Act Number: 09-179 Bill Number: 5018 Senate Pages: 5668, 5701-5703 House Pages: 1614-1618 20 Committee: Insurance: 432-443, 532, 545-551 Page Total: 29

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SENATOR LOONEY:

Yes. Thank you, Mr. President. Moving to

Calendar Page 4, Calendar 455, House Bill 5018.

Mr. President, I would move to place that item on the

Consent Calendar.

THE CHAIR:

There is a motion on the floor to place Calendar Number 455 on the Consent Calendar. Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. On Calendar Page 5, Calendar 458, House Bill 6447; Mr. President, that item is marked go.

And, Mr. President, moving to Calendar Page 7, Calendar 593, House Bill 5286. Mr. President, would move to place that item on the Consent Calendar.

THE CHAIR:

Motion on the floor to place Calendar Number 593 on the Consent Calendar. Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Moving to Calendar

Page 8, Calendar 606, House Bill 5883; Mr. President,

would move to place that item on the Consent Calendar.

THE CHAIR:

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Mr. Clerk, please call Consent Calendar.

THE CLERK:

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

Mr. President, those items placed on the Second
Consent Calendar --

THE CHAIR:

Mr. Clerk, please hold for a second.

I'm trying to hear the Clerk call the Consent Calendar and I'm sure you don't want to miss that vote either, so if I could have your attention and quiet, please.

Mr. Clerk.

THE CLERK:

The items placed on the Second Consent Calendar begin on Senate Agenda 1, substitute for House

Bill 6486, substitute for House Bill 6649. Senate

Agenda Number 3, House Bill 6394. Today's Calendar,

Calendar Page 3, Calendar 317, Senate Bill 586;

Calendar Page 4, Calendar 455, House Bill 5018;

Calendar Page 7, Calendar Number 593, Substitute House

Bill 5286; Calendar Page 8, Calendar 606, substitute

THE CHAIR:

for House Bill 5883; Calendar Page 9, Calendar 619, House Bill 6343; Calendar 626, House Bill 6476; Calendar 629, substitute for House Bill 6232; Calendar Page 10, Calendar 634, House Bill 6544; Calendar 636, substitute for House Bill 6483; Calendar Page 11, Calendar 649, substitute for House Bill 6466; Calendar Page 13, Calendar 663, substitute for House Bill 5254; Calendar Page 15, Calendar 680, substitute for House Bill 5821; Calendar Page 16, Calendar 684, House Bill 6231; Calendar Page 17, Calendar 689, substitute for House Bill 5421; Calendar Page 18, Calendar 695, substitute for House Bill 6419; Calendar Page 19, Calendar 699, substitute for House Bill 6284; Calendar Page 21, Calendar 711, House Bill 5099; Calendar 712, substitute for House Bill 6025; Calendar Page 22, Calendar 718, substitute for House Bill 5861; Calendar Page 23, Calendar 720, substitute for House Bill 5108; Calendar Page 32, Calendar 450, House Bill 6233; Calendar 467, substitute for Senate Bill 1031; and, Calendar Page 35, Calendar 205, substitute for Senate Bill 948. Mr. President, that completes the items placed on the Second Consent Calendar.

Will you please call the Consent Calendar? The machine will be open.

mhr SENATE

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THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the chamber. The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be closed. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 2:

Total	Number	Voting		36
Those	voting	Yea		36
Those	voting	Nay		0
Those	absent	and not	voting	0

THE CHAIR:

Consent Calendar Number 2 passes.
Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, would move for immediate transmittal to the House of Representatives of any items voted on, on Consent Calendar Number 2, requiring additional action by the

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Those voting Yea 145

Those voting Nay

Those absent and not voting 6

SPEAKER DONOVAN:

The bill as amended is passed.

Will the Clerk please call Calendar Number 201.
THE CLERK:

On page 8, Calendar 201, House bill Number 5018,
AN ACT CONCERNING REVIEWS OF HEALTH INSURANCE BENEFITS
MANDATED IN THIS STATE, favorable report of the
Committee on Insurance and Real Estate.

SPEAKER DONOVAN:

Representative Fontana.

REP. FONTANA (87th):

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

SPEAKER DONOVAN:

The question is on acceptance of the joint committee's favorable report and passage of the bill. Will you remark, sir?

