

Legislative History for Connecticut Act

PA 18-43

SB206

House	6131-6274	144
Senate	1044-1046, 1120-1121	5
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The Connecticut General Assembly did not transcribe February 27, 2018 Joint Committee Public Hearing on Real Estate. Legislative history for Public Act 18-43 consists of House and Senate transcripts only.

Transcripts from the Senate and House of Representatives Proceedings
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suspension of our rules and immediate transmittal of
House Joint Resolution 173 to the Senate. Is there
objection? Is there objection? I'm hearing none.
The rules are suspended for that purpose (Gavel).
The House will stand at ease.

(Gavel) Will the Chamber please come back to
order? Will the clerk please call Calendar No. 496?
CLERK:

On page 49, Calendar 496, Substitute for Senate
Bill No. 206, AN ACT AUTHORIZING PREGNANCY AS A
QUALIFYING EVENT FOR SPECIAL ENROLLMENT PERIODS FOR
CERTAIN INDIVIDUALS. Favorable report of the Joint
Standing Committee on Insurance and Real Estate.
DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Good afternoon, Madam Speaker. I move for
acceptance of the Joint Committee's favorable report
and passage of the bill.

DEPUTY SPEAKER GENTILE (104TH):

Question before the Chamber is on acceptance of
the Joint Committee's favorable report and passage

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of the bill. Representative Scanlon, you have the floor.

REP. SCANLON (98TH):

Thank you very much, Madam Speaker. This bill requires that certain health insurance plans provide a special enrollment period to eligible pregnant women who do not have insurance. I believe this is a good bill. It effects a very small segment of the population but for that segment of the population, this is a very important benefit that they would be able to utilize in order to get insurance as they carry that baby throughout the term of that pregnancy, so I urge my colleagues to support this bill, and thank you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Will you remark further?
Representative Sampson.

REP. SAMPSON (80TH):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Afternoon to you, sir.

REP. SAMPSON (80TH):

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So, I have a few questions about the bill
that's before us.

DEPUTY SPEAKER GENTILE (104TH):

You may proceed, sir.

REP. SAMPSON (80TH):

Thank you very much. I noticed the title says
an act authorizing pregnancy as a qualifying event
for special enrollment periods for certain
individuals.

Through you Madam Speaker, I'm hoping that the
good chairman can tell me what a special enrollment
period is?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, in this instance, a
special enrollment period is defined as when 30 --
within 30 days of a woman being certified that she
is pregnant, the enrollment period would kick in
that she would be able to get insurance.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

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Representative Sampson.

REP. SAMPSON (80TH):

Thank you, Madam Speaker, and I appreciate the answer, but I think you're referring specifically to the bill before us rather than my general question, which is what exactly is a special enrollment period?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe that that would just be defined as a time in which a person could enroll in purchasing health insurance that is different than any other period of enrollment.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

All right. Thank you, Madam Speaker. I appreciate that answer also. My understanding is that when you purchase health insurance essentially

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there are different enrollment periods established by the insurer that are designed for people to make changes and join the plan, and there are provisions in our law that allow for special enrollment periods where people have an opportunity to join a plan not during those normal open enrollment periods, and it seems to me that this bill is about adding an additional reason for a special enrollment period. Could the good chairman let me know what a typical special enrollment period might be for?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, typically, I believe what the gentleman is referring to, would be sort of a qualifying life event perhaps. For instance, you know marriage, having a child, certain circumstances like losing a job perhaps where you would be able because of that qualifying life event to purchase insurance in a different way.

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

Thank you very much, Madam Speaker. Yeah, so based on that answer, I guess a typical special enrollment period would be something where someone's life circumstances change and therefore, there is a significant reason why their insurance needs might change, and we have therefore established this provision to allow someone to jump in on a plan at a point which would not be part of the normal enrollment process, and I just happen to be looking at some of the items that are included and what are eligible for special enrollment periods, and as the good chairman mentioned someone they move or they have an employment change or some other significant -- they get married -- something that changes the makeup of their family or their exact position that they're in.

The one thing that I would stress about this is that this particular circumstance is a little bit different because in each of those other

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circumstances no claim is generated. If someone moves from one address to another and that gets them access to change their insurance situation or they get married, something like that. Those are certainly life changes and they might change the need that they have for insurance, but that actual incident does not generate a claim. It does not generate a reason for the insurance company to pay out for that life event, I would just suggest that that is a little bit different here. And, just to be clear, looking at the language in the bill, this bill essentially would add someone who discovers that they are pregnant and if they are able to certify that their pregnancy is within 30 days, they would be able to create their own special enrollment period and join onto a health plan. That is essentially what this bill does. I noticed in the very first section of the bill, however, that it appears that we are purposely removing the Connecticut state employee's health plan from this language. Is there a reason for that?

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, my understanding is that this bill's target impact would be on women who are uninsured, and therefore, those who are insured by the state employee plan or through a municipality would have coverage enough to not have to need coverage such as outlined in this bill, and that's the reason why both the state employees and the municipal employees are exempt as far as I understand it.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

Thank you very much, Madam Speaker, and that is a very good answer, and that was my first reaction when reading it off, so of course, if someone is a state employee, of course, they are part of our health plan and they're not looking for insurance, but it did occur to me that suppose you have someone

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who is a state employee and their spouse -- maybe it's the male who is the state employee and their spouse becomes pregnant even though they are not on the plan. Regardless of the 30-day provision or not, it seems to me that this section would preclude that person being able to join through this provision made in this bill. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I don't -- it's not covered in this statute here, but my understanding is that I'm sure somewhere else in our statutes or somewhere else it is possible for somebody who in this instance would be the wife perhaps of a state employee would be able to join her partner's or the father of that baby's plan, but that's not spelled out here.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

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REP. SAMPSON (80TH):

Thank you, Madam Speaker, and I appreciate that answer, and I certainly don't want to argue that point but I believe that the language is quite explicit to say that because folks that are eligible for the state employee plan are not part of this bill that in fact the spouse of a state employee becoming pregnant if they are not already on the plan is not going to be eligible, and that goes to some of the concerns I have about this language. This is a very difficult bill for me. I am certainly sympathetic to making sure that people have as much access to healthcare as they possibly can, and I am doubly concerned about making sure that a pregnant mother might have access to healthcare and triply concerned that the child is going to be looked after. But, at the same time that we're doing this, we have to contemplate whether it's good policy on a couple of different levels, but we also have to consider whether or not this bill handles this properly, and I see a couple of major, major gaps in how this is being handled.

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The first one is the one I just mentioned. That we are purposely carving out a substantial part of the population of this state by saying that people that are state employees don't have this provision, and therefore, their spouses are not going to be protected, and the other thing is that if you look on lines 17 and 18 it says this only applies to those pregnant individuals not more than 30 days after the commencement of the pregnancy.

Through you Madam Speaker, how do we determine when that pregnancy was according to the provisions in this bill? Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I -- I do not feel equipped to answer that question as to when women usually discover that they are pregnant. All I can say is that through this bill it would be 30 days after commencement of the pregnancy that's certified by a licensed healthcare provider.

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

Thank you, Madam Speaker, and I appreciate that answer. It's actually exactly what I was looking for is that essentially, we rely on a medical professional to certify the date of the pregnancy, and the language in this bill only allows the special enrollment for those pregnant mothers within 30 days of that certification. Madam Speaker, through you, is there a reason why we don't include women that are beyond the 30 days? Maybe someone has been pregnant for 31 days or 35 days or 45 days, is there a reason why this bill specifically excludes them from this provision?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'm not aware of the reason for that.

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

I appreciate that very much, and I thank you. It's a major concern of mine that we are creating this provision, but we seem to be doing it extremely selectively, and it looks like there are a great many people that may be left out. I don't know much about pregnancy personally. I clearly don't have any firsthand experience, but I've never, you know, had a child myself, so I've not even been that close to it, but I can imagine that it's probably at least relatively common for mother to find out that she is pregnant after 30 days, and that concerns me immensely that such a person would be prohibited from this coverage just because of that timeline. Let me ask another question. Through you Madam Speaker, does this bill allow a person to enroll in the state's health insurance exchange plan assuming they learn of their pregnancy within the 30-day certification period?

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

I believe it would.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

And, through you Madam Speaker, is that the way
the law currently works today?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I am not familiar
with that off the top of my head.

DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

Yeah, thank you, Madam Speaker. I'll tell you
the answer is no. This would be a creation of this
special enrollment period, so certainly, if you
found out you were pregnant today, you would not be

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able to join the health insurance exchange plan,
which is modeled after Obamacare, and we recently
reconfirmed in legislation we just passed a week ago
to make sure that the essential health benefits
package is going to apply to every policy sold in
the state. Is pregnancy, as a qualifying event,
part of that essential health benefits package?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, yes, it is.

DEPUTY SPEAKER GENTILE (104TH):

Representative Sampson.

REP. SAMPSON (80TH):

Thank you, Madam Speaker. I -- I don't believe
it is. I mean coverage for pregnancy certainly does
exist in the essential health benefits package but
to make it a qualifying event for enrolling, that is
a separate question, and the answer is in fact no.
Again, the enrollment periods rely on those
lifechanging events. They do not include the

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discovery of a pregnancy, and I guess this goes to the heart of what insurance is and why insurance policies are set up the way they are.

I appreciate the many discussions we've had in this Chamber about the nature of insurance and especially when it comes to insurance mandates, and in fact, just a week ago we had a great discussion about the purpose of insurance and why some folks would say that we need to make plans as broad and inclusive as possible because we want to make sure that that access occurs, but more importantly, insurance works by dividing the risk over a large pool so that everyone's paying in whether they have claims or not and that's why we're mandating all of these coverages so the premium is being collected so that the few people that do have a claim can have the protection when it's needed, and this bill -- sad to say even though I get the point of what we're trying to achieve here -- does the exact opposite. It does the exact opposite thing. It discourages someone from purchasing insurance. Why would you go ahead and pay for insurance if you are a young

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healthy person and if your only concern is about having coverage for pregnancy if we create a law that allows you to have coverage for pregnancy the moment it happens. It seems to me that that is contrary to the notion of insurance where we have all parties putting in, paying their fair share, being conscientious about protecting themselves in the event that some accident or tragedy befalls them or a positive lifechanging event like a pregnancy. I would just add that we do not make other lifechanging things that develop claims into qualifying events and for a good reason, but through you Madam Speaker, is cancer a lifechanging qualifying event that would allow you to have a special enrollment into health insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I do not believe it is.

