

In The Matter Of:

*Division of Insurance - Docket No. G2010-05
Small Business Health Insurance Premiums*

Hyannis

March 1, 2010

Public Informational Hearing

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Attorney's Notes

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COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION
DIVISION OF INSURANCE
DOCKET NO. G2010-05

PUBLIC INFORMATIONAL HEARING ON
THE RISING COSTS OF SMALL BUSINESS
HEALTH INSURANCE PREMIUMS

BEFORE: Joseph G. Murphy, Commissioner
Kevin P. Beagan, Deputy Commissioner
Health Care Access Bureau
Margaret Parker, Esq.

Held at
Barnstable Town Hall
367 Main Street
Hyannis, Massachusetts
Monday, March 1, 2010
2:06 p.m.

* * * *

Jane M. Williamson
Registered Merit Reporter

1 PROCEEDINGS
2 COMMISSIONER MURPHY: Good afternoon. I'm
3 Joe Murphy, Commissioner of Insurance, and I welcome
4 you to today's hearing on the Rising Costs of Small
5 Business Health Insurance Premiums, Docket No.
6 G2010-05.

7 Today is March 1st, and we are gathered at
8 Barnstable Town Hall. With me are representatives
9 from the Division of Insurance, including on my
10 left, Kevin Beagan, Deputy Commissioner of our
11 Health Access bureau; and on my right, Meg Parker,
12 counsel to the Commissioner.

13 In response to concerns raised by the small
14 business community, on October 20, 2009, Governor
15 Patrick tasked the Division of Insurance with
16 looking into the drivers of the double-digit health
17 insurance rate increases that some small businesses
18 are facing.

19 Over the course of about ten weeks, the
20 Division of Insurance conducted hearings in Boston
21 with carriers offering insurance through our small
22 group market. We also invited providers to
23 voluntarily participate. As you know, we don't
24 regulated them.

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1 We collected reams of information through
2 the hearing process and through our confidential
3 examination authority.

4 On February 10, the Governor announced a
5 'jobs package' that includes both regulatory and
6 legislative efforts to assist small businesses with
7 their health insurance costs.

8 On the regulatory front, the Governor
9 directed the Division of Insurance to issue an
10 emergency regulation requiring carriers to file
11 their proposed small groups rates at least 30 days
12 in advance, starting with those with 4/1/10
13 effective dates.

14 Carriers are now required to file
15 substantial documentation to support their proposed
16 rates. DOI will review this information and
17 determine if the rates should be disapproved.

18 This week the Governor asked me to again
19 travel across the state and hold hearings with
20 consumers and small businesses to hear directly from
21 them about small group premiums and their thoughts
22 on what the Governor announced on February 10th.

23 We hope to issue a report on our findings
24 as a result of all these hearings later this month.

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1 If you would like to speak, a sign-in sheet
2 has been provided.
3 Let the record reflect that the notice of
4 this hearing appeared through publication in the
5 Boston Globe on Thursday, February 25, 2010 and on
6 the Division of Insurance's website as of February
7 23, 2010. In addition, individual notification of
8 the hearings was sent to parties who requested that
9 they be apprised of such proceedings.
10 With that being said, we move on to the
11 first list of individuals who have signed up
12 interested in testifying.
13 I would just remind you that we do have a
14 transcriptionist; so when you come forward, please
15 identify yourself for the record.
16 And we'll start with Wendy Northcross from
17 the Cape Cod Chamber.
18 **MS. NORTHCROSS:** My name is Wendy
19 Northcross with the Cape Cod Chamber.
20 I actually did travel to Boston in December
21 to have participation in the discussion about the
22 small business insurance rates. And I largely
23 shared these comments in writing. I would just like
24 to reemphasize some of them for today's meeting.

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1 Cape Cod Chamber was formed in 1922. And
2 we are the regional organization, representing 1,349
3 members in Barnstable County and beyond.
4 Our membership mirrors Cape and Island's
5 employers, which are predominantly small and locally
6 owned businesses, with 20 employees considered a
7 large business.
8 I've served as the Chamber's interim exec
9 and/or CEO since 1997. Prior to that, I was the
10 executive at a local chamber on the Cape. And in
11 the late '80s, when the ability for small businesses
12 to group together to achieve affordable insurance
13 premiums became the burning issue for our members,
14 we got very involved in this topic. And there's
15 people in the room that were involved with me as
16 well, and we kind of chuckle at the more things
17 change, the more they stay the same.
18 At that time the carriers were eliminating
19 the feature of allowing us to band small businesses
20 together to aggregate for group rates. This was, in
21 fact, the issue that launched the political career
22 of Senator Mark Montigny. He was, in fact, the
23 Chamber Exec for the Fall River Chamber of Commerce.
24 He was appealing to the state Division of Insurance

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1 in the '80s to have some kind of a relief and
2 assistance in helping to contain insurance rates for
3 small business.
4 As you all know, the power of the small
5 business group in creating employment is important
6 on Cape Cod, but it is also important across the
7 Commonwealth.
8 We are highly dependent on our
9 entrepreneurial spirit here. Cape Cod has twice the
10 national average of sole proprietors. These are the
11 folks that have been struggling to sustain
12 themselves in the face of a historic recession and
13 rising costs.
14 In the last few weeks, I've had a stream of
15 business owners and managers contact me seeking
16 alternatives for health insurance coverage, as they
17 are receiving notices of double-digit increases upon
18 renewal of their health insurance plans.
19 One is an independent bookstore with only
20 two shops. And they were informed that their
21 premiums would increase over 50 percent.
22 A local restaurateur with three sites
23 received a 27 percent rate hike.
24 For every case, the increase is at least

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1 double digits.
2 The businesses come to the Chamber
3 believing that we have a small group plan that
4 offers better rates. This hasn't been the case
5 since the late '80s. But 20 years later, here we
6 sit, and we still have that reputation as having the
7 answer.
8 It's with this background that I come
9 before you today asking for you to consider a way to
10 help our small employers, help them remain solvent
11 and in control of their insurance premiums by
12 perhaps allowing them to aggregate together to
13 access cheaper rates.
14 Whether they do that through my chamber,
15 through an affiliated chamber, through a consortium
16 of chambers or some existing third-party
17 administrator matters not as much as the parody of
18 stabilizing rates for our small business employers.
19 As I understand it, large groups and
20 self-insured plans are neither regulated, nor even
21 required to file their rates with the DOI. This may
22 have changed with the recent action of our Governor.
23 The State does not even know what the
24 average premiums are for big purchasers versus small

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1 purchasers.
2 With the individual mandate to obtain and
3 carry insurance, we need to be sure that we are
4 keeping the playing field level and the pricing
5 transparent.
6 If a health provider negotiates a
7 reimbursement rate with a carrier, we doubt they
8 have a different reimbursement rate for the small
9 employer plan versus the large group or self-insured
10 plan. The fact that the entire small group market
11 is priced by insurance carriers with high margin and
12 high profit is unfair.
13 As a Commonwealth, we need to resolve the
14 disparity in insurance costs and allow these small
15 businesses to group together to aggregate for better
16 rates. Thank you.
17 **MR. BEAGAN:** I just have one comment. The
18 latest regulation does require the filing of both
19 small and large group rates. So we will get the
20 large group rates on April 1st.
21 **COMMISSIONER MURPHY:** The next individual
22 who signed in is Deborah Converse, from the Hyannis
23 Area Chamber.
24 **MS. CONVERSE:** Hi. I'm Deborah Converse,

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1 and I'm from the Hyannis Area Chamber of Commerce.
2 And I just want to say I hate following Wendy, but I
3 do that a lot.
4 We have about 650 small businesses
5 throughout our territory, which encompasses the Town
6 of Barnstable. We go into Yarmouth, because we're
7 the largest Mid-Cape area. So we have Yarmouth. We
8 go as far as Provincetown and up to Mashpee and even
9 Falmouth and Bourne.
10 And we are getting the same calls that
11 Wendy is getting at the regional chamber from
12 businesses that their rates are increasing anywhere
13 from 10 percent to 39 percent.
14 We've found that our businesses are now
15 having to pass on a lot more of the costs to their
16 employees. And there's a concern there, because we
17 don't have the highest paid work force in the
18 Commonwealth; and if the costs are passed on to
19 employees, it impairs what they can spend their
20 money on.
21 And I know you have been aware of and have
22 stated that health care costs have risen by double
23 digits. And this has been going on over the past
24 many years.

