PA14-97

SB0010

House	6576-6583	8
Senate	2141-2157	16
Insurance	(19-21), (25-26), 26-29, 115-118, 135-136, 140-144 377	20
		44

H – 1200

CONNECTICUT

GENERAL ASSEMBLY

HOUSE

PROCEEDINGS

2014

VOL.57

PART 20

6540 – 6911

S - 675

CONNECTICUT
GENERAL ASSEMBLY

SENATE

PROCEEDINGS

2014

VOL. 57

PART 7

1971 – 2310

JOINT

STANDING

COMMITTEE

HEARINGS

INSURANCE AND

REAL ESTATE

PART 1

1 – 434

2014

INDEX

DEPUTY SPEAKER BERGER:

The bill, as amended, passes.

Will the Clerk please call House Calendar Number 493.

THE CLERK:

On page 23, Calendar 493, Favorable Report of the joint standing Committee on Appropriations, Substitute Senate Bill Number 10, AN ACT CONCERNING COPAYMENTS FOR BREAST ULTRASOUND SCREENINGS.

DEPUTY SPEAKER BERGER:

Representative Megna, the esteemed --

A VOICE:

Where'd she go?

DEPUTY SPEAKER BERGER:

Sorry, Representative; we're going to continue.

The -- the Chair will recognize the esteemed Chair of the Insurance and Real Estate, in the House, Representative Megna, sir.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

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

DEPUTY SPEAKER BERGER:

Motion before the Chamber is accept the joint committee's Favorable Report, passage of the bill, in concurrence with the Senate. Sir, will you comment further?

REP. MEGNA (97th):

Thank you, Mr. Speaker.

Mr. Speaker, this is a bill that's come in front of our committee this year. It will limit the copayments for breast ultrasound screenings under individual and group insurance policies to no greater than $20. This was an issue that we've heard a lot of debate upon and that it's a very, very positive step towards women's health. And I wanted to acknowledge the hard work of Nancy Capello, who's a wonderful women's health advocate who came before us, the committee, this year on the issue.

Mr. Speaker, the Clerk is in possession of LCO 4678. I'd ask that it be called and I be permitted to summarize.

DEPUTY SPEAKER BERGER:

Yes, sir. Will the Clerk please call LCO Number 4678, to be designated Senate Amendment "A."

THE CLERK:

LCO Number 4678, designated Senate Amendment "A"

and offered by Senator Crisco and Representative Megna, et al.

DEPUTY SPEAKER BERGER:

Representative seeks leave of the Chamber to summarize the amendment. Is there objection to summarization? Is there objection?

Seeing none, please proceed with your summarization, sir.

REP. MEGNA (97th):

Thank you. Thank you, Mr. Speaker.

What this amendment does is limits copayments for occupational therapists' visits to no greater than $30 per visit for in-network. Last year, we -- we passed through the entire Legislature, what became law is the same limitation on physical therapists' copayments. This issue came up this year. It's a -- puts the occupational therapist in think with -- in sync with the physical therapist, and it's a good bill and ought to pass, Mr. Speaker.

And I'd like to move adoption of that amendment --

DEPUTY SPEAKER BERGER:

The question --

REP. MEGNA (97th):

-- please.

DEPUTY SPEAKER BERGER:

-- before the Chamber is adoption of Senate Amendment "A." Will you remark further on Senate Amendment "A?"

Representative Fritz of the 90th, ma'am. You have the floor.

REP. FRITZ (90th):

Thank you, Mr. Speaker.

I rise in very strong support of this amendment. It was very important to level the playing field between the occupational therapists and the physical therapists.

And I want to thank all the members of the House that were so willing to sign on to this amendment to make a good bill better.

Thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, madam; thank you for your comments.

Will you comment further on the amendment before us? Will you remark further on the amendment before us?

If not, I'll try your minds. All those in favor of the amendment, signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER BERGER:

Opposed?

The ayes have it. The amendment is adopted.

Will you comment further on the bill before us?

Will you comment further on the bill before us?

Representative Sampson of the 80th, sir.

REP. SAMPSON (80th):

Thank you, Mr. Speaker, and good afternoon.

DEPUTY SPEAKER BERGER:

Good afternoon, sir.

REP. SAMPSON (80th):

I'll start by saying that I'd be lying if I didn't have some mixed feelings about the legislation that's before us. There's always a concern whenever we increase the amount of required insurance coverage that must be provided by the carriers in our state, because ultimately it can lead to additional premium costs, and there's always the danger that we might price ourselves out of the market and end up with fewer people insured because of it.

However, I think it's a thing where we have to pick and choose our battles, and I believe that the

first section of this bill that has to do with breast ultrasound screenings is, indeed, a move in the proper direction. With luck, we might find a way to prevent more serious cancer cases from occurring and to hopefully save lives. And I think the impact financially of this particular proposal is -- is something that is within the realm of reasonable legislation to be passed.

The second section, having to do with occupational therapists is merely something that was an oversight in some legislation that was passed last year, adjusting the copayments for visits to physical therapists.

And I would urge my colleagues to support the amended bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Representative Ackert of the 8th, on the bill as amended. Sir, you have the floor.

REP. ACKERT (8th):

Thank you, Mr. Speaker, and just, actually, a thanks to the Insurance Committee for raising this. If you have somebody close to you who has to go every

six months to get this screening, as I do, then the costs do add up. And I would like to thank Chair Megna and also Representative Sampson for their work on this. And I truly appreciate it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, sir.

Will you comment further on the bill as amended? Will you comment further on the bill as amended?

