

PA 11-088

HB5032

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2011**

**VOL.54
PART 11
3438 – 3771**

THE CLERK:

On page 35, Calendar 46, substitute for House Bill Number 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING. Favorable report of the Committee on Appropriations.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Insurance and Real Estate Committee, Representative Megna.

REP. MEGNA (97th):

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

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage. Will you explain the bill, please, sir.

REP. MEGNA (97th):

Yes, sir, Mr. Speaker. Mr. Speaker, this is a -- a health care mandate, plain and simple. This is a mandate that requires health care -- carriers to provide coverage for a simple blood test which in turn will be placed into the National Marrow Donor Registry to determine suitability as a donor for a bone marrow or blood cord transplant.

Now, Mr. Speaker, a transplant quite frankly can

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save a person's life and -- reduce health care costs associated with cancers like leukemia and lymphoma. Mr. Speaker, the Clerk is in possession of LCO 5981. I ask that it be called and I be permitted to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO 5981, which will be designated House Amendment Schedule "A". Will the Clerk please call the amendment.

THE CLERK:

LCO Number 5981, House "A", offered by Representative Megna and Senator Crisco.

DEPUTY SPEAKER GODFREY:

Gentleman has asked to leave the Chamber to summarize. Is there objection? Hearing none, please proceed, Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. Mr. Speaker, the amendment removes the words "medically necessary". With those words the bill is -- is essentially ineffective, so that's the purpose of the amendment.

Mr. Speaker, the University of Connecticut had -- did a study on this particular health care mandate I believe a few years ago, and they came to the

conclusion that it would cost somewhere around six cents per member per premium per month.

And there may -- but as a result of this mandate, there would be an increase in five percent of transplants here in Connecticut which actually would do an incremental increase of one cent per member per month. But those transplants will result in people's lives being saved here in this state, and will reduce health care costs associated with these cancers if a donor is not identified. And I move this amendment, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Motion is on the adoption of House Amendment Schedule "A". Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. Mr. Speaker, with that, it's my hope that this -- this bill will pass this Chamber and become law and -- and will -- will impact the lives of these people. You know, in our committee we've heard so much testimony and so much concern for this bill because it does literally save lives and reduce health care costs.

There's been several other states that have instituted this program and it's been successful.

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There -- could be up to a 20-percent copayment with the cost of this test. This test is estimated, by the way, Mr. Speaker, at about \$50 or so.

But with that, I'd ask my colleagues to support this amendment. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Question is on House Amendment Schedule "A".
Will you remark on House Amendment Schedule "A"?
Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. A question if I may to the proponent.

DEPUTY SPEAKER GODFREY:

Please proceed, sir.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. As I recall when we were looking at the underlying bill, we had the phrase "medical necessity" in there and we voted that out of the Insurance and Real Estate Committee. As I understand this bill, or this amendment that is now before us, if in a setting for example where an individual were to go to a shopping mall and someone may be opting to do -- optional testing, which is purely elective, purely at the desire of the

individual passing by to participate in it, would this qualify for that type of testing option? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna, do you care to respond?

REP. MEGNA (97th):

Through you, Mr. Speaker, this -- this bill would require that the testing be performed in a facility accredited by the American Society of Histocompatibility and Immunogenetics. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. Those are awfully big words. But as I understand it, then it would again be -- it would be optional on the part of the participant to participate in it. There wouldn't be a requirement with any type of testing. It would purely be at their -- at their decision level. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker, that is correct.

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DEPUTY SPEAKER GODFREY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. I thank the gentleman for his responses.

DEPUTY SPEAKER GODFREY:

Thank you, Representative.

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. Good afternoon.

DEPUTY SPEAKER GODFREY:

Good afternoon.

REP. LEGEYT (17th):

A question of the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. LEGEYT (17th):

Of the amendment, excuse me. The -- excluding the words "medically necessary" from lines 7 and 32, I'm -- I'm wondering if the good Representative could explain his sense of what that does to the parameter of those people who might be able to get coverage for having that test done. Through you.

DEPUTY SPEAKER GODFREY:

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Representative Megna.

REP. MEGNA (97th):

Currently, the test normally would be medically necessary under current practice, but in order to voluntarily have this test taken, the words "medically necessary" would eliminate that possibility. And it is our hope with this bill that some will come forward voluntarily to move into this registry. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. And -- and so to further -- further my understanding, if someone is -- was to volunteer -- if someone was to volunteer to have this testing done so that they might -- their bone marrow might be available in the registry, how would -- how would that be considered medically necessary if they were perfectly healthy and just doing this to -- to increase the library of bone marrow-receptive applicants? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

It was -- through you, Mr. Speaker. It was not the Insurance Committee who placed those words "medically necessary" in the bill, that was JF from our committee, so I don't quite understand the logic of why that was done. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker. I -- I was -- frankly I'd -- I'd prefer to have them out of there anyway, so thank you for your time.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, to the proponent of the amendment.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. SRINIVASAN (31st):

I want to clarify this medically necessity that has been -- that has been worked on in the amendment. Is -- I didn't get that clarification as to how it would imply to a potential bone marrow donor.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

It -- it is not medically necessary. Through you, Mr. Speaker.

REP. SRINIVASAN (31st):

Right, right. That's what I understood. I just want to make sure, it's not -- so -- so the current language will say, it is not medically necessary for the person to go ahead and give the sample of blood which could go into our library.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. I apologize. Yes, that's the intent.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you very much, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I rise in strong

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support of this amendment because if that medically necessity was there it would restrict the number of people that would be able to donate that and so this amendment makes it -- makes the whole purpose of the underlying bill, which I know we will get back to later, makes that bill even more meaningful because our library which is very necessary -- yes, it is a mandate. I understand that. But it's going to be very important to increase that in the long run. So I will be strongly supporting this. Thank you very much, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Representative Coutu.

REP. COUTU (47th):

Thank you, Mr. Speaker. Mr. Speaker, this amendment will enable volunteers to basically do the bone marrow testing, and my question to the proponent of the bill, is there -- the underlying reasoning behind this, is there a notional movement? Is there organizations across Connecticut that are pushing for this type of legislation? Through you.

DEPUTY SPEAKER GODFREY:

Still on House Amendment Schedule "A".

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Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker, yes, on House Amendment
"A". The --

REP. COUTU (47th):

The --

REP. MEGNA (97th):

There is a -- there is a movement going on. It's
a movement because this kind of testing saves lives
and cuts down on health care costs. Through you, Mr.
Speaker.

DEPUTY SPEAKER GODFREY:

Representative Coutu.

REP. COUTU (47th):

I asked that because there are many things that
we do in this legislative body, and I know this is
relating to the amendment, for just the good and well-
being of our citizens. And I think in many ways this
amendment is doing that. But the question is, if
we're doing that for the good of our citizens, then we
should also fund it, because at the end of the day
it's going to be a mandate on the insurance companies
that will be passed down to the patients. So the
question is, why wouldn't we fund it if it was good.

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That's my only concern with this, Mr. Speaker. Thank you.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Gentleman from Southbury, Representative O'Neill.

REP. O'NEILL (69th):

Yes, thank you Mr. Speaker. I guess I'm -- I'm trying to follow the iterations of this bill in order to understand the role that the amendment is going to play in the history of the bill. So the -- the first thing I guess I would -- would raise is, was the underlying bill originally one that was to have a fiscal impact? If I could put that to the Chair of the Insurance Committee. Was -- through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Could he repeat that question, please, Mr. Speaker?

DEPUTY SPEAKER GODFREY:

Representative O'Neill, could you reframe your question?

REP. O'NEILL (69th):

Yes. The -- the original bill before it went to the Appropriations Committee, as the bill emerged from the Insurance Committee in its original file form, was there a fiscal impact of the bill? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

I don't believe there was a fiscal impact with the State. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Mr. Speaker. And then the Appropriations Committee, as part of JF-ing the bill out of Appropriations, added the phrase "medically necessary" and in looking at the JF Report, it appears that the purpose of that language was to reduce the fiscal impact of the bill and that that's why the language was added.

Now it appears that House Amendment "A" in effect reverses the outcome of the Appropriations Committee and in fact does describe an extensive fiscal impact. So I just -- so I guess the first thing I would do is

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ask, does the Chair disagree with the fiscal note that's attached to House Amendment "A"? Through you, Mr. Speaker.

REP. MEGNA (97th):

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

I'm sorry. Mr. Speaker, if I could just have a moment to pull up that fiscal note, please.

DEPUTY SPEAKER GODFREY:

Of course.

REP. MEGNA (97th):

Through you, Mr. Speaker. No --

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

I'm sorry. No, I do not disagree with it.

DEPUTY SPEAKER GODFREY:

Representative O'Neill.

REP. O'NEILL (69th):

Okay, all right, thank you. Because the -- it looks to me like, based on the fiscal note, that what the impact of -- of the amendment is, is to clearly --

is depicted as having a fiscal impact. It creates a mandate on municipalities and -- and it's somewhat unpredictable because of the flux in which voluntary -- what the State does is it voluntarily adopts all State mandates in its plans apparently.

So I -- I don't know if -- I don't think I see the Appropriations Committee Chairman in the Chamber, but it is my recollection, or assumption, that the reason why the Appropriations Committee added the narrowly -- narrowing language of "medically necessary" was to reduce the fiscal impact as -- as part of passing the bill out of the Appropriations Committee. The normal reason why we do things like that in the Appropriations Committee is for the purpose of -- of avoiding a conflict with the budget, or adding something on that's not included within the budget.

So it -- it's unfortunate that there's no one here in the leadership of the Appropriations Committee, at least on the majority side, to give me some guidance as to whether or not that issue has disappeared from view. But it seems as if this -- this bill went to Appropriations because there was a concern about fiscal impact. The Appropriations

Committee reached the conclusion that there was a fiscal impact, changed the bill, and now House Amendment "A" reverses the outcome of Appropriations. And clearly the amendment fiscal note indicates that there will be a fiscal impact as well as a -- a State mandate imposed if House "A" is adopted and what we're not sure about is just how extensive that amount is going to be.

But the fiscal note talks about the thing being - - I think -- it's not a negligible impact as I recollect it. So, I mean, seemed to me there was a little confusion, or at least I was a little confused about the status -- what House "A" does to the bill after it came out of the Appropriations Committee, and I -- I guess I question that, and I was -- would really be hopeful that someone on Appropriations above my pay grade at this stage who could give us some information about this, would provide that information, Mr. Speaker.

Because -- and maybe this has all been resolved in -- in a -- in a screening-level discussion, but it just seems to me that we are making this amendment change. Well, let me -- ask this question of the -- of the Chair of the Insurance Committee. Through you,

Mr. Speaker, was this amendment discussed with the Chair of the Appropriations Committee? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. No, but I'd just like to follow up on the -- the original fiscal note, or absence of original fiscal note on the file copy, that when this bill came out, this was the fiscal note which, quite frankly, said no fiscal impact. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative O'Neill.

REP. O'NEILL (69th):

Okay, and the current fiscal note indicates that there will be a fiscal impact and I believe that that impact is described as -- in the little box score section unfortunately it just has words like potential, not numbers.

But it is estimated that State employee health plan will incur a per-test cost which could range from 40 to \$100 as this coverage is currently limited to members for which the procedure is deemed medically

necessary. And the amendment requires coverage for all plan members and is not exclusive to those plan members -- those members for whom testing is medically necessary for matching purposes. The annual costs would depend on the number of tests administered and obviously it's pretty hard to predict how many volunteers there are going to be for this and that it may result in increased premium costs to municipalities. So -- it looks like, based on the -- fiscal note to the amendment that there -- OFA is predicting some kind of not insignificant fiscal impact as a result of the amendment.

And so, as I said before, I'm not sure if anyone has -- from an appropriations standpoint has taken a look at the amendment to determine whether or not it is within what we had anticipated for budgetary purposes. But clearly, when it was in Appropriations and the whole committee was there and the leadership was looking at the underlying bill, even before the amendment there was a concern enough to want to limit it to the medically necessary -- add that language to limit it to people for whom it is medically necessary.