REP. FONTANA (87th):

Thank you, Mr. Speaker. Mr. Speaker, this bill establishes a health benefit review program within the

insurance department to evaluate the social and financial impacts of mandated health benefits. Essentially, Mr. Speaker, it creates both a retrospective and a prospective process by which the department will contract with the UConn School of Public Health and that school then will contract with various entities as appropriate, to evaluate both — all of our existing health benefit mandates, existing as of July 1 of this year, as well as a process going forward. So that we can request the insurance department to contract with the UConn School of Public Health to conduct prospective analyses and evaluations of any proposed mandates and benefits.

Mr. Speaker, this legislation has been worked on, off and on for the last several years. It's a high priority because we believe that it's imperative that if we want to have a meaningful discussion about the benefits that we provide under our health insurance policies, as a matter of law in our state, we need to know the value and the costs of all of them. And it needs to be done in an open minded, openhanded, fair-minded, balanced and objective nature. This legislation is based in part on legislation currently in place in the state of California and the state of

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Maine. It is supported by the insurance department as well as the UConn system, higher education system and I urge my colleagues' support. Thank you,
Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Remark further on the bill? Remark further on the bill? Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Mr. Speaker, again I rise in support of this legislation. As mentioned by Representative Fontana, it's been long overdue in my opinion. Every year before the insurance committee, come a lot of proposal for mandates. And we need to know what that actually means to our health care and the cost of health care here in the state of Connecticut. And this bill will go in a long way for us -- will go a long way for us to understand exactly what mandates mean and do to the insurance industry here in the state of Connecticut and the cost for our constituents. So I urge adoption of the chamber. Thank you.

SPEAKER DONOVAN:

Thank you, Representative. Remark further?

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Representative Heinrich.

REP. HEINRICH (101st):

Thank you, Mr. Speaker. Mr. Speaker, through you I would like to thank the committee for bringing this bill forward. I think it's an extraordinary effort. I think it's extremely important this time. We've been waiting for this for years and working on it for years. And I'm so pleased that it's finally coming before us. I'll be voting in favor of this and I'm sure, once it's completed, that we will all be utilizing this information. Thank you, Mr. Speaker. SPEAKER DONOVAN:

Thank you, Representative. Remark further on the bill? Remark further on the bill before us? Remark further on the bill? If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

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

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Members please check the board and make sure

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your vote has been properly cast. If all the members have voted, the machine will be locked and the Clerk will please take a tally. Will the Clerk please announce the tally?

THE CLERK:

House Bill 5018.

Total Number Voting 145

Necessary for Passage 73

Those voting Yea 145

Those voting Nay 0

Those absent and not voting 6

SPEAKER DONOVAN:

The bill is passed.

Clerk, please call Calendar 240.

THE CLERK:

On page 11, Calendar 240, substitute for House

Bill Number 6235, AN ACT CONCERNING THE USE OF

CRIMINAL HISTORY RECORD INFORMATION FOR EMERGENCY

PLACEMENT OF CHILDREN, favorable report of the

committee on human services.

SPEAKER DONOVAN:

Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker. I move acceptance of the

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All of those issues, both as to the pattern and practice issue and as to private right of action with punitive damage, all will drive up the cost of health insurance. This will not apply again to self-insured plans, it will apply primarily to individual and small group health insurance. The individual who contacts the insurance department with a complaint, from my experience of 30 years within Travelers and United Health Care, when I got a complaint, we immediately got it to the people to answer it and we immediately got back to the insurance department. You have too much at stake with the insurance department, product filings, market conduct, all kinds of financial regulation, to ignore those complaints. They get answered immediately. I think this is completely unnecessary and will be extremely costly for the health insurance business.

I'd be happy to answer any questions.

SENATOR CRISCO: Thank you, Brian.

Any questions?

Thank you very much. I appreciate it.

Is there anyone else who would like to testify on 763? If not, we will proceed to our next item.

There is no one to testify on <u>5671</u>, public or lobbyist or state agency or legislators, so we will go on to <u>proposed bill 5018</u>.

Is Karen here.

KAREN VANDERHOF: I am Karen Vanderhof, the president of the Lyme Disease Foundation, a 1155018

lawyer with degrees in both health law and insurance law, and the mother of a child that suffered from and died from Lyme Disease. I am asking that every Connecticut legislator vote against Connecticut HB 5018 for the following reasons:

The bill creates a disfavored status for individuals seeking state health mandates to correct health insurance coverage issues. The bill attempts to repeal insured disfavored mandates such as coverage for Lyme Disease treatment as well as place a post statute block to the implementation of all future health care mandates.