If not, will staff and guests please come to the well of the House. Will members please take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll; members to the Chamber, please. The House of Representatives is voting by roll; members to the Chamber, please.

DEPUTY SPEAKER BERGER:

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

If all the members voted, you can check the board to see if your vote has been properly cast. If all the members have voted, the machine will be locked. And the Clerk will take the tally.

Will the Clerk please announce the tally.

THE CLERK:

Mr. Speaker, Senate Bill 10 as amended by Senate "A" and in concurrence with the Senate.

Total Number Voting	147
Necessary for Passage	74
Those voting Yea	147
Those voting Nay	0
Those absent and not voting	4

DEPUTY SPEAKER BERGER:

Thank you, sir.

The bill, as amended, passes in concurrence with the Senate.

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

For the purposes of an introduction, please.

DEPUTY SPEAKER BERGER:

Please proceed, ma'am.

REP. BACCHIOCHI (52nd):

Thank you.

I would just like to introduce to the Chamber one of my constituents, Ryan Hughes. Ryan is here from the beautiful, small Town of Somers, joining us for a

will allow them, once they have their dates picked, to do one application, one process, and be done for the whole year. I strongly urge support from the Chamber.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Seeing none, Senator Doyle.

SENATOR DOYLE:

Yes, Madam President. Without objection, I move this bill to the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

Madam Clerk.

THE CLERK:

Page 31, Calendar Number 43, Senate Bill -- substitute Senate Bill Number 10, AN ACT CONCERNING COPAYMENTS FOR BREAST ULTRASOUND SCREENINGS. Joint Favorable report from the Insurance Committee and Appropriations.

THE CHAIR:

Good evening, Senator --.

THE CLERK:

There is an amendment.

THE CHAIR:

Good evening, Senator Crisco.

SENATOR CRISCO:

Good evening, Madam President. I move acceptance for 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.

Madam President, there is an Amendment LCO 4678. I ask that the Clerk call it and I be given permission to summarize.

THE CHAIR:

Madam Clerk?

THE CLERK:

Senate Amendment Schedule "A" LCO 4678, offered by Senator Crisco, et al.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

Madam President, I move its adoption.

Madam President, this --

THE CHAIR:

I'm sorry. The motion is on adoption.

Please proceed, sir.

SENATOR CRISCO:

Thank you, Madam President.

This parallels legislation that we did several years ago in physical therapy. Here we do the same thing for occupational therapy that we limited the deductible for $30.

THE CHAIR:

Will you remark? Will you remark?

Senator Kelly, good evening, sir.

SENATOR KELLY:

Good evening, Madam President.

Through you to the proponent of the bill, I have a couple questions regarding the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR KELLY:

Thank you, Madam President.

With regards to the addition of the occupational therapy, is there a cap placed on the amount that can be of the -- is there a cap on the payment?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President. Through you to the good Senator.

Yes, there is a cap (inaudible) in that work.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

And just for the record, can you explain the difference between the physical therapy and the occupational therapy?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Well, there's -- could the good Senator, Madam President, define what the difference is he's talking about? The actual discipline or the legislation that pertains to both disciplines?

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Well, let's do both. First I'd give you the easy one, which is what's the difference between this physical -- occupational therapy versus the physical therapy bill we passed last session?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, in regards to the copay, there is no difference.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

And then just with regards to occupational therapy, what, what kind of procedures would the occupational therapy be?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the good Senator.

It almost parallels what is done for physical therapy in regards of making sure that the individual employee is able to resume their occupation without any further injury to their condition.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President. And thank you, Senator Crisco, for your answers.

At this time I have no further questions.

Thank you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, Madam President. I move --

THE CHAIR:

Okay, I'm sorry.

Senator Welch.

SENATOR WELCH:

Thank you, Madam President. If I may, through you, a question to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Thank you, Madam President.

Recall talking about this concept, I think it was either last year or the year before, and I was open to it, but I guess the question that I have right now, having -- now that we're on the other side of the Affordable Care Act, is what impact will this new mandate have with respect to potential costs if it is not indeed an essential benefit on municipalities and companies in the state of Connecticut?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the good Senator.

It is my information that there is no significant impact.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

As I, as I look at the fiscal note, I see potential

impact and I guess I would interpret potential to be different than not significant. So, if Senator Crisco has some additional information that would help us to understand that it is not significant, is that, is that something he can share with us?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Senator.

I do not have that information at this time.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Okay. Thank you, Madam President.

And for me, I think that's just an important question that I need an answer to. So, without an answer, I will not be supporting the amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

SENATOR CRISCO:

Madam President, may I request a roll call vote?

THE CHAIR:

A roll call vote will be had -- will be taken.

Senator Witkos.

SENATOR WITKOS:

Just very briefly, Madam President.

I stand in support of the bill as amended. You know, with the addition of occupational therapy, one of those is gross motor skill working and the other one is the fine motor skills. And sometimes you need both of them to, to reach the necessary abilities to overcome the issues that you're having, whether that's, you know, writing or riding a bike or jumping or walking, jogging, or just the fact of eating. So, I think why would we cover one but not another? You know, ask those that have to receive those services and they'll tell you that they're desperately needed. So, I stand in support of the bill as amended.

Thank you, Madam President.

THE CHAIR:

Thank you. Thank you, Senator Witkos.

Will you remark on Senate "A"? Will you remark on Senate "A"?

If not, Madam Clerk, will you call for a roll call vote? And the machine will be open.

THE CLERK:

Immediate roll call vote has been ordered in the Senate for Senate Schedule "A." Immediate roll call vote in the Senate. All Senators report to the Chamber.

SENATOR CRISCO:

Okay, I should clarify that. Thank you.

