the record exactly what this bill does.

I would encourage my colleagues to support it. It's a very simple bill and it will prevent any confusion going forward on what should be covered and what should not be.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further on Senate A?

Representative Srinivasan. Good evening, sir.

REP. SRINIVASAN (31st):

Good evening, Madam Speaker.

I do rise in strong support of this amendment and as I say that, through you, Madam Speaker, a question to the proponent of the amendment.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

Through you, Madam Speaker, if -- are you aware of any conflict in the guidelines for colonoscopy that you are aware of between the American Cancer Society and the Gastroenterology Society?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, at this point in time no --

REP. SRINIVASAN (31st):

Okay.

REP. JOHNSON (49th):

-- but in the future those guidelines do change and there may be a problem sometime in the future and that could lend to confusion and so in order to make sure that we have one set of guidelines I -- I think that this would be the best course of action.

And I thank you for your question.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

I think this is -- is an excellent idea to have

one set of guidelines so everybody is clear as to what is covered, what is not covered, a) the patient and b) the insurance company and in case -- when -- if -- if it were to happen that the guidelines change and then we need to adopt the guidelines of the gastroenterology group for colonoscopy rather than the American Cancer Society, I'm sure, at some point in time, we will come back here and make those recommendations.

So through you, Madam Speaker, I'm a strong supporter of the proponent of this amendment.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Srinivasan.

Will you care to remark further? Will you care to remark further on Senate Amendment A?

If not, let me try your minds. All those in favor -- oh Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Madam Speaker.

Just a very quick question -- one to the proponent.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. HETHERINGTON (125th):

Thank you.

I noticed in the language it says in accordance with the policies terms and conditions so I -- I would gather that the copayments and deductibles would -- would be as such exist in the policy. This does not change the form of the policy.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker.

And through you, this doesn't have anything to do with the deductibles, just the standard for coverage.

DEPUTY SPEAKER ORANGE:

Representative Hetherington.

REP. HETHERINGTON (125th):

Right, very good. I thank the gentle lady.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further on Senate A? Will you care to remark further on Senate Amendment A?

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

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REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Will you care to remark further on the bill as amended? Will you care to remark further on the bill as amended? Will you care to remark further on the bill as amended?

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

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is taking a roll call vote. Members to the Chamber, please.

DEPUTY SPEAKER ORANGE:

Have all the members voted? Have all the members voted? Please check the board to determine if your vote has been properly cast. If so the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally?

THE CLERK:

Senate Bill 12, as amended by Senate A, in

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concurrency with the Senate.

Total number voting	135
Necessary for passage	68
Those voting Yea	135
Those voting Nay	0
Those absent and not voting	16

DEPUTY SPEAKER ORANGE:

The bill passes in concurrence with the Senate.

Will the Clerk please call Calendar Number 383?

THE CLERK:

On page 18, Calendar 383, Substitute for House Bill Number 5424, AN ACT CONCERNING DELAYS IN REVALUATION FOR CERTAIN TOWNS, favorable report by the Committee on Finance.

DEPUTY SPEAKER ORANGE:

Representative Patricia Widlitz.

REP. WIDLITZ (98th):

Thank you, Madam Speaker.

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

DEPUTY SPEAKER ORANGE:

The question is acceptance of the joint committee's favorable report and passage of the bill.

Will you remark, Representative Widlitz?

**JOINT
STANDING
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on health reform and I appreciate the opportunity to speak with you, however briefly, about some of the new mandates that have been issued at this time. Let me offer an apology that I just within the last hour came out of a long meeting and decided to come by and appreciate the opportunity to share some thoughts with you and I will submit to the Committee within the next day or so, written comments --

SENATOR CRISCO: Excuse me, Jeannette, was that the (inaudible) exchange?

JEANNETTE DEJESUS: Yes.

SENATOR CRISCO: I heard it was quite different.

JEANNETTE DEJESUS: It was, as always, interesting and important. So, I appreciate the opportunity to comment on several bills today. Raised Bill 12, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING, Raised Bill 13, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR TELEMEDICINE SERVICES, and Raised Bill 5012, AN ACT CONCERNING THE GUIDELINES ESTABLISHED BY THE AMERICAN UROLOGICAL ASSOCIATION AND THE TREATMENT OF PROSTATE CANCER.