I believe the bill's independent working group inappropriately skirts the state's legislative process and possibly the Connecticut constitution because it abrogates a portion of the legislative process to a nonelected, nonlegislative, nonexecutive branch committee that is being vested with the authority to place a temporary to indefinite hold on the implementation of a new statute.

Worse yet, this working group has no terms or conditions for the selection of members' reporting authority to the legislature, budget for expenses incurred, legal counsel, statement of the criteria to be used for the cost benefit analysis, method for public or legislative input into the group's process, transparency of action parameters for where the analysis is to be submitted, et cetera. The bill is unnecessary and fiscally irresponsible because the legislature can obtain the same analysis during the legislative process through the existing transparent and already funded legislative offices such as the Office of Fiscal Analysis and Office of Legislative Research.

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groups, these independent working groups, are already able to give their input into the process as the bill goes through. They've participated in hearings and they can have their say in a transparent manner.

The working group may also have troubling antitrust implications if it were not otherwise statutorily created by the state. If this is true, then the fact alone should prohibit the passing of a legislation. clear that this bill's intent is to offer insurers business and the businesses one last chance to thwart the legislative intent of a new statute so that they can lobby for the statute's reversal prior to implementation. At its worst this committee could turn into a secretive nontransparent postlegislative review process. I urge you to reject this legislation because it is unnecessary, burdensome, expensive and possibly unconstitutional. And if you have any questions about the Lyme Disease bill and the mandate that's there, I can answer that too. Thank you.

SENATOR CRISCO: Thank you, Karen. Just for clarification, basically this is a concept that the committee has been looking at for several years because of the 52, 53 mandates that exist on the books, and we prefer to call them preventions but that's a story for another time. But this legislation is just looking at all new requirements --

KAREN VANDERHOF: No --

SENATOR CRISCO: Let me just finish, ma'am. We're the ones that drafted the bill, and how you interpret it is your prerogative. Maryland has a process which evaluates all cost benefit mandates. If we could, and it may be

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impossible, determine if there are some cost benefit ratio. I am personally a strong believer that these are preventions that save money in the long run. But I think we have to have assessments, if we could, it may not be possible, but I think there is a complete misinterpretation of the legislation and the intent of the legislation.

KAREN VANDERHOF: Can I make a comment? SENATOR CRISCO: Of course.

KAREN VANDERHOF: Thank you. I agree with you that cost benefit analysis is very good for every piece of legislation, I have no doubt about that. And I think that cost benefit analysis can be submitted by the various parties during the legislative process or through the staff offices that you have, and I think that's a good process. The concern that I'm voicing is for one that is a review process that is preimplementation and that is the concern of not whether or not the cost benefit is good, which it is, I myself have done a study on cost benefit analysis, so I understand that portion. It is the post statute portion of it that I'm concerned about. And them the first part of this legislation, from my reading of it, was that it reviews the current mandates.

Was I incorrect in that reading?

SENATOR CRISCO: I believe so but that's all right.

Unfortunately our office of fiscal analysis
and Office of Legislative Research do not have
the capacity to do cost benefit analysis which
is an easy thing, you know. That's why we're
looking at the -- but it just began with a
concept and it's not as Draconian as it may
appear to you and we apologize for that.

Do you have any questions? Any other

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questions?

All right, thank you very much.

KAREN VANDERHOF: Thank you.

SENATOR CRISCO: Senator Boucher.

SENATOR BOUCHER: Thank you very much, Mr. Chairman and distinguished members of the terrific insurance committee that is dedicated in their jobs staying here while it snows heavily outside as everybody else is I think tried to make it safely to their home. I'm here to actually testify in favor of the concept of proposed bill 5018 in that I've had a similar concept proposed this session. I'll probably go into another committee. Maybe it will find its way here, I'm not sure, but there is no question that the issue of increased costs of health care has been something that has been brought up previously but never so much so as right now when we're in a very difficult difficult environment and both at the state level with our state costs for health care but also at the municipal level that I would go even beyond that even to our small businesses and to our normal business sectors. to study that a little bit more carefully. have had a vast number of mandates that have come before us over the last decade, many of them very fine proposals, proposals to actually be preventive and help to improve the health outcome of many people, so there are some positives, but there are others as well.