And so I think that we should perhaps be sure that this is within the scope of what the

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Appropriations Committee had in mind because it doesn't really make a good practice for us to refer bills to Appropriations, have the Appropriations Committee deal with the -- cost aspects, the appropriations aspects of the bill, and then for the -- House to just override it, I suppose, without at least making sure that we know that that's what we're doing. To have had at least a careful consideration of the appropriations impact of the amendment. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on House Amendment Schedule "A"? Will you remark further on House Amendment Schedule "A"? If not, let me try your minds. All those in favor, signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, Nay. The Ayes have it. The amendment is adopted.

Will you remark on the bill as amended? Will you remark on the bill as amended? Representative Coutu.

REP. COUTU (47th):

Thank you -- thank you, Mr. Speaker. Mr. Speaker, we all understand the underlying principle behind this piece of legislation is to help people, and it's hard not to believe that because we know how important bone marrow testing is. But we have a question, when you implement a mandate and when you already have some of the highest number of mandates on our books for the insurance sector in America, there's a direct correlation with the cost of insurance and the number of mandates.

And time and time again, that is a problem because people like me, with a small child, a wife, end up being in plans, adults plus one, and when the cost goes up a few dollars, and you're normally paying four or \$500, you decide you just can't -- you can't afford the insurance anymore and you end up getting priced out of the market.

And that's sort of what we say with every mandate. So no matter how compassionate we want to be, we also have to be compassionate for those who are getting priced out of the market and can no longer have insurance. With that, Mr. Speaker, I have a few questions to the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. COUTU (47th):

In 2014, there will be an essential -- essential benefit package from the President with his health care plan. Will this be covered in that plan?

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. We do not -- not know that as of yet.

DEPUTY SPEAKER GODFREY:

Representative Coutu.

REP. COUTU (47th):

Thank you, Mr. Speaker, and I thank the gentleman for his answer. That's another concern that I have. In 2014, the President's health care plan which we truly do not know if it will be implemented, but at this current time it's going in that direction, we know that there's the essential benefit package.

What this means is when we add new mandates, when we increase the number of people on these mandates, when we increase the dollar amount that the mandate covers, which basically we tell our employers across the state of Connecticut, you must cover every

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employee within your workplace no matter if any of them may even have potentially a condition that would fall under that mandate, you have to cover it.

And the problem could be, according to the Administration, that as the State acquires more of these mandates, if it's not in the essential benefit package, the State must assume the costs of the additional benefits. And that's sort of the underlying question that we face every time we see a mandate.

Through you, Mr. Speaker, I have another question for the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Please proceed, sir.

REP. COUTU (47th):

I know during -- when you were speaking before, Mr. Chairman, you stated that multiple states have already implemented this program. And one, I was just curious as to the number of the states. And then two, are these -- is it implemented as a volunteer mandate?

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. Yes, it is a -- I

believe it's voluntary in -- in the other three states that I know of -- about, through hearing testimony.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Coutu.

REP. COUTU (47th):

And secondly, are these three states that have implemented a program, we believe it may be under the idea that it may not be medical necessary and may be just voluntarily, are these states funding this mandate instead of just putting it on the employers and the insurance sector?

DEPUTY SPEAKER GODFREY:

Representative Magna.

REP. MEGNA (97th):

Through you, Mr. Speaker. I don't know the -- the answer to that question.

DEPUTY SPEAKER GODFREY:

Representative Coutu.

REP. COUTU (47th):

That's a concern that I have, Mr. Speaker, if these other three states have this program. Moving things away from medically necessary, which many people know, a doctor would make it medically

necessary if a lot of times in something like this if the patient says that they may need the test. I'm sure many doctors are pretty open to doing it.

So now we're making it where it's basically open to any citizen in the state of Connecticut, the 3.5 million citizens. When you go to the hospital, you can voluntarily do this, and it's hard for me to believe that the additional costs, while it may be very small, if it was \$10 times three million people, that could be \$30 million. If it's \$100, which I think would be pushing it, you could look at \$300 million. That's extreme, but the point is the State should be funding this mandate if it's so important to our people.

Another -- I'll summarize here. There's four particular concerns that I have. First, which I mentioned, the mandates price people out of the market. There's a direct correlation of the number of mandates that certain states have and the cost of insurance, and indirectly, the number of people who can't afford insurance.

This -- we do not know if it will be in the essential benefit package. Every mandate that comes to us between now and 2014, every time we increase the

dollar amount of a mandate, we are putting our state at risk of a massive tax increase because of the new costs -- associated with it not being in the essential benefit package that the President will propose and implement in 2014.

It's also, as I said multiple times, it's a mandate and it will not be funded by the State. It will be funded by employers which we already know, it's a brutal employer market, no jobs. This doesn't help the employers.

And finally, I have a concern that there will be a potential cost increase to the State and we all know the Governor is working on a union concession package of \$1.6 billion and in that there's a lot of variables and a lot of question marks. But the bottom line is, if there is a cost to the State, would it impact the Governor's concession package and make us short with what he's trying to -- finalize?

So with those concerns, Mr. Speaker, I will be a no vote. I do understand, deep down, this is meant to try to be for the good of our public, but at the expense of many areas that I mentioned, I think many people in this Chamber should consider a no vote.

Thank you, Mr. Speaker.

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DEPUTY SPEAKER GODFREY:

Thank you, sir.

Gentleman from the 122nd, Representative Miller.

REP. MILLER (122nd):

Thank you, Mr. Speaker. The board's on.

DEPUTY SPEAKER GODFREY:

I got it right this time, sir.

REP. MILLER (122nd):

Thank you. I have a question or two for the proponent please, through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. MILLER (122nd):

Through you, Mr. Speaker, I guess there was a -- a lot of controversy. We have three and a half million people in the state. Are they all going to run to have a blood test done to see what their bone marrow is all about? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Megna.

REP. MEGNA (97th):

Thank you, Mr. Speaker. According to the University of Connecticut's study, Mr. Speaker, it's estimated that about 1,200 people or so will use this,

mandate, so to speak. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Miller.

REP. MILLER (122nd):

And through you, Mr. Speaker, I realize it's a mandate, but my own experiences with stem cells and bone marrow, I'm very supportive of this kind of legislation because it's pennies a day and what it will do for the future of the state of Connecticut and the health of its constituents is so important.

In the last five years, the medical institutions of our state have finally realized that cancer is a major problem in our state. We've had the Yale-New Haven Smilow Center built, 14 stories, a tremendous operation, and they're delving into stem cell replace -- replacement and -- things of that sort.

Griffin Hospital, Bridgeport -- Saint Vincent's Hospital in Bridgeport, Waterbury, and Hartford. So we recognize the fact that Connecticut has higher statistics when it comes to cancer incidents than the rest of the country, and I think something like this is important that we pass it because not only are the hospitals getting into treating cancer on a local level, but also we have Yale doing research in stem

cells and bone marrow in conjunction with the Yale-New Haven Hospital.

It's again, pennies a day, and it will come to pay off in big dollars down the future. I would ask that the Chamber rethink their position on this. This is a -- something that's going to benefit all of us given the fact that we have a -- we're one of the leaders in the country when it comes to stem cell research.

We have another bill coming up that is to do with bone marrow registry, so I think this all fits in hand-in-hand and will provide a -- a great experience for our state in -- in accumulating data on how to treat cancer, and I think it's something that we ought to all think about twice before we vote no on this. I suggest that the -- we pass this and help the state and help our constituents. So thank you very much, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

(Stopped 4:00:14)

SPEAKER DONOVAN:

Thank you, sir. The gentleman from Waterbury, Representative D'Amelio.

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REP. D'AMELIO (71st):

Thank you and good afternoon to you, Mr. Speaker.

SPEAKER DONOVAN:

Good afternoon.

REP. D'AMELIO (71st):

Mr. Speaker, I rise in support of the bill. As my colleague on the Insurance Committee, my Ranking Member mentioned this is an unfunded mandate. But you know, serving on the Insurance Committee for many years I've learned one thing that our -- our medical field and our technology has grown so rapidly and it's hard to keep up.

This bill would create opportunity for people to actually become part of a registry. It's going to be a nationwide registry. And one of the reasons why the registry is not growing here in the State of Connecticut to have a simple blood test taken from you to join this registry, the cost is about fifty to a hundred dollars which deters a lot of people.

But I think in the long run as Representative Miller just mentioned one thing that I've been learning on the Insurance and Real Estate Committee in the long run I think this is going to save us a lot of money because a lot of these cancers and treatments

will be -- be able to be determined a lot quicker what type of treatments by having bone marrow transplants taken place would take you off medicine a lot quicker and would heal the patient a lot quicker in terms -- it would save a lot more money.

So you know, I urge the Chamber to really look at this issue. What we're trying to do is expand the bone marrow registry here in the State of Connecticut. This registry will be used nationwide not only for people in the State of Connecticut but throughout this country and I believe in the long term it will reduce the costs of medical care for these patients. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, sir. Gentleman from Wethersfield,
Representative Morin.

REP. MORIN (28th):

Thank you, Mr. Speaker. Good afternoon.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. MORIN (28th):

I will reserve my comments in strong support of this bill. I would like to personally thank the esteemed chairs of this committee for bringing it

forth and the ranking members for their support. I'd also like to thank Representative Wong for partnering with me as we have advocated throughout the Chambers and throughout this building for strong support.

I've heard a few things today and one of -- one of the things I was -- I was so happy to hear the clarification on the medical -- the words the medical necessity of the bill. Of course for the people that are going to be volunteering to be donors it is not medically necessary for them nor why should it be. But for the people that will benefit, people with blood born cancers, with serious diseases that are in peril of losing their lives and are facing a hopeless situation it is a necessity. And if it's not medically necessary for the person making the -- getting on that registry I believe it's medically responsible for them to do that.

And I applaud every one of the volunteers that is selfless and giving of themselves so that someone else may have an opportunity to live and extend their life. This reason -- this was brought to me the first time I've had a couple opportunities that I've been personally touched by folks that have utilized the registry.

Many years ago a very good friend of mine, a very dear friend was battling leukemia and we -- because there was no process in place the family -- people to form -- start having people get registered we had to do a fundraiser privately funded. It cost the family upwards of six, seven thousand dollars to get people registered to come on.

We were glad to do it. We were all glad to give of ourselves to try to help this family. Unfortunately Donna was not a benefactor and she passed away. And her spirit lives on with this type of legislation. Another great constituent friend, Gina Galvin, 25 years old, developed a rare blood disease.

When they had -- her family, her husband was from Massachusetts. When they rallied around Gina in Massachusetts they got thousands -- all kinds of people to come and donate because there was no cost. It didn't cost them anything.

But when Gina and John who are teachers in Wethersfield, when they wanted to do a blood drive and get young people and the residents of Wethersfield and surrounding communities to come in and help get on this registry to help people, to help Gina, to help

others, there was a cost of a hundred dollars. And some might say, oh what's the big deal about a hundred dollars. We all have a hundred dollars. Well we all don't. And getting young people involved that was a deterrent to them. So the Galvin's and their family raised -- had to spend over \$12,000 to enlist people. And we can debate on the mandate issue. And I -- I listened to one of my colleagues talk about it -- how this is harmful to the insurance industry and it could hurt people.

And that I suppose is a debate for another day on why we shouldn't have to deal with insurance as we deal with it today. Because people make an awful lot of money off this -- off of that business. And frankly I'm a little more concerned with the people that are having life and death issues than I am about those people.

So I appreciate your indulgence, Mr. Speaker. And again thanks to all of the folks that have worked very hard and I sternly encourage all of you to support this legislation. Thank you.

SPEAKER DONOVAN:

Thank you, sir. Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. I rise in strong support of this bill. Yes it is an additional cost. There is no question about that. About six cents per month per subscriber. But when you look at what the six cents will fetch in the long run in terms of the quality of life for thousands of people across this country who we are not able to reach because this were to apply no matter where the person lives that we will be able to get a match and treat diseases, diseases that can be treatable if we have the appropriate match.