In 2010, as you know, the congress and the Obama administration passed the landmark legislation that we know of as The Patient Protection and Affordable Care Act and our administration here in this state is taking full advantage of law that it has to offer which includes, and as you know, is not limited to comprehensive insurance reform, expansion of Medicaid and Medicare benefits and various sundry other provisions that we hope will improve the health of our citizens in the immediate and especially over the long term.

So, while it is great, it has caused some instability and some uncertainty in the health care system market and in business markets across the state and across the country. As you know, businesses like predictability, states like predictability and hospital systems, community organizations, like predictability and our communities like predictability. And, while these changes are good, they cause uncertainty.

And, so, Connecticut already has upwards of 50 mandates. We rank, as you know, number five in the nation with mandates and while I agree in principal that some of these mandates are really quite helpful and even necessary, I believe that the timing may jeopardize a transformation that we're seeking in health reform implementation and could potentially add to the level of uncertainty that already exists here in this state with consumers and with hospitals, and clinics and with businesses. Furthermore, I'm afraid that it will do little to improve health care delivery and in fact, may impede current efforts to comprehensive improvement of health by driving up costs of health insurance while inhibiting more effective reforms. There is little reason to believe that these additional mandates will not result in higher costs and that it would therefore probable interfere with people's ability to purchase insurance at a rate or at rates that are reasonable.

So, I ask that you take no action at this time and allow for us to assess the effectiveness of the policies and procedures and structures that we are currently putting in place, and at a later time when we have the information that we need, that we construct an approach that is methodical and thoughtful and comprehensive in

determining which mandates are appropriate and most useful with regard to the best standard that we can apply and that is the positive health outcomes of folks of Connecticut.

Part of health reform is for consumers to become more conscious of the costs of health care. It is the case that we often do not know what it actually costs and I'm concerned that mandates really help to mask those costs even further at a time when we really are looking for transparency. Let me end by saying that I believe that a fragmented and isolated approach to increasing mandates really can hurt our ability to address the very significant health issues of our population. And, to meet the standards that we have set for ourselves here in this state of increasing access, improving quality and really bringing down the cost of health care.

So, while this is a statement not against any particular mandate, it is a general request that we hang on, let's have some time to assess what we're doing -- the effects of what we're doing before we make decisions that may commit us to things that may not end up improving anyone's health and will perhaps continue to cost us lots of money into the future. With that, I conclude and I thank you for the opportunity to share my thoughts.

SENATOR CRISCO: Thank you. Thank you, very much. Any questions? Senator Kelly.

SENATOR KELLY: Thank you, Chairman Crisco. When you're talking about the mandates, are you saying every mandate from this point forward we shouldn't -- I guess, what are you asking us to do?

JEANNETTE DEJESUS: What I'm saying is that we are

in the process now of comprehensive health care reform implementation and there has been -- while there have been very good opportunities and we are in this state utilizing the resources and the tools that are available to us through the federal government to implement health reform in this state, that there is a lot of disruption to state systems, hospitals, businesses in the communities that are now having to respond to new systems, new structures that haven't existed before. The addition of more mandates now, when we're trying to figure out what health care really costs, what we're really paying for, how we will deliver it in the future in a way that is cost effective and effective with regard to improving people's health, I think really complicates a situation that we're in already.

So, my request is that we not increase add any mandates now until we know what the federal government is going to do with regard to essential health benefits, what it will actually reimburse, not what it says it will reimburse, but what it will actually make available to the State of Connecticut, so that we know how the exchange is going to fair in the beginning and in the middle, how all of these things will come together before we add even more what some people will see as real burdens and other variables that we have no way of understanding how they are going to affect. There's no indication that it will be good with regard to health outcomes to the population which I think for me is the highest standard that we have to meet.

SENATOR KELLY: And, as a follow up, do you know when that period would be? How long would you suggest we wait and see?