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1 I used to work for a larger organization
2 that could bid out insurance, because we had enough
3 employees. Now I work for one where instead of 130
4 people, there are only four people on our staff. So
5 we can't bid out. We're at the beck and call of our
6 health services administrator, which the rates
7 aren't any better and the same for our members.
8 So even when the economy was moving upward,
9 these levels were costing businesses a great deal of
10 money on top of the normal expenses.
11 And we had been encouraging over the years
12 for businesses -- and this was before the State
13 mandated it -- that businesses pick up the cost of
14 health insurance, because it was, we felt, the
15 responsible way to do business. It encourages
16 healthier employees, and people are more loyal when
17 their insurance costs are being paid for.
18 But increasingly -- and this is what I've
19 been hearing -- our businesses are tapping into
20 their own profit margins, which have not been very
21 high over the last couple of years. And they want
22 to continue to pay a portion of the costs, but are
23 very unable to do so.
24 And at the very least, if they are still

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1 covering the costs, they're not hiring additional
2 help. And that's what I've heard over and over;
3 that, you know, they're trying to make do with the
4 staff that they have, so that they can cover
5 everybody's insurance and make sure they get a
6 decent income.
7 Currently, obviously, with the downturn of
8 the economy, they can't give raises, let alone pay
9 the insurance premiums that have increased.
10 And we have been involved with the
11 Massachusetts Consortium of Chambers and other local
12 chambers urging the Commonwealth to pass the Bill
13 H3452, which would allow local chambers, other
14 chambers to come together to aggregate, as Wendy
15 mentioned, a group rate. Because right now, we just
16 can't get a group rate. And what happens is the
17 insurance premium goes up. Mine went up 13 percent,
18 which is modest compared to some others, but I also
19 have a very high deductible and am paying now out of
20 pocket already for some hospital costs that I had
21 incurred because my deductible was so high.
22 So not only does the rate go up, the
23 deductible is high, so it's even more money out of
24 pocket. And so we are thinking as chambers, if we

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1 can go out to bid, like many of the larger employers
 2 can do, that this would help reduce the cost to our
 3 small businesses. And as Wendy pointed out, this is
 4 a very high concentration of very small numbers of
 5 employees per business.
 6 So thank you. Thank you for being here.
 7 And that's all I have to say.
 8 **COMMISSIONER MURPHY:** Thank you.
 9 The next individual signed in to testify,
 10 Anna Harper.
 11 **MS. HARPER:** Good afternoon. I really
 12 wasn't prepared to do this. I did want to speak,
 13 but didn't really come with too much on the prepared
 14 end.
 15 I'm an insurance broker. And I feel like
 16 I'm here representing a whole bunch of different
 17 groups. As a small business owner, obviously I'm
 18 here representing myself. But more so, I'm really
 19 representing all of my clients who I represent, all
 20 of the small businesses that I deal with every day.
 21 Obviously, as we have heard from others
 22 here what's going on, with the renewals, it's pretty
 23 ugly across the board. But my feeling here is that
 24 we're not really addressing the real problems.

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1 The first problem is what happened four
 2 years ago on the reform legislation that was passed.
 3 I mean, anybody in the know knew that all of this
 4 was going to greatly increase the rates. And now it
 5 has come to roost.
 6 So by viewing the guaranteed issues that
 7 was happening, we already had back then, four years
 8 ago -- I'm not certain how many people are aware of
 9 this -- but the percentage of insured in the State
 10 of Massachusetts was 94 percent. So there was a lot
 11 of talk about all the uninsured people. But a huge
 12 majority were younger people that chose not to be
 13 insured.
 14 So the first part is the legislation, in my
 15 opinion, of what was passed. Big issues that the
 16 State -- so I'm really here saying, Gee, this is
 17 what I would love to see that the State did on their
 18 end and the Insurance Commissioner on your end, is
 19 tort reform. Not happening.
 20 Many states throughout the country has done
 21 that. It does greatly reduce. I have plenty of
 22 physicians as clients also. And I get talked to all
 23 the time about defensive medicine that is done.
 24 Absolutely no degree of tort reform in this State --

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1 it certainly would help all kinds of different
 2 economic issues, all of our insurances across the
 3 forum just doing something along that line.
 4 Another issue, state mandates. Again, I'm
 5 not quite certain that the general public is aware
 6 of this, but all of the state mandates that have put
 7 onto health insurance requiring insurance carriers
 8 to have it have greatly increased the cost of
 9 insurance.
 10 For example, just to give you one -- and
 11 this is not because I'm against this at all -- but
 12 in vitro fertilization. Years ago -- I don't even
 13 know what the rates are right now -- but years ago
 14 it was about \$50,000, I believe, just to do one bout
 15 of in vitro fertilization. That's not the big cost.
 16 The big cost is multiple births, and
 17 usually that brings about premature babies. What
 18 happens there is you're looking at least a million
 19 dollars per.
 20 So the State demanding that all certainly
 21 small businesses have all of this mandated coverage
 22 in here greatly increases the risk. Businesses
 23 don't have the opportunity to say, "Hey, we don't
 24 want to do this" or "Let's try to cut costs by not

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1 having" -- there's all kinds of mandates. You all
 2 know all of the on and on and on mandates that are
 3 dictated and demanded that an insurance company pay
 4 for.
 5 The other issue that I really hear nothing
 6 on is cost shifting. Most of us know that this is a
 7 huge part of why insurance, private insurance rates
 8 are going up, is because of the cost shifting that
 9 is done.
 10 In other words, the state and federal
 11 government on their not paying the full boat on
 12 Medicare causes hospitals and doctors to increase
 13 their rates to collect. Another reason why you have
 14 hospitals and doctors trying not to take Medicare
 15 patients is because of the very low reimbursements
 16 rates.
 17 Another issue is the whole guaranteed
 18 issue, basically allowing people to come on, almost
 19 waiting until they get sick. I realize that some of
 20 the penalizing that has happened with people that
 21 don't have insurance is supposed to help that. But
 22 the reality is the penalty compared to what
 23 insurance premium costs doesn't add up. And you can
 24 literally wait until you get sick, and especially if

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1 you don't own a home and you don't really have much
2 in the way of assets.
3 And again, I hear this certainly from in
4 restaurants and in hotels that I insure or that are
5 my clients, basically you've got that lower end that
6 says, "Hey we don't own a home. We don't have
7 anything. Why don't we wait until we get sick."
8 Because even paying the penalty is much lower than
9 their employer paying a good chunk of the premium,
10 and they're just paying the smaller end.
11 So I guess I'm hoping that -- I don't
12 believe that the real issue is trying to control the
13 insurance carriers. For example, Harvard Pilgrim's
14 profit margin is 1 percent. Any business on a 1
15 percent profit margin is probably not going that
16 far. We can't say it's their issue. And again, I
17 don't know how many people realize that. I believe
18 it might be 1 to 2 percent.
19 The three major carriers in Massachusetts
20 are Harvard Pilgrim, Tufts and Blue Cross and Blue
21 Shield, as you all know, and they're all
22 not-for-profit organizations. So going after them I
23 don't think is the answer. Going after the doctors
24 and the hospitals, I'm not really certain that's the