This is -- yes, it is five cents. Every penny counts. I'm a firm believer in that. But this -- though it may be -- it is a mandate. There's no question about it. It is a mandate to the insurance company. It is a mandate that I think is necessary when you look at the general interest of the people that are going to be touched, their lives that are going to be affected so much for the positive because they were given this chance, this opportunity which we are providing through this bill. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, sir. Gentleman from Fairfield,
Representative Hwang.

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REP. HWANG (134th):

Thank you, Mr. Speaker. I'd like to thank the proponent of this bill for his work and applaud Representative Morin for his diligence and advocacy. I rise in strong support of this bill related to the bone marrow testing. A bill that will save lives from blood cell cancer such as leukemia and nonhodgkins lymphoma. Bone marrow testing will save lives by increasing the coverage of the national and state database registry for potential matches of bone marrows for cancer patients.

We can increase bone marrow testing campaigns by raising awareness and hopefully earlier diagnosis of blood cell cancers. I know we've spoken about this bill as a mandate and I appreciate the concern of the insurance company pass through to the consumers. But I feel that I have a greater responsibility to the people that I represent and this is important to them. It should be enough to support this bill for the intrinsic merits of this bill.

However, I believe this bill will save lives and decrease long term health care costs. Increased testing will allow more people to participate in this database directory and increase the likelihood of life

saving matches of donors to cancer patients.

Currently each test kit costs approximately \$50.

However, given the current limited parameters and after speaking with hospitals and labs it is their belief that with increased testing and increased economy of scale we can significantly reduce the test kit cost and therefore be able to create less of a mandate cost to our consumer but most important of all, this is a bill that is going to save lives. I encourage this entire body to support this cause.

Thank you.

SPEAKER DONOVAN:

Thank you, sir. Gentlewoman from Danbury, Representative Geigler.

REP. GEIGLER (138th):

Thank you, Mr. Speaker. I too rise in strong support of the bill before us. This is such an important bill for those that suffer from leukemia. And in fact I have two very close friends in Danbury who actually today are here because of the bone marrow transplant that they had. And their most fortunate and they're really anxious to see bills such as this go forth and also to work with the bone marrow registry. I just have one question to the proponent

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of the bill.

SPEAKER DONOVAN:

Please proceed, Madam. Representative Megna, be prepared.

REP. GEIGLER (138th):

I thank you, Mr. Speaker. Just one question. After an individual has had a bone marrow testing done, are they automatically placed on a registry?

REP. MEGNA: (97th):

Through you, Mr. Speaker. I believe it --that's true, that it will be automatically placed on the national registry.

SPEAKER DONOVAN:

Representative Geigler.

REP. GEIGLER (138th):

Thank you, Mr. Speaker. And I thank him for his answers. I think its most important with the amount of cancer that we're seeing now and the growth of cancer, the growth of leukemia that a bill such as this at such a minimal impact as far as cost although it is a mandate and I'm not one that really supports the mandates. But in this case I really think with the nominal cost and the impact that it will have on so many, I truly support it. Thank you.

SPEAKER DONOVAN:

Thank you, Madam. Gentlewoman from Stratford,
Representative Hoydick.

REP. HOYDICK (120th):

Thank you, Mr. Speaker. In insurance we were under the impression that there were free bone marrow testing which is why many of us did not support this bill when we had it in committee. Upon further research we found out that that -- that free testing is very limited. It's also depending as Representative Morin said if there is a fundraising drive or someone is subsidizing that testing. So after we had done a little additional research when we saw this on the go list we realized there might be some unintended consequences as realized in New Hampshire. And last week the New Hampshire Senate passed a bill that put a cap on the testing cost. And the reason they did that was they were incurring extensive costs for testing from different laboratories.

And I would like to propose a question to the proponent of the bill through you, Mr. Speaker, if I may. May I propose a question through you?

SPEAKER DONOVAN:

Proceed.

REP. HOYDICK (120th):

Would the proponent of the bill consider it -- consider putting a cap on the expense of testing at this point? Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. I believe the bill has a -- a limit of one test per lifetime. Through you, Mr. Speaker.

REP. HOYDICK (120th):

It is one test of the lifetime. Thank you, Mr. Speaker. I understand that. But in New Hampshire they put a limit at the cost of the test that could be charged by the labs to the insurance company. And in New Hampshire, I mean, I pulled it up on NPR.org so you can find it. It's \$150.

And I think that it would -- for us to pass this mandate as many of us are leaning to support it because of the good cause, I think it might be an unintended consequence if we don't put a cap on this test and I was hoping the proponent of the bill would consider this. Through you, Mr. Speaker.

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SPEAKER DONOVAN:

There is a question in there. Representative Megna.

REP. MEGNA (97th):

Yes. Through you, Mr. Speaker. We believe that the insurance companies will negotiate -- will negotiate a reasonable value for this test. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hoydick.

REP. HOYDICK (120th):

Thank you to the gentleman for his answer but we all know what reasonable means. And it would be much more palatable to some of us if we could define that. So I'm taking that as an -- a no from the proponent of the bill.

Through you, Mr. Speaker. The question of negotiating putting a cap on the testing amount that we would be willing to pay for or have the insurance companies pay for.

SPEAKER DONOVAN:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. Yes.

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REP. HOYDICK (120th):

Yes that is a no. Through you, Mr. Speaker.

Thank you very -- thank you very much for your time.

SPEAKER DONOVAN:

You're very welcome.

For the second time, Representative Coutu.

REP. COUTU (47th):

Thank you, Mr. Speaker. Mr. Speaker, I just want to clarify. I've said all along that bone marrow testing is very important. There are 70 diseases that this could help us determine how to help these individuals but at the same time I have some serious concerns. A new concern was just presented as we don't have a cap and there -- there could be a problem with that and the overall costs could go up considerably.

Another thing that I heard was, you know, it's very important that we raise awareness and I think that's absolutely true. If everyone in this Chamber went home and sent a press release and we're going to do everything we can to raise \$500,000 to help this type of testing, bone marrow testing, we would do it and we'd be able to cover literally a hundred thousand people.

And that is more of what I'm considering we should be doing as a legislature instead of pushing a mandate that is voluntary so anyone can go and we can save 1,200 but we don't know. It could be 400,000. It's not going to be potentially covered from the federal healthcare plan, the essential benefit package. And at the end of the day it puts the union concession at jeopardy because this could be a big cost and we don't predict the real cost.

There's also something talking about as we increase the quantity, the cost could go down. I guess that's a guess. We really don't know. But once again the bottom line is who's paying for this. If the State of Connecticut and our elected leaders think this is such an important issue, which it is, then we should pay for it. Not put it on the back with the other 60 mandates we have on employers and give employers another reason to leave the State of Connecticut when next year after a dozen new mandates they get a ten percent insurance premium increase. And then they pass it on to the employees. So there's multiple reasons why I am concerned about this piece of legislation. And I think we should seriously consider in the future which mandates are a priority

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for the state because our mandate list is one of the largest in America and that's why we have some of the highest insurance costs in America. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, sir. Representative Williams.

REP. WILLIAMS (68th):

Well thank you, Mr. Speaker. And through you just one question to the proponent of the bill please.

SPEAKER DONOVAN:

Sure.

REP. WILLIAMS (68th):

Two? One.

SPEAKER DONOVAN:

Okay.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker. And through you to Representative Megna, and forgive me if this question was already posed, Representative Megna but it's my understanding from my service on the insurance committee in the past that certain health plans specifically those that might be self insured plans are governed under federal law and therefore will not be affected by this legislation.

It's only the managed care organizations that are located here in Connecticut that are not self insured. Is that correct? Through you.

SPEAKER DONOVAN:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker. Yes, that is.

SPEAKER DONOVAN:

Representative Williams.

REP. WILLIAMS (68th):

And through you to Representative Megna, one other additional question. Do we know approximately how many Connecticut residents are covered under self insured plans that would not be affected by this proposed legislation? Through you.

SPEAKER DONOVAN:

Representative Megna.

REP. MEGNA (97th):

I'm told approximately 50 percent of the people who are insured in this state. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker. And I thank the gentleman for his answers. Ladies and gentlemen of the Chamber I will be supporting this legislation here today. In the past I have opposed certain health insurance mandates but I want us all to realize when we pass this bill into law that we're not covering everybody, that not everybody is going to benefit from this, and there are people who have insurance, who are insured here in the State of Connecticut, many of those people who will not be covered under this proposed mandate.

And so you know, we -- we walk out of this Chamber and we think we've done a good thing and I believe that here we are doing a good thing here today. But let's keep in mind that not everybody is covered and we have a lot of work to do to bring more competition into the health insurance market and drive down prices. This is not going to do that at all. It certainly will expand coverage of something very important to some people but it will not cover everybody who's covered by instance currently and we need to keep that in mind as we go forward. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

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Thank you, sir.

Will you remark further on the bill as amended?
Will you remark further on the bill as amended? If
not, staff and guests please come to the well of the
house. Members take your seats. The machine will be
open.

THE CLERK:

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

SPEAKER DONOVAN:

Have all the Members voted? Have all the Members
voted? If so, the machine will be locked. The Clerk
will take a tally. And Mr. Clerk, if you'd kindly
announce the tally.

THE CLERK:

House Bill 5032 as amended by House "A".

Total Number voting	141
Necessary for adoption	71
Those voting Yea	134
Those voting Nay	7
Those absent and not voting	10

SPEAKER DONOVAN:

The bill as amended is passed.

**JOINT
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HEARINGS**

**INSURANCE AND
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PART 2
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2011



State of Connecticut
 HOUSE OF REPRESENTATIVES
 STATE CAPITOL
 HARTFORD, CONNECTICUT 06106-1591

FTR

REPRESENTATIVE RUSSELL A. MORIN
 28TH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
 ROOM 2202
 HARTFORD, CT 06106-1591
 CAPITOL: (860) 240-8585
 TOLL FREE: 1-800-842-8267
 FAX: (860) 240-0206
 E-MAIL: Russell.Morin@cga.ct.gov

CHAIRMAN
 GOVERNMENT ADMINISTRATION AND ELECTIONS
 COMMITTEE

MEMBER
 FINANCE, REVENUE AND BONDING COMMITTEE
 TRANSPORTATION COMMITTEE

Testimony
 Representative Russell A. Morin
 28th District, Wethersfield

HB5032

February 2011

Chairman Crisco, Chairman Megna and Honorable members of the Insurance and Real Estate Committee, I am here to testify in strong support of S.B. 17 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage. I would like to thank the chairmen and committee members for bringing this proposal forward for a public hearing.

The best hope of curing Non-Hodgkins Lymphoma is to have an Allogeneic Bone Marrow Transplant. The first step is to find an acceptable bone marrow donor. The lack of insurance coverage for the initial test is a deterrent for individuals who would otherwise be willing to undergo testing. Therefore, the individuals who need the transplant are faced with finding the resources to pay for the initial test themselves, or with charitable contributions.

Senate Bill 17 will require health insurance companies to provide coverage for expenses arising from human leukocyte antigen testing to determine compatibility for bone marrow transplantation. The current cost of this test is approximately \$50, and this bill would limit insurance coverage to individuals who agree at the time of the test to authorize the results of the test to be used for participation in the National Marrow Donor Program. I believe this is a fair compromise in our efforts to provide coverage for the testing. It limits the payments, and it increases the chances for finding a suitable donor for all of the patients in need of a transplant. Rhode Island, Massachusetts and New Hampshire have already passed similar legislation. I believe this legislation could actually save money in the long run if the extraordinary expenses to keep these patients healthy can be eliminated with a successful bone marrow transplant, and I respectfully request that you give this bill a Joint Favorable Report.