JEANNETTE DEJESUS: The health insurance exchange

will be up and running on January 1, 2014. Every month that we hold off on making decisions like this, we have more information from the federal government about what it will mean.

So, I apologize, I don't know because it's not my decision, but just in December, HHS issued more guidance about essential health benefits. Just today we talked on the exchange board about the office of health reform and innovation, convening a multiagency, multi-consumer and constituent group to talk about basic health plan and to -- so that we can come to you and give you our best thinking about it. Let those things take place. That will happen within the next 3, 6, 12 months and I think that we will have a great opportunity then taking the information and knowledge that we have and making decisions about what will best improve the health of the citizens of Connecticut.

SENATOR KELLY: Thank you very much.

SENATOR CRISCO: Any other question? Thank you very much.

JEANNETTE DEJESUS: Thank you.

SENATOR CRISCO: Senator Looney? Senator Looney's not here yet, okay. Turning to the public, Heather?

DANIEL DIAZ: Good afternoon. I'm not Heather. But -- Heather had to go tend to her children and she thought it was important that her testimony be heard. My name is Daniel Diaz and so, as a friend, I'm just going to read her testimony.

SENATOR CRISCO: Just state it for the record, who you are and --

that you will have five percent increase a year
--

REP. MEGNA: I'm not saying five percent, but --

BOB KEHMMA: -- one, it doesn't conflict with
reality and two, I don't know what it says to
the individual.

REP. MEGNA: Well, it's kind of like we heard the
fellow before you, you know, it's apparently
people have an illusion that, you know, they
start paying that premium and it stays the same
and they're all taken care of 20 years from
now. But, the reality is, it's not. If not
so, then maybe we need to slant people more.

BOB KEHMMA: Well, the fact is for many of these
products, the premium did stay the same for an
extended period of time. But, that does not
change the fact that the contract that they
signed explicitly states that rates can change
and the information they got and they get still
to explain the product and the ups and downs
and ins and outs, says specifically that rates
can change.

REP. MEGNA: But, maybe we should change can to will
and put it in really big letters. Because
that's the reality, it seems like it. But,
anyway, it's just a suggestion. But, thank
you. Thank you, Mr. Chairman.

MR. CRISCO: Thank you, Mr. Kehmma. Any questions?
Proceeding now to Senate Bill 12. Susan Halpin
to be followed by Dr. Weigert.

SUSAN HALPIN: Good afternoon, again, Senator
Crisco, Representative Megna, Representative
Sampson, members of the Committee. For the
record I'm Susan Halpin and I'm here on behalf
of the Connecticut Association of Health Plans

to respectfully urge the Committee's rejection of Senate Bill 12, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING.

First, I'd like to echo the comments that were made by Jeannette DeJesus earlier. We are in a period of uncertainty here in Connecticut as we move forward toward health care reform and we too would urge the legislature's caution in adopting additional mandates as we move forward with creating the exchange and outside the exchange and the use of essential -- and the definition of essential health benefits. For purposes of the bill that's before you, it removes language that was included in the initial mandate that required breast MRI's to be in accordance with guidelines that were established by the American Cancer Society or the American College of Radiology.

We believe that such guidelines provide confidence that certain treatments are effective and prudent as well as safe and we would question the removal of this language from statute particularly when you're mandating coverage. We would very much urge your rejection of Senate Bill 12 and we thank you for your consideration.

SENATOR CRISCO: Question? Any questions? Thank you very much. Dr. Weigert? I hope that's correct.

DR. JEAN WEIGERT: Good afternoon, Senator Crisco, Representative Megna and members of the Committee. My name is Jean Weigert and I'm a radiologist and director of women's imaging at the hospitals of central Connecticut, New Britain and Southington. I sit on the executive board of the radiological society of Connecticut and I'm here to testify on behalf -

- on their behalf in regards to Senate Bill 12.

The RSC supports Senate Bill 12 because it clarifies that standards over ultrasounds and MRI will be those of the current statute, namely women with dense breasts, over 50 percent dense, personal history of cancer, family history of cancer, positive genetic testing and other indicators of risk of developing breast cancer as determined by their referring physicians. We believe these are sufficient standards to guide the implementation of this important law. The other language you are deleting with SB 12 is really not needed. Standards may evolve over time and are evolving and we are confident that these will be generally accepted and implemented by the referring physician.