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1 answer, either. So I'm hoping that something
2 happens on the State end.
3 Thank you.
4 **COMMISSIONER MURPHY:** Thank you. Your
5 comment on the state mandates in particular is well
6 taken.
7 The Governor, as part of the package he
8 announced for a short-term, sort of stop gap,
9 there's a two-year moratorium on any new mandates.
10 And I do think that now, before the legislature can
11 report those out, they need to do a cost/benefit
12 analysis through the Division of Health care
13 Financing policy to cost that out. I think that's
14 helped at least recognize the cost associated with
15 that.
16 So thank you.
17 **MR. BEAGAN:** There are at least two or
18 three other things in the Governor's bill that are
19 at least trying to look at some of these issues.
20 The Governor actually suggested that there
21 be open enrollment periods for individuals, so that
22 if the bill were enacted, it would create open
23 enrollments during June and December every year,
24 instead of individuals having the opportunity to

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1 just sign up for insurance whenever they did want.
2 The Governor's bill also talked about
3 offering more affordable options, reduced selective
4 network plans that would be required to be 10
5 percent less than the existing products in the
6 market.
7 And also, the Governor did put within the
8 Bill provisions that would allow for soft caps on
9 both insurance company and also provider rates for
10 reimbursement that would be tied to the CPI.
11 Both of those require legislation; but if
12 enacted, they would at least allow for some caps
13 that would not only apply to carriers, but also to
14 providers that contract with carriers.
15 **COMMISSIONER MURPHY:** The next individual
16 who signed in is Robert -- and I apologize --
17 Saquet?
18 **MR. SAQUET:** Saquet. My name is Robert
19 Saquet, and I'm the president of the Egger's
20 Furniture, Incorporated, in Middleborough,
21 Massachusetts.
22 We currently offer comprehensive health
23 insurance plan for our four employees.
24 Under the current economic situation, we're

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1 seeing insurance premium going up, while company
2 profits and employee earnings are going down.
3 For the past few years, we have tried to
4 keep premiums on our Blue Cross plan level. This
5 has been accomplished by going to higher co-pays and
6 higher deductibles in the plan. These expenses have
7 gone up to the point where no one can afford to be
8 hospitalized or go through an expensive diagnostic
9 procedure.
10 House Bill 4452 will make it easier for a
11 small businessman to choose a plan, since every
12 insurer will offer a similar plan. Low premium will
13 be a deciding factor.
14 But what control will it have on similar
15 plans with lower deductibles? Most lower to
16 moderate income workers would be bankrupted by the
17 \$2,000 deductible, which would only add to the
18 problems of lost wages from being hospitalized.
19 Will the bill have benefits for preventive
20 care? It seems obvious that an insurer would rather
21 spend a few hundred dollars a year on preventive
22 care to avoid spending thousands on hospitalization.
23 And what about a preexisting condition?
24 Will this be a reason to deny coverage or to ask for

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1 a higher premium?
 2 I had a situation several years ago where a
 3 health insurance company asked for a substantially
 4 higher premium on our group, because their records
 5 showed that my wife had had an aortic embolism.
 6 They refused to reconsider when I advised them that
 7 an aortic embolism was a fatal heart attack and that
 8 my wife was still standing next to me.
 9 Age and sex. Will the premium be higher
 10 for women and older people? We have a working
 11 population that's getting older, but not aging.
 12 Premiums for people in their 50s are much higher
 13 than for someone who is 25.
 14 Why are premiums for a single person of 25
 15 or under so high, since it's proposed that this same
 16 person can be covered for free under a parent's
 17 family plan.
 18 A realistically low premium for single
 19 persons under 25 would encourage hiring more people
 20 in this highly unemployed group.
 21 Under the present economic conditions, many
 22 small businesses are getting along with their
 23 existing employees or getting older every year. At
 24 the present rate of premium increase, any savings

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1 will be quickly eroded.
 2 There are some people that claim that not
 3 having health insurance should be a personal choice.
 4 This is a bogus belief. How likely is it that an
 5 uninsured person suffering a heart attack would
 6 refuse life-saving treatment and how likely is an
 7 EMT going to ask for a proof of insurance before
 8 administering care.
 9 The uninsured still gets medical care and
 10 someone else pays for it. Having no health
 11 insurance is not an option. I'm proud that
 12 Massachusetts has been a national leader in
 13 providing universal health insurance.
 14 As an American, I'm embarrassed by the
 15 conduct of our legislators in Washington. They all
 16 agree that health care is a crisis that demands
 17 action, yet they squabble like a bunch of adolescent
 18 girls who cannot agree on who should become their
 19 favorite American Idol.
 20 Hopefully, our recently elected Senator
 21 Scott Brown can become a catalyst for change and can
 22 bring everyone to their senses.
 23 Meanwhile, I would hope that here in
 24 Massachusetts, we can behave like adults and

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1 demonstrate a great ability to focus on solutions,
 2 rather than to continually dwell on problems.
 3 There are several bills regarding health
 4 insurance reform. The question is not, Will there
 5 be a reform; but rather, which bill will go forward
 6 and bring needed relief to small business.
 7 I firmly believe that the biggest problem
 8 facing our economy today is bad attitude. People
 9 believe bad things will continue to happen, and they
 10 plan on protection, rather than progress.
 11 Action on this health care issue will show
 12 a positive attitude on the part of government and a
 13 desire to solve a major problem. Action will create
 14 an atmosphere where business can see significant
 15 financial relief and invest in growth. Action can
 16 motivate the 90 percent of our workforce that is
 17 still employed to feel good and start spending money
 18 on the new cars they need, on the home improvements
 19 that have been put off and on an extra dinner out at
 20 a local restaurant.
 21 The change in attitude has to start
 22 somewhere. Can we let it start here. Thank you.
 23 **COMMISSIONER MURPHY:** The next individual
 24 is Michelle Buoniconto.

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1 **MS. BUONICONTA:** My name is Michelle
 2 Buoniconto. And I am here today as the financial
 3 officer for Beetle, Inc. we're actually located in
 4 Wareham, Mass. We like to think we're part of the
 5 Cape. Sometimes they let us; sometimes they don't.
 6 We have six employees. And just to let you
 7 know a little bit about us, we build the wood
 8 sailboat called the "Beetle Cat," and it's a
 9 sailboat all over the Cape and the Islands, and it's
 10 been built since 1921.
 11 We currently provide comprehensive coverage
 12 to all of our employees. However, the rising cost
 13 of health care makes this an ongoing struggle.
 14 Last year we saw increases of 12 percent.
 15 This year, 25 percent. This, coupled with a
 16 challenging economic environment, has made it
 17 particularly difficult this year.
 18 We hear a lot about the car companies. How
 19 about the new boats? I don't hear too many people
 20 beating down doors for new boats this year.
 21 Continued increases in health care costs
 22 take away money that could go to staff raises,
 23 hiring more employees or expanding operations.
 24 It's becoming more and more difficult for

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1 companies like mine to find affordable options. It
2 has forced us to make changes in the benefits we
3 offer, including increased cost-sharing provisions,
4 such as cost co-pays and deductibles.
5 As a small employer, I want real solutions
6 that will cut costs and address the underlying
7 factors driving premium increases. Making health
8 care affordable for small businesses needs to start
9 with what we pay for for medical care.
10 One approach that the Division should
11 consider to help small businesses is House Bill
12 4452, known as the "Affordable Health Plan." It
13 would offer small businesses like mine significant
14 savings on their health insurance premiums. This is
15 the only proposal that will cut employer's health
16 care costs quickly and substantially, because it
17 gets at the underlying factors driving premiums for
18 hospitals and what physicians charge for medical
19 services.
20 What's disturbing to me as a small business
21 owner is that I hear that Harvard Pilgrim only makes
22 1 percent, but we have no power to raise prices in
23 this environment, and so we have to make difficult
24 decisions and make difficult cuts. And I don't feel

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1 like the health insurance companies are doing the
2 same.
3 I would ask that the Division include the
4 Affordable Health Plan and any recommendations it
5 makes to the Governor.
6 **COMMISSIONER MURPHY:** Thank you.
7 Mark Rezendes?
8 **MR. REZENDES:** My name is Mark Rezendes.
9 I'm an insurance broker with 25 years of experience,
10 and I specialize in employee benefits.
11 I represent probably hundreds of small
12 employers in various industries. And I would say
13 for the most part, my clients are satisfied with the
14 insurance carrier they have. They're happy with the
15 coverage and happy with the quality of care; but
16 like everyone else has stated here, the costs keep
17 on increasing and increasing, and they're not happy
18 with the costs. And what's happened is it's really
19 drained their budget and taken away from other
20 areas, as far as other benefits or employee raises
21 or hiring and company investments. It's just really
22 a bad situation for the economy now; and on top of
23 it, huge increases.
24 Because of this, I support Bill 4452 for