DEPUTY SPEAKER GENTILE (104TH):

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Representative Sampson.

REP. SAMPSON (80TH):

Thank you very much, Madam Speaker. I don't mean to be direct about this. I'm just trying to make a very large point, which is that insurance works when people are paying into insurance as a matter of responsibility for the unforeseen. You know, we would not say it's okay for someone to purchase automobile insurance the day after they have an accident to have their accident covered. We would never say that's okay because we recognize in order for automobile insurance to work everyone has to be paying in over time, protecting themselves from the unforeseen so that when an accident happens there is coverage, and that the risk is spread amongst all the policy holders that are paying in, and this particular bill essentially is saying that someone who has not been paying all along over time would still be afforded the same benefit that those people who have are. To me, that is a contradiction that is very hard to deal with even if the ultimate goal is to try and help someone in a situation --

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for lack of a better term -- that might be difficult to pay for, and I'm -- I'm -- I'm honest with the Chamber when I say that I'm struggling with this bill. I want to find a way to say that this is okay. I have a couple of other notes here.

Let me just touch upon the insurance department. The Connecticut Insurance Department submitted testimony on this bill and they stated very clearly, "The department believes that it is important for women to have access to prenatal care. Of course, we all do. We want to make sure that access to healthcare is there for every citizen but believes that the best way to ensure the access is to encourage people to maintain continuous health insurance coverage." This speaks to exactly what I just said. If we are going to make sure that we have a healthy society, that people are protected and have adequate health insurance, we need people paying into the system. This is one of the basic functions of the Affordable Care Act. This is the reason why it was pushed by the democrat party because they believe that it is a best situation

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when every person is paying into that health insurance pool, that will drive down the cost.

Now, me as a republican, I believe the same thing, except I believe the difference is we shouldn't mandate the people by the health insurance by virtue of creating a penalty for not doing it, but rather by encouraging them by making it as affordable and giving them the most options as possible, but the one thing that is common among both sides of this argument is that we all agree we want to have the most people insured that we can, having people in the pool, buying insurance, and protecting themselves is the answer, and a bill that says don't buy the insurance because you don't need to buy it until you need it is not that answer. I think that's all the questions I have, Madam Speaker. And, I could probably go on more about the debate over whether or not we should continue to make additional exceptions. The question is where do you stop? Do you say that someone being diagnosed with cancer is an unbelievably horrible tragedy and we could never turn them away from

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access to insurance? Yes, I can understand that argument all day long, and I agree. The thing is at some point you have to make a determination to say you can't give someone insurance coverage after they have the claim. They have to be planning for it in advance.

I'll just make one other comment because several people have come up to me today about this bill and said that this is somehow going to save the state money because it's going to replace the need for state benefits to somehow Medicaid or some other things to pay for this type of care. I just don't see that. I think the best solution really -- and it is true that no hospital is going to turn away a pregnant mother, you know, as far as her healthcare goes. I think that we live in a society where we just don't do that. The question is who pays for it ultimately, and the best solution is that people are choosing to purchase insurance and preparing for that inevitability either way. I'm going to continue to listen to the debate, Madam Speaker. I -- I'm hoping that I hear some more conversation on

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this bill that makes me feel more comfortable about it, but the way it stands now, I feel like we are carving out an exception that we would not do for someone else who gets sick suddenly or has some other reason that they might have a sudden need for insurance because we just don't treat insurance that way. It ceases to actually be insurance if that's how it's handled, and I will look forward to that debate. Thank you very much, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. A few questions for the proponent, if I may?

DEPUTY SPEAKER GENTILE (104TH):

Please proceed, sir.

REP. DUBITSKY (47TH):

Thank you. Through you Madam Speaker, I would ask the proponent what types of policies are affected by this. I know there are many different types of policies out there. which ones in particular are covered by this bill?

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Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that would just be fully insured individual plans.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, if I just am a person let's say I don't have any policy through my employment or don't have anything through -- through the state or anything else, I just go out and purchase a policy on the open market. Is that the type of plan specifically that's covered?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is correct.

Through you, Mr. Speaker -- Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, am I correct to assume that that means group plans are not covered by this legislation?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is correct.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. And, that would -- I would be correct to assume also that plans through the exchange would not be covered?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

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Through you Madam Speaker, it would be. You would be eligible to qualify for a plan on the exchange -- on the individual exchange.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, this would cover both plans on the exchange and plans that were not in the exchange?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

My understanding, Madam Speaker, is that you could purchase as an individual on the, you know, Connecticut Health Exchange -- Access Health Exchange -- a policy as an individual under this law.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

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REP. DUBITSKY (47TH):

Thank you, Madam Speaker. But, I guess going back to my original question, but you would not be required to? That this would also cover just a plan that you purchased on the open market and not through the exchange?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is correct.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. Would this also cover things like the Christian health plans like Medi-Share and plans like that that aren't actually insurance but they're health plans?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

Through you Madam Speaker, if those plans on fully insured individual policies, then, yes, but I'm not specifically familiar with the plans the gentleman speaks of.

Through you. Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, if a person was participating in a Medi-Share plan or one of the other Christian plans, how would they know if this legislation affected them?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, again, I think it would go back to the definition of whether they would be considered fully insured individual plans. If they are, then they would be covered under this.

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. And, I would ask the
proponent where would somebody find that definition?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I don't have an
ability to cite exactly where, but I -- it is my
certain understanding that a fully insured plan is
defined somewhere in our general statute.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. I appreciate that
response. Now, would -- would this -- my
understanding of the bill is that this would begin
an open enrollment period for those plans, so my
question to the proponent is when would that open

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enrollment period start?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, good question, and on line 21, it says that the plan would be effective on the 1st of the month in which the individual receives the certification from a health provider that they are in fact pregnant.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. That is different than I had anticipated. My understanding was that the -- that the period started when the -- when the -- essentially upon conception and went 30 days after that. Is that incorrect?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

Through you Madam Speaker, it is defined on line 21 as effective on the 1st of the month in which the individual received such certification, so I read this to believe that -- let's say that you were certified on the 15th of the month that you are pregnant and that could be within that 30-day window, that you would retroactively be insured from the 1st of the month.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, if I understand the good proponent's response, then a woman who is let's say 4 months pregnant and receives a certification on the first day of the month in her 5th month, then would -- then would the enrollment period start on -- in that -- on the day that she receives it or the first of the month in the month that she receives the certification, or does it go retroactively back to when she became pregnant?

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Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, if I understand the representative correctly, I believe the person of which he speaks would be ineligible for this because they would have been 4 months into their pregnancy; whereas, this only allows them to be within 1 month of their pregnancy in order to be certified, and then if that happened in the first month -- in that first 30 days -- they then would retroactively be covered if it fell at the 20th of the month as of the 1st day of the month.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, my initial statement was correct that the 30-day period really does start upon conception and goes for 30 days afterwards but retroactively back?

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Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, in this law, the word conception is not included. The word is commencement, so it's 30 days upon commencement of the pregnancy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Through you Madam Speaker, is there a difference between commencement and conception?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I don't feel that I am able to answer that.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

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Representative Dubitsky.

REP. DUBITSKY (47TH):

Through you Madam Speaker, how are we supposed to know what the commencement of a pregnancy is if it's not the same as conception?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, again, the way this law is worded on line 18 -- 17 and 18, it says not more than 30 days after the commencement of the pregnancy as certified by a licensed healthcare provider acting within such healthcare provider's practice, so I would answer the good representative's question as that would be up to the physician that is attending to that person.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. If I may ask the

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proponent, can he conceive of any -- oh, I guess I shouldn't use that word. Can -- can he -- can he -- can he identify any way to -- to commence a pregnancy other than conception? I'm just not sure why -- why we're playing with these words?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, certainly not trying to play with anybody's words. I was just pointing out to the gentleman that -- that the word conception was not what we were using as the standard here. It was commencement.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Okay. Thank you, Madam Speaker. Would -- would this -- would this cover both natural commencement as well as artificial insemination?

Through you.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not defined here.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. That's why I ask -- I'm asking the question.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I would believe that it would be included here because whether you're doing it naturally or through an artificial means, you are still commencing a pregnancy, so I do believe -- for legislative intent -- that that would be included here.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

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Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, if -- if I -- so if a woman was participating in a series of or a program of artificial insemination and did not have insurance and found that the artificial insemination was -- was successful and she became pregnant, through you, would this bill cover that situation?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, my understanding is that to artificially inseminate is a very expensive proposition and I would highly doubt that somebody who was uninsured would be exploring that path as a means of -- of getting pregnant, so I'm not sure that it would apply, but again, that's not defined here in this bill.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

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REP. DUBITSKY (47TH):

Thank you, Madam Speaker. I'll go back to my question. So, if a woman was taking a course of artificial insemination without insurance and found she was successful, would she then be able to take advantage of this bill and -- and then purchase insurance?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

She would.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. Through you Madam Speaker, would this insurance, once purchased, cover the baby?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

Through you Madam Speaker, no, it would not.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, if the baby were in trouble during the pregnancy, this insurance coverage would not cover any procedures to save the baby?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, this is obviously a very complicated question, but my understanding of what this bill is saying is that it would allow somebody upon the commencement of a pregnancy to purchase insurance in a special enrollment period, and then it would be determined by what kind of insurance that mother was to purchase as to what I think would be covered under that, and so I don't feel I am able to answer that question directly

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based on the information that's presented here in
this bill.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. Is it -- is there
not some minimum level of coverage that is required
under these plans?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, yes, pregnancy is
covered as an essential health benefit now here in
this state because of last night's Senate vote. We
have passed that law to make sure that it is, but
again, it is not physically defined in this bill
that we would be also ensuring that this is part of
the essential health benefits, so elsewhere in our
statutes, yes, I believe that would be defined that
they would be covered through the life of their

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pregnancy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. So, if I understood the good proponent's answer correctly, then the coverage would cover both the mother and the baby, and the window for purchasing this coverage would be open from the commencement of the pregnancy. Do I interpret that correctly?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

I think that is accurate.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. And, would that insurance cover the baby after the baby is born?