As you know, Connecticut was the first state in the country to mandate insurance coverage of breast ultrasound in patients with dense breasts. This presented a unique opportunity to investigate whether there's an increased yield in early breast cancers in this particular group of women. Therefore, a UCONN medical student and I collected breast ultrasound data from multiple radiology practices around the state from October 2009 until October 2010. A total of 78,778 screening mammograms and 8,651 comprehensive breast ultrasounds were performed.

Of the ultrasounds performed in this study, five percent were sufficiently suspicious to warrant biopsy. Twenty-eight of these showed cancer. The yield was 3.2 cancers found for every 1,000 women with dense breasts and no other risk factor and this results in almost a complete doubling of the yield from mammograms alone. This study was presented at the radiologic society of north American in 2011

and has been accepted for publication in the breast journal and it will also presented at the national consortium of breast cancer meeting March of 2012. This sentinel study is important in justifying the use of adjunctive imaging modalities of breast imaging in women with dense breasts and this includes breast MRI.

We plan to follow the trends and MRI data over time as well. In closing, let me commend the Committee for your continuing leadership on this important issue in women's health care. Our research here in Connecticut shows that the additional use of ultrasound does detect breast cancers that were missed by the initial mammogram and we do believe that the utility of MRI will do likewise. Thank you for your attention.

SENATOR CRISCO: Thank you, doctor for all your good work that's so important for the health of women in Connecticut. Are there any questions for the doctor? Thank you so much. We appreciate it. We'll proceed to Senate Bill 13. Susan?

SUSAN HALPIN: Senator Crisco, Representative Sampson, members of the Committee, I hope this will be my last time today. Again, my name is Susan Halpin and I'm here on behalf of the Connecticut Association of Health Plans to testify in opposition to Senate Bill 13, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR TELEMEDICINE SERVICES.

First, I'd like to say that several of our member health plans have run pilot programs and other initiatives on the use of telemedicine. Unfortunately, at this time, we believe there's a wide spectrum of telemedicine providers and services and the value of these programs we do



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

Statement of Dr Jean Weigert
Radiological Society of Connecticut
Before the Insurance and Real Estate Committee
Senate Bill 12
February 16, 2012

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

My name is Jean Weigert and I am a Radiologist and director of Women's Imaging at the Hospitals' of Central Connecticut, New Britain and Southington Conn. I sit on the Executive Board of the Radiological Society of Connecticut and am here to testify on their behalf in support of Senate Bill 12.

The RSC supports Senate Bill 12 because it clarifies that standards over Ultrasound and MRI will be those that are in the current statute. Namely, women with dense breasts, personal history of cancer, family history of cancer, positive genetic testing and other indicators of risk of developing breast cancer as determined by their referring physicians. We believe these are sufficient standards to guide the implementation of this important law. The other language you are deleting with SB 12 simply is not needed. Standards may evolve over time and we are confident that these will be generally accepted and implemented by the referring physician.

As you know, Connecticut was the first state in the country to mandate insurance coverage of breast ultrasound in patients' with dense breasts. This presented a unique opportunity to investigate whether there is an increased yield in early breast cancers in this group of women. Therefore, a UCONN Medical Student and I collected breast ultrasound data from multiple radiology practices around the state from October 2009 to October 2010. A total of 78,778 screening mammograms and 8,651 comprehensive breast ultrasounds were performed. Of the ultrasounds performed in the study, 5 percent were sufficiently suspicious to warrant biopsy. Twenty-eight of these showed cancer. The yield was 3.2 cancers found for every 1,000 women with dense breasts and no other risk factor, and this results in a doubling of the yield from mammograms alone. This study was presented at the Radiological Society of North American in November 2011 and has been accepted for publication in The Breast Journal. This sentinel study is important in justifying the use of adjunctive modalities of breast imaging in women in dense breasts including breast MRI. We will follow the trends in the MRI data over time as well.