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1 the Affordable Health Plan. I think of all the
2 options out there, I think it's the best one,
3 because it will be able to give small employers, as
4 well as non-group market an option where they can
5 reduce their premiums as much as 22 percent.
6 Also, what I like about it, compared to the
7 other bills, is what we've found is there's a wide
8 variation in what the providers are paid.
9 If you look at Attorney General Martha
10 Coakley's reports on how providers are paid, it
11 really is skewed that some providers are paid much
12 more for the same procedures. And I think although
13 Medicare may not be the best, it's better than the
14 solution out there now, where the reimbursement
15 rates are tied to Medicare. I think it would be
16 more fair.
17 The other thing I like about it is it has a
18 sunset provision. So I think it would provide
19 immediate relief for employers, as the State
20 continues to try to resolve the health insurance
21 problems.
22 And as more information comes out from the
23 Special Commission's on payment reform, I think we
24 could continue to work with the sunset provision

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1 with that.
2 So when I've looked at all the proposals, I
3 think that Bill 4452 is the best option. And I ask
4 that the Division of Insurance would include that in
5 recommendations to the Governor.
6 And thank you for taking the time to listen
7 to us.
8 **COMMISSIONER MURPHY:** Thank you.
9 Richard Egan?
10 **MR. EGAN:** Good afternoon. These aren't
11 prepared statements. I was just downstairs getting
12 a dog license and noticed that you guys were up
13 here.
14 My name is Richard Egan. I've been a
15 resident here in Barnstable for the majority of my
16 life. My wife and I own a small company and employ
17 ten people here in town. We have two offices, one
18 here and one in Buzzards Bay. We're physical
19 therapists. My family also owns another business
20 here in town that employees about 40 people.
21 My remarks will be in general about me
22 specifically, but they'll also mirror the other
23 businesses.
24 Let me just tell you about us specifically

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1 as a small business owner. Being in health care, we
2 have a good idea on what plans work and what plans
3 don't work. And we selected a Blue Cross PPO for
4 ourselves. We've had it for ten years.
5 In 2008 our premiums were about \$350 for a
6 single and about \$900 for a family. And I thought
7 at the time that was strong, but I realize now it
8 was fairly reasonable.
9 Last year we received -- let me just tell
10 you a little bit more about that plan. It's a PPO.
11 We don't have to get referrals. It has a \$2,000 per
12 person deductible and a \$4,000 per family
13 deductible. We used to buy a \$3,000 and \$10,000,
14 because it was more affordable. But with the new
15 regulations, that plan is no longer available to us.
16 So when the mandatory regulations came into play, we
17 went to the \$2,000 deductible.
18 Last year we received a notice from Blue
19 Cross and Blue Shield -- we received two notices.
20 The first one came and said, We're going to bump the
21 premium up to \$400 for the single and \$1,300 for a
22 family. And that was very, very strong. Again, a
23 \$2,000 deductible per individual. Basically, what
24 did we get for that money? We received a nice

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1 discount on any services that we potentially could
2 incur, but we pay \$2,000 each first before we use
3 that.
4 The next notice we got from Blue Cross the
5 next month was to us as providers, saying, Due to
6 the terrible economy and the lack of inflation,
7 there will be no increase in reimbursement to
8 providers.
9 So on the one hand, they had no trouble
10 knocking up our premiums 25 percent; but on the
11 other hand, where did the money go. It certainly
12 didn't come back to the providers.
13 This year, when I received a notice for a
14 renewal -- and for some reason, ours comes in on
15 March 20th -- the individual had gone up to \$470 and
16 the family had gone up to \$1,850. So in two years,
17 this had almost doubled. And it had doubled for a
18 family. I'd have to earn \$15 an hour to pay to the
19 insurance company to cover this premium. And this
20 is for a plan with a \$2,000 per person deductible.
21 Now, clearly, we've had some rate increases
22 as a provider from other insurance companies,
23 usually commensurate with inflation, so not too much
24 in the coming years. But what you can see happening

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1 here is revenue for us is flat, but the expenses are
2 going up. My employees can't get raises. There's
3 no increase in revenue, and obviously the profits
4 are down.
5 So what are we to do? We're going to have
6 to buy policies that we can afford. But clearly,
7 going to have to have reduced coverage. High
8 deductible policies, high co-pay policies are the
9 only thing that's available.
10 And most unfortunately, we have to buy a
11 policy. It's mandated in the state. We have to
12 have insurance or there's a penalty. And from a
13 practical standpoint, it's not reasonable to go
14 uninsured because of the risk.
15 But what's happened is, in some respects,
16 the legislature has created a monopoly without price
17 controls. And as a result, I view it as the health
18 insurance companies taking advantage of the
19 situation. They can raise the prices up as high as
20 they want, and I still have to buy health insurance.
21 They can literally make me bankrupt, because I have
22 to buy health insurance and I have to buy it from a
23 Massachusetts company. I have a problem with that.
24 I've spoken both with my State Rep and my

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1 State Senator. Both of them agree. My State
2 Senator said, You know, when we enacted this
3 legislation, we forgot to put in cost controls back
4 in 2006. And he said, Maybe now is the time to do
5 it. Well, the time to do it would have been then,
6 not now.
7 Two last points. I've talked to other
8 health care providers, and they've noticed the same
9 thing: A little bit of a shift in demographics in
10 their patients. The patients with private insurance
11 don't come in as much anymore. I think it's because
12 they can't afford to use their insurance. Their
13 deductibles are so high and their co-pays are so
14 high, they don't use it. So who do we see? We see
15 the patients that have state or federally supported
16 health insurance.
17 So the people who are paying the taxes for
18 those people are the ones that are not getting the
19 health care they need. It seems to me something is
20 a little amiss there.
21 My last point I just wanted to circle back
22 to -- and I don't know whether you have any control
23 over this -- is I'm terrified by this system that
24 can take this money away from me, mandatorily, and

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1 leave me in a precarious position.
2 And I think thank you for your time.
3 **COMMISSIONER MURPHY:** I don't know if you
4 have a follow-up, but you indicated you have about
5 ten employees.
6 **MR. EGAN:** Yes.
7 **COMMISSIONER MURPHY:** So over the renewal
8 of 2008, '9 and '10, did you have any change in your
9 employee count or was it pretty much steady at or
10 around 10?
11 **MR. EGAN:** I used to have 13 employees.
12 I'm down to 10 now. It's probably worth stating, as
13 a few of the people here have mentioned, most of my
14 younger employees are gone now. They'll go other
15 places where they can earn more money and the cost
16 of living is not so onerous.
17 **COMMISSIONER MURPHY:** Thank you.
18 Ron Anderson?
19 **MR. ANDERSON:** I'm another one that wasn't
20 really prepared to speak today. My name is Ron
21 Anderson. I own a company called "Pro Event, Inc."
22 We supply stagehands and roofs and stages for
23 concerts and graduations. I employ about ten
24 people. I'm going to read something that I wrote

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1 this to several representatives.
2 I have a small business that employs 10
3 people full time and up to 50 people at various
4 times for various events. I voluntarily provided,
5 before it was mandated, health insurance to my
6 employees.
7 Last year I had to drop my insurance for a
8 number of reasons. From 2006 to 2009, my group
9 insurance rates from Blue Cross Blue Shield of MA
10 went up 132 percent, and that includes changing
11 plans to reduce coverage.
12 Last year, Blue Cross Blue Shield said they
13 were going to drop my coverage because I went from
14 12 employees to 10 and I did not have more than 50
15 percent Mass. employees. Five employees were Mass.
16 and five were in New Hampshire. They said to go to
17 the Mass. Connector to get coverage.
18 I contacted them with great difficulty, and
19 they said I could not have group coverage, because I
20 did not have enough employees, but I could have
21 individual coverage through the company, but the
22 company could not contribute, even though I wanted
23 to.
24 The employees had to pay 100 percent to get