A VOICE:

(Inaudible).

SENATOR CRISCO:

No, it's our amendment, occupational therapy.

A VOICE:

(Inaudible).

SENATOR CRISCO:

Who?

A VOICE:

(Inaudible).

SENATOR CRISCO:

Yes, yeah, for ultrasound. This is just the amendment, right.

A VOICE:

(Inaudible).

SENATOR CRISCO:

This is -- I don't know.

A VOICE:

(Inaudible).

SENATOR CRISCO:

This is the amendment. It just says that occupational therapy should be covered as well as physical therapy. It's not a mandate. I didn't clarify that.

THE CHAIR:

All members have voted. All members have voted. The machine will be closed.

Madam Clerk, will you please call the -- yeah, whatever. Tally.

THE CLERK:

All those voting on Senate Schedule "A" LCO 4678.

Total Number Voting	34
Necessary for Adoption	18
Those voting Yea	25
Those voting Nay	9
Those absent and not voting	2

THE CHAIR:

The silver tsunami says the amendment passed.

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President. I was just going to raise that question about the silver tsunami, but you were quicker than I was.

THE CHAIR:

Thank you so much, sir,

SENATOR CRISCO:

Just a bit more clarification. I don't think I correctly answered the Senator's questioning before. This is a form of therapy and not a mandate, and I just want to make sure that the Circle is clear on that.

In regards to the main bill, Madam President, Madam President, Senate Bill 10 basically states that "except that no such policy shall impose a copay that exceeds a maximum of $20 for an ultrasound screening."

This is significant, Madam President, because I believe every member of this Circle shall stand very proud about our leadership throughout the country in regards of early diagnosis of breast cancer when dense tissue is involved, and also the thousands of lives that have been saved by this Senate initiating the legislation that we adopted in, in previous years. So, this is another aspect of our leadership in regards to screening, particularly for dense breast tissue and whenever ultrasound screening is imposed.

THE CHAIR:

Thank you.

Will you remark? Will you remark on the bill as amended?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

I rise in support of the bill as amended due in large part because of the, as Senator Crisco indicated, the leadership that we've taken with regards to early detection of breast cancer and in particular those patients that have dense breast tissue. I think on the whole, while I would prefer to see the bill not amended, I think as amended the, the main bill and the main part of this is still worthy of our support and I would urge its passage.

Thank you.

THE CHAIR:

Thank you.

Will you remark?

Senator Kane.

SENATOR KANE:

Thank you, Madam President. It's funny you said silver tsunami before I did. You beat me to that.

I do have a question for Senator Crisco, if I may.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President.

You know, just listening to Senator Kelly just now, I agree with him that I do support the underlying bill. In fact, Nancy Capello is a constituent of mine who worked with Senator Hartley for many years on ultrasound coverage for breast screening and she created an organization called Are You Dense, and she's a fantastic speaker, an incredible woman, and I'm a big fan. But to Kevin Kelly, Senator Kelly's point and through you, Madam President, to Senator Crisco, you know, I guess -- I don't know how to word this, but why would we amend this bill with something that doesn't necessarily have anything to do with the underlying concept except for the fact that it's a copayment and we're looking to cap another copayment?

You know, how -- is that, is that -- you know, is that our intention, is to cap copayments on pretty much everything or are we going to enter -- inject ourselves in the market every place we have an opportunity to? I mean, you know, I just want to understand the feeling of the Committee and maybe yourself in regards to this issue because I, I have a tough time with the amendment, adding it to a bill that I do support and I feel is necessary.

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the good Senator.

I think it's what Senator Witkos had stated, that physical therapy is, is, is needed and in many, in many times occupational therapy is also needed. And we found that this was an opportunity to provide that coverage, you know, for individuals because they go hand in hand together and this provides just another opportunity for taking care of the individuals who need the discipline of, of physical and occupational therapy.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I thank Senator Crisco for his answer. I don't know if I necessarily agree with it. I will support the bill as amended because of the underlying legislation, because of what I mentioned with the work of Nancy Capello and Senator Hartley and yourself, for that matter. But I think we're traveling down a dangerous road.

Thank you, Madam President.

THE CHAIR:

Will you remark?

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, I want to thank Senator Crisco and Senator Kelly for this bill. This continues, I think, the state of Connecticut in what I believe is blazing a trail for dense breast issues.

Madam President, this is something that's been worked on in one way or the other for the past, I don't know, six years or so and we've come a long way and it's an important issue. And I think other states are going to look to us as we lead this course in this, in this real problem because detection is extraordinarily important. And if you can't get the proper instruments to detect because of the dense breast issue, then you're not going to get the results that we're trying to achieve. And people can't afford -- we corrected that a bunch of years ago -- to pay for a test when they find out the first test results in the inability to make a finding.

And there was a radiologist down at Yale who told me a story about a woman who had a dense breast and they honestly believed she had cancer, but they couldn't confirm it. So, she couldn't get the insurance to get the coverage because they couldn't confirm the cancer. She told the individual that they're going to have to go to Bridgeport to get some tests done and that person couldn't afford to get the tests that they wanted done, the MRI done and, therefore, she brought it to my attention just in passing. And from there we started talking about it. And this is what this goes to solve. And then to have the insurance companies not be able to tack on extra charges is the other big issue which we're tackling here today.

So, Madam President, once again, I want to thank Senator Kelly and Senator Crisco for their leadership on this, this issue.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

Madam President, it's interesting to note that the catalyst for this whole movement and the leadership of Connecticut is due not only to Nancy Capello from Senator Kane's District, but also to our colleague Senator Hartley who introduced Nancy Capello to our Insurance Committee some years ago.