And when you put them all together, some of which may pertain to this bill or some not, for example, the issues of whether to extend health care to twenty-six-year-olds, the issues of providing certain amenities when someone is undergoing cancer treatments that

may be a little bit further out in the bounds of a primary care of the individual. There are a number of things, but all put together it has caused some concern that it is restricting access to health care for the small business sector with becoming so unaffordable and in fact it's probably added greatly to the costs of even running our state government as that is a big portion of the costs that we have.

And although many of us enjoy those benefits, it may be a time when we have to look very carefully at it and see the reality of the circumstances that we're in. So I really support this concept. I hope you'll do it very fairly, openly on whether it will look to decrease in numbers or not depending again on the benefit versus the costs that we have to entail. Thank you very much for your time.

SENATOR CRISCO: Thank you, Senator. Any questions of the senator?

Thank you very much.

SENATOR BOUCHER: Thank you.

SENATOR CRISCO: Now is there a Jack Henrie and is there a Jonathan? I see. Do you want to testify together or are you related or --

JACK HENRIE: That would be good.

SENATOR CRISCO: This is on bill 5018, correct?

JACK HENRIE: Yes. Senator Crisco, Representative Fontana and distinguished members of the committee, we're here to oppose the proposed bill number 5018 if what you're doing is looking at the mandates that are there currently. If you're only looking at new

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mandates, I guess doing cost benefit analyses was a good idea. We oppose it because we're concerned that the passage of the bill could lead to repeal of the current mandate for insurance companies to cover treatment for Lyme Disease and other particular tick borne illnesses.

I'd like to read my wife's letter into the record, Robin Henrie. She's a speech and language pathologist who was diagnosed with Lyme Disease in 2004. Thanks to the existing legislation, she received long-term antibiotic therapy and was able to return to work and to her career. Jonathan received a diagnosis of Lyme Disease and three other tick-borne illnesses in 2003 and by the time he was diagnosed he had gone from being a teenage --very healthy teenage boy to one who needed help rolling over in bed. And -- I'm sorry? Sure. Do you want to --

SENATOR CRISCO: Put the microphone over for him.

JONATHAN HENRIE: I just kind of wanted to read.

Some of the letter that I wrote.

SENATOR CRISCO: Jonathan, just state your name first.

JONATHAN HENRIE: It's Jonathan Henrie. I agree with him that, you know, the cost benefit analysis as long as it's, you know, the mandates for Lyme Disease and other tick-borne illnesses are left alone, then that's a good thing, but I am really worried about it with the Lyme Disease. I became ill shortly in my first year of college. Before my illness I ran cross country, spent countless hours backpacking in the Adirondacks. I weigh 185, 190 pounds, was able to bench press over 200 pounds, had held several jobs and during my

high school career, high school and college careers had contributed to state and federal taxes. When I became ill my weight dropped to 120 pounds in a three-month period. unable to roll over in bed without the aid of my parents and it wasn't until later that I learned how close I had come to death. 2003 I was finally diagnosed with Lyme Disease and three other tick-borne infections, co-infections called Babesiosis, Ehrlichiosis and Mycoplasma Fermentans. I received long-term antibiotic therapy, thanks to the mandate requiring health insurers to cover treatment for Lyme Disease. If not for that, I would not be alive to write this letter to you today. Thanks to the antibiotics, I am at a point where I am back enrolled in college and looking into starting my own business. Even though I am disabled, I am continually improving and I look forward to a future where I will have a career, be self reliant and be a contributing member to society. If the insurance companies had not covered my treatment, I would be facing a lifetime of permanent disability and dependence on others at a great cost to the State of Connecticut. I am 'also concerned that if the insurance companies should choose to stop covering my treatments, I would regress and be unable to finish college and have a career. As a registered voter in the State of Connecticut, I strongly oppose this bill as I stated, and I urge you to oppose this bill because of the potential for great harm that it could do to those who suffer from Lyme Disease and other tick-borne illnesses as well as because of the significant long-term cost to Connecticut.

Thank you very much for your consideration.

SENATOR CRISCO: Thank you, Jonathan.

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Are there any questions?

Yes, Senator Caligiuri.

SENATOR CALIGIURI: Thank you, Mr. Chairman, and thank you both for testifying. I don't want to put words in your mouth but let me see if you would agree with this statement. Would it be fair to say that your view is that cost benefit analysis is maybe not the right way to look at the issue of mandates because at the end of the day even if the cost outweighs the benefit there are times when the need is so great and the role play so important and the consequence of not having the support so severe that it's important for having a just and civilized society that that kind of help be provided to people?