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1 the 125 cafeteria benefits. So to do that, I
2 increased their pay, so that they could take 100
3 percent out. So that way, I went around the law --
4 actually, I lied, to make sure that my employees
5 could get the pretax benefits.
6 The Connector also would not cover my New
7 Hampshire employees, even though they live right
8 across the border.
9 Now the catch 22. The Commonwealth of
10 Massachusetts is going to penalize my company for
11 all employees not covered by health insurance, even
12 the New Hampshire employees. Yet, the connector
13 will not allow me to cover those out-of-state
14 employees or let me contribute to those in-state.
15 I ended up with four employees, including
16 myself, on the voluntary plan this year. On the
17 anniversary of being with the Connector, all of us
18 received notice that there were changes reducing
19 some of the benefits. Later we received notice that
20 the rates would increase. A family plan rose 17
21 percent, and the three individual plans rose 13.38
22 percent.
23 We need comprehensive change in health
24 care, and the problem is the insurance company. The

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1 Massachusetts plan is a good idea, but it does not
2 work, especially for small businesses like myself.
3 The insurance companies now have a license
4 to steal with the blessing of the government. Each
5 individual is now forced to get insurance, and the
6 only real beneficiary is the insurance company.
7 Also, when we went to change our plans, we
8 couldn't get through. The telephone number on the
9 form sent by the Mass. Connector is wrong. It's
10 only for new employees. It's not for -- and these
11 are the ones that were sent to us.
12 So if you want to call that number, you
13 wait five or ten minutes, and then you get connected
14 to an answering service. And the answering service
15 says someone will get back to you in 24 to 48 hours.
16 Well, we tried for two weeks and didn't get
17 any response from anybody. We finally had to
18 contact Sarah Peake's office, and they got those
19 people to contact us.
20 They said you can go online to check
21 coverages. You can do that with the Mass.
22 Connector, but only if you're a new employer and a
23 new employee. You try to go on there, and you go
24 through the whole process -- put in your number,

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1 your user I.D. and password -- and it says,
 2 "Application Error." And the reason for the
 3 application error is because you're already in the
 4 system.
 5 So I think there's a couple of things that
 6 have to happen. First of all, insurance has to go
 7 over state lines, not only just to buy insurance --
 8 especially in a small state like Massachusetts. If
 9 you live in the center of the -- or have your
 10 company in the center of the state, within 30, 40
 11 miles, you have employees that could be living in
 12 New Hampshire, Vermont, Connecticut and Rhode
 13 Island, and the State of Massachusetts is mandating
 14 that you cover these people, but the insurance
 15 companies won't let you cover them.
 16 That's it.
 17 **MR. BEAGAN:** Could I just ask you a couple
 18 of questions?
 19 **MR. ANDERSON:** Sure.
 20 **MR. BEAGAN:** It's about what they call a
 21 "participation rate"; that they do have in the law,
 22 something that requires that you have a certain
 23 number of employees that agree to participate.
 24 **MR. ANDERSON:** Right.

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1 **MR. BEAGAN:** Could you just elaborate on
 2 why the other six employees out of ten elected not
 3 to take coverage.
 4 **MR. ANDERSON:** Because they're in New
 5 Hampshire.
 6 **MR. BEAGAN:** Only because they were
 7 actually in another state?
 8 **MR. ANDERSON:** Yes, they were in another
 9 state, and they got much better coverage there.
 10 Their rates went from \$460 a month to \$180.
 11 **MR. BEAGAN:** Just a second question on the
 12 phone number for the Connector. It's another state
 13 agency, but we'd rather be able to get the
 14 information and go back to the Connector. Do you
 15 have that information?
 16 **MR. ANDERSON:** Yes. It's 1-800-MA-ENROLL.
 17 **COMMISSIONER MURPHY:** Eric Linzer?
 18 **MR. LINZER:** Thank you, Commissioner
 19 Murphy, Deputy Commissioner Beagan, Counsel Parker.
 20 For the record, my name is Eric Linzer.
 21 I'm the senior vice president of public affairs and
 22 operations for the Massachusetts Association of
 23 Health Plans. We're a nonprofit trade organization
 24 that represents 11 of the health insurers operating

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1 in the Massachusetts marketplace.
 2 I appreciate the opportunity to testify
 3 today on this very important issue. We share many
 4 of the concerns that folks have expressed so far
 5 about the impact of rising health care costs that
 6 are on having small businesses and how health care
 7 costs hinder the ability of small businesses to
 8 create and save jobs.
 9 Keeping health care affordable is the
 10 challenge facing all of us in the health care system
 11 today. Current rate, by all estimations, is
 12 unsustainable, and the Massachusetts health care
 13 costs have far outpaced the national average.
 14 The recent report by the State's division
 15 of health care financing policy noted that
 16 Massachusetts health care costs are roughly 15
 17 percent above the national average.
 18 This is important to note, because
 19 insurance and medical costs are inextricably linked.
 20 A series of recent reports have highlighted this
 21 fact and a number of the factors contributing to
 22 rising health insurance costs.
 23 For example, the recent Attorney General's
 24 report noted that certain providers and the prices

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1 they charge are the major reason for almost all of
 2 the increases in health care costs over the last
 3 several years. And while utilization is a
 4 contributing factor, both the Attorney General's
 5 report and the DHCFCP report noted that the cost of
 6 services charged by providers are seen as the major
 7 factor for premium increases. So any serious
 8 discussion needs to focus on what we pay for medical
 9 care and why does it cost so much.
 10 Now, last January, as you'll recall, the
 11 Governor had raised the concerns about health care
 12 costs for businesses, in particular small
 13 businesses, and we recognize that rising health care
 14 costs have fallen particularly hard on small
 15 businesses.
 16 When the Governor called upon health
 17 insurers, hospitals and physicians to come up with a
 18 plan to help small businesses, we answered the call.
 19 We call it the Affordable Health Plan,
 20 House Bill 4452, filed by Senator Richard Moore and
 21 Representative Harriett Stanley.
 22 The bill does three things: First, it sets
 23 a standard set of benefits based upon the
 24 Connector's Commonwealth's choice, bronze level

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1 product offering.
2 Second, it sets a statutory reimbursement
3 rate to providers to no more than 10 percent above
4 Medicare for this particular product.
5 And third, it caps insurance profits to no
6 more than 2 percent for the entire small group
7 market.
8 Now, we estimate that these three elements
9 would provide significant cost savings to small
10 businesses. The charts behind me are those that
11 I'll provide to the Division with our written
12 comments.
13 For Barnstable and all areas on the Cape,
14 the cost can be significant. For a single
15 individual age 30, if this individual were to go
16 through the Connector's website to find insurance
17 coverage, they would probably on average pay about
18 \$271 a month. Cutting the premium by 22 percent or
19 \$60 a month would translate to \$720 in savings per
20 year.
21 For a family of four, with two adults age
22 40, the premium is roughly, on average, about \$970
23 per month through the Connector. Cutting the rates
24 by 22 percent would reduce their monthly cost by

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1 \$213 and can save as much as \$2,500 a year.
2 Now, for a small business in Barnstable
3 with 40 workers, with a mix of employees in their
4 30s and 40s, some on family coverage, some on
5 individual coverage, that company may pay roughly
6 \$531 per employee for a bronze-type level product.
7 Cutting the cost by 22 percent would save
8 that company about \$117 per employee per month or
9 roughly \$4,600 per month for all employees, which
10 translates out to roughly \$56,000 per year.
11 Now, this is money that could be used for
12 that company to hire more workers, provide raises,
13 invest in their company; and really, what we're all
14 trying to do is help get the economy moving.
15 We believe that House Bill 4452, the
16 Affordable Health Plan, while not perfect, would
17 provide much needed relief to small businesses, and
18 we would ask that it be included in any
19 recommendations that the Division offers to the
20 Governor.
21 Thank you for the opportunity to testify.
22 I would happy to answer any questions.
23 **COMMISSIONER MURPHY:** That concludes the
24 list of individuals who signed up earlier today.