In addition, just -- I believe yesterday there was Taiwan Day here. It was a couple of years ago that the Minister of Health from Taiwan visited us to review our legislation. And the reason being that he heard about our leadership and took back all our legislation to introduce it in Taiwan because of the high incidence of dense tissue for the women of that

country.

Do you want to comment, John?

THE CHAIR:

Will you remark?

Senator Hartley.

SENATOR HARTLEY:

Good evening, Madam President.

THE CHAIR:

Good evening.

SENATOR HARTLEY:

Yes, indeed, I will. Thank you.

I, first of all, want to recognize the, the vision of our leadership on the Insurance Committee who immediately responded to a situation that appeared to be, pardon the colloquium term, a no-brainer. When Nancy Cappello -- actually, her husband called me. They were at a very fragile time in their family's existence. She had gone through a horrific situation and it was just about, Why wasn't I ever told? Why didn't I know about the opportunity of the technology in the 21st century that I could have availed myself to before my cancer advanced to such an advanced stage?

And upon her sharing her situation with me -- and we are so fortunate because she has had a complete recovery, totally cancer free. But she has gone on to be an incredible advocate and bring together, not just her community, but all across this country and now internationally to talk about this awareness and to save thousands of lives in having done this.

And, so, were it not for the quick response from Senator Crisco, the Chair of the Insurance Committee, we might still be chipping away at this. Instead, the state of Connecticut leads the nation and the world in

this. And there are many people to attest to this story because their lives have been turned around and they are healthy and intact. So, kudos to the leadership on the Insurance Committee and to all of the colleagues in the Circle who also got this and have supported it over the years.

Thank you, very much, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Not Senator Crisco? Do you want to --

SENATOR CRISCO:

Yes. If there is no objection, I'd like to place that on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would now proceed to read the items on the Consent Calendar so that we might then proceed to a vote on the Consent Calendar?

THE CHAIR:

Madam Clerk.

THE CLERK:

Call of the Consent Calendar Number 1 page 2. Calendar Number 159, Senate Bill 269. Page 31, Calendar Number 51, Senate Bill 43. And Calendar 43, Senate Bill 10. Page 33, Calendar Number 132, Senate Bill 178. Page 36, Calendar Number 199, Senate Bill

309. Page 39, Calendar Number 6, 268, Senate Bill 410.

THE CHAIR:

Madam Clerk, will you now call for the roll call vote on the Consent Calendar? And the machine will be open.

THE CLERK:

There will be an immediate roll call vote in the Senate for the Consent Calendar Number 1. Immediate roll call vote has been ordered in the Senate. All Senators report to the Chamber.

THE CHAIR:

Senator Boucher.

THE CLERK:

Immediate roll call vote has been ordered in the Senate for the Consent Calendar. Immediate roll call vote in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed.

Madam Clerk, will you please call the tally?

THE CLERK:

All those voting on consent Calendar 1.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The Consent Calendar has passed.

CHAIRMEN: Senator Crisco
Representative Megna

MEMBERS PRESENT:
SENATORS: Hartley, Kelly

REPRESENTATIVES: Abercrombie, Alberts, Altobello, Camillo, Cuevas, Dargan, Hwang, Johnson, Maroney, Riley, Rutigliano, Sampson, Santiago, Wright, Yaccarino

SENATOR CRISCO: The Insurance and Real Estate Committee public testimony will begin. We have the legislative portion, agencies, municipalities to speak first. Not seeing Senator Looney here, we will temporarily recess that part and go to the public speaking session, and the first person is Jennifer. Are you here, Jennifer? Thank you.

JENNIFER HERZ: Good morning. Senator Crisco, (inaudible) Megna, and members of the Insurance and Real Estate Committee, my name is Jennifer Herz. I am assistant counsel with CBIA and I'm here -- I think it's still this morning -- to talk about health benefit mandate. There were three on the Agenda today and I have submitted testimony on all three, but I'm going to just summarize my remarks for all of them now. SB11 (SB5) (SB10) (SB8)

There are a few reasons I really want to emphasize. The first is that the more mandates we have the less choice we have in the marketplace. So, employers, employees, I'm

sure you've heard from your constituents, health insurance costs are a top concern. The more mandates we pass the less choice they have, the less option of plans they can choose from that are affordable.

Secondly, more mandates really hurt small business. As you know, the State health benefit mandates do not imply the self-insureds. Self-insured companies are usually your larger employers and small businesses do not have the opportunity to self-insure due to financial reasons and other reasons. So, these health benefit mandates really impact them. And as you know, again, I'm sure you've heard from your constituents, they're really trying right now to focus on their business making their widgets and not really focusing on paying more and more money for health insurance.

The third thing I want to point out is this year, as of last -- as it was with last year as well, mandates are a direct cost to the State. So, any new mandate you pass this year will not improve the Essential Health Benefit package, the EHB package that Access Health adopted. So, new mandates have to be paid for by the State.

Finally, I just wanted to point out also you'll be hearing from CBIA a lot this year on this. CBIA is undertaking a campaign called 20 by '17 and this campaign is really focused on improving Connecticut's economic competitiveness. So, I'm sure a lot of you have seen rankings, MSNBC, CNBC, things like that, and Connecticut ranks great in a lot of areas. We have a great quality of life. We have a great educational system, not so great in others. Health benefit mandates are one of

those factors in the ranking. So, when they rank and figure out the cost of doing business in Connecticut, health benefit mandates play into that, another reason why it's really important you did not adopt any more health benefit mandates.

And with that, I'd be happy to take any questions.

SENATOR CRISCO: Thank you, Jennifer.