The people that will benefit from this legislation are facing true hardships, and I feel the coverage included within it is very beneficial. This bill not only provides coverage for bone marrow testing it also expands or requires health insurance coverage for ostomy-related supplies, prosthetic devices, hearing aids for children, wigs for patients who suffer hair loss due to certain medical conditions. It also requires the prohibition of imposition of a coinsurance, co-payment, deductible and/or other out-of-pocket expense for such testing in excess of twenty percent of the cost for such testing per year for any additional colonoscopy ordered in a policy year by a physician for an insured. It also promotes health behavior wellness, maintenance or improvement program participation by requiring insurers to offer such programs, and requires an incentive or reward for such participation. While I support all of the parts of this legislation I respectfully request that the Bone Marrow portion move forward as a separate bill, I believe you will be hearing HB 5032 An Act Requiring Health Insurance Coverage for Bone Marrow Testing soon and I hope that you will give that a Joint Favorable vote as well.

I have seen first hand the anguish and despair that someone goes through when they need help finding a bone marrow donor, there just are not enough available donors. This legislation would help so many people looking for bone marrow matches as it requires the person sign up for the National Bone Marrow registry, in order for the test to be covered, which would mean so many more potential matches for people who are in desperate need of a transplant.

I understand that we are reluctant to impose mandates on the health insurance industry, but this piece of legislation would help so many of our state's residents live better lives at such a minimal cost. Our support of this bill will have a most positive affect on not only the patients who need these things, but also on their families that oftentimes have to make difficult decisions and painful choices as to how best to provide for their loved ones. I thank you for your consideration of this bill.

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COMMITTEE
HEARINGS**

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'Chrysler LeBaron; it's therefore equal to every other Chrysler LeBaron.

JENNIFER RHODES: Right. What happens in the process is that the adjuster for the claim will go and look at the vehicle, they'll note the condition of the vehicle, (inaudible) have (inaudible) so they look at the various aspects of the interior, or the mechanical, or the -- the outside, and see what kind of condition that it's in.

REP. SCHOFIELD: How do you do that when the car's been totaled?

JENNIFER RHODES: Well, in some instances they -- they know. In other instances, I think it's -- it's from information that they had prior -- I can't say more than that, but if you'd like to know, I can find that information out (inaudible).

REP. SCHOFIELD: Okay.

SENATOR CRISCO: Thank you, Representative.

Chairman Megna?

All right, any other questions?

Thank you so much.

JENNIFER RHODES: Thank you.

SENATOR CRISCO: Representative Morin?

REP. MORIN: Thank you, Chairmen Crisco and Megna, ranking members, and members of this committee.

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Russ Morin, 28th District, and I truly appreciate the opportunity to speak before you on this public hearing on House Bill 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING. I really thank you very much for holding this hearing, and obviously I'm here to speak in strong support of the bill.

I'm not going to read my testimony because I don't want to look at the glazed looks you'll all give me because I know you can read it. I would ask you, in the fourth paragraph, just to correct -- my testimony was not accurate. Instead of \$50, it should read \$75, for the cost of the test.

Excuse me. I do want to just personalize this a little bit. I'm here, I -- I brought this bill up numerous years in my time here in the legislature, and it was because constituents that are going to speak be -- after me have brought it to my attention.

I've been very fortunate in my personal life to never have to deal with this very important issue, but John and Gina Gallivan have had to deal with it, and they've taken the time to make me aware.

I've also been personally involved in trying to help a family that was looking for a donor, looking for a match, and going through the fundraising process to help cover the costs of all these tests. And it's -- it's -- what happens to families is -- it's hard enough when you have to deal with an illness to your loved one, but when you have to fight and struggle, find ways to -- to pay for some of these tests, it's awful.

I guess what I would say is, I know we're always reluctant to impose mandates. I get that. This piece of legislation is going to help so many people. Makes our state's residents' lives a little better, a lot better, and the cost really is minimal. I think it will have a tremendous effect on the lives of many people, and -- in fact -- my egg's not even soft-boiled yet. You can't give me 30 seconds more, huh?

But, you know, I truly appreciate having the opportunity. When John and Gina Gallivan come up to speak, they're going to be able to speak to you much more efficiently on the facts. And I'm here to just give a little bit of the passion and support for them and all the other families that are going through this.

SENATOR CRISCO: Thank you, Representative.

Are there questions?

REP. MEGNA: Representative Morin?

REP. MORIN: Yes, Chairman Megna.

REP. MEGNA: Thank you, Mr. Chairman.

Thanks for working on this issue, Russ. And I look forward to you bringing it on the House floor.

REP. MORIN: You bring it to that point, I'll bring it out. How's that?

REP. MEGNA: All right, thank you.

Thank you, Mr. Chairman.

REP. MORIN: Thank you very much.

JOHN GALLIVAN: (Inaudible).

SENATOR CRISCO: Okay.

JOHN GALLIVAN: Thank you, Chairman Crisco, Chairman Megna, and the members of the Insurance and Real Estate Committee, for allowing me the opportunity to speak with you today.

I'd like to offer the following in support of House Bill 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING. I previously had submitted testimony for Senate Bill 17, which also included this bone marrow provision, among other expansions of health insurance coverage, and I recognize that these are difficult financial times, and you may need to prioritize, and that's why I'm offering support of this bill today.

I'd just like to point out that every other state in New England, with the exception of Connecticut and Vermont, have passed similar legislation. Based on their estimates, accurate estimates because they've had the legislation in effect for a few years, this bill has cost insurance companies approximately \$40,000 per year, and has cost the state budget nothing at all. This small cost will save the lives of people in Connecticut and across the nation who are in dire need of a life-saving bone marrow transplant.

For me, it all started in April of 2005, when my wife, Gina, who you'll be hearing from in a minute, was 25 years old and was diagnosed with leukemia and told that she had only a 20 percent chance of survival. It obviously was

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shocking for us. But one of the most grueling parts of the battle for me, aside from watching Gina go through treatments, was managing our finances.

I'll give you an example. She was transferred to Boston's Dana Faber Cancers Institute a day after treatment in Hartford, and I had to arrange and pay for housing for Gina's family and myself. We had to pay for food, as well as transportation to and from Connecticut, on a regular basis, and our prescription drug costs were in excess of \$1,000 per month.

But the next battle, and perhaps the most daunting of all, was finding a suitable match for Gina's transplant. Her sister was not a perfect match, so we had to look for a donor in the International Bone Marrow Registry. And for months, we heard nothing, and our anxiety grew with the passing of each day. And we knew that Gina's leukemia had a high percentage of relapse without a transplant and we might be back to square one.

So we held bone marrow drives in Wethersfield, at the high school where we both teach, as well as in Wooster, Massachusetts, where I grew up, and at the State House in Boston, where I served as a legislative aide. All told, we added over 500 people to the registry, however, none were matches for Gina. What was the difference in these drives is the question. And the ones that were held in Massachusetts were covered by insurance companies, and the ones held in Connecticut required people to pay out of their own pockets if they wished to be tested.

It's a shame, and I'd just like to say that for the drive we had in Wethersfield, we added

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250 people to the bone marrow registry, and it cost us, personally, \$12,000 to have those people tested. Obviously, her high school students, students 18 years old who -- you have to be 18 to be tested -- any cost, especially the cost of \$75, is going to be a deterrent and if we can eliminate that deterrent, our goal is that we'll add more people to the registry, and more people's lives will be saved.

SENATOR CRISCO: Thank you, John. Appreciate it.

Just for some of the new members of the committee, we did pass this bill last -- last year, from committee, in both chambers, unfortunately, it was vetoed and we didn't have time to override.

But thank you for all your work that you do.

Any questions for John?

Yes, Representative D'Amelio.

REP. D'AMELIO: Thank you, John. And it's nice to see you here again before the insurance committee.

My question is about the registry. When it's a 75-dollar fee, every time you get tested, is there a fee of \$75? How does it work?

JOHN GALLIVAN: That is a good question. It's a one-time test, so if you were to decide that you wanted to help somebody out and join the bone marrow registry, you would go, it's a simple mouth swab, you take, basically a Q-tip, you rub it on the inside of your mouth, you put it back into an envelope. They test it to see if you're a match.

Once you're into the reg -- so it costs insurance companies \$75 for you to join the registry. Once you're a member of the registry, you're a registry until you're 60 years old when you're removed from the registry at that point, because they say you - - you wouldn't be a suitable donor.

But -- so it's a one-time cost. It's optional. Obviously no one has to get tested to be a bone marrow donor. Once you get chosen to be a match, if you -- if you are lucky enough to be chosen to be a match, you then have the choice whether or not you even want to go through with the process of being a bone marrow donor. You still can say, no, at that point, but obviously the goal would be that you'd follow through and be -- and be a match and save somebody's life.

SENATOR CRISCO: Thank you, sir.

Any q --

John, I wonder if you'd be well enough to give our clerk the information as far as how one registers, you know, for bone marrow testing. I -- again, I'm not aware -- I'm not sure how many people are aware of it, and maybe if we could get the information out to all our colleagues, who can get the information out to their districts, there might be some help there, so.

UNKNOWN SPEAKER: (Inaudible).

JOHN GALLIVAN: (Inaudible) the reason there haven't -- the reason why, probably a lot of Connecticut people in general don't know as much about the registry, is because, I think,

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people are encumbered by that cost, and we haven't been able to have as many drives here as we've seen in Massachusetts. I mean, if you pick up a Boston Globe, on random weekends you'll see that there'll -- there'll be drives held on college campuses, or high school -- high school auditoriums, where, you know, it's going to be covered by insurance. It's really hard to have a drive in Connecticut when you're also asking people, not only to make the sacrifice of joining the registry, but also making the sacrifice in paying money that they might not have.

SENATOR CRISCO: Yes, and we also have many forms of communication, including newsletters, that maybe some of my colleagues might be interested in putting some information on. So --

JOHN GALLIVAN: Okay.

SENATOR CRISCO: -- if you're willing to do that, we would appreciate it --

JOHN GALLIVAN: Sure.

SENATOR CRISCO: -- and I think there's a -- a good opportunity here to get -- get the word out, much more than it is.

JOHN GALLIVAN: Thanks.

SENATOR CRISCO: Any other questions for John?

Thank you.

Edna? Gina, I'm sorry. Gina.

GINA GALLIVAN: Thank you. Again, Chairman, thank you for having us here again this year. And

thank you, committee, for your support of this bill in the past.

Again, my name is Gina Gallivan, and my husband spoke about why this -- this bill is important to us, and how we also, of course, supported the prior bill, Senate Bill 17. And we're here again to support just this stand-alone bill, House Bill 4032 -- 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING.

My life was saved by a bone marrow transplant, and I would like as many people as possible to be able to share a similar story. And I believe that allowing volunteers to join the bone marrow registry, free of cost, will promote more of these life-saving procedures. If more accessible, more people will be entered into the registry, and more people will receive matches, and be able to receive bone marrow transplants for a variety of blood cancers, leukemia, lymphoma, et cetera. We'd like Connecticut to join New England and -- in this wonderful effort, endeavor.

Six years ago, I was diagnosed with acute lymphoblastic leukemia. I was 25, and I'd been married for less than one year. I was an English teacher, and a high school tennis coach, and pursuing my Master's degree. And really was a very healthy person and energetic, an active member of my community, and I felt like I had a very promising and fulfilling future. So, of course, my diagnosis of leukemia was a shock to my family and me.

I was an inpatient at Brigham and Women's Hospital, and also treated at Dana Farber in Boston. I had intensive chemotherapy and

radiation, which led to remission, and ultimately had a stem cell transplant. This would be the best way to prevent recurrence of the cancer, my doctors told me. So we placed our hope in the possibility that I might find a donor match through the National Bone Marrow Registry. And, again, you would hope that it wouldn't be someone that wouldn't be yourself, or someone that you know, but when you know that, you know, your life is dependent on finding a match, it's as important as ever to get as many possibilities for your match in that registry.

So, I was fortunate to find a donor. He was a 21-year-old male, and I don't know his name or where he lives, but I know I'm alive today because he volunteered to join the bone marrow registry. And additionally, of the numerous people who joined the registry through our volunt -- the volunteer drive held for me while I was searching for a match, we know that we -- now five people, from my drive alone, who have been called by the registry to consider pursuing being a match for someone else, which -- which is wonderful.