JONATHAN HENRIE: It definitely would. And I can definitely say for sure that I would be dead right now if it was not for the mandates. So you would be correct in that.

SENATOR CALIGIURI: Thank you.

Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, Senator.

Any other questions?

Thank you very much, and we apologize that you've had to wait but we try to go down the listing of the bills, and thank you so much for coming.

JONATHAN HENRIE: Thank you.

JACK HENRIE: We appreciate your time.

SENATOR CRISCO: Thank you.

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Moving along with 5018, Susan Halpin.

SUSAN HALPIN: Good afternoon again, Senator Crisco, Representative Fontana, members of the committee, for the record, I'm Susan Halpin, and I'm here to testify on behalf of the Connecticut Association of Health Plans. the interest of time and the snow, I will make my comments brief. We support HB 5018, which requires a cost benefit analysis of health insurance benefits mandated in the state. you've seen today and in your future hearings you have several mandates that are under consideration. We have shared with you in the past some statistics about Connecticut's mandates, and while each one is certainly laudable in its intent, we believe that each must be considered in the context of the large debate on access and affordability of health care and we very much welcome this bill and hope that it passes, so thank you.

SENATOR CRISCO: Thank you, Susan. Any questions?

Yes, Senator Caligiuri.

SENATOR CALIGIURI: Thank you, Mr. Chairman. Sue, thank you for being here. The bill assumes that it's possible to quantify the cost of a single mandate and I know we've talked a little off line about that. Is that really possible from your point of view to quantify the cost of a mandate?

SUSAN HALPIN: I think if you give certain statistics and the parameters around which you are looking at coverage that the actuaries can certainly look and price -- give you at least a price estimate of what a mandate is going to cost, sure. Everything has to be taken into context with, you know, what happens in the

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general public, what new advances take place, et cetera, et cetera, but certainly we could

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et cetera, et cetera, but certainly we could get you some cost information if given the correct parameters.

- SENATOR CALIGIURI: Would that require us though to be able to make certain assumptions and to draw certain parameters in order to be able to do that in the first instance? And if so, would folks like your actuaries, you know, in your companies be able to provide those parameters to us? In other words, I think about the chicken or the egg. It seems to me you can't do the cost analysis unless you put some assumptions in place, but I don't know if how well equipped we would be to come up with those assumptions in the first place. Can you address how that might work from your point of view?
- SUSAN HALPIN: I think as Senator Crisco commented,
 Maryland has one of these models in place
 currently and we would certainly be willing to
 get you the information on that so that you
 can look at how they deal with those types of
 issues. I think that probably would be the
 best course for us to take.
- SENATOR CALIGIURI: Do you have any firsthand knowledge of how the Maryland process is working through your members; and if so, whether it's been a good process or not in the experience of your members, to your knowledge?
- SUSAN HALPIN: My sense is that people have found it productive. I don't have any recent information, but I'd be happy to get that to you.
- SENATOR CALIGIURI: Thank you very much. Thank you, Mr. Chairman.

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SENATOR CRISCO: Thank you, Senator.

Any other questions?

Thank you very much.

SUSAN HALPIN: Thank you.

SENATOR CRISCO: Christine Cappiello.

CHRISTINE CAPPIELLO: Good evening, Senator Crisco, Representative Fontana, and members of the Insurance and Real Estate Committee, for the record my name is Christine Cappiello and I'm the director of government relations for Anthem Blue Cross Blue Shield. In the interest of time and the lateness of the hour and the snow and everything else, we just wanted to say that we certainly do support this idea. We believe that the first priority of a health benefit company is to improve the health of its members. Mandates may not be necessarily the proper way to develop products that service our members with that mission in mind, and so we commend the committee for considering this bill. And if there is any assistance we can give as you develop it, we certainly are here to help.

SENATOR CRISCO: Thank you, Christine.

Any questions for Christine?

Thank you very much, Christine.

Is there any other individual here who wishes to testify? And if not, then the hearing will be concluded. Thanks very much and drive safe.