Questions? Yes, Representative Alberts.

REP. ALBERTS: Thank you, Mr. Chairman, and thank you, Jennifer, for your testimony.

What are you seeing or hearing from your constituents, the small business owners, in terms of what they are doing or aren't doing in light of -- in light of the business environment and with medical and insurance in general?

JENNIFER HERZ: What we're hearing is they're very concerned. You know, small employers want to provide and help pay for their employees' insurance, but as costs continue to rise it's getting more and more difficult. And to your point exactly, these new health benefit mandates make that even more difficult for them. We get calls all the time about increasing costs of health care and how they're going to pay for it and still continue on with their business. So, this makes that problem even worse.

REP. ALBERTS: Thank you.

SENATOR CRISCO: Representative Sampson.

how it should work.

SENATOR KELLY: Thank you.

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

Jennifer, let me just ask you just your opinion. You know, we use the word mandates and we use the word prevention. We talk about the initial cost. So, let's just take our leadership in the area of breast cancer diagnosis with dense tissue. If you're able -- forgetting the pain and suffering and the life, but if you're able to diagnose something earlier which means that later on you don't have to spend dollars on surgery, on nursing home care, home care -- we always talk about the upfront costs, but would you agree that there is a savings on the other end of it? (SB 10)

JENNIFER HERZ: I think certainly in some situations, as far as health benefit many of us are concerned. There absolutely is a savings. The issue that we're dealing with here in Connecticut is that we have the fifth highest number of mandates in the country, right. So, across the United States we have some of the very highest number of overall mandates. So, certainly there are some that we absolutely should have. We need to take a look at this. We can't -- unfortunately, we can't have everything. So, you know, choice is also really important and that's what we're emphasizing here. It's really about allowing consumers to pick a plan that they can afford and that has to play into this as well.

SENATOR CRISCO: I appreciate that. And are you willing to give the Committee a list of those mandates you think we he should do away with?

JENNIFER HERZ: I would love to have, you know, a crystal ball and be able to do that easily. As we discussed, this is something that's going to take analysis and time, but, you know, I am -- certainly want to work with the Committee to figure out the best way forward on this.

SENATOR CRISCO: We appreciate that.

Any other questions? Any questions?

Thank you very much.

JENNIFER HERZ: Thank you.

SENATOR CRISCO: Dr. Jean Weigert, Weigert. I'm sorry.

SB8 JEAN WEIGERT: Good morning. Senator Crisco, Representative Megna and members of the Committee, my name is Jean Weigert. I am a radiologist and Director of Women and Breast Imaging at the Hospitals of Central Connecticut, New Britain, and Southington, Connecticut. In my role as President of the Radiological Society of Connecticut, I am now presenting testimony on its behalf in support of Senate Bill 10. I will first present our reasons for support and then suggest amended language to ensure that the intent of the bill is realized.

As you know, Connecticut was the first state in the country to mandate insurance coverage of breast ultrasound in patients with dense breasts. Our statute has since then been emulated in many other states. This was pioneering legislation and it presented a unique opportunity to investigate whether there is earlier diagnosis of breast cancers in this

group of women. A UConn medical student and I -- she is now a second-year resident at Yale University Medical Center -- have now published two papers demonstrating a doubling of the yield of finding cancers, and these are small node negative cancers compared with mammograms alone. I've included the citations for these papers.

Unfortunately, despite the demonstrated efficacy of this test, we are seeing that in only 30 to 40 percent of eligible patients, those women with heterogeneously dense tissue are coming in for this important preventative service. And we have now followed four years of data, and this has not changed over time. It is apparently due to mainly the out-of-pocket costs to women who could benefit from ultrasound screening but have to pay for it due to a high deductible plan.

So, we have an effective screening test that can save lives of Connecticut women, but they are staying away from it because of inconsistent insurance coverage. Thus, it behooves us to have unambiguous language that will prevent misinterpretations from impairing the intent of this bill. Unfortunately, there is no current AMA procedure code specific for the language used in this bill, referring to the test as: "comprehensive ultrasound screening of an entire breast or breasts." We therefore propose a less specific and more applicable substitute which will be "ultrasound examinations to the best or breasts." And in addition, the intent of the bill is that there not be a cost to patients for this test. So, accordingly, the language should add the words "or copay" wherever it stipulates that there not be a deductible, thereby eliminating any confusion.

In closing, the RSC commends this Committee for your continuing leadership on this issue. Our research here in Connecticut validates your pioneering support of the need for ultrasound in women with dense breasts and its ability to detect cancers that were missed by initial mammograms.

Thank you.

SENATOR CRISCO: Oh, thank you, Doctor.

Are there -- yes, Representative Alberts.

REP. ALBERTS: Thank you, Mr. Chairman, and thank you, Doctor, for your testimony.

I'm trying to get a sense of the dollar impact here. And I know you mentioned that there is just limited usage of people, eligible patients getting -- taking advantage of this service. And you mentioned the out-of-pocket costs. So, what are you seeing for out-of-pocket costs? What is the actual out-of-pocket costs that these folks are seeing?

JEAN WEIGERT: Well, it would depend on what -- the plan a patient has, but most hospitals and private offices charge about 200, $250 for an ultrasound. However, most insurance plans pay approximately $100 for this when, when the patient has met her deductible. So that it's, you know -- for the amount of time it takes us to do these procedures and the expertise required by both the ultrasound technologist and the radiologist interpreting them, it's not -- it's not a huge cost per case. But the benefit, as Senator Crisco he alluded to earlier, is in finding these cancers at a very early stage.