So, essentially, the key to making my story a success story, and hopefully one of many, is finding donors for patients who are suffering from blood cancers and disorders, and that's why we're here today. We're hoping, again, that you will support this bill so we can encourage as many as people -- as many people as possible to join the bone marrow registry. And thank you so much. We appreciate it.

SENATOR CRISCO: No, thank you, Gina, for you and John, your husband, for all you've done in impacting other -- other people's lives, so.

Any questions of Gina? Any questions?

Yes, Representative D'Amelio. No problem.

REP. D'AMELIO: Thank you, Senator.

Thank you, Gina, for being here again and sharing your story.

My -- my question is -- you don't know -- you know that your match was a 21-year-old male --

GINA GALLIVAN: Uh-huh.

REP. D'AMELIO: -- but you don't know where they're from.

GINA GALLIVAN: No, I don't.

REP. D'AMELIO: So -- so it's possible to be a match for someone in California?

GINA GALLIVAN: Correct. In fact, I may have had a donor from someone in any state, or even our of country.

REP. D'AMELIO: So a donor doesn't necessarily have to fly into Connecticut if they're -- they're a match for you?

GINA GALLIVAN: No.

REP. D'AMELIO: I'm just trying to understand how it works.

GINA GALLIVAN: It's really amazing. They have a -
- a person. I don't know what the correct term is for it, but he will go and retrieve the stem cells, if it's -- if it's a stem cell transplant, from the source in the state.

COMMITTEE

So, if it's somebody in California, there's someone who will fly -- a medical person, who will fly to California, and get the stem cells and the blood, and bring it back to me. So I had it, you know, it came and someone brought it -- something in -- in a cooler, and it ended up to -- in me, with me, in Boston, at Dana Farber. And so there's a -- a person and personnel who are involved in that process.

As well as -- if you were, say, to volunteer to be a bone marrow donor, you would have medical support, and people giving you information about what it would entail, and following up on your own health care, yourself, as a volunteer donor, to make sure that you stay healthy when you donate your stem cells.

REP. D'AMELIO: You -- your husband, John, mentioned, like in Boston, you have these drives, bone marrow drives, all the time. If someone in Connecticut wanted to donate, I mean, I haven't heard of a bone marrow drive in a while, unless someone in your community is suffering from some disease.

What would you do? Just go to your doctor and ask to be a donor? Could they provide that service?

GINA GALLIVAN: I'm sure your doctor could connect you to the proper service and also (inaudible) registry as the nation marrow donor program, so online, I'm sure there's a number, a phone number that you can call, and they can give you on the place to go to, to, you know, register, and then go through the -- the process, the testing.

COMMITTEE

So can it be done at a doctor's office? I don't see why not, but I'm not quite sure what that specific facility might be. I could let you know, but since I'm kind of on the other end of it, I -- I didn't know exactly about other places aside from where they hold the drives. But certainly, there are -- it's easy to access for someone who's interested.

REP. D'AMELIO: So -- so the drives are all hosted by the registry --

GINA GALLIVAN: Correct.

REP. D'AMELIO: -- mostly. Okay, thank you.

GINA GALLIVAN: And -- and or organizations that are financially supporting the ability to enter the -- enter your tested information into the registry.

You're welcome.

SENATOR CRISCO: Thank you, sir.

Any other questions? Any questions?

Well, thank you, and Gina, you and John, for all you do. And the sooner you get us that information, in regards to how someone goes about (inaudible) registry, we'll get it out as -- as soon as possible. I think it'll be -- I think it'll a great avenue for opportunity.

GINA GALLIVAN: We appreciate that. I think that's a fantastic idea. It'll be a good education (inaudible).

SENATOR CRISCO: Yes.

Any other questions?

There are some good things that are done here occasionally. Thank you.

GINA GALLIVAN: Thank you so much. We appreciate your support.

SENATOR CRISCO: You're welcome.

Proceeding to House Bill 5438.

David?: Is David here?

DAVID DCZORA: Good afternoon, Senator Crisco, members of the Insurance Committee.

My name is Dr. David Dczora. I'm a chiropractic physician, and I live and practice in Branford. And I'd like to speak on behalf of the Connecticut Chiropractic Association, and the residents we serve, in support of House Bill 5438, which would limit co-pays to 50 percent of the cost of services.

Excessive co-pays create a phantom benefit for health insurance policyholders. These co-pays often meet or exceed the cost of care. The insurance sells their product with a defined benefit, collecting high monthly premiums, yet they pay out little or nothing for the benefit.

In addition, they restrict the care. Patients seeking chiropractic care, a form of manual therapy, will often have multiple visits during a week for an acute episode, and high co-pays become a barrier to that care.

Attached with my written testimony, I provided you some copies of EOBs as examples, and I'll

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State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE RUSSELL A. MORIN
28TH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 2202
HARTFORD, CT 06106-1591
CAPITOL. (860) 240-8585
TOLL FREE: 1-800-842-8267
FAX: (860) 240-0206
E-MAIL: Russell.Morin@cga.ct.gov

CHAIRMAN
GOVERNMENT ADMINISTRATION AND ELECTIONS
COMMITTEE
MEMBER
FINANCE, REVENUE AND BONDING COMMITTEE
TRANSPORTATION COMMITTEE

Testimony H.B. 5032
Representative Russell A. Morin
28th District, Wethersfield

February 10, 2011

Chairman Crisco, Chairman Megna and Honorable members of the Insurance and Real Estate Committee, I would like to thank you for drafting my proposed bill, H.B. 5032 An Act Requiring Health Insurance Coverage for Bone Marrow Testing as a committee bill. I want to thank you very much for holding this public hearing. I am here to testify in strong support of this bill.

I believe that it is so critically important that this stand-alone concept continues to move forward in the process. Last week I submitted testimony on S.B. 17 which also contains the Bone Marrow testing language. While I believe that S.B. 17 contains many important health insurance mandates, I strongly believe that this bone marrow testing concept needs to move forward on its own. I urge your support for H.B. 5032.

The best hope of curing Non-Hodgkins Lymphoma is to have an Allogeneic Bone Marrow Transplant. The first step is to find an acceptable bone marrow donor. The lack of insurance coverage for the initial test is a deterrent for individuals who would otherwise be willing to undergo testing. Therefore, the individuals who need the transplant are faced with finding the resources to pay for the initial test themselves, or with charitable contributions.

H.B. 5032 will require health insurance companies to provide coverage for expenses arising from human leukocyte antigen testing to determine compatibility for bone marrow transplantation. The current cost of this test is approximately \$50, and this bill would limit insurance coverage to individuals who agree at the time of the test to authorize the results of the test to be used for participation in the National Marrow Donor Program. I believe this is a fair compromise in our efforts to provide coverage for the testing. It

limits the payments, and it increases the chances for finding a suitable donor for all of the patients in need of a transplant. Rhode Island, Massachusetts and New Hampshire have already passed similar legislation. I believe this legislation could actually save money in the long run if the extraordinary expenses to keep these patients healthy can be eliminated with a successful bone marrow transplant.

I have seen first hand the anguish and despair that someone goes through when they need help finding a bone marrow donor, there just are not enough available donors. This legislation would help so many people looking for bone marrow matches as it requires the person to sign up for the National Bone Marrow registry, in order for the test to be covered. This coverage would help to remove the costly barrier that people face when considering signing up to be a bone marrow donor. This bill will help to make more people sign up to be tested to be potential bone marrow donors and therefore increase the likelihood of finding a match.

I understand that we are reluctant to impose mandates on the health insurance industry, but this piece of legislation would help so many of our state's residents live better lives at such a minimal cost. Our support of this bill will have a most positive affect on not only the patients who need the bone marrow transplants, but also on their families that oftentimes have to make difficult decisions and painful choices as to how best to provide for their loved ones. I thank you for your consideration of this bill.



**Testimony of Victoria Veltri, Acting State Healthcare Advocate
Before the Insurance and Real Estate Committee
In Support of H.B. 5032, S.B. 312, and S.B. 314
February 10, 2011**

Good afternoon Senator Crisco, Representative Megna, Senator Kelly, Representative Coutu and members of the Insurance and Real Estate Committee. For the record, I am Victoria Veltri, the Acting State Healthcare Advocate. My office, the Office of the Healthcare Advocate (OHA) 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 face in accessing care and proposing solutions to those problems.

I testify today on behalf of OHA in support of three bills, H.B. 5032, S.B. 312, and S.B. 314. Each of these pieces of legislation provides a positive change in the way health insurance operates, and I ask for your consideration of each of these important pieces of legislation.

H.B. 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING, would require insurance plans to cover most of the costs associated with bone marrow testing, capping patients' copayments at 20% of the cost of the procedure. Bone marrow testing is a vital way to link possible bone marrow donors to possible bone marrow recipients; donating bone marrow is an act that can help save lives. Linking bone marrow donors to recipients ensures medically necessary treatment while reducing the costs of ongoing treatment in lieu of transplantation. Passing this legislation would ensure that cost is less of a barrier to the saving of lives.

Additionally, H.B. 5032 would require that bone marrow testing be performed in an American Society for Histocompatibility facility and that the results of such tests be recorded in the National Marrow Donor Program database. These steps guarantee bone marrow testing is done in a safe, accredited facility and that the results of these tests are stored in a protected, useful database.

OHA also supports S.B. 312, AN ACT ELIMINATING THE AGE CAP FOR HEALTH INSURANCE COVERAGE FOR SPECIALIZED FORMULA. This legislation would help give individuals access to the specialized formula they need, regardless of age. There are many medical conditions that make specialized formula a necessary source of nutrition for many years of a patient's life. Currently the law only requires insurance

plans to cover this important medical expense for children under the age of 12. Again, the failure to cover this specialized formula can result in unnecessary hospitalizations and doctor visits. This bill would eliminate this unfair age restriction and help to ensure patients have access to the specialized formula that they need to survive.

S.B. 314, AN ACT CONCERNING MENTAL OR NERVOUS CONDITIONS UNDER THE CONNECTICUT UNFAIR INSURANCE PRACTICES ACT is also an important piece of legislation that OHA supports. This legislation would help to guarantee that insurance companies cannot discriminate against patients based on the presence of a mental or nervous condition. If passed, this legislation would ensure that individuals with mental or nervous conditions are not unfairly denied coverage or given inappropriately discrepant coverage. The additional protection afforded by this bill to individuals with mental or nervous conditions is appropriate, necessary, and important.

Thank you for allowing me to testify in support of H.B. 5032, S.B. 312, and S.B. 314. I will be happy to answer any questions you may have. If you have any questions concerning this testimony, please contact me at victoria.veltri@ct.gov or 860-297-3982.



**Insurance and Real Estate Committee
February 10, 2011**

Testimony of the American Cancer Society

The American Cancer Society is urging your support of HB 5032, An Act Concerning Health Insurance Coverage for Bone Marrow Testing.

Bone marrow transplants are an important and effective treatment method for various diseases, including cancer. There are over 70 diseases that can be treated with bone marrow transplantation, including non-Hodgkin's lymphoma, leukemia, and other cancers.

There are many patients hopeful for bone marrow transplants, however there are many factors that determine how the immune system will react when it receives a transplanted organ. The most important factor for determining how the immune system will react to a transplant is to examine the donors and recipients human leukocyte antigen (HLA). How well the donor's and recipient's HLA tissue types match plays a large part in determining whether the transplant will be successful. Each person has 3 pairs of major HLA antigens for a total of 6 antigens, and there can be literally thousands of different combinations of possible HLA types. The result is that it makes finding a match extremely difficult.