Marshall R. Collins & Associates

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5018

TESTIMONY OF

THE CONNECTICUT MESSENGER COURIER ASSOCIATION
THE CONNECTICUT COALITION OF PROPERTY OWNERS
THE GREATER DANBURY CHAMBER OF COMMERCE
THE LUMBER DEALERS' ASSOCIATION OF CONNECTICUT
THE MILFORD CHAMBER OF COMMERCE
THE NORTHWEST CONNECTICUT CHAMBER OF COMMERCE

BEFORE THE LEGISLATURE'S INSURANCE AND REAL ESTATE
COMMITTEE

1:00 PM, TUESDAY, FEBRUARY 3, 2009
ROOM 2D, LEGISLATIVE OFFICE BUILDING
HARTFORD, CONNECTICUT

Good morning. My name is Marshall R. Collins. I am appearing in my capacity as Counsel for Government Relations for the aforementioned six organizations (the "Organizations"). Collectively they represent more than 4,000 employers of approximately 130,000 men and women in Connecticut.

The Organizations support <u>HB 5018 AAC Requiring A Cost-Benefit</u> Analysis Of Health Insurance Benefits mandated In This State. The proposal recognizes that mandated insurance coverage is a factor which drives the cost of health insurance. The Organizations believe that before the Legislature adopts new insurance mandates that it should

Massachusetts in adopting its universal health plan recognized that mandated coverage contributed to health insurance price increases and established a group to review those mandates.

If health insurance is to become more affordable, <u>all</u> cost drivers must be examined. The Legislature should have such accurate information before any new mandates are adopted.

This completes my testimony. Thank you for your consideration.

have the benefit of a cost-benefit analysis.

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Raynard & Peirce Inc. 96 Main Street – PO Box 847 Canaan, CT 06018



February 3, 2009

To Connecticut Legislature - Insurance & Real Estate Committee

From: Nicholas A. Fanelli, CLU, CPCU, CIC

President, Raynard & Peirce Inc.

Member of National Federation of Independent Business (NFIB)

Re: Testimony opposing various mandate bills which will directly and negatively impact small business, and testimony in support of <u>HB-5018</u>.

As the owner of a small business I know that Connecticut has the largest number of mandates of any state in the union. Mandates are no different than an additional tax. They drive up the cost of operation. I know my business; I have been in business for over forty years.

Mandates make it difficult to run my business in a manner that is best for my clients and best for my employees. Another health insurance mandate for uninsured persons who are ineligible for Medicaid or Medicare? Why? There are a vast number of agencies, programs, organizations already in place. There is no need to add another mandate.

In addition to no new mandates, the legislature should require a cost – benefit analysis and review of all mandates currently in place, just as I make a cost – benefit analysis determination with my business decisions. I support the efforts of HB-5018.



5018

Testimony
Quinnipiac Chamber of Commerce
Before the
Insurance & Real Estate Committee
February 3, 2009

Re: <u>HB-5018</u>, AN ACT REQUIRING A COST-BENEFIT ANALYIS OF HEALTH INSURANCE BENEFITS MANDATED IN THIS STATE

The Quinnipiac Chamber of Commerce supports HB-5018, An Act Requiring A Cost-Benefit Analysis Of Health Insurance Benefits Mandated In This State.

The skyrocketing cost of health insurance is a major concern for our members. Each year, the legislature adopts new health insurance mandates that fuel increases in the cost of employer-provided health insurance. Many companies are faced with double digit increases in the cost of health insurance with little relief in sight. During these difficult fiscal times, we must take steps to create a positive business climate that nurtures job growth.

As part of that effort, we must address the rising cost of health insurance. Connecticut has mandated 42 health insurance benefits for group health insurance policies – more than any other state in the country, all of which increase health insurance costs to some degree. Requiring a cost benefit analysis of current health insurance mandates as well as any proposed mandates would clearly help address concerns with escalating health insurance costs.

According to the National Conference of State Legislators (NCSL), mandates play a significant role in the recent double-digit health insurance premium increases. NCSL indicates that individuals and employers—in particular, small employers—are in peril of dropping or canceling their health insurance coverage as a result.

We therefore urge your support for <u>HB-5018</u>. We also urge you to consider the increased costs associated with any additional mandates before this committee.

The Quinnipiac Chamber of Commerce serves more than 800 member companies from the North Haven and Wallingford area. We are the largest non-metropolitan chamber in the state.

www.quinncham com

5018

The Greater Hatford Lyme Disease And Action Group Randy Sykes 860-658-9938 Co-facilitator

www.ctlymedisease.org www.ctlymeriders.com www.lymecnyme.com

The 1999 madate for the treatment of lyme disease came about as a result of the abuse of power by the insurance company's and their desire to save money rather than see that CT residence were treated. The bottom line was more important than the patent's health.