REP. ALBERTS: Now, I have no doubt that it sounds like it's very productive. So, the, out-of-pocket cost, then, is maybe about $150, should I use that --

JEAN WEIGERT: I think that's a good average.

REP. ALBERTS: Okay, thank you very much.

Thank you, Mr. Chairman.

SENATOR CRISCO: Doctor, you know, I to (inaudible) explore. Several years ago we adopted a pretty good definition of medical necessity. Wouldn't something like this be covered under medical necessity? And if you're not sure, if there's any way you could look into it and let us know, we would appreciate it.

JEAN WEIGERT: I don't know if this fulfills medical necessity. I think what we've done here is change the definition of screening examinations in these particular cohort of patients from just a mammogram to a mammogram and an ultrasound because you need both tests in this particular type of patient. I don't know if this fulfills medical necessity and that would be something we should look into it.

SENATOR CRISCO: Yeah, I appreciate if you would look into that, sure. Please let us know.

Any other questions?

Thank you so much for all the good work you do. Still Number 8? I'm sorry.

JEAN WEIGERT: Thank you, thank you.

Changing hats a little bit from a breast imager

INSURANCE & REAL ESTATE COMMITTEE

February 18, 2014

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 92% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

Senate Bill 5 ***"An Act Concerning Health Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorder Associated with Stretococcal Infections"***
Senate Bill 10 ***"An Act Concerning Deductibles for Breast Ultrasound Screenings"***
Senate Bill 8 ***"An Act Requiring Health Insurance Coverage for Lung Cancer Screening"***

These proposed bills would either mandate the expansion of health insurance policies or prohibit the use of deductibles in order to provide coverage for various treatments, procedures or equipment.

These proposal all have merit however, it is undeniable that state-mandated expansions of health insurance coverage will increase insurance costs and thus premiums, which will eventually be borne by policy holders - municipalities to name one. This would result in increased insurance costs statewide – on top of continually rising insurance, retirement and energy costs on local budgets – and compounded by shifts in state aid.

Good intentions can have unintended consequences – as could be the case with these proposals.

CCM urges the Committee to (1) obtain detailed fiscal analyses on the impact these well-intended proposals would have on our communities – particularly on local programs and services, and (2) **hold these proposals until further analyses are conducted.**

★ ★ ★ ★ ★

If you have any questions, please contact Robert Labanara, State Relations Manager of CCM, at rlabanara@ccm-ct.org.

Quality is Our Bottom Line

Insurance Committee Public Hearing
Tuesday, February 18, 2014

Connecticut Association of Health Plans

Testimony Submitted in Opposition to

S.B. 5 AAC HEALTH INSURANCE COVERAGE FOR PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH STRETOCOCCAL INFECTIONS

S.B. 10 AAC DEDUCTIBLES FOR BREAST ULTRASOUND SCREENINGS

S.B. 8 AA REQUIRING HEALTH INSURANCE COVERAGE FOR LUNG CANCER SCREENING

While every mandate under consideration by the legislature is laudable in its intent, each must be considered in the context of the larger debate on access and affordability of health care and ***now must also be viewed in the context of federal health care reform and the applicability of the Patient Protection and Affordable Care Act of 2010 (PPACA).***

Please consider recent testimony submitted by the Department of Insurance relative to other mandates considered which urges the Committee to understand the future financial obligations that new or additional health insurance mandates may place on the State of Connecticut and taxpayers stating that:

> ***In simple terms, all mandated coverage beyond the required essential benefits (as will be determined by HHS) will be at the State's expense. Those costs may not be delegated to the individual purchaser of insurance or the insurer.***

With implementation of the Exchange, we must be careful not to price Connecticut citizens out of the market. Please consider that:

- Connecticut has approximately **49 mandates, which is the 5th highest** behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)

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

280 Trumbull Street | 27th Floor | Hartford, CT 06103-3597 | 860.275.8372 | Fax 860.541.4923 www.ctahp.com

- *State mandated benefits are not applicable to all employers. About 65% of CT's residents are self-insured and not subject to mandates, leaving approximately 35% of our residents, namely small employers, to bear the brunt of the costs. (OLR Report 2004-R-0277)*

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

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

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

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

Thank you for your consideration.

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 18, 2014

My name is Jennifer Herz and I am Assistant 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.

A top concern for Connecticut's employers is the cost of healthcare and more mandates means higher cost. Therefore, CBIA urges you to **reject** new health benefit mandates including **SB 5, SB 10** and **SB 8.**

Connecticut's high number of existing mandated health benefits restrict choice and increase price. We must work together to ensure health insurance is affordable for all of Connecticut's residents and CBIA is especially concerned about Connecticut's small businesses.

The impact of new benefit mandates faced by the state is similar to that of a small business in Connecticut – they are simply unaffordable. Connecticut small businesses continue to struggle with the rising cost of health insurance and further mandates will exacerbate the existing problem.

To the point, these mandates only apply to state regulated health insurance plans – i.e. they do not affect large companies that can self insure – so these policies are specifically impacting the cost to small business owners.

The increased cost will not only impact Connecticut's employers but also the state itself because of the state exchange's existing Essential Health Benefit (EHB) package under the Affordable Care Act.

Access Health adopted its EHB package, which includes all of the state's existing health benefit mandates. However, new mandates, such as the ones proposed this year, will not be included in the existing EHB package and will be a direct cost to the state. Here are two important points to consider:

(i) Essential Health Benefit package Already Adopted: New benefit mandates will not be included in the existing EHB package since it has already been voted on and adopted by Access Health's Board of Directors and cannot be modified until 2016, at the earliest; and

(ii) New Mandates Are A Direct Cost to Connecticut: Federal dollars will be utilized to cover the existing EHB package for the subsidized population receiving coverage through the state exchange. However, Connecticut will be required to subsidize any new benefit mandates, such as these, that are not included in the existing EHB package.

