

**In The Matter Of:**  
*Division of Insurance*  
*Docket No. G2010-05*

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*Small Business Health Insurance Premiums*  
*March 2, 2010*  
*Public Informational Hearing*

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## **Attorney's Notes**

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Exhibits: None

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

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

BEFORE: Joseph G. Murphy, Commissioner  
Erin Bagley, Esq.  
Margaret Parker, Esq.

Held at  
Department of Public Utilities  
One South Station  
Boston, Massachusetts  
Tuesday, March 2, 2010  
2:00 p.m.

\* \* \* \*

Carol H. Kusinitz  
Registered Professional Reporter

\* \* \* \*

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1 PROCEEDINGS  
2 COMMISSIONER MURPHY: Good afternoon. I'm  
3 Joe Murphy, Commissioner of Insurance. I do feel a  
4 little bit like Lily Tomlin today in this seat, but  
5 welcome to today's hearing on the rising cost of  
6 small business health insurance premiums, Docket  
7 G2010-05. Today is March 2nd, 2010, and we are  
8 gathered at the -- we are at the Division of Public  
9 Utilities hearing room. With me are representatives  
10 from the Division of Insurance, including on my  
11 left, Erin Bagley, Counsel to the Commissioner, and  
12 on my right, Meg Parker, Counsel to the  
13 Commissioner.

14 In response to concerns raised by the small  
15 business community, on October 20th, 2009, Governor  
16 Patrick tasked the Division of Insurance with  
17 looking into the drivers of the double-digit health  
18 insurance premium increases some small businesses  
19 are facing. Over the course of about ten weeks, the  
20 DOI conducted hearings in Boston with carriers  
21 offering insurance through the small group market.  
22 We also invited providers to voluntarily  
23 participate. As you know, we don't directly  
24 regulate them. We collected reams of information

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I N D E X

| SPEAKER:   | PAGE |
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| Jon Hurst<br>Retailers Association of Massachusetts                              | 5, 8 |
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1 through the hearing process and through our  
2 confidential examination authority.  
3 On February 10th, the Governor announced a  
4 jobs package that includes both regulatory and  
5 legislative efforts to assist small businesses with  
6 their health insurance costs. On the regulatory  
7 front, the Governor directed the Division of  
8 Insurance to issue emergency regulations requiring  
9 carriers to file their proposed small group rates at  
10 least 30 days in advance, starting with those with  
11 4/1/2010 effective dates. Carriers are now required  
12 to file substantial documentation to support their  
13 proposed rates. DOI will review this information  
14 and determine if the rates should be disapproved.  
15 This week the Governor has asked me to  
16 again travel the state and hold hearings with  
17 consumers and small businesses, to hear directly  
18 from them about the small group premiums and their  
19 thoughts on what the Governor announced on February  
20 10th. We hope to issue a report on our findings as  
21 a result of all of these hearings later this month.  
22 Let the record reflect that the notice of  
23 this hearing appeared through publication in the  
24 Boston Globe on Thursday, February 25th, and on the