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1 Is there anyone else who would like to
2 speak today? Please come forward.
3 **MS. JENNINGS:** Good afternoon,
4 Commissioner, Deputy Commissioner. My name is Julie
5 Jennings. I'm from Marion, Massachusetts, also off
6 of the Cape. I work for Sylvia & Company Insurance
7 Agency in Dartmouth, Mass. I'm a licensed broker
8 insurance advisor, specializing in employee
9 benefits. And I've been doing this for over 25
10 years in the State of Massachusetts.
11 Not surprisingly, the largest number of my
12 clients are businesses and nonprofit groups that are
13 less than 50 employees. I'm considering that 80
14 percent of the Massachusetts businesses fall into
15 that size.
16 I provide services to well over 100 small
17 businesses representing retail service,
18 manufacturing, professional and not-for-profit
19 organizations. So across the entire spectrum.
20 When I go out to discuss employee benefits
21 with my business clients, of course the biggest
22 challenge facing them is finding affordable health
23 insurance for their employees.
24 Employers in Massachusetts are used to

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1 paying a high percentage of the cost of insurance
2 for their employees. And they're also used to
3 providing a high value health plan to their
4 employees.
5 With the continued increase in health care
6 costs, health insurance has become so expensive,
7 that it threatens the financial viability of some
8 groups, so they're faced with increasing co-pays and
9 deductibles, enrolling in limited network plans and
10 passing along a greater percentage of the insurance
11 premium cost to their employees.
12 These are all strategies that we've had to
13 use for several years. That's part of what I do as
14 a broker, is to help employers find solutions and
15 help their employees find solutions.
16 When we do talk about high deductible
17 plans -- and I'm definitely in favor of them -- I
18 think that they do have a place. When I started
19 selling insurance back in the '80s, we sold a lot of
20 insurance plans that had a \$500 deductible. Back
21 then, it was with John Alden, Time Insurance,
22 several of those companies, and it was very typical
23 to have a \$500 deductible plan, 50 percent
24 co-insurance, maybe a \$2,000 or a \$5,000

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1 out-of-pocket limit.
 2 When you consider inflation of that \$500
 3 deductible, the plans that we were purchasing back
 4 in 1988 -- and we are now well over 20 years beyond
 5 that -- we really haven't kept pace with inflation
 6 in terms of what we, as consumers, pay. I think
 7 that that's a hard message to give to people, but it
 8 is a fact of really what we have to look at.
 9 When we talk about health care, most of us
 10 would agree that we don't want to have health care
 11 using 1988 technology today. We want the 2010
 12 technology, and there is a price that comes with
 13 that.
 14 Considering, you know, all that is on the
 15 table and all that contributes to the cost of the --
 16 the high cost of health insurance and drilling down
 17 to the fact that the underlying cost is health care,
 18 health insurance doesn't move up or down on its own
 19 merits. It's really the fact of how much dollars
 20 and percentage of dollars are being spent on the
 21 health care.
 22 Within the past several months I've had two
 23 employer groups, representing about 30 employees
 24 total, who have had to discontinue their insurance

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1 plan altogether. Some of the employees were able to
 2 qualify for state-subsidized Commonwealth Care
 3 coverage, but some employees are now uninsured.
 4 I can assure you that these employers and
 5 those that I'm now working with to renew April and
 6 late spring plans, are looking for real solutions
 7 that will cut costs and address the underlying
 8 factors driving the cost of insurance up.
 9 Recent reports by both the Attorney
 10 General's office and the Governor's administration
 11 show that increases in the rates of provider charges
 12 are the major reason for premium increases, not just
 13 for this year, but for the past several years.
 14 I know that there was testimony today about
 15 physical therapists not getting rate increases. But
 16 if we look across the broad spectrum of different
 17 types of providers -- you know, preferred
 18 organizations within the teaching hospitals of
 19 Boston -- I mean, there's a lot of evidence to show
 20 that there's a big disparity in pricing.
 21 So although it's unfortunate that one
 22 physical therapist's office is not getting
 23 cost-of-living increases, I don't think that that
 24 points to the fact that there is not a problem in

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1 how providers are being compensated. And that's why
 2 we have a payment reform commission right now going
 3 on, is to look at that issue.
 4 So getting back to what has been proposed
 5 by several individuals, I also believe that House
 6 Bill 4452, the Affordable Health Plan, is a
 7 short-term, but immediate way that we can offer
 8 employers something.
 9 We could roll it out fairly quickly. We
 10 could deal with 2010 renewals, in trying to give
 11 them some plan, so that that employer is ready to
 12 say, I can't continue to give my employees insurance
 13 anymore. If it's a choice of having no insurance or
 14 having the Affordable Health Plan with a high
 15 deductible and giving them some catastrophic
 16 coverage allowing them to meet the minimum
 17 requirements and still be players within the State
 18 of Massachusetts -- because that's what we want, is
 19 for everyone to be insured -- I feel that that's
 20 what we have to do until we get the payment reform
 21 established in the state.
 22 And thank you for allowing me to speak
 23 today.
 24 **COMMISSIONER MURPHY:** Thank you, Ms.

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1 Jennings.
 2 **MR. FIELDS:** I'm going to be kind of a wet
 3 noodle in this group, in that I've been in the
 4 insurance business for 25 years also. I stopped
 5 selling insurance ten years ago and started working
 6 strictly as a consultant.
 7 **MR. BEAGAN:** If you don't mind, could you
 8 state your name for our transcriptionist.
 9 **MR. FIELDS:** Excuse me. Bill Fields, and
 10 my company is Self-Plan Solutions.
 11 I am here to say that I had wanted to
 12 support 4452; but because it only uses the bronze
 13 plan level with an out-of-pocket of \$10,000 on a
 14 family and still what I consider a ridiculously high
 15 premium rate -- I looked it up for a family plan
 16 using two 40-year olds, and we were looking at a
 17 \$1,360 premium from Blue Cross and Blue Shield.
 18 Even with a 20 percent discount, that's a \$1,100
 19 premium. And it's going to carry very little
 20 coverage until the individual gets over \$2,000 in
 21 cost. And they could be subjected to a
 22 \$10,000-a-year maximum out-of-pocket.
 23 When I've talked to Senator Moore's office
 24 and Senator Chandler's office, while I stated I was

1 concerned with only a reimbursement rate of 10
2 percent to the doctors, because I think that's just
3 historically low, I was also concerned that if we
4 can do it for a bronze level plan, we should be able
5 to bring in a silver level plan and a gold level.
6 And if we could do that, so that we could have real
7 choice for the employers, that would make a lot more
8 sense.

9 One of the other subjects that hasn't been
10 brought up here is we have a plan in the state right
11 now that has been negotiated, that works at far less
12 dollars, that offers 100 percent coverage with very
13 little co-pays. That's the CommCare plan. The
14 capitation rate on the CommCare plan is \$397 per
15 adult. That covers 100 percent of medical expenses
16 with a small co-pay.

17 So right now a person has to qualify from
18 an income standpoint. If we change that and we
19 would allow a consumer or a small company to do a
20 buy-in at the full rate of the negotiated rate, we'd
21 be in better shape.

22 The next thing that I read from 4452 was
23 the network. Now, in part of 4452, it states if you
24 belong to the affordable health care network; later

1 on in the next page, it states that if you belong to
2 the insurance company's network, you would
3 automatically be put in there.

4 Do we know if we're going to have any M.D.
5 network for this at a 10 percent above Medicare
6 rate? Also, for another report you may want to look
7 at is the Mass. Nonprofit Network. They put out and
8 they have three priorities listed that would help
9 small businesses right now reduce the price.