Due to the difficulty of finding compatible antigens, a large amount of donors are needed to help find matches for patients. There is a 1 in 4 chance that sibling would be a perfect match. Based on this ratio, many recipients are forced to turn to the general public to find a suitable donor. Those of the general public that wish to become bone marrow donors need to first have a blood test to determine what their HLA type is. This can cost the donor between \$50 and \$100. Their tissue type will then be kept on record with the National Marrow Donor Program until they reach the age of 60. There are many potential donors that may be deterred from donating due to the cost associated with the procedure. HB 5032 does not entice people to become donors; it will simply require insurance companies to pay for the procedure, as they would with any other blood test. This test is not complicated, and is the same procedure as taking blood to test for many other illnesses, presently covered by insurance companies.

The best chances of survival are cases where the donor and recipient are perfect matches, in those cases the chances of survival can be almost 100%. In cases where there are only 4 of the 6 antigens present, the survival rate may be between 15% to 30%. The need for perfect matches can be a matter of life and death. Insurance coverage for cancer treatment, especially for end of life care, can be significant. With the coverage provided for by HB 5032, we could increase the amount of donors and thereby decrease many end of life care treatments that insurance companies are required to pay. This bill will not only save lives, but it will also save money.

Please support this important piece of legislation for patients and donors.

37 Midwell Rd.
Wethersfield, CT 06109

February 9, 2011

Representative Robert Megna
Senator Joseph J. Crisco
Insurance & Real Estate Commission
Room 2800, Legislative Office Bldg.
Hartford, CT 06106

Re: House Bill 5032
An Act Requiring Health Insurance Coverage for Bone Marrow Testing

Dear Chairmen:

We write to you with the hope that you will support the above bill. It is vital that Connecticut join other states in mandating insurance companies to cover the one-time \$60 fee for those joining the National Bone Marrow Registry.

Patients in need of stem cell transplants are totally dependent on the willingness of possible donors to take the first step in registering. To ask a donor to pay \$60, as the State of Connecticut requires, means that many people are not able to participate as a result of that expense. It places an extra burden on the donor, who is already willing to provide life-saving stem cells to someone in need.

Our daughter was the fortunate recipient of matching stem cells from an anonymous donor. We know first-hand the feeling of helplessness, knowing that there are so many good people willing to be tested as possible stem cell donors, but the cost deters them from doing so. Again, we urge you to support the above bill. *Your actions can save many lives.* Please take a moment to stop and think. **We hope you never face the prospect of waiting for a donor, as our daughter did.** By supporting this bill, you will give hope to thousands of patients and their families. You could not serve your constituents in a more meaningful way. Thank you very much.

Sincerely,

Manuel and Sylvia Meneses

Please forgive my inability to attend this year's hearing on HB 5032. It is no disrespect to you or a sign of my lessening interest in the matter. Instead, I am working at Darien High School and cannot get away.

The facts really haven't changed over the last few years. More than 6,000 men, women and children are searching the National Marrow Donor Program Registry for a life-saving donor.

There are over 13 million registered donors as of today.

The bone marrow transplanted can help fight and cure various forms of leukemia, lymphoma, sickle cell anemia, myeloma and other plasma cell disorders, and some forms of breast cancer.

For each of the 6,000 in need of help, friends and neighbors do what they can. Some rush out and have their marrow tested, others organize registration drives. Given that each test costs between \$50-75 this can be a major impediment for those on fixed incomes, from students to seniors.

Personally, when my son needed a transplant in 2008, his friends rallied and organized two drives in Fairfield and one in Baltimore. In all cases, they found grant money to cover the costs because his college-aged peers couldn't afford it otherwise. With the tough economic times we're in, finding such money in the future may be difficult but the need does not change.

The pool needs to be expanded to help those in need. The cost is believed to be one reason African-Americans, Latin Americans, and those of mixed races are woefully underrepresented in the national registry.

By requiring insurance companies to cover the relatively small cost, the burden is lifted, the pool can grow and more can be speedily helped. I urge you to once more pass HB 5032 and lobby our new governor to sign this into law.

Thank you once more for your time and consideration.

Robert Greenberger

Dear Senator Crisco and Representative Megna,

Thank you very much for letting me submit my testimony in support of House Bill 5032 legislation to mandate insurance companies to pay for the cost of bone marrow registration. My name is Danny Lemos and in Jan. 2005 I was diagnosed with Lymphoma.

We were all shocked because neither side of my family has a history of cancer. My Dr. at Dana Farber said the best chance for a full cure would be a bone marrow stem cell transplant from an adult donor. Cord blood was also an option but there were even few of those available.

He told me that they would begin testing family members but there was only a 25% chance to find a match in my family so they would also be checking the world bone marrow registry for a match. I started Chemo that night and awaited the news for a potential bone marrow match. About a week later I received the bad news that my neither my brother nor cousins were a close enough match and no one on the world registry were matches either.

I thought that I was a rare case but in fact the Dr's told me that this was very common. There were just not enough people on the bone marrows registries. World wide there are only 10 million people on the registry and less than half will go through the process . The dr's told me that they were sure there were many perfect bone marrow matches for me out there but just not enough people register. If I had found a match I had about an 80 to 90 % chance of curing my cancer. Without a match I had about an 80 to 90 % chance that this cancer would take my life within a few years. My Dr's put me in contact with the national marrow donor program out of Minnesota.

This organization helps people like me hold bone marrow drives so we can find a match that can help up cure our cancers. We started doing bone marrow drives in ct. But very few people came. It cost about \$ 55,00 to test each person and many people especially the people that you want on the registry men and women between they ages of 18 to 45 could not afford to pay for the tests.

I thought it was ridiculous that the insurance companies did not cover the cost of these tests. It was like having the Red Cross ask you to donate a pint of blood but charging \$55.00 for your trouble.

The Insurance companies would pay for millions of dollars for drugs each year to keep me alive for a few years but would not cover the \$55.00 to help find my cure? So we started to advertise that the cost for testing would be covered. Cancer is bad enough on the patient and their family.

We started funding these bone marrow drives ourselves. My out of pocket cost has been in the tens of thousands of dollars. We've gone through all our life's savings and most of our children's college funds. I had to go on disability for a year it ruined us financially.

A few months after being on 8 cycles of CHOP chemo my cancer returned. So I went on 3 cycles of ICE chemo and my only option was to do a bone marrow transplant using my own cells. Which was completed in April 2006.

Dan Lemos



CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 10, 2011

My name is Eric George and I am Associate Counsel for the Connecticut Business & Industry Association (CBIA). CBIA represents approximately 10,000 businesses throughout Connecticut and the vast majority of these are small companies employing less than 50 people.

While the federal government has passed health care reform, more needs to be done to lower costs. More needs to be done to improve the health of our citizens. Employers find health care costs rising faster than other input costs. Some providers are unable to generate sufficient patient revenue to cover costs. Some patients cannot get timely access to optimal care. And too many individuals remain without health insurance, engage in unhealthy behaviors and live in unhealthy environments.

For the business community, the issues of health care quality, cost and access are critical. After numerous years of double-digit and near-double-digit increases, health insurance has quickly become a product that many people and companies find they can no longer afford. In addition, the cost of health care directly affects businesses' ability to create new jobs.

Therefore, CBIA asks this committee to reject **HB 5032, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BONE MARROW TESTING**. The business community and other stakeholders are calling for significant reforms to Connecticut's costly and inefficient health care system. As you consider the various proposals to reform the state's health care system, CBIA asks you to refrain from making the already high cost of health care even more unaffordable for the state's companies and residents.

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

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

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

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

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

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

Again, please reject **HB 5032** and thank you for the opportunity to offer CBIA's comments on this legislation. I look forward to working with you on this and other issues related to the reforming Connecticut's health care system.

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John P. Gallivan
72 Westwood Drive
Wethersfield, CT 06109
860-593-4853
GallivanJP@sbcglobal.net

Thank you to Chairman Crisco, Chairman Megna and the members of the Insurance and Real Estate Committee for allowing me the opportunity to submit written testimony today.

I would like to offer the following in support of House Bill 5032, *an act requiring health insurance coverage for bone marrow testing*.

I previously submitted testimony for Senate Bill 17, which also includes this bone marrow provision, among other expansions of health insurance coverage. I recognize that these are difficult financial times, and it may be necessary for you to prioritize, which is why I am offering support of this bill. The impact of requiring insurance companies to cover bone marrow testing in the other New England states has only cost insurance companies \$40,000 per year, and **cost these states nothing!** This small cost will save the lives of people in Connecticut and across the nation who are in dire need of a life-saving, bone marrow transplant.

We have advocated for this legislation in the past and it has passed both chambers of the legislature, but was vetoed by Governor Rell. We are hopeful that with a supportive Governor, this bill will become a reality.

For me, it all started on April 1, 2005, when my wife, Gina, a beautiful, athletic, 25 year old was diagnosed with leukemia and told that she only had a 20 percent chance of survival.

One of the most grueling parts of this battle for me, aside from watching Gina go through treatments, was managing our finances. Let me give you an example. Gina was transferred to Boston's Dana Faber Cancer Institute after a day of treatment in Hartford. I had to arrange and pay for housing for Gina's family and myself, and we had to pay for food as well as transportation to and from CT on a regular basis. Our prescription drug costs were in excess of a thousand dollars per month.

The next battle and perhaps the most daunting of all was finding a suitable match for Gina's transplant. Her sister was not a perfect match, so we had to look for a donor in the International Bone Marrow Registry. For months, we heard nothing, and our anxiety grew with the passing of each day. We knew that Gina's leukemia had a high percentage of relapse and without a transplant she might be back to square one. We held bone marrow drives in Wethersfield, at the high school where we both teach, as well as Worcester, MA where I grew up, and at the State House in Boston where I served as a legislative aide. All told, we added over 500 people to the registry; however none were matches for Gina. What was the difference in these drives? The ones that were held in

Massachusetts were covered by insurance companies, and the one held in Connecticut required people to pay out of their own pockets if they wished to be tested. This is a shame. **It is a shame that families like mine are forced to spend an exorbitant amount of money just to find a match. We didn't want people to be hesitant to get tested in Wethersfield, so with the help of our friends we covered the cost of the drive ourselves. To add 250 people to the bone marrow registry, it cost us in excess of \$12,000. Connecticut is recognized as a leader in the United States when it comes to education, crime prevention and even health care, yet when it comes to helping to save lives by adding people to the bone marrow registry, and when it comes to easing the burden of families dealing with cancer, the state of Connecticut is found lacking. Today, we hope to change that with your favorable review of House Bill 5032**

Fortunately, Gina eventually found a perfect match; a 21 year old male from somewhere in the world gave so generously of himself that Gina was able to have a transplant and as a result, her life was saved.

The goal of this bill is very simple: to allow those willing to join the bone marrow registry to do so without the additional burden of having to pay a fee. **There are many high school students of mine, for example, who may be unable to pay a fee of \$100, but who would be very willing to conduct a simple mouth swab to enter the registry and, perhaps, ultimately save a life. Paying \$100 is a deterrent, plain and simple, for anyone thinking of joining the bone marrow registry.** My goal, and the goal of those testifying here today, is to allow anyone who wants to the opportunity to join the bone marrow registry.

Every year more legislators become educated about our bill, and every year we take a step closer to passing this bill into law. I could give you a detailed account of the financial burden not having this legislation placed on and my family and me, and I can tell you about the other New England states that passed this into law and about the minimal impact it had on the insurance industry while, at the same time, having a tremendous impact on the increased number of volunteer bone marrow donors. Instead, I just want to ask you to think of the 35,000 citizens of our nation who will be diagnosed with leukemia this year. Think of the 17,010 people who were diagnosed with cancer in Connecticut last year, and think of the financial burden that these families face every day. Today, you have an opportunity to ease that burden, and to take a giant step in moving Connecticut forward in the battle against cancer.

I urge you to vote in favor of House Bill 5032 and to take the next step and be an advocate for this bill when it comes to the floor of the House and the Senate.

Thank you.

Gina C. Gallivan
72 Westwood Drive
Wethersfield, CT 06109
(860) 257-4925

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Chairman Crisco and Chariman Megna of the Joint Committée on Insurance and Real Estate:

My name is Gina Gallivan. I am 31 years old and a resident of Wethersfield, CT.