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| <p style="text-align: right;">Page 5</p> <p>1 Division's website as of February 23rd. In<br/>2 addition, individual notification of these hearings<br/>3 was sent to parties who requested that they be<br/>4 apprised of such proceedings.<br/>5 With that being said, we will start sort of<br/>6 following Division protocol. We're going to ask if<br/>7 there are any statewide or local elected officials<br/>8 or representatives of such who would like to speak<br/>9 today? (No response)<br/>10 Seeing none, we'll move on to those who<br/>11 have signed up in advance, and the first individual<br/>12 we have is Jon Hurst.<br/>13 <b>MR. HURST:</b> Commissioner, would it be<br/>14 acceptable if I brought a member of mine up at the<br/>15 same time, as a little tag team, if she's willing?<br/>16 <b>COMMISSIONER MURPHY:</b> Sure. If you<br/>17 wouldn't mind, just when you do start speaking,<br/>18 identify yourselves for the transcriptionist.<br/>19 <b>MR. HURST:</b> Thank you, and good afternoon,<br/>20 Commissioner and staff. As you know, I'm John<br/>21 Hurst, with the Retailers Association of<br/>22 Massachusetts. We're a statewide trade association<br/>23 of over 3,100 businesses, primarily small retailers<br/>24 and restaurant operations. With me is Jude Silver</p>                                 | <p style="text-align: right;">Page 7</p> <p>1 I'm just being eaten up about it, because I don't<br/>2 quite know how to handle it with my staff. My staff<br/>3 all makes almost \$50,000 a year. You know, they<br/>4 have IRAs. They get paid vacations. I pay their<br/>5 health insurance. They rule themselves.<br/>6 That's not that much, when they're<br/>7 self-supporting individuals trying to live in this<br/>8 area, as you must all know. So, you know, I can't<br/>9 expect them to kick in, but I can't afford it any<br/>10 more. And before I have a meeting with them to try<br/>11 to figure out what to do -- I mean, I just don't<br/>12 know what to do. I don't know anybody in my<br/>13 situation, because everybody either with my kind of<br/>14 business doesn't have full-time help -- they've all<br/>15 cut down to part-time help -- or they don't offer<br/>16 any benefits or health insurance. But because we're<br/>17 really a family that have built this business<br/>18 together, and I have those very strong convictions<br/>19 and morals about it, I just don't know what to do.<br/>20 I really don't. I don't want to close my doors<br/>21 after 30 years. I support a lot of people.<br/>22 <b>COMMISSIONER MURPHY:</b> How many employees do<br/>23 you have?<br/>24 <b>MS. SILVER:</b> I only have seven. I have</p> |
| <p style="text-align: right;">Page 6</p> <p>1 of Harvard Square, who I didn't know was coming, but<br/>2 she did get our alert on it. And if she could give<br/>3 a little flavor as to what has happened to her<br/>4 operation, a long-standing operation over in<br/>5 Cambridge, I think that would be helpful.<br/>6 <b>MS. SILVER:</b> I'm surprised there aren't<br/>7 more retailers here. I really thought the<br/>8 conference would be packed.<br/>9 This is something that's just very, very<br/>10 troubling to me, because I'm an old world kind of<br/>11 retailer in the arts business. My businesses are 30<br/>12 years old. I've had the same staff from the<br/>13 beginning. They're all about my age. We're all in<br/>14 our, like, mid 50s to early 60s, hard working.<br/>15 We deal with a handmade product,<br/>16 predominantly American, individual European, small<br/>17 companies -- so not a very high profit margin -- and<br/>18 I'm in an area that has a very high overhead.<br/>19 When I started with my health insurance, I<br/>20 used to pay \$75 a quarter, and now, for everybody,<br/>21 it's just gone up this year, if I don't change the<br/>22 coverage, to over \$800 per person per month.<br/>23 I pay full health insurance. I can't do it<br/>24 any more with what's happening with business. And</p> | <p style="text-align: right;">Page 8</p> <p>1 four full time. But I handle about 300 accounts,<br/>2 and I'm a really big supporter of many of the<br/>3 vendors that I buy from. I have a good business. I<br/>4 have a really good business. But it's a very high<br/>5 overhead, with everything.<br/>6 Massachusetts unemployment insurance, don't<br/>7 even get me started on that, you know, how high<br/>8 unemployment rates are. It's, like, three times as<br/>9 much as the federal. Payroll taxes are crazy. I<br/>10 have to pay property taxes on my building.<br/>11 Anyhow, we're going off now in a whole<br/>12 other direction there. I'm, like, really<br/>13 frustrated, because I'm a really hard worker.<br/>14 <b>COMMISSIONER MURPHY:</b> That's important.<br/>15 That gets to the cost of doing business in<br/>16 Massachusetts. Your other comments are important.<br/>17 <b>MR. HURST:</b> Commissioner, I appreciate Jude<br/>18 coming this morning. Her story can be repeated, as<br/>19 you know, thousands of times across this<br/>20 Commonwealth. And of our 3,100 members, as you<br/>21 know, nothing has come close to this issue of<br/>22 concern to our members, the exploding premiums that<br/>23 they're paying each and every year for health<br/>24 insurance.</p>   |