To let this mandate die would be devastating to the health of the CT residence.

We understand that all businesses want to cut cost and this could be accomplished by breaking the stronghold that Yale and UCONN have on CT.

These medical schools have most CT Doctors using the western blot as a diagnosis tool when it was only intended to be used for surveillance.

The CDC even states that you can multiply the number of cases by a minimum of 10 to get an estimate on the total number of cases. Lyme disease is a clinical diagnosis.

Perhaps the insurance company's would like to save money by encouraging early treatment of lyme disease when the disease is easy to cure rather than wait until the patient becomes chronicly ill with lyme disease or gets mis-diagnosed with other things like MS, Lupus, Fibromyalgia, Chronic fatigue and other catch all diseases. We have set up a web site that is mostly Government documents called www.lymecryme.com that will show you that the western blot testing will miss over 80% of the cases and this is from a Doctor on the IDSA.

Reward \$20,000

The Greater Hartford Lyme Disease Support and Action Group post a \$20,000 **REWARD** to any Physician that can prove that the Lyme bacteria Borrelia burgdorferi is eradicated after 42 days of antibiotic treatment in all cases. Medical research and lab tests show otherwise^(1,2,3). Furthermore, we challenge any MD who claims all Lyme disease is cured with 6 weeks of antibiotic treatment, to post \$20,000 to prove our statement is false and misleading.

Due to lack of knowledge, mis-education and physician ignorance of the flawed Elisa and Western Blot, early diagnosis is often overlooked which leads to misdiagnosis and subsequent late state chronic Lyme disease. Most doctors are respectable and care about their patients but are being misled by a handful of self-proclaimed Lyme disease experts along with many of our own government health agencies resulting in gross misdiagnosis. We have to wonder how many people have been sent to their grave unaware they suffered from Lyme disease. Most doctors are mistakenly using the CDC's surveillance criteria as a diagnostic tool. The CDC itself states "that these narrow criteria are for reporting purposes only and not to be used for diagnostic treatment decisions." The CDC also acknowledges that Lyme is a clinical diagnosis and should not be ruled out by a negative blood test and it is often appropriate to treat the patient solely on the basis of objective signs and known exposure to an endemic area.

Chris Montes #860-673-8759 Randy Sykes #860-658-9938 Mark Leavitt Steve Arndt

¹ Haupl, T, A Krause, M Rittig, C. Schoemer, JR. Kalden, M. Simon, R. Wallich, and G R. Burmester 1992 Persistence of Borrelia burgdorferi in chronic Lyme disease altered immune regulation or evasion into immunologically privileged sites?, abstr 149, p. A26. Program Abstr 5th Int Conf. Lyme Borreliosis, 1992.

^{2.} Liegner, K.B., C.E. Rosenkilde, G L Campbell, T J Quan, and D T Dennus. 1992, Culture-confirmed treatment failure of cefotaxime and minocycline in a case of Lyme meningeoncephalomyelitis in the United States, abstr 63, p A10 Program Abstr 5th Int Conf Lyme Borreliosis, 1992

^{3.} Liegner KB, Zıska M, Agricola MD, Hubbard JD, Klempner MS Coyle PK, Bayer ME, Duray PH Fatal chronic menigoencephalomyelitis (CMEM) with massive hydrocephalus, in a New York state patient with evidence of Borrelia burgdorfen (Bb) exposure In Program and Abstracts of the 6th Int Conf On Lyme Borreliosis, Bologna, Italy, Abstract P041T June 19-22, 1994

5018

Robin A. Henrie, M.A 12 Pheasant Lane Suffield, CT 06078 (860) 668-6178

February 2, 2009

Steve Fontana, Co Chair Joseph J. Crisco, Co-Chair Insurance and Real Estate Committee Room 2800, Legislative Office Building Hartford, Connecticut, 06106

I am writing this letter to oppose <u>Proposed Bill number 5018</u>, An Act Requiring a Cost-benefit Analysis of Health Insurance Benefits Mandated in This State. I oppose it because I am concerned that passage of this bill might lead to a repeal of the current mandate for insurance companies to cover treatment for Lyme Disease and all the other tick-borne illnesses.