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Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, again, because I don't have specifics in terms of specific plans in front of me, I can't guarantee that that's the case, but in almost all cases, that would be the case.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. And, am I correct in assuming that would be the case regardless of what point in the pregnancy the baby was born?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe so.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

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REP. DUBITSKY (47TH):

Thank you, Madam Speaker. And, in the event that a woman purchased the coverage that we've been discussing and was carrying her -- her child and the woman succumbed -- the woman died, and the doctors were able to save the baby, would the insurance continue to cover the baby?

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I do not know the answer to that question.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. I would ask the proponent how a woman who is planning on taking advantage of this statute or this bill should it become statute would find the answer to that question?

Through you.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, my understanding of the intent of this bill is simply to ensure that she can have access to insurance and that she would have access to choose a plan that worked for her, and to answer the gentleman's question, I believe that she would simply have to contact her insurance company and find out exactly what was spelled out in her policy that she purchased thanks to this bill.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dubitsky.

REP. DUBITSKY (47TH):

Thank you, Madam Speaker. I appreciate the good proponent's responses, and I will continue to listen to the debate.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Will you remark further?

Representative Cheeseman.

REP. CHEESEMAN (37TH):

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Thank you very much, Madam Speaker. And,
through you Madam Speaker, I have a couple of
questions for the proponent of the bill.

DEPUTY SPEAKER GENTILE (104TH):

You may proceed, madam.

REP. CHEESEMAN (37TH):

Does the proponent know if there are any other
states who offer this sort of special enrollment
period for pregnancy?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I am unaware of
whether there are or are not other states that are
offering this.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Cheeseman.

REP. CHEESEMAN (37TH):

Through you Madam Speaker, and as I understand
it, the Affordable Care Act as currently constituted

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does not treat pregnancy as being deemed worthy of a special enrollment exception?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe it actually is a special enrollment period qualifying life event.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Cheeseman.

REP. CHEESEMAN (37TH):

So, with pregnancy it provides for a special enrollment period through the Affordable Care Act as it now stands, why are we drafting this legislation to create one?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe the answer

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to that is that this bill is aimed at people who are uninsured and a qualifying life event could be used to update an existing policy. This would allow someone to purchase a policy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Cheeseman.

REP. CHEESEMAN (37TH):

Thank you very much and through you Madam Speaker, I'm just looking at the healthcare.gov website and seeing some comments from Sylvia Burwell. It appears the Affordable Care Act does not treat pregnancy as a qualifying life event. The birth of a child is in terms of being able to insure that child, so I'm somewhat confused about -- I understand the purpose of this is to allow a woman who is uninsured, who does not have healthcare coverage, who discovers she is pregnant to buy healthcare coverage to cover her during her pregnancy, but again, checking the healthcare.gov website, it appears that at anytime you can enroll in Medicaid if you are uninsured. There is -- there

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is no special enrollment period for that. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I do believe that is correct that you can enroll in Medicaid but the goal for this bill is to allow people to purchase individual private insurance.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Cheeseman.

REP. CHEESEMAN (37TH):

Thank you very much, Madam Speaker. And, I thank the proponent of the bill for his answers, and again, it occurs to me that this comes down to affordability. If a woman deemed a health insurance policy was affordable regardless of her state of pregnancy or not, she would be purchasing that plan, and therefore, we wouldn't need this special qualifying period. I think this is important

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because we are not only preserving the health of the woman, we are preserving the health of her child, but again, if plans were affordable, if they were not deemed do I pay my mortgage or do I pay for my health insurance, we wouldn't be having this conversation, and I do think this is an important conversation to have as we move forward, as we saw with Affordable -- the essential health benefits.

What we do here matters in people's everyday lives, and I do think it's a worthy conversation, but I also think we have to consider the implications of what we do. As I say, it's very important for women to have this access, to provide this coverage for them and their unborn child, to pay for prenatal care. A healthy mother produces a healthy baby, which saves us money down the road, but I think we do -- as I say -- have to bear in mind that the decisions we make do have implications as far as cost is concerned. I will listen to this debate. I want nothing more than to ensure that every woman in this state, every man in this state, every child in this state has health coverage that

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he or she can afford at a price that is acceptable.

Thank you very much, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you. Representative Yaccarino.

REP. YACCARINO (87TH):

Thank you, Madam Speaker. It's good to see you up there. A question or two to the proponent and then a comment.

DEPUTY SPEAKER GENTILE (104TH):

You may proceed, sir.

REP. YACCARINO (87TH):

Last year in Insurance this came up and I filled in in Insurance for maybe a month or two, and I voted against this and you know, I thought about it both ways. There's a lot of positives in it but how do we pay for it, and then I'll get into my story in a minute but one question. So, the woman's pregnant. It says 30 days. It's actually hard to pin down the 30-day period. Is it from when she goes to her physician and then says you're pregnant, you're expecting, then you can apply through insurance?

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Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I have not experienced this process in my life yet, but I am under the understanding, again, from a person who has a political science degree and not an actual science degree, that there probably are medical ways to determine how far along the pregnancy is and that's what the doctors would be using to determine when it was commenced.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Yaccarino.

REP. YACCARINO (87TH):

Thank you for that answer. Where did you come up with 30 days for the legislation -- potential legislation?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

Through you Madam Speaker, I would say I don't personally know the answer to that. This I would remind my friend is a bill sponsored by my co-chair, Senator Kevin Kelly, from the other side of the aisle, and I believe that he has worked hard on this bill and that's the determination that he came up with.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Yaccarino.

REP. YACCARINO (87TH):

Thank you for that answer. Now, if the woman doesn't have insurance but then they would qualify for Medicaid, obviously, the state pays for that and it's more of a social burden. As long as the main thing is the woman getting care for the baby and herself, so I want to tell you a story. So, my oldest son -- I can't remember now. I think he's 34. When his mom was -- she found out she was pregnant, we had very good health -- we had very good health insurance, but we didn't have pregnancy

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on our health insurance, and this is how insurance has changed so much in 34 years. We called our agent and said, you know, Karen is gonna have -- expecting a baby. It was Anthem Blue Cross/Blue Shield, and Anthem Blue Cross/Blue Shield covered her pregnancy because they felt it was better for her and for the baby, which was our son David, and better all for healthcare, and I think that's very - - I think it's vitally important, and for us as parents, we are so at first like what are we gonna do? What are we gonna do? But, we were covered, and it was an amazing relief.

At the end of the day, we kept that insurance for years, so we've paid Anthem for many, many years, and I think the goal here I believe is -- tell me if I'm wrong -- obviously, taking care of the mom, taking care of the baby, but that person will continue with that health insurance. I would hope they didn't -- they can't just get the insurance and drop it, so I think in the long run this is a benefit to our society, benefit to our moms and to our children, so I think -- yes, yes, I

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do think that, and I don't think I need to have faces made when I'm speaking, so I do think that. Sometimes you have to look at the big picture here, and I really believe that you'll get more people signing up for insurance afterwards and they'll keep that insurance, and it's gonna cost the insurance company much less money in the long run and our society much less money, so I stand in support of this. Thank you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, representative. Representative Ackert.

REP. ACKERT (8TH):

Thank you, Madam Speaker. Perfect Segway. The big picture. To the good gentleman, the chair of Insurance, you've heard me speak about insurance mandates and probably many reasons why people don't get insurance because it's expensive and you get very little for what you pay for. So, through you, hypothetical, small business has insurance for their individuals. They hire somebody to -- there's a timeclock before they can be added in many cases.

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Usually, like a 90 day by mandate. You can join the business and then insurance -- the company then can put you on their plan let's say 90 days. In the interim in there, the individual does get pregnant, okay. Then, with this legislation, if passes, that person then could go apply before that short period of time. Would that pregnancy be covered in full or would it follow what the insurance plan has in place? It will be a \$6000-dollar out-of-pocket before any -- any -- any contribution from the insurance company.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'd ask that the gentleman rephrase his question. I'm -- I'm not understanding. Sorry.

DEPUTY SPEAKER GENTILE (104TH):

Representative Ackert, would you be so kind just to rephrase your question?

REP. ACKERT (8TH):

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I will and I -- I'll try to make it -- so, the person works for a business but did not have insurance. They did not have insurance. They then joined the company's insurance, which I'd imagine it doesn't matter where you get the insurance. I'd imagine they could join the company's insurance, the company's health plan that they have when they sign up has an out-of-pocket expense. Would that out-of-pocket expense need to be paid for first or would the pregnancy be covered in full?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'm still having trouble understanding the gentleman's question, but I believe the answer would be no because this would just be allowing them to purchase a brand-new plan for the first time under this enrollment period, not to purchase a plan through their employer as the groups are not included in this.

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Ackert.

REP. ACKERT (8TH):

Thank you. Okay, then so if they went and purchased a plan -- an insurance plan, whatever it may be, and it had any out-of-pocket expenses, whatever plan that they've purchased. Would they have to satisfy the out-of-pocket requirement before getting any benefits?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not discussed in this bill.

DEPUTY SPEAKER GENTILE (104TH):

Representative Ackert.

REP. ACKERT (8TH):

And, I believe it to be true that you'd have to meet any of the requirements of the plan that you could afford to buy, but it is true that an individual can -- a woman can get Medicaid and not

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have to worry about that expense that I just mentioned. Also, the child gets covered through the plan. I think it's called child healthcare plan or something like that, so they do get insurance, and also, the pregnant woman can get insurance, so it's not like they don't have protections in the policies that this country has now. We do.