10 So there are plans out there that are
11 viable other than 4452. And again, if we could
12 tweak 4452 a little bit, it may not be a bad plan.
13 But I'm very concerned if we're going to have
14 anybody accept it. It took us a long time to get
15 doctors to accept CommCare down here.

16 The other thing that I haven't heard
17 mentioned is a lot of times, depending on the
18 payment structure, companies should look at other
19 employees better off on the CommCare plan than them
20 trying to offer insurance as a group product.

21 I know it's not exactly keeping with Mass.
22 health care reform, but the largest group of people
23 that I'm putting on CommCare right now isn't
24 employees. It's business owners. They're falling

1 into the income guidelines.

2 Anyway, thank you for your time.

3 **COMMISSIONER MURPHY:** Thank you.

4 **MR. BEAGAN:** Mr. Fields, you had mentioned
5 the Mass. Nonprofit Network had three -- is it
6 plans?

7 **MR. FIELDS:** The report was written by
8 Molly Yustof (spelled phenetically) , and it
9 encompassed the entire group. And they had three
10 priorities.

11 **MR. BEAGAN:** Do you know what those
12 priorities were?

13 **MR. FIELDS:** Yes. The first was a buy-in
14 for CommCare.

15 The second was a UCI network, I believe it
16 is. I forgot to bring the report with me, of
17 course.

18 And the third was another form of a 4452 --
19 excuse me, an associated health plan. I can email
20 that to you, if you'd like.

21 **MR. BEAGAN:** That would be very helpful. I
22 can give you my card right afterwards.

23 **COMMISSIONER MURPHY:** Is there anyone else
24 who would like to comment today?

1 **MS. DENNIS:** Good afternoon. I wasn't
2 prepared to talk today either; but sitting there, I
3 felt I had an obligation to my clients.

4 My name is Sandy Dennis. I'm an insurance
5 broker from Fall River, Massachusetts. We border
6 the Rhode Island state.

7 The gentleman that spoke on his boat
8 company is what kind of told me to come up here and
9 talk to you.

10 I have a couple of issues that I'd like to
11 talk about. And one is the request to amend some of
12 this legislation, and one is in particular on the
13 group penalties that the small group employers have
14 to pay.

15 I have a small group in particular. I'd
16 like to share their story with you. I'll be as
17 brief as I can. It's a small security company. And
18 they employ in a year anywhere between 15 to 30
19 part-time employees.

20 They did offer health insurance three years
21 ago. And it didn't meet the minimum credible
22 insurance. They then dropped their insurance. They
23 got a notice from the state that they had to pay a
24 penalty. They went to their legal. They were

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1 recommended to call an insurance broker. I happened
 2 to get that call. I met with them. Within a week
 3 to two weeks, we had their Section 125 and a group
 4 health plan put in place for them.
 5 Although we worked quickly to do that, they
 6 still had to pay the penalty. They had the
 7 insurance in place for I believe nine months, but
 8 they had to pay a full 12-month penalty, even though
 9 they had the insurance.
 10 The following year, they got an audit.
 11 Apparently the red flag went up. So I sat with this
 12 group for almost a full day and went through a state
 13 audit, went through every single thing with this
 14 client.
 15 They got hit with almost another \$6,000
 16 penalty, because they didn't have their insurance in
 17 place for the full 12 months. They had it for ten
 18 months.
 19 This year, they still had the group
 20 insurance, but they didn't have any employee that
 21 wanted it. They had coverage through their spouse
 22 or they were a student on their parent's plan or
 23 they were on MassHealth or a couple of people just
 24 couldn't afford it. They said, "Sandy, I can't

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1 twist these people's arms to take insurance."
 2 They finally begged an employee to take the
 3 coverage, of which they paid 100 percent of the
 4 premium, just so they would have someone on the
 5 plan, so they wouldn't get hit with another penalty.
 6 They couldn't bear the cost any longer, so the
 7 employee dropped it.
 8 Now, this year, we're faced with yet
 9 another penalty, because they're offering insurance,
 10 but nobody wants it. They can't afford it or
 11 they're on alternative plans. They're going to have
 12 to pay another 12-month penalty just because they
 13 haven't had insurance for one month.
 14 My thing with the State is to please look
 15 at the penalties and have fair and equitable
 16 legislation. If you're an individual and you do not
 17 have health insurance, you pay a penalty, but only
 18 for the months that you don't have insurance.
 19 If you're an employer, you have to pay a 12
 20 full months for every single full-time equivalent.
 21 That segues into my next issue with the legislation
 22 for small group, the full-time equivalent.
 23 This company has, like I said, any time
 24 throughout the year between 20 to 30 employees.

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1 Some may work 10 hours, some may work 15 hours, some
 2 may work 20 hours, yet they're all calculated in a
 3 full-time equivalent. And if you go to the
 4 insurance companies, they don't meet their
 5 underwriting guidelines, just like the boat
 6 gentleman or -- I forgot what company he had.
 7 The insurance companies have particular
 8 underwriting guidelines that an employer has to
 9 comply with. Yet, the State is saying, You have to
 10 offer insurance to every employee, but the insurance
 11 company won't let the employer enroll them, because
 12 they don't satisfy their underwriting guidelines.
 13 So I think the legislation needs to be
 14 amended for the full-time equivalent. If you're a
 15 full-time employee, you're a full-time employee,
 16 which is 30 or more hours a week. You shouldn't
 17 penalize a company if they don't meet the
 18 underwriting guidelines of an insurance company.
 19 Also, small group business, which is
 20 typically under 50, they don't have any say on their
 21 rates. Their rates aren't calculated through
 22 underwriting. The rate is the rate, according to
 23 that community, according to some basic factors,
 24 their age, their sex.

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1 I've got, that I would like to share with
 2 you now, one particular group -- and I will be very
 3 brief. Their family plan just this month for their
 4 April anniversary date went from an individual \$591
 5 to \$847. Their family plan went from \$1,552 to
 6 \$2,222. That's more than anyone even pays for their
 7 mortgage, yet these companies are required to pay at
 8 least 50 percent. The employee can no longer pay 50
 9 percent. The employers are willing to pay their
 10 share. The employees can't afford \$1,100 a month
 11 out of their pay. So they're opting to not take
 12 insurance. And when they do that, the company is
 13 penalized for not having insurance.
 14 And this particular client of mine, they
 15 want to offer insurance, but the insurance carrier
 16 says, The minute you have no one on your plan, we
 17 cancel you. We can't keep your group active.
 18 So they're kind of in a catch 22. They
 19 want to do the right thing, but yet, the insurance
 20 carriers are saying, You can't do that.
 21 So all I'm asking is that the legislators
 22 look at amending full-time equivalent and look at
 23 amending some of the group penalties that small
 24 groups are paying and look at full-time

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1 equivalent -- I mean, full-time 50 employees or
2 less. Don't let the penalties be put on groups
3 under 50. Thank you.
4 **COMMISSIONER MURPHY:** Thank you.
5 Is there anyone else who would like to
6 testify today?
7 **MS. MAGUIRE:** My name is Deborah Maguire.
8 My husband and I own a restaurant in Falmouth,
9 Massachusetts. We've been in business for 16 years.
10 From Day One, we offered health insurance
11 to our employees. I look back on the days when the
12 individual plan in 1995 was \$125 a month with a \$250
13 deductible.
14 Today, that plan, the plan for 2009, the
15 plan that I can afford, is \$386 a month for the
16 individual plan, with a \$2,000 deductible. Our
17 family plan is \$986 a month with a \$4,000
18 deductible. A \$4,000 deductible for the employee
19 adds up to an additional cost per week of \$80 a
20 week.
21 I have one employee who can afford it. So
22 I take \$105 a week out of her paycheck. She's a
23 bartender. And then if she gets sick or if her son
24 gets sick or if her husband gets sick, she has to