I was diagnosed with Lyme Disease in 2004 and, thanks to the existing legislation, I received long-term antibiotic therapy and I was able to return to work and my career. My son received diagnoses of Lyme Disease and three other tick-born co-infections in 2003. By the time he was diagnosed, he could not even roll over in bed without help, and he had already needed to leave college. He required extensive antibiotic therapy, but he is now on the road to recovery, and he has returned to college on a part-time basis. In the short-term, our treatments were probably not "cost-effective" for the insurance companies. However, in the long-term, I will be able to work and pay taxes for at least the next ten to fifteen years, and my son will finish college and be able to face adulthood with a career and livelihood which will allow him to be a productive, tax-paying member of society. Without the current insurance mandate for our treatment, it is likely that we would both be facing the rest of our years on disability.

As a voting resident of Connecticut, I strongly oppose this bill. I urge you to oppose this bill because of the potential for the great harm that it could do to those who suffer from Lyme Disease and other tick-borne illnesses. Thank you very much for your consideration.

Sincerely,

Robin a Danie

Robin A. Henrie, M.A.



Testimony of Kevin Lembo, State Healthcare Advocate Before the Insurance and Real Estate Committee In Support of H.B. 5018 February 3, 2009

Good morning Senator Crisco, Representative Fontana, Senator Caligiuri, Representative D'Amelio and members of the Insurance and Real Estate Committee. For the record, I am Kevin Lembo, the State Healthcare Advocate. My office is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I submit this testimony in favor of HB 5018. AN ACT REQUIRING a COST-BENEFIT ANALYSIS OF HEALTH INSURANCE BENEFITS MANDATED IN THIS STATE. My office has long supported an independent cost-benefit analysis of the consumer protections, often referred to as mandates, included in the health insurance statutes. As part of a larger discussion on healthcare reform, this type of analysis would S be helpful. The mechanism described in the summary of this bill requires the establishment of an independent working group to conduct a cost-benefit analysis of existing health insurance benefits mandated in Connecticut and a cost-benefit analysis to be conducted prior to the implementation of any new health insurance mandate. Much will depend on how the words "cost" and "benefit" are defined. I hope you will consider that these terms reflect more than actual monetary savings and expenses. Benefits may be weighed in terms of health outcomes, while their costs may be weighed in more than just dollars.

I would ask for two clarifications on this bill. First, the analysis of the costs and benefits should be strictly advisory to the General Assembly. Second, since this analysis is an academic pursuit, it might best be conducted in that environment.

On the whole, it is fair to say that consumer protections enacted in statute are a reflection of the state's public policy to ensure coverage for medically necessary care. One of the failures of our system is the fragmentation of healthcare coverage. We need to take a different view; that for our healthcare system to be successful, all medically

necessary care should be covered. So while I support the concepts of HB 5671, HB 5672, SB 290 and SB 458 that require the coverage of medically necessary prosthetic devices, hearing aids, bone marrow testing services and prescribe the reporting of breast density results from mammography testing services, it is important that we move away from coverage for individual diagnoses or procedures and move to a more balanced approach of covering all medically necessary care. Under this approach insurers will still have utilization management tools available to ensure that only medically necessary care is covered.

I support <u>SB 763</u>;and <u>SB 765</u>. <u>SB 763</u> removes an unfair barrier to the challenge of an insurer's unfair practices. The remedies of CUIPA should be easier for consumers and providers to access directly. This legislation would finally override case law that prohibited an individual right of action under CUIPA. <u>SB 765</u> is overdue legislation that will correct problems faced by providers and consumers when rental networks use contractual relationships with third parties to sharply reduce reimbursement to providers and increase out-of-pocket costs to consumers without the provider's or consumer's knowledge. My office has handled many of these cases, and the problem is growing.

Lastly, I support SB 6 which would prohibit the imposition of higher copayments on prescription drugs obtained at a retail pharmacy than on those obtained by mail order. While there are good reasons to encourage cost savings on maintenance medications through mail order, this remains a difficult process for many consumers to navigate. Many consumers are taking more than one prescription medication that requires at least one trip to the pharmacy every month. They should not have to pay more for picking up an additional prescription that could have been mail ordered. People who take multiple medications often choose to have all of their prescriptions filled at the same pharmacy for safety reasons — to better track all of their medications. There's no reason not to have both mail-order, which will be convenient for some, and regular pharmacy pick-up for others, offered with the same co-payments.

Thank you for your attention to my remarks. Please contact me at 297-3989 with any questions you might have about my testimony.