This though to me is doing a disservice to those individuals. We should be encouraging those to get insurance. That's what the truth. That is exactly what our department -- our insurance department of the state of Connecticut said, if we go in this direction of allowing people to okay you know, I don't want to get insurance for whatever my health reason may be, and in this case it's pregnancy. They're probably gonna get sick or have other -- some other concern that they would need to go to the doctor before they ever use the pregnancy, whether it's the flu, an injury, something in some manner. I don't believe this is the right approach. If we truly want to have people that are gonna be healthy, let's find a way to drive costs down, not

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up, and then -- and then not allow exceptions. The good ranking member brought up -- or one of the other speakers brought up what about somebody that had breast cancer. If they found out that they had breast cancer, that's not a qualifying event. This is something they can't control. They can't control an illness. They can't control MS. They can't control prostate cancer. Those happen.

The one qualifying event there is some control there, but none of the other qualifying -- the ones that we're not gonna cover, the real health issues in this state, we're not gonna give them a qualifying event. Those drive costs up to. If we're talking about what drive cost up, those drive costs up, so to me, we're picking something that's controllable rather than say what is the number one -- what is the number one health risk in the state of Connecticut. Find out what that is. Maybe we should include that in this or the number two or the number three uncontrollable disease. Something that they'd never want to wish upon themselves. We pick one that is controllable to some manner. I know

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that life happens, but we're driving the costs of healthcare up. That's why people don't get insurance. They can't afford it, not because they don't want it. They just can't afford it. Let's find ways to make it affordable. Let's -- let's put our efforts in getting people on an insurance plan rather than finding ways -- yeah, you know what, don't worry about that expense right now because guess what, we've got you covered. We're gonna make that a qualifying event. Let's spend some time on the real problem -- getting people affordable health insurance. Thank you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Delnicki.

REP. DELNICKI (14TH):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Good afternoon to you, sir.

REP. DELNICKI (14TH):

A couple of questions to the proponent of the bill, through you.

DEPUTY SPEAKER GENTILE (104TH):

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You may proceed.

REP. DELNICKI (14TH):

Thank you, Madam Speaker. Would this coverage include prenatal care?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, as defined by the essential health benefits on the Affordable Care Act, prenatal care is something that is covered, so if this individual was to in fact qualify for this special enrollment period and then purchase one of these plans, she would be covered to receive some pregnancy care.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Delnicki.

REP. DELNICKI (14TH):

Thank you to the proponent. Madam Speaker, through you, would this bill provide wellness care for the mother through the pregnancy?

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Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, wellness care is also one of the ten ACA potential health benefits, so yes.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Delnicki.

REP. DELNICKI (14TH):

Thank you, Madam Speaker. And, thank you to the proponent. I've heard talk in here and quite frankly, they're right. In a perfect world, everyone would have that kind of coverage in a family. A woman would have that kind of coverage but unfortunately, we do not live in a perfect world, unfortunately. We do know that prenatal care, wellness care for the mother does yield better outcomes, and I go back to my experiences when I served on a board of education in my community, and I saw what the costs were associated with a child

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that had issues that occurred -- health issues that occurred through the pregnancy through the prenatal care or lack thereof, and the expense that would be incurred to provide that child with an education to the tune of hundreds of thousands of dollars per year, so is it a cost avoidance? It certainly could very well be a cost avoidance to a city, to a town, to the taxpayer in that city or town, and of course, to the parents, the mother, the family of that child with a better outcome.

You know, it's a funny way to put it but it's almost like you pay a little more on the frontend to save a heck of a lot on the backend. You provide the coverage, you have the coverage, and again, this is not a perfect world. In a perfect world, I've heard the discussion that people should be covered for this and they're right. In a perfect world, that's what it would be, but this is not a perfect world. I voted in favor of this in committee. I am going to vote in favor of it here today, and I -- one thing I have a tough time understanding is why you would call it like a preexisting condition

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because it -- a child, a pregnancy, a baby is a wonderful thing. It's something that quite frankly I'll never have an heir to the empire at this point. You know, so I envy anyone that will have an heir to the empire, and again, I look at the cost to the schools, I look at the outcomes, I look at the families, I look at the children and based on those concerns, I do believe in my heart that it will save money on the backend to the taxpayers that won't have those issues to deal with in their schools, in their communities, and of course, will have more productive better children that are healthier and an opportunity to -- to thrive in our great state and community. Thank you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Tercyak.

REP. TERCYAK (26TH):

Thank you very much, Madam Speaker. Thank you to the good proponent of the bill. I have a few comments to make because I'm sitting here just amazed. We are talking about the health of a fetus. The health of a fetus who never had an opportunity

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to buy insurance before, who has not had an opportunity to enroll its mom in good prenatal care, a fetus who is not a tumor, who is not a cancer, and who is not an illness. A fetus!

There are people in this room who talk about fetuses and refer to them as unborn babies. The heck with the mother if you would like to look at it that way. We are insuring the fetus here. How are we insuring it? Medicaid. Easy to say people qualify for Medicaid, especially if you forget how we've thrown people off Medicaid by lowering the income limits. Easy to say Medicaid as long as you ignore the fact that it is such a modest income that is allowed, that few of us count among our friends very many people who qualify for Medicaid. We and most our friends are too comfortable to meet that. What if it's a \$6000-dollar deduction policy? Well, you know what? That makes a policy a good deal. According to testimony in front of this committee, which I'm not on, normal without complications maternity care and delivery costs range from \$10,000 to \$20,000 dollars in this state, so if you have a

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high deductible policy, you're still gonna be saving money folks.

When we look after the mother, do screening and treatment for medical conditions like hypertension, which kills more mothers and their babies than anything else combined, like preeclampsia, which can be diagnosed and treated and save the baby's life, when we're giving folic acid supplements, when we're preventing gestational diabetes, we are not just talking about some woman who didn't buy insurance, but she should have. We are talking about -- to use the words of many in this Chamber -- the unborn child. Let's stop pretend we're talking about anything else. Thank you very much, Mr. Chairman. This is a very important bill for the unborn children whose mothers were not yet responsible enough to get insurance. I don't think because of their irresponsible mothers we should be saddling these unborn children with all the consequences that come along with inadequate healthcare while they are still in the womb. Thank you, Madam Speaker. I appreciate this opportunity to speak.

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DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Wilson.

REP. WILSON (66TH):

Thank you, Madam Speaker. I have a couple of thoughts and questions as I listen to the proponent -- [Crosstalk]

DEPUTY SPEAKER GENTILE (104TH):

You have the floor, sir.

REP. WILSON (66TH):

-- Answer some of the other questions and through you, if I may?

DEPUTY SPEAKER GENTILE (104TH):

Please proceed.

REP. WILSON (66TH):

Thank you. So, I believe I heard the question about individual versus group answered that this only covers individual, and yet, when I look at lines 4,5 through 8, it talks about any person insured under a group hospitalization, medical, surgical insurance plan, a fully insured group insurance plan sponsored by a municipality, so I just want to be clear that this bypasses those

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groups and goes only to an individual. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is correct. Section 1 is basically specifying that those plans are not included in this, and therefore, only individuals would be.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Wilson.

REP. WILSON (66TH):

So, through you Madam Speaker, could the good proponent of the bill tell us why those plans were excluded?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, Representative Sampson and I touched on this a little bit, but to

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refresh everybody's memory, basically my understanding of this and the reason why to my -- to my friend over there on the other side of the aisle, we didn't do this because folks that are on the state employee plan or have municipal plans have coverage for pregnancies and they are insured already, and the target audience of this bill were folks that are not insured right now.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Wilson.

REP. WILSON (66TH):

Thank you, Madam Speaker. Through you, just again, I'm -- I think I'm kind of confused here, and I'll confess I'm an old insurance agent. I guess old in chronologic numbers myself but also old in that I entered the insurance industry in 1979 and for many years, I -- I built a lot of my business through the providing of medical insurance plans for my clients, so -- and I think Representative Sampson touched on this as well, but again, I'm just trying to get clarification why this wouldn't be let's say

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on a small business group, never mind a municipality or the state of Connecticut. There's many times when let's say an employee and in this example I'll use a male is covered under their employer's plan but has selected or decided for some reason that they aren't going to enroll their spouse, and then sure enough all of a sudden there is a surprise and we now have a pregnant spouse, so if I understand what we're hearing here or reading here is that that woman would not be allowed to enroll into the group plan under any special exception but would have to go seek a different plan. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you, I think that that's accurate. I'm not familiar specifically with the HR policies of the state employee plan or of the municipal plan to know when they're enrollment periods are but for this specific instance that I think you just gave, that individual would have to go, which is the whole

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purpose of this bill, to then buy the individual policy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Wilson.

REP. WILSON (66TH):

So, thank you, and through you Madam Speaker, so it just seems to me that we're -- we're making this very difficult, and I just question if we really looked at it hard enough and thought about tweaking it enough to make it more acceptable and more easy to access. I also have a concern -- I read in the testimony here that the Connecticut Business and Industry Association also had questions about the way this was done, and I believe there is a term in the insurance industry if it still exists, --- again, I'll apologize because I'm an old guy -- called adverse selection, and certainly, any time that you deal with a preexisting condition and you delay the eligibility of that individual to get into whatever the plan of coverage is, you've created an adverse selection situation where the claim

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experience is going to throw the actuarial calculations off in a plan.

So, again, another concern I would have is, you know, how are we going to deal with increasing premiums, whether it be at the individual level or the group level for this kind of coverage, so I would just like to say for the record at this point in time I -- I'm a little confused and I'm a little doubtful as to whether this bill and the way that it's actually written is going to make the coverage available as easily and as broadly as perhaps it should be so that in fact we can be sure that women and the unborn fetus, as my good colleague on the other side of the aisle referred to, are going to be assured of the coverage that they really need, and then the 30 days seems to be almost arbitrary because again as an old guy who has five children I don't think you always know within 30 days whether or not a pregnancy has commenced, so I -- I just question whether the 30 days is an adequate period of time to assure that someone is going to discover this and be able to enroll into it. So, thank you,

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Madam Speaker, for the opportunity to stand up here today and express my opinions and to the proponent, thank you as well.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Srinivasan.

REP. SRINIVASAN (31ST):

Thank you, Madam Speaker. Good afternoon, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Good afternoon to you, sir.

REP. SRINIVASAN (31ST):

Madam Speaker, through you, a few questions to the proponent of the bill.