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1 budget another \$80 a week for health insurance.
2 And unlike automobile insurance, where at
3 least you're given a two-month leeway -- typically
4 when you get your automobile insurance, you pay 20
5 percent down, and then you pay the rest of it over
6 nine months -- the health insurance just goes on and
7 on and on, the cost of it.
8 I do see benefits in the Bill 4452, but I
9 don't see the kind of benefits I really want. What
10 I really want is the Commonwealth of Massachusetts
11 to get out of legislating and demanding that
12 businesses must offer health insurance to employees.
13 I don't know where the notion of putting
14 the burden of insuring people came up to go on our
15 shoulders. We cannot afford it, and the legislation
16 that was passed several years ago has done nothing
17 but give -- from my viewpoint, give insurance
18 companies the opportunity to offer very expensive
19 product that doesn't provide good services.
20 My current employees -- I have 28 employees
21 year-round. Ten of them are full-time. All of my
22 full-time employees have insurance. My other
23 employees that aren't on the policy are part-time,
24 either because they're students and they're on their

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1 parents', or they plead not to work full-time, so
2 they don't have to have health insurance.
3 We need to do something that makes --
4 Massachusetts is not the model for the national
5 plan, and that's what needs to be screamed and
6 shouted from the rooftops. Thank you.
7 **COMMISSIONER MURPHY:** Is there anyone else
8 who would like to speak today?
9 **MR. STONE:** Gregory Stone, Lighthouse Inn,
10 West Dennis. I've been in business 72 years. I
11 haven't been there for all of them. And I don't
12 know where to start.
13 If you would like, I will tell you my
14 experience with the Massachusetts Connector.
15 Because we are a seasonal business, we are only open
16 for five months. We actually close in the winter,
17 but we do have ten year-round employees that do
18 maintenance and administrative and reservations. We
19 do offer health insurance to those folks. And we
20 still pay 80 percent of that, basically because I
21 can't see dropping that percentage when I haven't
22 been able to give any pay increases for the past
23 five years.
24 Those year-round employees have been with

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1 me an average of 18 and a half years. So they are
2 getting older. They weren't when they started with
3 me. And of course, that increases my insurance
4 costs every year because of the age of my group at
5 this point.
6 But this year we got into a penalty
7 situation with the Massachusetts Connector, because
8 we go from 10 year-round to 88 people in the full
9 swing of summer. We got into our weeks -- based on
10 weekly calculations, we had 37 equivalent employees.
11 But when we went through the process online for
12 filling out our quarterly reports, we ended up with
13 66 full-time equivalents, so we didn't have enough
14 people on our health insurance to cover that without
15 receiving the penalty. So for the third quarter of
16 this year, we have a \$4,874 penalty.
17 Our health insurance is a little bit more
18 than \$88,000 a year for our company. So in
19 addition, we will now have this penalty.
20 So the alternative is to offer our seasonal
21 people health insurance. So the logistics of that
22 will be at the 90-day point, we will offer health
23 insurance. They will be employed for between two
24 and four weeks after that. At that time we lay them

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1 off, which they knew before they took the job in the
 2 spring. So we will have paid either -- well, we'll
 3 probably have to pay for one month's worth of health
 4 insurance for these people, and then they can go
 5 onto Cobra when we lay them off.
 6 Of course, they do get full unemployment
 7 benefits when they depart our employment, because we
 8 are not a seasonal employer, because under the DUA,
 9 a seasonal employer can't have any year-round
 10 employees. So therefore, we do have to provide
 11 unemployment benefits, which we're happy to do.
 12 We've done it since I can remember. And it allows
 13 us to quite often get those people back in the
 14 spring. We usually hire about 50 percent returning
 15 employees.
 16 We did used to also offer if they came back
 17 to work for us a fifth season, we would offer our
 18 seasonal employees year-round health insurance. But
 19 we had to stop that because of the rising cost.
 20 And if there's any questions -- it's an
 21 unusual situation, I'm sure, but probably not for
 22 Cape Cod. There's certainly a lot of seasonal
 23 employers on the Cape. I'd be happy to answer any
 24 questions.

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1 **COMMISSIONER MURPHY:** Thank you.
 2 Is there anyone else who would like to
 3 speak today?
 4 **MR. RICHMOND:** My name is John Richmond. I
 5 work for a tiny non-profit on the Cape.
 6 For my wife and I, who are covered through
 7 the nonprofit, our premium -- this is a silver plan.
 8 This year the premium went in January from \$1,000 a
 9 month to \$1,400 a month. That's with a \$1,000
 10 deductible. The hospitalization is I think, like,
 11 95 percent. There is a cap. Before I walked in I
 12 thought that was outrageous. Now it doesn't even
 13 sound so bad.
 14 When you're talking about things like a
 15 bronze plan -- even for us on a silver plan with a
 16 deductible, we live in fear of any medical expense.
 17 And the bronze plans are coverage I think in name
 18 only, because the average person on that plan still
 19 can't afford to pay even the discounted rate for
 20 medical services.
 21 I feel like I'm spending -- well, not
 22 1,400 for me; it's half -- but I feel like I've
 23 bought an incredibly expensive discount card. And I
 24 think that the bronze plan is really coverage in

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1 name only. And that's what I wanted to say. Thank
 2 you.
 3 **COMMISSIONER MURPHY:** Anyone else?
 4 **MR. SCHAEFFER:** My name is David Schaeffer.
 5 I thank you for the opportunity to speak today.
 6 My input is given with the hope of
 7 providing a specific proposal that I believe will
 8 help reduce health care costs.
 9 As a self-employed consumer, I have become
 10 aware of some of the benefits of the state-mandated
 11 health care system. I have learned that the State's
 12 health care insurers negotiate with health care
 13 providers reduced fees for care provided, which is
 14 substantially less than the full retail fees for
 15 services provided to noninsured customers.
 16 I have also learned that while I am able to
 17 receive a range of the cost for procedures such as
 18 CAT scans and MRIs from my health care insurer, it
 19 has been stated to me by my health care insurer that
 20 the negotiated rates of service between themselves
 21 and the health care providers are a contracted
 22 agreement and therefore confidential and cannot be
 23 disclosed to myself, the insured.
 24 As an insured consumer with a high

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1 deductible, I would specifically suggest to this
 2 Commission that it adopt the policy which would
 3 require health care insurers and health care
 4 providers to provide upon request by their customers
 5 the specific dollar amount which they will be
 6 expected to pay out of pocket for a specified
 7 procedure prior to the procedure being done.
 8 I believe this would be allow the consumer,
 9 as stated by Amy Whitcomb Slemmer, Executive
 10 Director of Health Care For All, to have information
 11 that empowers consumers to make informed decisions
 12 about their health care. That is to say, if a
 13 patient was able to learn from their health care
 14 insurer or prospective health care provider the
 15 negotiated net cost to them for a pending procedure
 16 prior to the procedure being conducted, they would
 17 be able to factor in their out-of-pocket expense in
 18 choosing the provider for the procedure, thus
 19 bringing the actual cost of the health care to the
 20 person ultimately responsible for payment. Thank
 21 you.
 22 **COMMISSIONER MURPHY:** Would anyone else
 23 like to speak today?
 24 (No response)

D I S C L A I M E R

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1 **COMMISSIONER MURPHY:** Let the record
2 reflect that no one else has come forward.

3 Please be advised that written comments
4 will be accepted until the record closes on March
5 10, 2010. You may also submit them to the
6 Division's email address at
7 smallgroupates@state.ma.us.

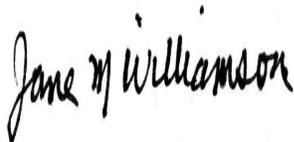
8 And with that, we thank you for attending
9 today's hearing.

10 **MR. BEAGAN:** If there is anyone that does
11 want to contact the Division of Insurance, I'll
12 leave my cards here at this area, in case you do
13 want to get any. Thank you.

14 (Whereupon, the hearing was
15 adjourned at 3:26 p.m.)
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C E R T I F I C A T E

1 I, Jane M. Williamson, Certified Realtime
2 Reporter, do hereby certify that the foregoing
3 transcript, Volume I, is a true and accurate
4 transcription of my stenographic notes taken on
5 March 1, 2010.
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11 Certified Realtime Reporter
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Attorney's Notes

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