In closing, let me commend the committee for your continuing leadership on this issue. Our research here in Connecticut shows the additional use of Ultrasound does detect breast cancers that were missed by the initial mammogram and the utility of MRI will do likewise.



Quality is Our Bottom Line

Insurance Committee Public Hearing

Thursday, February 16, 2012

**Connecticut Association of Health Plans
Testimony in Opposition to**

SB 12 AAC Health Insurance Coverage for Breast Magnetic Resonance Imaging

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 12 AAC Health Insurance Coverage for Breast Magnetic Resonance Imaging which would remove language included in the initial mandate that required breast MRI's to be in accordance with the guidelines established by the American Cancer Society or the American College of Radiology. Such guidelines provide confidence that certain treatments are both effective and prudent as well as safe and we would question the removal of this language from the statute particularly given that you are mandating coverage. We strongly urge your rejection of SB 12.

Thank you for your consideration.



TTR

Feb. 14, 2012

Senator Joseph Crisco and Representative Robert Megna, Co-Chairs
Insurance and Real Estate Committee
Legislative Office Building – Room 2800
Hartford, CT 06106

Re: RSB 12 Health Insurance Coverage for Breast Magnetic Resonance Imaging

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

My name is Nancy M. Cappello and I am President and Founder of Are You Dense, Inc. and Are You Dense Advocacy, Inc. These nonprofit organizations were birthed after my advanced stage breast cancer diagnosis in 2004 in spite of a decade of 'normal' mammograms. Shocked that my cancer was detected at such a late stage, I learned for the first time that my dense breast tissue prevented my mammogram from 'seeing' my quarter-size cancer. Searching for information about 'dense breast tissue' led me to medical journals which informed me that 40% of women have dense breast tissue, mammograms are limited in detecting cancer in women with dense breast tissue and women with dense breast tissue have a 4 to 6 times greater risk of breast cancer than women with fatty breast tissue.

Armed with this knowledge and outraged that most women were unaware of their dense breast tissue status; I began working with Senators Hartley and Crisco in 2005 to change this fatal flaw in the Early Detection of Breast Cancer. Since that time, with your leadership and support, the Connecticut Legislature has led the nation in the Mission to ensure that women with dense breast tissue have equal access to an Early Breast Cancer diagnosis by providing insurance coverage for additional screening tools to mammography and informing women of their breast density through their mammography report.

RSB 12 will clarify the criteria for coverage of MRIs for women with dense breast tissue and other risk factors. It will give physicians and their patients access to a reliable screening tool for the Early Detection of Breast Cancer. Finding cancer at its earliest stage is the best defense against dying prematurely from this disease.

Your leadership has led to legislation in the state of Texas in 2011 and, in 2012; thirteen states are introducing breast density bills. Additionally, the Breast Density and Mammography Reporting Act of 2011 (HR 3102) was introduced by Congresswoman DeLauro in October, 2011.

Sincerely,

Nancy M Cappello

Nancy M. Cappello, Ph.D.
President and Founder
Are You Dense, Inc.

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Woodbury CT 06798
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www.AreYouDense.org



CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

FTR

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 16, 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 12, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING**. 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 12** 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.

**JOINT
STANDING
COMMITTEE
HEARINGS**

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

2012

FTR

Jinnah A Phillips
20 Fernwood Rd.
West Hartford, CT 06119
February 23, 2012

Senator Joe Crisco
Representative Bob Megna
Chairs Insurance Committee
State Capitol
Hartford, Connecticut

Dear Senator Crisco and Representative Megna,

As a Connecticut resident and a physician in our community, I am writing to express my concern about Senate bills 12 and 97 both of which would eliminate the reference to national clinical guidelines for breast MRI and therefore would enable every woman with dense breasts to obtain an MRI (in addition to an ultrasound) with no copay.

I do not believe that the benefits of this proposed change in the current language would justify the significant burden this would place on the health care system. The American Cancer Society has very reasonable, evidence-based and clear guidelines for the use of annual breast MRI—namely for women at very high risk (>20-25%) of developing breast cancer over their lifetimes. At this time, there is no good evidence for the use of breast MRI solely for the indication of evaluating dense breast tissue. Eliminating the reference to national clinical guidelines in these bills would be tantamount to the legislative community stating that there is no role for evidence or science in the formulation of sound and prudent healthcare policy.