DEPUTY SPEAKER GENTILE (104TH):

Please proceed.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, there was discussion by representatives before me on deductibles, and through you Madam Speaker, I just want to clarify that the plans that are offered -- as the good representative, chairman knows -- many of these plans that are offered a) have a deductible and b)

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have a high deductible. So, through you Madam Speaker, my question is would those deductibles be applied so as this woman goes through her pregnancy the coverage will start, from a financial point of view, only after she has met her deductible, which could be in the ballpark of about \$5000 to \$6000 dollars?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'm wondering if the representative could rephrase the question. I don't believe I heard the question there.

Through you, Mr. Speaker -- Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan, would you be so kind as to rephrase?

REP. SRINIVASAN (31ST):

Of course, madam. Through you Madam Speaker, if insurance company offers a plan with a deductible -- a high deductible and that is what the family --

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the pregnant woman is able to afford, through you
Madam Speaker, would the coverage for the pregnancy
start only after the deductible, the financial
commitment is met?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not outlined
in this legislation.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, if this is not
outlined in this legislation, are we requiring or
are we mandating insurance companies to say that
they will have to give a product without a
deductible and be without a high deductible?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

Through you Madam Speaker, that is not outlined in the bill.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, if this legislation were to move forward, all that we are requiring is that insurance companies provide a product of coverage and we are not dictating here as to what the coverage should be and what the terms of the coverage in terms of financial implications should be?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, all the bill does is allow somebody to purchase coverage. It doesn't say what kind it has to be. It just allows them to have an enrollment period and in order to be able to purchase coverage.

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Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, I understand the allows part. Obviously, that's in legislation, but my -- my concern or my questions are making that allowable component happen. How does it happen? We could say allow but I want to make sure there's a product out there that's available, a), and b) what will be the cost and what will be the affordability? That's the question. We could always ask and say we want this and we want that. No question about that, but how are we going to deliver a product? That is my question, and I still have not heard an answer from the good chair about a product that we are asking our insurance companies to provide the pregnant woman.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

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Through you Madam Speaker, I don't feel that I can adequately answer the representative's question because I'm not an insurance agent. I'm -- I'm simply the chair of the committee, and I don't know what policies specifically would be available to somebody if this law were to become law tomorrow and they came into my office and I sat down with them. Off the top of my personal head, I don't know what would be available to them, how much the premiums would be, and whether or not would it meet our definition of affordable. All I know is that if we were to pass this legislation that would be an option for somebody to at least walk into that insurance agent's office and try to get coverage.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Thank you, Madam Speaker. And, thank you for the clarification. I appreciate that. As I understand it, we are not requiring an insurance company to provide this coverage if that company

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chooses not to do so?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, we are requiring that an insurance company would have to allow somebody to purchase a policy that they offer based on the special enrollment period.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, we are requiring, we are mandating every insurance company that operates in Connecticut to offer this product?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, again, not -- not a product per se but to allow somebody the right to

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purchase one of their products.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

All right. Through you Madam Speaker, that's -
- that's exactly what I was saying. That we are
requiring an insurance company to provide the option
of such a coverage, that the insurance company does
not have the liberty to say that no, we do not want
to provide just pregnancy coverage alone?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, because of other
insurance statutes that require them to cover a
certain amount of things in every policy, no, they
wouldn't be able to just cover the pregnancy alone.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

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REP. SRINIVASAN (31ST):

So, through you Madam Speaker, we are requiring that this coverage be available, but we are not saying in any form or fashion what the cost would be, what the deductible would be, and we are leaving that to the insurance company to decide what the cost and the expense and the coverage would be?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is correct. We are not mandating any sort of baseline price or deductible here. The overall arching goal and it's been talked about a couple of times in this building is that when more people have insurance, the cost of insurance goes down for everybody. That's the principle by which I believe personally insurance operates under, so by this happening, by taking more people off the uninsured roles and therefore, insuring them, I believe we would be lowering the cost of insurance, but I can't speak to how much

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specifically a plan would be if somebody goes to the insurance agent tomorrow when this bill takes affect -- assuming -- pretending it took affect tomorrow -- and actually asking what the price would be.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, when we requiring an insurance company to provide coverage for pregnancy and that is -- and obviously, the insurance company comes up with a price tag and that price tag is agreed upon, and that's what's paid, will the coverage be only for pregnancy and pregnancy-related conditions?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

No, it would not.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

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Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, so this is a coverage for pregnancy during the pregnancy period, the 9 months, but during that pregnancy if that patient -- if that lady were to have bronchitis, would have pneumonia, would have some other condition totally unrelated to the pregnancy -- hopefully, not, but in the unlikely event of an auto accident -- all of that would be covered as well?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is correct. They would have access to an insurance policy that would cover any and all reasons why someone would use an insurance policy for health purposes.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

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And, through you Madam Speaker, are we putting a time limit as to when that coverage would end? Is it at the time that the child is born or a month later or 3 months later?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not defined in the legislation.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, if not defined in the legislation, we are leaving it to the insurance company to decide the extent to which the coverage will -- will happen?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

My understanding would be that it would be the

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typical lifecycle of an insurance policy, that eventually it would expire, and that person would have to choose to either renew it or to move on from that policy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

And, through you Madam Speaker, this life period of this policy, could it be just for 9 months, or are we saying in this legislation it has to be 9 and beyond let's say a 12-month period?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not defined in the legislation.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, coming to line 17,

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which I know a lot of my colleagues have brought up the issue and for clarification purposes, pregnant individuals not more than 30 days after the commencement of pregnancy. Through you Madam Speaker, if the good chair could clarify this commencement period in this legislation?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

My understanding, representative, would be that commencement would be what would be determined by the physician when that was to commence -- when the pregnancy commenced based on the medical evidence before him or her as a physician.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

So, through you Madam Speaker, as it happens frequently, the lady obviously goes in for her checkup at the second month maybe or maybe even into

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her third month, and then realizes or is informed is pregnant. Through you Madam Speaker, that coverage would start -- is that day -- that day considered to be the beginning of the 1 month of commencement?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I -- I believe commencement would meet that definition, but again, the way it's defined here in this legislation would be that commencement of the pregnancy as certified by any licensed healthcare provider acting within the scope of such healthcare provider's practice, which I would interpret to mean that that doctor would have to determine when the commencement happened. Obviously, that would be both in part based on medical evidence, but I think also based on a conversation with the patient about that person's sexual history and -- and trying to deduce when that commencement actually happened. I don't know if there is an actual science there as to how easy that

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is to determine, but we're leaving it up to the provider to make that determination based on their relationship and you know, examination of the patient.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, that's the part of this legislation that I find difficult to wrap my hands around, so if the provider -- the healthcare provider after they do history, the physical examination so on and so forth, comes up with a diagnosis that the lady is now 3 months pregnant, through you Madam Speaker, did this young woman miss the boat as far as getting coverage through this piece of legislation?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, it depends on when

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that woman was to go to the doctor and when that doctor was to certify the commencement.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Now, through you Madam Speaker, the lady goes to the physician for the first time and gets the physical examination and history and physical examination confirm that she now is 3 months pregnant, which is not uncommon at all -- extremely common -- 12 weeks pregnancy being the first time that the woman is diagnosed -- so when that happens, through you Madam Speaker, is it 1 month after the physician determines that she is 3 months pregnant, or are we going back to 1 month of the beginning of the pregnancy? That is confusing.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, can the gentleman

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rephrase his question, please?

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan, could you please
rephrase?

REP. SRINIVASAN (31ST):

Through you Madam Speaker, this 1 month of
commencement, so when the lady goes to the physician
3 months into pregnancy, has a history, has the
physical exam, and the internal exam confirms that
she could be in the ballpark of about -- obviously,
we can never be accurate, but we are in the range of
a 3-month pregnancy, through you Madam Speaker,
would this piece of legislation apply to that young
lady if she were not to have any insurance at all so
far?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, one more time and I
ask the good representative to restate his question.

DEPUTY SPEAKER GENTILE (104TH):

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Excuse me (Gavel) (Gavel) (Gavel). Ladies and gentlemen, please take your conversations outside the hall. The two gentlemen are having difficulty hearing. The longer this takes -- we're on the third repeat of this. The longer this takes, more bills are dying. Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, for the third time and maybe this is the charm. Through you Madam Speaker, when the history and physical exam for the very first time that the young lady goes to her doctor and the doctor confirms yes, you are pregnant, shares the good news with her and also the physical exam confirms that she is probably about 3 months pregnant, and this young lady has no insurance at all, if this legislation were to move forward, would she be able to qualify for this insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

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Yes. Based on the certification of the doctor, the answer is yes.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, but the doctor certifies that she's 3 months pregnant. Through you Madam Speaker, would she still be able to qualify for the insurance coverage?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I would argue that that certification requirement would allow that doctor to do that even if she was 3 months pregnant.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, I have no intention

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of arguing at all. My question is more of clarification because this part of the piece is very difficult when we say that it is 1 month of commencement, which is in fact the language, but then the pregnancy is only discussed with the patient after 3 months, so that's why I want to make sure as to whether it is 1 month or is it any time that the pregnancy is being confirmed by a healthcare provider, so that is the part that I wanted to be clarified. Through you Madam Speaker, seeing that that area is still to me not clear -- obviously, I will be listening to the debate to see where this moves on as far as this conversation is concerned. Through you Madam Speaker, if this lady has a history of having difficult pregnancies -- very difficult pregnancies obviously in the past, and now if she were -- if this legislation were to move forward, because she is applying when she is pregnant, again, but with a track record, unfortunately, of bad pregnancies in the past, would it be up to the insurance company to decide to offer her the insurance and would the insurance company

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decide what the premiums would be?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, if the gentleman could rephrase his question, I would appreciate it.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan, would you be so kind?