I am here today to ask for your support of **House Bill 5032**, *an act requiring health insurance coverage for bone marrow testing*. **My life was saved by a bone marrow transplant**, and I would like as many people as possible to be able to share a similar story. I believe that **allowing volunteers to join the bone marrow registry free of cost will promote more of these lifesaving procedures. The more people we encourage to join the registry, the greater the chance that patients will be able to find donor matches and receive bone marrow transplants.**

While I also submitted testimony in support of Senate Bill 17 this year, the relatively low overall cost of passing House Bill 5032 makes me strongly support this bill, which focuses on a simple way to save more lives by allowing for more people to join the bone marrow registry. **This bill will allow Connecticut to join the rest of New England in covering the low, one-time cost for volunteering to join the bone marrow registry.**

Six years ago, I was diagnosed with acute lymphoblastic leukemia. At the age of 25, I had been married for less than one year and was employed in my current job as an English teacher at Wethersfield High School. I was coaching the high school girls' varsity tennis team and taking classes towards my Master's Degree at Central Connecticut State University. I had always been a healthy, energetic and active member of my community, and felt confident that my future looked promising and fulfilling.

My diagnosis of leukemia could not have come as more of a shock to my family or me. As an inpatient at Brigham and Women's Hospital, I underwent one month of intensive chemotherapy and radiation that led to remission. Subsequently I returned to Dana Farber Cancer Institute as an outpatient receiving weekly chemotherapy and radiation to try to keep the cancer in remission. The doctors told me that the most promising way to prevent recurrence of the cancer would be to receive a bone marrow transplant.

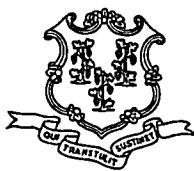
My family and I placed our hope in the possibility that I might find a donor match through the National Bone Marrow Registry.

When your only hope of survival is placed in the chance that a bone marrow donor match will be found, you understand immediately the value of having as many people as possible join the bone marrow registry.

I had the fortune to find a donor match, a 21-year old male. Although I do not know his name or where he lives, I do know that I am alive today because he volunteered to join the bone marrow registry. Additionally, of the numerous people who joined the bone marrow registry through a volunteer drive held for me when I was searching for a match, I know of at least four people from my drive alone who have since been called by the registry to consider pursuing bone marrow donation because they were a match for another patient in need.

The key to making my success story one of many is to find donors for patients suffering from blood cancers and disorders. **Please support House Bill 5032 so we can encourage as many people as possible to join the bone marrow registry.** With a simple mouth swab test, they can be entered into the National Bone Marrow Donor Registry. The more volunteers we have entering the registry, the more we can help to make bone marrow transplants occur as often as they are needed to save lives.

Thank you for your consideration.



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Testimony of the Connecticut Insurance Department

Before
The Insurance and Real Estate Committee

February 10, 2011

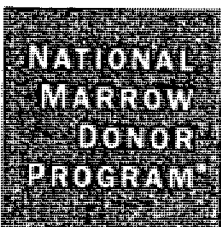
HB 5032— An Act Requiring Health Insurance Coverage for Bone Marrow Testing

The Connecticut Insurance Department would like to offer the following general comment regarding the potential budgetary impact of HB 5032—An Act Requiring Health Insurance Coverage for Bone Marrow Testing in light of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) (PPACA), as amended.

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

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

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



Entrusted to operate the C.W. Bill Young Cell Transplantation Program,
Including Be The Match Registry®

The Honorable Russell Morin
Connecticut House of Representatives
Legislative Office Building, Room 2202
Hartford, CT 06106-1591

February 1, 2011

Re: Letter of Support for--An Act Requiring Health Insurance Coverage for Bone Marrow Testing (HB 5032)

Dear Representative Morin:

The National Marrow Donor Program is pleased to support HB 5032. The proposed law would provide health insurance coverage for expenses arising from HLA typing for citizens interested in joining the national registry, publically known as Be The Match. HLA typing is used to help determine whether a potential donor on the Registry is a good match for patients in need of a life saving bone marrow transplant. Currently, one of the most significant barriers to adding to the registry is the cost of typing.

Every year, more than 10,000 patients in the U.S. are diagnosed with life-threatening diseases such as leukemia or lymphoma for which a marrow or cord blood transplant from an unrelated donor may be their best or only hope of a cure. The NMDP is a leader in the field of unrelated marrow and umbilical cord blood transplantation, dedicated to creating an opportunity for all patients to receive the transplant therapy they need, when they need it. Since 1987, the NMDP has facilitated more than 40,000 transplants.

In passing this law, Connecticut could join several states (Massachusetts, Missouri, and New Hampshire) that require insurance coverage for HLA typing for patients. Though there are over nine million potential donors on the registry today, we still do not have matched bone marrow donors or cord blood units for all patients. We need more new donors to join the Registry. If passed, this law can help the NMDP increase the registry, resulting in more people receiving a transplant.

We encourage the General Assembly to pass this bill and look forward to working with you in support of this important legislation. If you have any additional questions or comments please don't hesitate to contact me directly. I can be reached at 202.626.8668 or via email at m Spencer@nmdp.org.

On behalf of the NMDP and searching patients, we thank you for supporting this important initiative.

Sincerely,

Maria Spencer

Maria D. Spencer, Director
Legislative Relations

Legislative Relations: 400 Seventh St. N.W., Suite 206, Washington, D.C. 20004
Phone: (202) 638-0656 • Fax: (202) 638-0641 • e-mail: legislation@nmdp.org • marrow.org/legislation



Quality is Our Bottom Line

**Insurance Committee Public Hearing
Thursday, February 10, 2011**

Connecticut Association of Health Plans

Testimony Submitted in Opposition to

HB 5032 AA Requiring Health Insurance Coverage for Bone Marrow Testing.

HB 5438 AA Limiting Copayments, Deductibles or Other Out-of-Pocket Expenses for Chiropractic Services.

SB 314 AAC Mental or Nervous Conditions Under the Connecticut Unfair Insurance Practices Act.

SB 877 AAC Mental Health Parity.

SB 879 AAC Prescription eye Drops.

SB 396 AAC Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer.

SB 312 AA Eliminating the Age Cap for Health Insurance Coverage for Specialized Formula.

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of the above mandates. While every mandate under consideration by the legislature is laudable in its intent, each must be considered in the context of the larger debate on access and affordability of health care and ***now must also be viewed in the context of federal health care reform and the applicability of the Patient Protection and Affordable Care Act of 2010 (PPACA).***

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

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

Both the General Assembly and the Administration have pledged again this year to address the needs of the approximately 400,000 Connecticut residents who lack health insurance coverage. As we all know, the reasons people go without insurance are wide and varied, but most certainly cost is a major component. In discussing these proposals, please also keep in mind that:

- Connecticut has approximately **49 mandates, which is the 5th highest** behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)
- For all mandates listed, the total cost impact reported reflects a range of **6.1% minimum to 46.3% maximum**. (OLR Report 2004-R-0277 based on info provided by the Dept. of Insurance)
- State mandated benefits are not applicable to all employers. Large employers that self-insure their employee benefit plans are not subject to mandates. **Small employers bear the brunt of the costs**. (OLR Report 2004-R-0277)
- The National Center for Policy Analysis (NCPA) estimates that **25% of the uninsured are priced out of the market by state mandates**. A study commissioned by the Health Insurance Assoc. of America (HIAA) and released in January 1999, reported that "...a fifth to a quarter of the uninsured have no coverage because of state mandates, and federal mandates are likely to have larger effects. (OLR Report 2004-R-0277)
- **Mandates increased 25-fold over the period, 1970-1996, an average annual growth rate of more than 15%**. (PriceWaterhouseCoopers: The Factors Fueling rising Healthcare Costs- April 2002)
- National statistics suggest that **for every 1% increase in premiums, 300,000 people become uninsured**. (Lewin Group Letter: 1999)
- "According to a survey released in 2002 by the Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET), employers faced an average **12.7% increase in health insurance premiums** that year. A survey conducted by Hewitt Associates shows that employers encountered **an additional 13% to 15% increase in 2003**. The outlook is for more double-digit increases. **If premiums continue to escalate at their current rate, employers will pare down the benefits offered, shift a greater share of the cost to their employees, or be forced to stop providing coverage.**" (OLR Report 2004-R-0277)

Thank you for your consideration.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PLANNING AND
DEVELOPMENT
PART 4
965 - 1310**

2011

1
fsj PLANNING AND DEVELOPMENT
COMMITTEE

March 2, 2011
10:30 A.M.

CHAIRMEN: Senator Cassano
Representative Gentile

MEMBERS PRESENT:

SENATORS: Coleman, Fasano,

REPRESENTATIVES:

Grogins, Aman,
Candelora,
Davis, Flexer, Fritz,
Lemar, O'Brien,
Perillo, Reed,
Reynolds, Ritter,
Rojas, Rose, Simanski,
Smith

SENATOR CASSANO: Good morning. It is 10:38. We're going to begin this hearing of Planning and Development the first hour until 11:38, maybe we won't use all of that time for agency elected officials. To begin, I'm going to ask Representative Frank -- Fred Camillo to come forward please.

Just a reminder, many of you have submitted written testimony. Clearly the -- the committee would prefer that you not read that testimony. We have it before us right here. If you could talk in general about the item that you have before us, I think that will be far more helpful than just trying to read it. Thank you. Welcome.

REP. CAMILLO: Good morning, Senator Cassano and members of the Planning and Development Committee. Thank you for raising this for a public hearing, and that concerning fire police patrols.

HB5053

I was here a few weeks ago on a bill -- bill to -- that dealt with fire police patrol, but it was something different. This was about --

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fsj PLANNING AND DEVELOPMENT
COMMITTEE

March 2, 2011
10:30 A.M.

this one's about stipends. And it mainly said to you to please include the fire police controls in those stipends. But since I've submitted this, I understand the governor's budget, it's either calling for a reduction or elimination of the stipend altogether, so now I'm here to ask for two things, to include the fire police patrol in this stipend, and also to see if we can not reduce or eliminate this stipend that's paid to volunteers responding to calls on -- on state roads.

Back in the -- as a way -- a way of brief background, they used to pay the -- the volunteer companies about a hundred dollars a call, up until I believe the '70s, and then it got pushed back to 1,200. And now -- then it was supposed to be 650 for 2011. And now I think it may be done.

And it really, in a time when we're really trying to encourage people to volunteer and cut back on the public sector, because without volunteers, it's going to fall back more on -- on municipal employees. So I think this is money well spent. It's not a lot, but it certainly is something that they can use maybe to put, you know, people to go to the fire academy or just to -- anything to do with, you know, fighting fires and -- and road assistance. And to me it's a -- it'd be a little shortsighted to get rid of this.

I applaud the governor for really focusing on concessions and -- and eliminations and consolidations, but certainly I think this is, you know, one of the most strategic moves that would probably be better to be -- to be left alone.

And shortly, Joe Kalico, who's the president of

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COMMITTEE

March 2, 2011
10:30 A.M.

the Cos Cob fire Police Patrol will be here and he will testify, and he has a lot more information on it. But I'll be happy to answer any questions.

SENATOR CASSANO: Are there any questions from committee members? Seeing none, Representative, thank you very much.

REP. CAMILLO: Thank you, Senator.

SENATOR CASSANO: Representative Bren Sharkey. That's Brendan. Representative Frank Nicastro. Mayor Ward, are you joining Frank?

MAYOR WARD: Yes, I'd be more than happy to.

SENATOR CASSANO: Yes, please join him, sir. Representative Wright, if you want to join them.

REP. NICASTRO: Good morning, Senator Cassano, Mr. Chairman, and members of the committee. We're here today to discuss House Bill 5114, authorizing -- allowing municipalities to be able to negotiate with delinquent taxpayers.

What you may -- may know or may not know, quite frankly and quite honestly, is that the state has the authority to do that already, but the municipalities don't. The municipalities don't. So this would be a bill that could help all municipalities throughout the state.