MRI is not without potential risks. Breast MRI requires the administration of intravenous contrast. Lesions that are identified by MRI must be biopsied in order to establish benignity or malignancy, and therefore increased use of MRI would inevitably lead to an increase in ultrasound and MRI directed biopsies. MRI is also expensive, and when evaluated in the context of what truly makes a good screening test (simple, acceptable, high sensitivity, high specificity, reproducible, cost-effective, low risk-benefit ratio), MRI fails to meet several criteria for applicability to the general or even intermediate risk population.

MRI could be performed on every woman with dense breasts (>50% of the screening population), but it would create numerous undue burdens on an already overtaxed health care system. Are these tradeoffs that we really want to make?

Sincerely,

Jinnah A. Phillips, M.D.

Director of Breast Imaging, Jefferson Radiology
Division Chief of Breast Imaging, Hartford Hospital

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2012**

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PART 6
1633 - 1960**

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members they felt that that would be a very good amendment, but as I said as it's tied in with some other language that's not needed I'm not going to call my amendment at this time.

Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark? Will you remark?

If not, Senator Hartley.

SENATOR HARTLEY:

Thank you, Madam President.

I would just like to, for purposes of edification -- and I am clearly sensitive to the point that Senator Fasano brings up, but after the state audits report, I think the board has really reconstituted itself. And, in fact, we are not talking about 24 months wait any longer and it's even a little better than six months. It's like four to five months. And instead of meeting every 90 days or even a change to 60 days, they're meeting every two weeks. It's a totally volunteer board. They put in an inordinate number of hours. They are incredibly conscientious about the task that is assigned to them and I feel like we're in good hands with their rulings.

And if there's no objection, Madam President, I would ask that this be put on the consent calendar.

THE CHAIR:

Any objection? Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

Calendar 51, Senate Bill Number 12, AN ACT CONCERNING A INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING, favorable report of the Committee on Insurance.

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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 adoption of the bill. Will you remark, sir.

SENATOR CRISCO:

Yes, Madam President, I would like to yield, at this time, to Senator Hartley.

THE CHAIR:

Senator Hartley, will you accept the yield, ma'am?

SENATOR HARTLEY:

Yes, indeed. Thank you, Madam President.

First of all, having been a motion for adoption, would like to recognize Senator Crisco's leadership on healthcare issues in general and particularly on this issue as well as breast imaging legislation.

The proposal we have before us addresses the coverage that we require in the state of Connecticut for colorectal screenings. And as technology changes so rapidly as does data systems and so forth we need to continue to stay conversant. And this underlining amendment reflects that. And so in developing recommendations on this particular screening, what we would like to do so that it is very clear and there are no questions, is to identify the American Cancer Society as that entity which is -- which will be establishing those recommendations.

And Madam President, I'm sorry if I missed the fact

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that LCO 3956 hadn't been called.

THE CHAIR:

Okay. Mr. Clerk. Will you call the amendment, please.

THE CLERK:

LCO Number 3956, Senate "A" offered by Senators
Crisco, Hartley, Representatives Megna and Johnson.

SENATOR HARTLEY:

So I move adoption, Madam President.

THE CHAIR:

The question is on adoption. Will you remark, please.

SENATOR HARTLEY:

Yes, indeed. So as I had indicated, this is a bill which identifies what entity will establish recommendations for the colorectal cancer screening and that is the American Cancer Society. This is actually, as we investigated it, how all other states do it and I think that it would be a positive change in this area.

Thank you, Madam President.

THE CHAIR:

Will you remark? Will you remark further on this amendment?

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

Madam President, if I could, perhaps through through you to the chair of the Insurance Committee, I have a question related to the underlining bill. I believe this amendment is a strike all. Is that correct?

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THE CHAIR:

Senator Cisco..

SENATOR CRISCO:

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

SENATOR MCKINNEY:

Thank you.