REP. SRINIVASAN (31ST):

Through you Madam Speaker, if the young lady who's pregnant has a track record -- has a history of having very difficult, very complicated pregnancies be it diabetes, be it blood pressure, be it toxemia, and the list can go on and on, and that's her history in the past maybe one pregnancy or multiple pregnancies, and now, she is pregnant let's say for the fourth time, has no insurance; but if this legislation were to move forward and we require -- we mandate insurance company to provide her insurance, will it be up to the insurance

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company to decide if they want to provide her given the fact that she has difficult pregnancy history and also decide what the premiums should be?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

No, they would not.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, it's now my turn not to understand what the good chairman said. If he could repeat what he just said and maybe expand because I couldn't comprehend his answer?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon, would you care to expand on your answer?

REP. SCANLON (98TH):

Sure, Madam Speaker. I don't believe that the

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example that the representative is giving is applicable to this legislation and is certainly not defined in this legislation.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, it is not defined. I definitely get that, and that's why I want to make sure we clarify as to what is it that we are requiring of the insurance company in terms of providing coverage to this lady if she were to have a history of difficult pregnancies in the past and has not had insurance for her pregnancy, so through you Madam Speaker, this legislation does not speak to that at all? Is that what I understand?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is correct, Madam Speaker. My understanding of the entire intent of this bill is

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simply just to give them the ability to go and
purchase an individual health insurance policy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, does the good
chairman know if there are insurance companies in
Connecticut that are offering such policies?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, if the good
representative is asking whether there are insurance
companies who offer individual policies for sale on
the individual marketplace, then the answer is, yes.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Through you Madam Speaker, individual policies,

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yes, I'm well aware of that, but through you Madam Speaker, policies covering pregnancy alone. Through you Madam Speaker, do such policies exist in our state?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, under the essential health benefits of the Affordable Care Act, women who are insured in individual policies are entitled to be covered with pregnancy where pregnancy is a covered provision, a part of the policy that they purchase.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Srinivasan.

REP. SRINIVASAN (31ST):

Thank you, Madam Speaker. This piece of legislation is important. We -- we absolutely need to have our pregnant women covered by insurance. No question about that at all. I don't think there can be much of a debate whether a woman should be

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covered during her pregnancy or not. The question here madam is a) in terms of affordability, what is it the product that they're going to be able to give that is affordable, a), and b) these various nuances that I just talked about are important things for us to think about as this legislation moves forward.

I will definitely be listening to the debate and having pregnant women coverage, as Representative Tercyak so eloquently said, is very important because he understands it as much as I do wearing our medical hats, how critical it is for our women -- our pregnant women to have coverage cause it not only protects them, it protects the unborn child, and of course, indirectly, it protects us as a society as such. Otherwise, we all will be paying for it one way or another, but I just want to make sure that as we are requesting insurance companies to provide I'm still not clear as to what is it that we're asking them to provide given the fact that there could be so many different scenarios that this legislation does not address. Thank you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Thank you, Madam Speaker. A few questions for
the proponent of the bill.

DEPUTY SPEAKER GENTILE (104TH):

Please proceed.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, is this a mandate on
all of our private insurance companies in the state
of Connecticut?

Through you Mr. Speaker -- Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, it is a requirement
that they would offer an enrolling period for such a
person.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

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So, I would say that that's a mandate?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

If that's how the good colleague would define it, then sure.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, what would be the additional cost to all of the individuals that live in the state of Connecticut that currently have insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not defined in this bill, though I would just restate what I've said a couple of different times during this debate, which is that the maximum that when everyone has

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insurance the costs are lower for everybody. When the risk is spread out -- I think even Representative Sampson and I can probably agree on that -- it's cheaper for everybody, so therefore, if we are adding more people under this bill who are currently uninsured to the healthcare insurance rules, I would argue that this actually may save money instead of costing us more money.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Thank you. Through you Madam Speaker, as I'm reading here on the Connecticut -- the state of Connecticut Insurance Department's report it reads that the range that would be represented would be a significant increase to health insurance premiums to as much as \$50 dollars per insurance policy.

Through you Madam Speaker, was the proponent of the bill aware of that?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

Through you Madam Speaker, I'm aware of what the testimony was, but I disagree with it.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, what is the goal of this bill?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'm not the author of this legislation. That would be Senator Kevin Kelly, but I would venture to say that my understanding of the goal here is to make sure that if there is a woman out there in our state right now who has decided or discovered that she is pregnant and she would like to carry the life of that baby out that she will be able to go out and purchase an insurance policy to make sure that both she and the

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baby would be healthy throughout the duration of that pregnancy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, if someone applies for this insurance coverage 31 days after the commencement as described in the bill, would they then be able to buy the insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, it would depend on the date of the certification of the doctor.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so there would be a time limit in which an individual could purchase

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this insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, there is a time limit, yes, but it's all based and it all hinges on the time of the certification through the doctor.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so if an individual didn't come within that timeframe, they then wouldn't be eligible to purchase insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I have been informed during however long we've been having this conversation that there are some who believe that it

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would not matter how long that person had been pregnant, only what matters or in this legislation based on that interpretation would be when that person went to the doctor and when that doctor certified from that moment on that they would then have the 30 days.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so if they came out of the range of the parameter, whichever the proponent decides it is, they would not be eligible to purchase that insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Correct.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

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REP. DAUPHINAIS (44TH):

So, the goal -- through you Madam Speaker, so the goal of this insurance wouldn't really help everyone unless you fell within those parameters of the qualified time?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe the intent of this bill was not to give somebody the ability to purchase insurance when they're 7 or 8 months pregnant, right about to have the child. The goal is to allow them the ability to do that early on in the pregnancy in order to be the healthiest possibly that they can be both personally and for the baby and that's why that limit is in place.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so it would not be

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helpful for someone that would come forward at a later period in their -- in their pregnancy and were disqualified for those reasons?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe that would depend on what point that person first went to their doctor to discuss the possibility of their pregnancy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so to the proponent of the bill, would you agree that it's very possible that many individuals may not qualify to buy this insurance due to the restrictions of the time restraints?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

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Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I would respectfully not say many but I would concede that some may be not able to utilize this bill.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, could the proponent of the bill please describe the definition of insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I do not have the Connecticut's general statutes definition of insurance at this -- at my disposal at this time.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

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REP. DAUPHINAIS (44TH):

Thank you, Madam Speaker. I did look it up, and what I found was the meaning of insurance is a thing providing protection against a possible eventuality, so through you Mr. -- Madam Speaker, would the proponent of the bill agree that this event had already taken place and that this would then change the definition of insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'm wondering if the good representative would clarify is that the Connecticut General Assembly's statutory definition of insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais, could you please clarify where that definition comes from.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, the dictionary.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I would not agree that that would be the acceptable definition that we in this building use to define insurance, so I believe the answer to the representative's question would be no.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so the proponent of the bill isn't sure what the definition of insurance is and we're now trying to insert a change in the policy in how it's done?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I have a personal definition of what I consider to be insurance. I'm sure everybody in this Chamber has their own way of

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defining it, but I believe that the most commonly accepted definition of insurance even though it may not be the definition we use in statutes, would be a product that is sold that a person pays for to use for protection for fires, health, tornadoes, anything that you'd like to define it as and -- but I do not have the exact definition of what we define insurance as in our general statutes.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Thank you, Madam Speaker. So, the proponent of the bill describes some things that I'm familiar with such as fires, I would say things that we don't expect to happen just as the definition says a possibility of eventuality like cancer, illness, floods, death, fire, car accidents, those sorts of things. We purchase insurance to protect ourselves from those unexpected things that may occur.

Through you Madam Speaker, would this also -- would this bill also give someone access to abortion

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coverage?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is not defined
in this legislation.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Through you Madam Speaker, so as I understand
it, both state employees and the Affordable Care Act
do not have this provision, but we will be asking
the private insurance companies in this state to
cover this? Is this correct?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that is because
employees who are working for the state or for
municipalities are already insured and therefore,

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would not have to worry about being uninsured during the course of a pregnancy.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Dauphinais.

REP. DAUPHINAIS (44TH):

Thank you, Madam Speaker. Just a final -- a couple final comments. It seems to me that as though at every turn we're making Connecticut more and more unaffordable for its citizens, and for a myriad of reasons, we pick and choose different things that are going to cost our -- our taxpayers more and more money. In this case, it would be those that have already chosen to be responsible insurance purchasers, and they will have an increased premium. I will continue to listen to the -- the testimony here, but I do have great concerns about what this will -- what the cost will put onto the individuals in the state of Connecticut. Thank you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, madam. Will you remark further?

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Representative Belsito.

REP. BELSITO (53RD):

Thank you, Madam Speaker. I have a couple of
basic questions for the proponent of the bill.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

You may proceed.

REP. BELSITO (53RD):

Through you Madam Speaker, to the proponent,
during the writing of this bill, did you Mr.
Proponent or the writer of the bill confer with any
insurance companies?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you, Madam Speaker, in the course of
the 2 years that I have been the chair of this
committee and my republican co-chair, Senator Kevin
Kelly has pursued this legislation, we have yes
interacted with many different insurance carriers
about this bill.

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Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

Thank you, Madam Chair. And, through you Madam Chair to the proponent of the bill, has the insurance companies come up with any costs regarding this bill?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I don't have that information in front of me if they have.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

Maybe I can clarify that a little bit, Madam Speaker. Was a cost prepared by the insurance companies for the -- the individuals who would be purchasing this insurance?

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Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I'm wondering if the representative could rephrase his question? I think I understand but I want to make sure.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito, can you please rephrase your question?

REP. BELSITO (53RD):

Thank you, Madam Speaker. During the writing of the bill and the interviews with the insurance companies, was a cost determined by the insurance company as to what it would be for these individuals who are going to be purchasing this insurance policy?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon, does that help you out, sir?

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REP. SCANLON (98TH):

A specific cost for these policies to purchase,
no, there was not.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you. Representative Belsito.