And if you take a look at how -- if you see what's going on in all the cities, you see how many millions of dollars of taxes that still have not been paid, and where if we had this authority we'd be able to do something, and, you know, be able to collect something instead of nothing. And that's why we're here. That's

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sorry.

SENATOR COLEMAN: I'm following your answer, I'm just wondering whether the grant of immunity to municipalities is the resolution to this problem that we're all interested in resolving. But I thank you for your testimony and your response to my questions.

SENATOR CASSANO: Thank you, Senator Coleman. I found your answers very thoughtful quite honestly, thank you. Joe Kaliko and then Ted Schroll is next. Is Joe still here? No? Ted Schroll? Rafie, you will be next.

TED SCHROLL: Good afternoon, Senator Cassano, Representative Gentile and members of the Public Safety -- or Planning and Development Committee. Sorry, I'm used to --

SENATOR CASSANO: We go through it too.

TED SCHROLL: It used to be Public Safety Committee most of the time.

My name is Ted Schroll. I'm a legislative representative for the Connecticut State Firefighters Association. The Connecticut State Firefighters Association feels that we must oppose -- oppose Bill 5053, an act concerning volunteer fire police patrols as proposed.

Our association represents approximately 27,000 career and volunteer firefighters in the state of Connecticut. Connecticut General Statutes Section 7-323(r) provides for financial grant awards for local volunteer fire companies that provide emergency response services on designated highways in Connecticut. Our association feels that the intent of the

original legislation was to provide these grants to municipal-based fire departments because there either is or was no state fire department to respond to highway incidents. We do not feel that the legislative intent was to provide grants to civilian entities.

Connecticut General Statute 7-311(a) provides for the definition and explanation of duties of fire police officers in Connecticut. That statute assumes that fire police officers are members of a municipal fire department. These officers are appointed by, quote, the authorities having the supervision of the fire department, unquote, within a municipality, and they shall quote, provide the duties in such municipality or district as designated and authorized by the fire chief of such municipality, end quote. It does not seem to make any reference to fire police patrols.

The legislative language of House Bill 5053 as proposed does not mention that these patrols are required to be part of a municipal fire department. We are not aware of any reference or definition in any statute pertaining to fire police patrols. We feel the language of this legislation is too vague and would allow for the awarding of these grants to any civilian group calling itself a fire police patrol.

We would suggest that before any fire police patrol is authorized to receive any supplemental grant funding from this program, that they be part of a municipal-based volunteer fire department. It does not seem equitable that one municipality should receive funding twice. It does not seem plausible that the state of Connecticut would provide these grants to a private entity that is not part of a municipal-based fire company. We do not feel

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March 2, 2011
10:30 A.M.

that this was the intent of the original legislation.

And thank you for the opportunity to provide this testimony. I'll try to answer any questions if I may.

SENATOR CASSANO: Thank you for clarifying that. Questions? Representative Aman.

REP. AMAN: Yes. It's my understanding that there is only one volunteer fire police patrol in the state, and there's only been one -- in history. And that it is tied in to the volunteer fire department. Is your understanding of that relationship different?

TED SCHROLL: If we're talking about the proponents of this legislation, they are -- from previous testimony on the 14th about another bill exactly the same, there were 501(c)(3) organizations. They're not a member of -- of the municipal-based firefighters.

REP. AMAN: Okay. Well, they -- maybe not a member but they work together with them on a regular basis?

TED SCHROLL: Work with them. That's my understanding, yes.

REP. AMAN: Okay. I wasn't sure. I didn't know the legal structure of how they were different, I just knew that they had a very close --

TED SCHROLL: Yeah, that's my --

REP. AMAN: -- at least I thought they had a very close working relationship.

TED SCHROLL: And I understand that's correct. As I

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10:30 A.M. -

say, I'm just of the understanding that they are -- they're, by their own admission, they were 501(c)(3), not a member of a municipal fire department. And it merely -- because there's only so much -- so many state funds around.

And, in fact, the funding -- this funding is being deleted by the governor in his -- the budget package which becomes a factor in itself. The way this funding works is that there's so much money that's spread out over about a hundred and something fire departments out there, and each one that it gets added to it, it add up -- ends up one -- one volunteer fire department gets a little bit less than the other.

So in the case of let's say this municipality, the possibility exists of the fire police patrol -- at least our feeling is the fire police patrol could receive a stipend and also the police -- the fire -- volunteer fire department could receive a stipend. And maybe somewhere, maybe the South Windsor Fire Department doesn't get quite as much as -- as they would have if they -- if this entity wasn't there.

REP. AMAN: Okay. What I really wondered in my own mind was to make sure that there weren't a whole bunch of groups like this floating around that we hadn't heard about.

TED SCHROLL: I -- I'm not a hundred percent sure of that. And I'll have to, you know --

REP. AMAN: Yeah.

TED SCHROLL: -- plead the Fifth on that. Other than the fact that I do know that a lot of

volunteer fire departments -- in fact I'm not sure if yours does, and I think yours -- a lot of your -- your fire departments do, they have volunteers -- they have fire police within their associations.

REP. AMAN: Right.

TED SCHROLL: But they are members of the fire department. They're part of the municipal fire department.

REP. AMAN: Okay, thank you very much.

SENATOR CASSANO: Thank you. Rafie, then Dave Fink and Tim Hollister.

RAFIE PODOLSKY: Thank you very much Senator Cassano, Representative Gentile and members of the Planning and Development Committee.

My name is Rafie Podolsky. I'm a lawyer with the Legal Assistants Research Center in Hartford, which is part of the Legal Aide Programs. I'm here to testify in regards to House Bill number 5479, and my recommendation is, to the committee is that you not move the bill forward.

Some of you know that I've been sort of connected to this -- to the Affordable Housing Appeals Procedure for many years. I was on the first Blue Ribbon Commission that originally drafted, and the second Blue Ribbon Commission that revised it. I see Senator Coleman who's here who was cochair of the second Blue Ribbon Commission.

The reason that we recommend no action is we think it's unnecessary and potentially it could cause harm to the Act.

S - 632

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2011**

**VOL. 54
PART 21
6546-6914**

mhr/cd/gbr
SENATE

500
June 7, 2011

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 16, where there are
several items. The first: Calendar 528, House Bill
Number 6561.

Madam President, move to place the item on the
Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Calendar page 16, Calendar 529, House Bill,
Number
6312.

Move to place this item on the Consent
Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Calendar, continuing calendar page 16, Calendar
530, House Bill Number 5032.

mhr/cd/gbr
SENATE

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June 7, 2011

Madam President, move to place the item on the
Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Also, calendar page 16, Calendar 532, House
Bill Number 6338.

Madam President, move to place the item on the
Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 17, where we have
several items. The first: Calendar 533, House Bill
Number 6325.

Madam President, move to place the item on the
Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

mhr/cd/gbr
SENATE

520
June 7, 2011

Mr. Clerk.

THE CLERK:

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

THE CLERK:

Madam President, the items placed...

THE CHAIR:

I would ask the Chamber to be quiet please so we can hear the call of the Calendar for the Consent Calendar.

Thank you.

Please proceed, Mr. Clerk

THE CLERK:

Madam President, the items placed on the first Consent Calendar begin on calendar page 5, Calendar 336, House Bill 5697.

Calendar page 7, Calendar 421, Substitute for House Bill 6126.

Calendar page 8, Calendar 449, Senate Bill 1149.

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SENATE

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June 7, 2011

Calendar page 10, Calendar 470, Substitute for House Bill 5340. Calendar 474, Substitute for House Bill 6274. Calendar 476, House Bill 6635.

Calendar page 12, Calendar 499, Substitute for House Bill 6638. Calendar 500, House Bill 6614. Calendar 508, House Bill 6222.

Calendar page 13, Calendar 511, House Bill 6356. Calendar 512, Substitute for House Bill 6422. Calendar 514, House Bill 6590. Calendar 515, House Bill 6221. Calendar 516, House Bill 6455.

Calendar page 14, Calendar 517, House Bill 6350. Calendar 519, House Bill 5437. Calendar 522, House Bill 6303.

Calendar page 15, Calendar 523, Substitute for House Bill 6499. Calendar 524, House Bill 6490. Calendar 525, House Bill 5780. Calendar 526, House Bill 6513. Calendar 527, Substitute for House Bill 6532.

Calendar page 16, Calendar 528, House Bill 6561. Calendar 529, Substitute for House Bill 6312. Calendar 530, Substitute for House Bill 5032. Calendar 532, House Bill 6338.

Calendar page 17, Calendar 533, Substitute for House Bill 6325. Calendar 534, House Bill 6352.

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SENATE

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June 7, 2011

Calendar 536, House Bill 5300. Calendar 537, House
Bill 5482.

calendar page 18, Calendar 543, House Bill 6508.

Calendar 544, House Bill 6412. Calendar 546,
Substitute for House Bill 6538. Calendar 547,
Substitute for House Bill 6440. Calendar 548,
Substitute for House Bill 6471.

Calendar page 19, Calendar 550, Substitute for
House Bill 5802. Calendar 551, House Bill 6433.
Calendar 552, House Bill 6413. Calendar 553,
Substitute for House Bill 6227.

Calendar page 20, Calendar 554, Substitute for
House Bill 5415. Calendar 557, Substitute for House
Bill 6318. Calendar 558, Substitute for House Bill
6565.

Calendar page 21, Calendar 559, Substitute for
House Bill 6636.

Calendar page 22, Calendar 563, Substitute for
House Bill 6600. Calendar 564, Substitute for House
Bill 6598. Calendar 566, House Bill 5585.

Calendar page 23, Calendar 568, Substitute for
House Bill 6103. Calendar 570, Substitute for House
Bill 6336. Calendar 573, Substitute for House Bill
6434.

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SENATE

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June 7, 2011

Calendar page 24, Calendar 577, Substitute for
House Bill 5795.

Calendar page 25, Calendar 581, House Bill
6354.

Calendar page 26, Calendar 596, Substitute for
House Bill 6282. Calendar 598, Substitute for House
Bill 6629.

Calendar page 27, Calendar 600, House Bill
6314. Calendar 601, Substitute for House Bill 6529.
Calendar 602, Substitute for House Bill 6438.
Calendar 604, Substitute for House Bill 6639.

Calendar page 28, Calendar 605, Substitute for
House Bill 6526. Calendar 608, House Bill 6284.

Calendar page 30, Calendar number 615,
Substitute for House Bill 6485. Calendar 616,
Substitute for House Bill 6498.

Calendar page 31, Calendar 619, Substitute for
House Bill 6634. Calendar 627, Substitute for House
Bill 6596.

Calendar page 32, Calendar 629, House Bill
5634. Calendar 630, Substitute for House Bill 6631.
Calendar 631, Substitute for House Bill 6357.
Calendar 632, House Bill 6642.

mhr/cd/gbr
SENATE

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June 7, 2011

Calendar page 33, Calendar 634, Substitute for
House Bill 5431. Calendar 636, Substitute for
House, correction, House Bill 6100.

Page 34, Calendar 638, Substitute for House
Bill 6525.

Calendar page 48, Calendar 399, Substitute for
Senate Bill 1043.

Calendar page 49, Calendar 409, Substitute for
House Bill 6233. Calendar 412, House Bill 5178.
Calendar 422, Substitute for House Bill 6448.

Calendar page 52, Calendar 521, Substitute for
House Bill 6113.

Madam President, that completes the item placed
on the first Consent Calendar.

THE CHAIR:

Thank you, sir.

We call for another roll call vote. And the
machine will be open for Consent Calendar number 1.

THE CLERK:

The Senate is now voting by roll on the Consent
Calendar. Will all Senators please return to the
Chamber. The Senate is now voting by roll on the
Consent Calendar, will all Senators please return to
the Chamber.

mhr/cd/gbr
SENATE

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June 7, 2011

Senator Cassano, would you vote, please, sir.

Thank you.

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

THE CLERK:

Motion is on option Consent Calendar Number 1.

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

THE CHAIR:

Consent Calendar Number 1 has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

We might stand at ease for just a moment as we prepare the next item..

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)