And Madam President, I understand the underlining bill dealt with a similar conflict in our laws regarding what standards were going to be used for the MRIs for the breast density and that's an issue I think we need to resolve. This amendment, should we adopt it, does away with the underlying bill. Does the good Senator have -- are there other bills that may come before us this session that would look to resolve that issue? Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, to the Republican Leader, yes, this is the path to correct those things and we'll have another bill that will further correct the conflicts.

SENATOR MCKINNEY:

Thank you, and I thank the good Senator.

Obviously, the amendment is a good one and I think we need to have a standard so that everyone knows how we're operating, but I also think we need to correct it with respect to the issue in the underlying bill. So given the representations of the chair of the Insurance Committee that we're going to resolve that issue as well at a later date I rise in support of the amendment. Thank you.

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THE CHAIR:

Thank you. Will you remark further on the amendment?

If not, all those in favor of the I will try your minds. All in favor, please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? The amendment has been adopted, I think. Would you like to remark further on the bill -- that the amendment that's now the bill? Anybody want to put it on consent? Okay.

Senator Hartley.

SENATOR HARTLEY:

Madam President, if without objection, I would ask that this be considered for the consent calendar.

THE CHAIR:

Seeing no objection at this time, so ordered.

Mr. Clerk.

THE CLERK:

On page 25, Calendar 52, Senate Bill Number 14, AN ACT CONCERNING HEALTH INFORMATION TECHNOLOGY WEEK, favorable report of the Committee on Government Administration and Elections.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

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Mr. Clerk.

THE CLERK:

On page 26, Calendar Number 69, that is substitute for Senate Bill Number 13, AN ACT CONCERNING A STUDY OF TELEMEDICINE SERVICES, favorable report of the Committee on Public Health.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. That item might be passed temporarily, if we might stand at ease for a moment.

THE CHAIR:

Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, if the Clerk might call the items on the Consent Calendar at this time and then if we might move to a vote on the Consent Calendar.

THE CHAIR:

Sounds like a wonderful idea.

Mr. Clerk.

THE CLERK:

On today's Consent Calendar on page 1, Calendar 51, Senate Bill Number 12; page 6, Calendar 242, House

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Bill 5096; on page 9, Calendar 3 -- 312, Senate Bill Number 114; page 11, Calendar 327, Senate Bill Number 378; page 13, Calendar 344, Senate Bill Number 143. Also on page 13, Calendar 343, Senate Bill 116; page 14, Calendar 350, Senate Bill Number 198; page 26, Calendar 74, Senate Bill Number 196. On page 27, Calendar 83, Senate Bill Number 263. On page 31, Calendar 184, Senate Bill Number 94; page 31, 1 -- Calendar 166, Senate Bill Number 62. Also on page 31, Calendar 167, Senate Bill 64; page 32, Calendar 185, Senate Bill 190; page 33, Calendar 220, Senate Bill 351.

THE CHAIR:

Are those all the bills on the -- oh, Agenda 3, sir. The last one on Agenda 3. I think it --

Senator Looney.

SENATOR LOONEY:

Just wanted to -- just to reconfirm that the item from Senate Agenda Number 3 --

THE CHAIR:

Was not called.

SENATOR LOONEY:

-- is on the Consent Calendar that we had taken up under suspension, substitute House Bill Number 5445.

THE CLERK:

Yes, sir.

THE CHAIR:

Thank you.

Are there any questions?

If not, Mr. Clerk, I will call for a roll call vote. Will you call for a roll call vote and I'll open the machine for the Consent Calendar.

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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.

THE CHAIR:

Have all members voted? Have all members voted. The machine will be closed. And, Mr. Clerk, will you call the tally on the Consent Calendar, please.

THE CLERK:

On today's Consent Calendar,

Total number voting	35
Necessary for Passage	19
Those Voting Yea	35
Those Voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, would move for a suspension for immediate transmittal to the Governor of Substitute House Bill Number 5445, AN ACT CONCERNING SUPPLEMENTAL PAYMENTS UNDER THE CONNECTICUT ENERGY ASSISTANCE PROGRAM, which was just adopted as part of our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.