REP. BELSITO (53RD):

Through you Madam Speaker, was there a
guesstimate of what the cost would be through this
insurance company?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, there was no
guesstimate to my knowledge.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

If -- if an individual gets married and finds
out that she is pregnant and it's the second month
of the pregnancy, will this insurance coverage cover

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her pregnancy?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, that would again be determined based on the time that that person went to their doctor and were certified by that doctor.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

Thank you, Madam Speaker. And, through you Madam Speaker, was it ever determined how many individuals would become pregnant during any given year -- the number -- the quantity of individuals who would need insurance?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, it's a good

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question. I don't know the exact answer but if we were to just speculate, there's about 6 percent of our population in the state of Connecticut that is currently uninsured. Let's assume that's 50/50 because that's usually the breakdown we have in terms of gender. That would mean that 3 percent of women in the state of Connecticut would be eligible to the state of 3 million people.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

Madam Speaker, could he repeat the number that would be -- would be temporarily or would be absolutely available to take this insurance?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon, could you repeat your answer, please?

REP. SCANLON (98TH):

Surely, Madam Speaker. So, again, just back of the envelope math here. I don't have any specific hard numbers in front of me. If there are 6 percent

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of people who are uninsured in the state and we presume that 50 percent of them are women, that's 3 percent. Obviously, not all of them would be in the age in which a woman can have a child, so that would really be less than that, so we're really not talking about that many people here that would be eligible for these policies.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, representative. Representative Belsito.

REP. BELSITO (53RD):

Thank you, Madam Speaker, so that would be about 90,000 individuals that would become pregnant during the year, and through you Madam Speaker, would the -- did the insurance companies look at these numbers to determine a cost and what it would be feasible to write this policy?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

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Through you Madam Speaker, I just want to clarify that not every one of those 90,000 women would be getting pregnant every year. It would just be that there would be a certain amount -- with all due respect -- would be eligible technically to get this, but not all of them would be pregnant every year.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

Thank you, Madam -- Madam Speaker. And, through you to the proponent of the bill, what was the cause of writing this policy if we don't know how many individuals would be in need of this?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, again, I can't speak for Senator Kelly's initial motivations for doing this. All I can say is that my interpretation of

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this is because there is a need out there from women who are uninsured but are currently pregnant, and there is the desire among those who are looking at this from a public health perspective that say that those individuals if we are to encourage them to keep that child and bear that pregnancy out that we should want them to be able to be as healthy as possible and to be as healthy as possible in the most affordable way possible, you do need to have insurance and that I believe was the initial motivation for this bill.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Belsito.

REP. BELSITO (53RD):

Madam Speaker, I have just a quotation I would like to read if that was okay with you?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

You may proceed.

REP. BELSITO (53RD):

The Department -- this is from the Insurance

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Department in the state of Connecticut. "The Department believes that it is important for women to have access to prenatal care but believes that the best way to ensure that access is to encourage people to maintain continuous health insurance coverage. Qualifying events are those special circumstances that allow an individual to buy insurance after the open enrollment deadline. Insurance is predicated on the practice of spreading the cost over all enrollees in a risk pool for the premium period. The Department opposes this bill because expanding the qualifying events to include pregnancy has the potential to encourage people to buy insurance only when it is needed; thus, driving up the cost for everyone and increasing the premiums to cover the added cost."

Through you Madam Speaker, I just have one more thing I would like to say.

DEPUTY SPEAKER GENTILE (104TH):

Go ahead, sir.

REP. BELSITO (53RD):

Insurance companies are here to make a profit,

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and if we continue with this particular bill, this is a big profit maker and I doubt very much if single -- single individuals who are in need of this type of insurance would be able to afford it. Thank you very much and thank you to the proponent of the bill.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH):

Thank you, Madam Speaker. A couple questions to the proponent of the bill and some clarification.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Please proceed.

REP. KLARIDES-DITRIA (105TH):

Thank you, Madam Speaker. Through you, the insurance companies -- this is just mandating insurance companies to offer insurance. Is that correct?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

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REP. SCANLON (98TH):

That is correct.

REP. KLARIDES-DITRIA (105TH):

And, --

DEPUTY SPEAKER GENTILE (104TH):

Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH):

Thank you. Through you Madam Speaker, said insurance companies would offer -- could offer one, two, or three plans to a woman coming looking for pregnancy insurance?

Through you, madam.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is my understanding.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH):

Through you Madam Speaker, it would be up to the insurance company to make those costs depending

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on what they decide? They can have a tier 1, tier 2, tier 3 pregnancy coverage, and you could go in and choose which one you want to buy?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That would not be my understanding of how it works. The insurance companies have to go to the insurance commissioner every spring and file their rates for individual plans, and so all plans in the state of Connecticut have to cover certain things, pregnancy being one of them. There aren't different tiers of that but there are different tiers of kinds of insurance in terms of whether you have a deductible or whether you have a higher premium, but they wouldn't be able to specific specifically about a pregnancy issue.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH):

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Through you Madam Speaker, and to the proponent of the bill, as far as deductible, would they offer a deductible plan and a nondeductible plan?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you, Madam Speaker. It's hard for me to say. I mean insurance companies offer -- we have many of them here. We're the insurance capital of the world so there's a lot of different options, and I'm sure that somebody who would be given the ability to have an enrollment period would do their due diligence to pick whatever plan they worked best for them and their financial situation.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH):

And, through you Madam Speaker, for point of clarification, I know a lot of my -- a lot of the other legislators who are asking about the 30-day

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coverage, so whether you go to your doctor on day 1, month 1, 2, 3, 4, 5, or 6, from the day that you are certified pregnant by your OB/GYN, that is your 30 day window?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is what I've come to believe during the 2 hours that I've been up here.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH):

That is all. Thank you to the proponent of the bill. Thank you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you. Representative Linehan.

REP. LINEHAN (103RD):

Thank you, Madam Speaker. I rise in strong support of this bill, but I -- I do have a few comments to make and I will also have some questions

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for the proponent of the legislation.

DEPUTY SPEAKER GENTILE (104TH):

Please proceed.

REP. LINEHAN (103RD):

Thank you, Madam Speaker. First, I want to take a moment to explain. There have been a lot of questions in the Chamber, Madam Speaker, about the 30-day window, so I would -- I would like to point out because we've had a lot of male legislators stand up who may not understand exactly how the woman's body works, so I wanted to take a minute to point some things out. So, the reason why the 30-day window is actually important is because there's something known as a last menstrual period, and it is something that doctor's use to determine when someone is pregnant, so in order for us -- for women to know that they're pregnant, we have to count backwards from the time that we know we're pregnant to figure out the date of our -- to our last menstrual period. That's how we find out how far along we are, as well as fetus size and so on and so forth. So, let's just use some -- some dates. If

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my actual date of conception would be July 1, I would not know -- or rather my last menstrual period was July 1. I wouldn't be expecting a period until July 28. From that time, I would most likely give it a 2-week window, which would take me to August 12, and that's when maybe I would look to see if I was pregnant, and that is why it is very important that when we talk about the 30-day window.

That 30-day window is simply about the date of a positive pregnancy test. It cannot be about the date of conception and it cannot be about the date of the LMP or the last menstrual period, so I hope that that clarifies some things that in fact the date -- the 30-day window is that of -- of -- from a positive pregnancy test. I also want to point out that here in the United States we are one of just 13 countries that have found our maternal mortality rates to be rising, and that is due in part to having uninsured mothers. It is so important that these mothers get the insurance that they need, and with that, I do have a question for the proponent of the bill.

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DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon, please prepare yourself. You may proceed, Representative Linehan.

REP. LINEHAN (103RD):

Thank you, Madam Speaker. And, through you to the proponent, my question is as you've been asked a few times if you believe that this legislation would cost money or save money, and I just want to confirm with you that you had said that you believe that ultimately this legislation would save money in the long run. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I believe it would save consumers money in the long run. I think it would make money for insurance companies because this would be another person that would be paying monthly premiums to them, and I think overall and regardless of money when it comes to healthcare, I think this is a good public policy.

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Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Linehan.

REP. LINEHAN (103RD):

Thank you. Thank you, Madam Speaker. I just wanted to point out that I did some research regarding some of the costs of healthcare if a mother doesn't have the access to good maternal care. As we know, the additional of folate early in pregnancy is one of the important things to making sure that you're not birthing a child with spina bifida. According to the CDC, the lifetime cost to society of a child with spina bifida is between \$636,000 dollars with many over \$1 million dollars. If we were to simply insure a mother for her pregnancy after the 30-day period, through you Madam Speaker, do you believe that it would be less expensive for that insurance policy than it would to treat this child with a lifetime of spina bifida?

Through you.

REP. SCANLON (98TH):

I do.

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Through you.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I do.

REP. LINEHAN (103RD):

Thank you.

DEPUTY SPEAKER GENTILE (104TH):

Rep. Linehan.

REP. LINEHAN (103RD):

Thank you very much, Madam Speaker. I just wanted to point out that this actually I agree that it is a cost saving measure and our maternal mortality rates are rising, especially with women of color. Our infant mortality rates should be much lower than they are, and I think that this bill allowing mothers to obtain insurance for their pregnancy is far reaching well beyond just the 9 months of their pregnancy, so thank you very much, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, madam. Representative Staneski.

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REP. STANESKI (119TH):

Thank you, Madam Speaker. It's nice to see you up there and before I make a few comments, I just want to say I will miss you in the House, and I hope that you and I will be able to have coffee soon.

DEPUTY SPEAKER GENTILE (104TH):

As long as it's Starbucks [Laughing].

REP. STANESKI (119TH):

There's a new one opening in Milford. I've been listening to the debate and the questions and it -- it's interesting because it all surrounds -- all of it's about having insurance after you find out you're pregnant, and I guess -- I don't usually like to tell stories, at least stories about my life, but this one needs telling here because I am one of that 3 percent, and sometimes you don't know you're pregnant gentleman until 30 days later or 6 weeks later or when you're sitting in a -- in a hospital room or in your doctor's office with what you think is a bad stomachache and he says, "Wait a minute. The contraceptive you were on needed 30 days to kick in and you didn't know that," and I was

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young. I was married, and my husband had insurance but unfortunately, that insurance was not available to me because there was a wait period. A wait period of 6 months. I got married and 2 months later, I was expecting, and so we were young.