Although mandates provide a benefit to a defined group the consequence of restricting choice to the greater public is significant. Choice is essential in the marketplace. Allowing employers and employees to choose insurance plans they can afford is paramount to expanding mandated benefits.

In closing, I want to emphasize (i) state health benefit mandates increase costs - specifically for small businesses, (ii) affordability is central to expanding access and (iii) new health benefit mandates will also be a direct cost to the state's general fund.

CBIA urges you to **reject SB 5, SB 10, and SB 8.**
Thank you for the opportunity to offer CBIA's comments.

350 Church Street, Hartford, CT 06103-1126 | 860.244.1900 | 860.278.8562 (f) | cbia.com

COMMISSION OFFICERS
Antonia Moran, *Chair*
Melanie O'Brien, *Vice Chair*
Mary Lee A. Kiernan, *Secretary*
Denise Rodosevich, *Treasurer*

EXECUTIVE DIRECTOR
Teresa C. Younger

COMMISSIONERS
Lucia A. Aschettino
JoAnn Calnen
April Capone
Yvonne R. Davis
Barbara DeBaptiste
Susan Eastwood
Catherine Ernsky
Adrienne Farrar Houël
Karen Jarmoc
Kristin A. LaFleur
Helene Shay
Patricia E.M. Whitcombe

HONORARY MEMBERS
Connie Dice
Patricia T. Hendel
Patricia Russo

Testimony of
The Permanent Commission on the Status of Women
Before the
Insurance & Real Estate Committee
February 18, 2014

Re: S.B. 8, AA Requiring Health Insurance Coverage for Lung Cancer Screening
S.B. 10, AAC Deductibles for Breast Ultrasound Screenings

Senators Crisco and Kelly, Representatives Megna and Sampson, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) regarding **S.B. 8, AA Requiring Health Insurance Coverage for Lung Cancer Screening**, which would require health insurance coverage for lung cancer screening tests; **and S.B. 10, AAC Deductibles for Breast Ultrasound Screenings**, which would prohibit insurers from imposing a deductible for breast ultrasound screenings for those with individual health insurance policies.

Impact on CT Women

Breast cancer and lung cancer are diagnosed more often than any other cancers in Connecticut women at 29% for breast cancer and 14% for lung cancer.[1]

Breast Cancer in CT	Lung Cancer in CT[2]
2nd: CT's rank in rates of breast cancer nationwide.[3] **3,280**: The number of CT women diagnosed with breast cancer in 2011.[4] **50**: 3 out of 4 breast cancers diagnosed in CT are in women over this age.[5]	**109,690**: The number of women diagnosed with new cases of lung cancer in 2012. **1,335**: The number of CT women diagnosed with lung cancer annually.

Breast cancer incidence is highest among white women while breast cancer mortality is highest, and breast cancer survival poorest, among black women.[6] Lung cancer is the leading cause of cancer deaths for both

---

[1] CT Tumor Registry (2009). Cancer in Connecticut With a Focus on Tobacco Related Cancers.

[2] Ibid.

[3] Komen for the Cure Connecticut (2011). Connecticut Has the Second Highest Incidence of Breast Cancer in the U.S.

[4] American Cancer Society (2011). Cancer Facts & Figures.

[5] CT Department of Public Health (2011). Breast Cancer in Connecticut.

[6] Ibid.

women and men; more people die of lung cancer than of colon, breast, and prostate cancer combined each year.[7] The five year survival rate for CT women with lung cancer is only 20%.[8]

A lack of health insurance is associated with a more advanced stage diagnosis. For example, breast cancer patients with lower incomes have lower 5-year relative survival rates than higher-income patients at every stage of diagnosis.[9] Passage of these bills could make it affordable to conduct early screenings and treatment, thus potentially increasing survival rates. We look forward to working with you to address this important issue. Thank you for your consideration.

---

[7] American Cancer Society (2012) What are the key statistics about lung cancer?

[8] The CT Tumor Registry, footnote 1.

[9] American Cancer Society (2010). Breast Cancer Facts and Figures.

160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

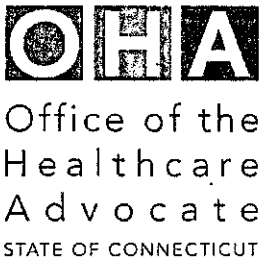
Connecticut State Medical Society Testimony
Insurance and Real Estate Committee
Senate Bill 10 An Act Concerning Deductibles for Breast Ultrasound Screenings
February 18, 2014

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today in support of Senate Bill 10 An Act Concerning Health Insurance Coverage of a Second Mammogram.

In recent sessions the legislature has determined it necessary to require notification is sent directly to patients who upon receiving a mammogram are determined to have dense breast tissue. Dense breast tissue can hide small abnormalities that can be precursors to breast cancer.

Legislation passed in recent years also appropriate required additional benefits for comprehensive ultrasound screening when an original mammogram demonstrates heterogeneous or dense breast tissue raising concern for those who receive such results. Subsequently, legislation was passed to require coverage for an additional mammogram in a policy year. The legislation before you now provides a protection for concerned women who seek follow up care due to the mandated requirement of notification of dense breast tissue. Costs associated with seeking care can often serve as a deterrent. This legislation prohibits the imposition of a deductible for a comprehensive ultrasound when an original mammogram identies heterogeneous or dense breast tissue. We ask for your support of Senate Bill 10.

Thank you for your support of this critical legislation.



Testimony of Victoria Veltri
State Healthcare Advocate
Before the Insurance and Real Estate Committee
In support of SB 10
February 18, 2014

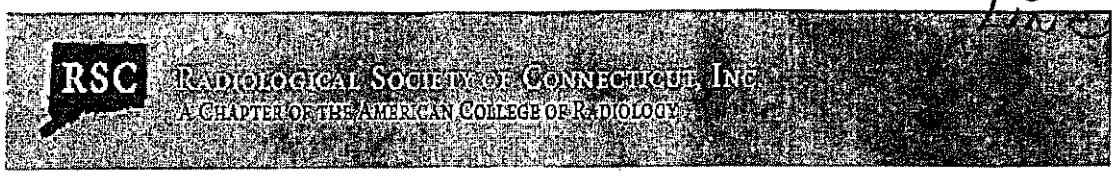
Good afternoon, Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

We support SB 10 to provide access to screening ultrasound for patients with dense breast tissue or at increased risk of breast cancer without the financial burden of deductibles, coinsurance, copayments, or other out-of-pocket expense. Screening is vital for detection of breast cancer at its earliest, most curable stage and is fully consistent with the prinicples of preventative care. Evidence has shown that mammogram screenings, currently covered at 100%, are ineffective for

some patients, especially those with demonstrated dense breast tissue, as defined by the American College of Radiology's BIRaD system. These patients should not be denied affordable access to preventative healthcare or financially penalized simply because initial mammography failed to yield an adequate clinical picture. Studies have found that patients with dense breast tissue are at a higher risk of breast cancer and their tumors are more likely to have certain aggressive characteristics, so principles of equity support the premise that adequate preventative screening, which we already acknowledge as having significant benefit, should be available to all women on an equal cost-sharing basis.

The Office of the Healthcare Advocate supports the principles of access to quality healthcare, evidence-based improvements to our healthcare system, 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.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.



Statement of Dr. Jean Weigert
Radiological Society of Connecticut
Before the Insurance and Real Estate Committee
Senate Bill 10
February 18, 2014

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. In my role as President of the Radiological Society of Connecticut, I now present testimony on its behalf in support of Senate Bill 10. I will first present our reasons for support, and then suggest amended language ensure that the intent of the bill is realized.

As you know, Connecticut was the first state in the country to mandate insurance coverage of breast ultrasound in patients' with dense breasts. Our statute has since been emulated in many other states. Our pioneering legislation presented an early and unique opportunity to investigate whether there is earlier diagnosis of breast cancers in this group of women. A UCONN Medical Student and I have published two research papers demonstrating a doubling of the yield in finding cancers when compared with mammograms alone. The citations for these papers are included with the testimony.

Unfortunately, despite the demonstrated efficacy of the test, we are seeing only 30-40% of eligible patients coming in for this important preventive service, with no significant increase in the second and third years of our study. This is mainly due to the out of pocket cost to women who could benefit from ultrasound screening.

So, we have an effective screening test that can save the lives of Connecticut women, but they are staying away because of inconsistent insurance coverage. Thus, it behooves us to have unambiguous language that will prevent misinterpretations from impairing the intent of the bill. Unfortunately, there is currently no AMA procedure code that is specific for language used in the bill, referring to the test as: "Comprehensive ultrasound

screening of an entire breast or breasts..." We propose a less specific and more applicable substitute in all four instances: "ultrasound examination of the breast or breasts..." In addition, the intent of the bill is that there not be a cost to patients for this test. Accordingly, the language should add the words "or co-pay" wherever it stipulates that there not be a deductible, thereby eliminating any confusion over co-pays vs. deductibles.

In closing, RSC commends the committee for your continuing leadership on this issue. Our research here in Connecticut validates your pioneering support of the need for coverage of ultrasound in women with dense breast tissue, as it detects breast cancers that were missed by the initial mammogram. The language of the bill must be clear to effectuate our goals, and we hope you will accept the language we suggest.

Weigert JW and Steenbergen S. The Connecticut Experiment: The Role of Ultrasound in the Screening of Women with Dense Breasts. The Breast Journal (2012) 18(6), 517-122.

Steenbergen S and Weigert JM, The Connecticut Initiative: Screening Breast Ultrasound in Women with Dense Breasts, Two Years of Data Presented at The American Roentgen Ray Society meeting April 2013, Washington DC

FTR

CBIA CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 18, 2014

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

My name is Jennifer Herz and I am Assistant Counsel for the Connecticut Business & Industry Association (CBIA).

I am here to express our strong opposition to new health benefit mandates – including the 3 on today's agenda.

There are a few specific reasons I want to make sure I emphasize – as to why more health benefit mandates are Bad for Connecticut.

1. **More mandates restrict choice**
    a. Employers and employees must have affordable options to choose from
    b. More mandates means more expensive plans and less options
2. **More mandates make health insurance less affordable**
    a. Specifically for small business
        i. Large employers that self insure do not have to comply with these mandates
        ii. This specifically impacts small businesses in your district
3. **More mandates will be a direct cost to the state**
    a. Because Access Health already adopted its EHB package
    b. EHB cannot be modified until 2016
    c. So these new mandates will cost the state money directly as well
4. **STRONGER CT**
    a. Help Move CT UP in the rankings
    b. Mandates are a factor

For these reasons we respectfully urge you to oppose any new mandates.

CBIA urges you to **reject SB 5, SB 10, and SB 8.**
Thank you for the opportunity to offer CBIA's comments.

350 Church Street, Hartford, CT 06103-1126 | 860.244.1900 | 860.278.8562 (f) | cbia.com