We were lucky that we actually had family that actually could help us with that. We were also independent, so a car that my husband had saved up for -- he was three years my senior -- we sold. We sold because we made enough money where we weren't that case that the hospital would treat and write off. We were that case where we got the bill, and so I just want to say that I wish I'd had the opportunity to have purchased insurance, and I'm very fortunate that I had family that helped us so that I could have proper prenatal care because when I sat in that doctor's office and he knew my financial situation and he knew that I did not have insurance, he made another offer to me and one that every day that I get a phone call from my oldest son, who is a wonderful young man, I'm glad I didn't make. Thank you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Thank you, madam. Will you remark further?

Representative France.

REP. FRANCE (42ND):

Thank you, Madam Speaker. I have a few questions for the proponent.

Through you.

DEPUTY SPEAKER GENTILE (104TH):

Please proceed, sir.

REP. FRANCE (42ND):

Thank you, Madam Speaker. First, I want to focus on section 1 and to clarify an answer from the proponent that the reason that section is there is because state and municipal employees are already covered by insurance; therefore, they are exempted from needing to have this coverage?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

That is correct.

Through you, Madam Speaker.

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DEPUTY SPEAKER GENTILE (104TH):

Representative France.

REP. FRANCE (42ND):

All right, so now, based on that answer, is there a mandate for all state employees and municipal employees to accept the coverage that is offered by the state or municipality?

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, no, I don't believe there's a mandate.

DEPUTY SPEAKER GENTILE (104TH):

Representative France.

REP. FRANCE (42ND):

So, now that begs the question that if there's not a mandate that they're required to accept coverage, there's a potential that we could have state or municipal employees that are not covered by health insurance, and would they be covered under this bill proposal?

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Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

They would be covered because on line 4, it says, shall be available to any person insured under, so that would require that they would have to be using the state employee or the municipal insurance program. If they're -- if it happened to be a corrections officer but they don't take the state insurance, they would be eligible to do this if they were a female.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative France.

REP. FRANCE (42ND):

So, just for clarity. If you have a state employee -- female state employee who -- or municipal employee who is not covered by the state or municipal insurance, this bill would cover them even though it says there's an exemption for state and municipal plans issued by the comptroller or by

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a policy as sponsored by municipality.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I would read this to say that there is an exemption if they're insured by those jobs, but if they are not, I would read this to say that they technically could be eligible to benefit from this.

Through you, Mr. -- Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative France.

REP. FRANCE (42ND):

Thank you for that answer. I'm -- I'm still not convinced, but I will continue to listen to the debate on that issue. I have a concern that there is a hole there where you have potential for a state employee or municipal employee that is not covered, and I think the assumption in section one is that all employees would take the coverage that is offered by the state or the municipality, but I'll

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move on. And, I want to focus back -- and this has been asked a number of times -- but looking at line 18 where it says commencement of the pregnancy, and I'm interested to know why it didn't say the determination of the doctor as opposed to the commencement of the pregnancy because the commencement of pregnancy is at conception, and when you have a doctor, they determine what the commencement of pregnancy is, and I think that's where a lot of the questions and the clarification have come, and is there a reason that we didn't specify the date the doctor determined the patient was pregnant as opposed to using this phrase commencement of pregnancy, which can be confusing.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I think the only best answer that I can give to that representative is that this was a drafting choice that was made by LCO in complication with the proponent of the bill,

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and this is what they came up with.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative France.

REP. FRANCE (42ND):

So, your -- your interpretation of commencement of pregnancy as a stand-alone phrase there being tied to the licensed healthcare provider acting within their determining that, that is when the clock starts, but it seems to me that its legislative intent as opposed to actually what the language of the bill says, and my concern is that when we put in commencement of the pregnancy that someone will interpret that as conception and 30 days after, it is unlikely that many pregnant females will be determined, so through you Madam Speaker, is there a plan to clarify that in some way?

DEPUTY SPEAKER GENTILE (104TH):

Representative Scanlon.

REP. SCANLON (98TH):

Through you Madam Speaker, I -- I don't know if

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there is a plan to clarify it. I'm not opposed to trying to work on this if this continues to cause confusion should this bill pass today. It's obviously already passed on consent unanimously upstairs, but if there is continued confusion about this, then perhaps this is something that our committee will look into in subsequent years.

Through you, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Representative France.

REP. FRANCE (42ND):

Thank you for that answer, and I hope it would be clarified because certainly with the number of people that have asked that question I am concerned about that phrase and how it was worded. Many times we write law, we write bills, and we assume this is what it means, but when the lawyers get involved and they parse words, when you see commencement of pregnancy, there will be some lawyer out there that says that's conception, and my concern is that that 30-day window the doctor will certify might be 3 months, 4 months, 5 months, even 8 months after

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conception and that a lawyer will say well the timing of your window was in the past, so there is concern about that. So, I thank the gentleman for his answers and I will certainly continue to listen to the debate and make a decision after that. Thank you very much, Madam Speaker.

DEPUTY SPEAKER GENTILE (104TH):

Thank you, sir. Will you remark further? Will you remark further? If not, staff and guests please come to the well of the House, take your seats, the machine will be open. [Ringing]

CLERK:

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

DEPUTY SPEAKER GENTILE (104TH):

Have all members voted? Have all members voted? Will members please check the board and make sure your vote's properly cast? If all members have voted, the machine will be locked, the clerk will take the total. Will the clerk please announce the

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total?

CLERK:

Senate Bill 206 in concurrence with the Senate

Total number Voting	149
Necessary for Passage	75
Those voting Yea	139
Those voting Nay	10
Absent not Voting	1

DEPUTY SPEAKER GENTILE (104TH):

Bill passes in concurrence with the Senate

(Gavel). Will the clerk please call Calendar 549?

CLERK:

On page 38, Calendar 549, Substitute for Senate
Bill No. 453, AN ACT CONCERNING CLASSROOM SAFETY AND
DISRUPTIVE BEHAVIOR. Favorable report of the Joint
Standing Committee on Education.

DEPUTY SPEAKER GENTILE (104TH):

Representative Fleischmann.

REP. FLEISCHMANN (18TH):

Thank you, Madam Speaker. I move acceptance of
the Joint Committee's report and passage of the
bill.

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So ordered, sir.

SENATOR DUFF (25TH):

Thank you, Madam President. If the clerk can call Calendar page 16, Calendar 179, Senate Bill 206 as a go?

THE CHAIR:

Mr. Clerk.

CLERK:

On page 16, Calendar 179, Substitute for Senate Bill No. 206, AN ACT AUTHORIZING PREGNANCY AS A QUALIFYING EVENT FOR SPECIAL ENROLLMENT PERIODS FOR CERTAIN INDIVIDUALS.

THE CHAIR:

Senator Kelly, good afternoon, sir.

SENATOR KELLY (21ST):

Good afternoon, Madam President. I move acceptance of the committee's joint favorable report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, sir?

SENATOR KELLY (21ST):

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Thank you, Madam President. The bill before us will create a special enrollment period to enable an individual to purchase health insurance when they are certified as pregnant by a licensed medical provider. That certification has to occur within 30 days of the certification of the pregnancy and would avail the individual to get prenatal care and insurance so that we encourage and enable healthy outcomes when the birth occurs. I believe that this is very good and smart legislation, and I urge passage of the bill.

THE CHAIR:

Will you remark further? Senator Larson.

SENATOR LARSON (3RD):

Thank you, Madam President. I rise in support of the bill as well. I've seen the tenacity in which Senator Kelly has been working on this for several years. I believe we passed this last year in the Senate. I think it's a great legislation, and I think it affords women an opportunity at the time of their pregnancy to make sure that they have the appropriate coverage and protection going forward, and I think it's a wonderful opportunity for -- for the state of Connecticut to take advantage of this legislation. Thank you.

THE CHAIR:

Wait -- wait, Senator -- I'm sorry. Senator McLachlan.

SENATOR MCLACHLAN (24TH):

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Good afternoon, Madam President.

THE CHAIR:

Good afternoon, sir.

SENATOR MCLACHLAN (24TH):

Thank you, Madam President. I stand in firm support of the bill before us and I too concur with Senator Larson's comments and -- and just personally want to thank Senator Kelly for his persistence. This is good legislation. It's appropriate that we make this available to women in the state of Connecticut, and I'm grateful for your hard work on this. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark further? Will you remark further? I gather -- um, I call for roll -- Senator Kelly.

SENATORY KELLY (21ST):

Thank you, Madam President. If there's no objection, I move this to the consent calendar.

THE CHAIR:

I'm seeing no objection, so ordered. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. That concludes our business for the week now. [Laughter]

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THE CHAIR:

The Senate will stand at ease, sir. The Senate will come back to order. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Would the clerk please call the items on the first consent Calendar followed by a vote of the consent Calendar, then we'll do the two other bills after, please?

THE CHAIR:

Mr. Clerk. [Talking Off Record] [Pause]

CLERK:

Page 7, Calendar 67, Senate Bill 229. Page 9, Calendar 94, Senate Bill 312. Page 15, Calendar 164, Senate Bill 380. Page 16, Calendar 179, Senate Bill 206. Page 22, Calendar 230, Senate Bill 443. Page 27, Calendar 282, Senate Bill 455. On page 28, Calendar 286, Senate Bill 413. And, on page 40, Calendar 365, Senate Bill 509.

THE CHAIR:

Mr. Clerk, will you please call for a roll call vote on the first consent Calendar and the machine will be open.

CLERK:

Immediate roll call has been ordered in the Senate on consent Calendar 1. Immediate roll call has been ordered in the Senate.

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THE CHAIR:

The Senate will stand at ease for a moment before they vote. The Senate will stand at ease for a sec -- a few seconds. We have a little bit of a computer problem here. Mr. Clerk, will you call for a roll call vote again for consent Calendar No. 1? The machine will be open.

CLERK:

Immediate roll call in the Senate on consent
Calendar 1. Immediate roll call in the Senate.

THE CHAIR:

All members have voted. all members have voted. The machine will be closed. Mr. Clerk, will you please tell the tally -- call a tally?

CLERK:

On consent Calendar No. 1	
Total number Voting	35
Those voting Yea	35
Those voting Nay	0
Absent not Voting	1

THE CHAIR:

Consent Calendar is adopted (Gavel). Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Would the clerk please call once again Calendar page 35, Calendar 241 --