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| <p style="text-align: right;">Page 9</p> <p>1 I'm not going to reiterate -- we testified<br/>2 in front of you back in November and then again<br/>3 provided some follow-up written testimony back at<br/>4 the end of December. So I don't want to reinvent<br/>5 the wheel. I wanted to primarily come before you<br/>6 today to thank you, Commissioner, and particularly<br/>7 thank the Governor for what you are doing, not only<br/>8 with these hearings, but most importantly what has<br/>9 occurred and is occurring over the coming weeks.</p> <p>10 We view the emergency regulation as<br/>11 absolutely vital and timely because of what is<br/>12 happening for small businesses in the state.<br/>13 They're struggling in a bad economy, yet they see<br/>14 these double-digit increases continually coming at<br/>15 them from their health insurance providers, and they<br/>16 wonder how this can be when the economy is flat to<br/>17 contracting.</p> <p>18 And to emphasize that, I didn't really<br/>19 prepare any written remarks today, Commissioner, but<br/>20 I did want to present to you results of a survey<br/>21 that we just completed with our 3,100 members, and<br/>22 you have copies of it there. I think it's pretty<br/>23 typical, perhaps, with what you're seeing with small<br/>24 businesses across this state.</p>   | <p style="text-align: right;">Page 11</p> <p>1 were still sticking with -- those that are still<br/>2 sticking with a \$25 co-pay, you know, \$500 type of<br/>3 deductible for inpatient care, hospitalization, if<br/>4 they're sticking with that type of a plan, their<br/>5 premiums are well into the \$20,000 range. You know,<br/>6 we're hearing many that are up around \$26,000 for<br/>7 that type of coverage today.</p> <p>8 So it's very difficult to look at these<br/>9 coverages on an apples-to-apples basis. You've got<br/>10 to really dissect and go through what are they<br/>11 really getting for their money.</p> <p>12 The series that we saw in the Globe over<br/>13 the days last couple of days with the GIC and the<br/>14 cities and towns, you look at those coverages and<br/>15 compare, and they were actually cheaper than these<br/>16 numbers, lower than these numbers, but obviously the<br/>17 benefits were in a whole different spectrum, a whole<br/>18 different world.</p> <p>19 In that very same survey, we decided it<br/>20 would be interesting to see what their five-year<br/>21 rolling results were. You know, we thought it would<br/>22 be good to step back and take a look at what has<br/>23 happened since the passage of Chapter 58, which, as<br/>24 you know, we know a lot of folks in the health care</p> |
| <p style="text-align: right;">Page 10</p> <p>1 Again, we surveyed 3,100 members. The<br/>2 average increase of our members -- and it's<br/>3 important to keep in mind that this average is after<br/>4 they bought down. Keep in mind what's going on,<br/>5 really for several years in a row, is that the only<br/>6 way that they're keeping the premiums paid is to buy<br/>7 down. I'm sure you're hearing that time and time<br/>8 again. They're going from, you know, a \$5, then a<br/>9 \$15, then a \$25 co-pay, and then going obviously to<br/>10 a high-deductible plan.</p> <p>11 But even after buying down, our average<br/>12 increase was over 22 percent, and that is just an<br/>13 average after buying down. The ranges -- literally,<br/>14 what we were hearing back from our members ranged<br/>15 from -- most of them were in the 20 to 40 percent,<br/>16 going as high as 62 percent increases. And the<br/>17 average family premium -- actually, if you look at<br/>18 this, you think, well, that's not all that<br/>19 outrageous, \$16,300 for an average family premium.<br/>20 But look at what they're getting. That's an average<br/>21 of a \$3,800 family deductible. The single premium<br/>22 is \$6,252, but with the average of \$1,400 individual<br/>23 deductible.</p> <p>24 What we've found is that, if our members</p> | <p style="text-align: right;">Page 12</p> <p>1 industry were very supportive of and were pushing<br/>2 for. Most small businesses, by the way, were not<br/>3 pushing for that law, did not ask for that law.</p> <p>4 But if you look at the five-year average,<br/>5 you'll see each of those years were double-digit<br/>6 increases, with the exception of last year, which<br/>7 was only 7 percent, 2009. But that still,<br/>8 obviously, far exceeded inflation and even the<br/>9 health care inflation.</p> <p>10 The five-year average, over that five<br/>11 years, the average increase per year was 15 percent,<br/>12 and the cumulative over those five years was 73<br/>13 percent. So we actually have some members that have<br/>14 seen their premiums double since the passage of<br/>15 Chapter 58 in 2006.</p> <p>16 Now, you turn the page and you look -- we<br/>17 thought it would be worthwhile to try to compare<br/>18 that with, frankly, the information that is<br/>19 available publicly. A lot of this unfortunately is<br/>20 not available publicly, you know, what average<br/>21 increases are, except for, perhaps, the big<br/>22 government type of purchases.</p> <p>23 So we decided to -- we put a chart there.<br/>24 You'll see our average increases for our members</p>   |

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1 since 2006, versus the GIC and versus CommCare. And  
2 I think it's pretty graphic. So we start off --  
3 small businesses started off with far higher  
4 premiums in the first place, but with each passing  
5 year, the disparity has grown and grown and grown.  
6 Again, our average increase is just around  
7 15 percent per year; the GIC, around 5 percent per  
8 year; CommCare, under 5 percent, around 4 1/4  
9 percent per year. The numbers there, just FYI,  
10 don't show 2010, because, as you know, under the  
11 State budget, that would be FY11, and we believe the  
12 GIC numbers come out sometime this month. I  
13 understand the CommCare numbers may be going up  
14 around 7 percent.  
15 But compare that to the 22 percent, and  
16 small businesses scratch their heads and wonder how  
17 in the world -- are they really three times less  
18 healthy than folks on CommCare or in the GIC? We  
19 don't think so, and we think that there is a major  
20 problem here that we need to address.  
21 As you know, Commissioner, there's  
22 really -- there are three major vehicles, three  
23 major proposals out there dealing with health care  
24 costs for small businesses today. There are a lot

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1 of positives to all of them, and I think the best  
2 thing of all of them is that it's raising a  
3 conversation. As the Governor himself noted, we're  
4 starting a conversation here, and it's a timely  
5 conversation. But we have to get to some solutions.  
6 I think the Governor's approach on soft  
7 caps, particularly in this emergency type of  
8 economic situation, the regulation and dealing with  
9 particularly April 1, absolutely vital. The only  
10 way that we can deal with these unaffordable  
11 increases is, frankly, through regulation. And for  
12 the long haul, you know, we probably need to  
13 discuss, you know, what is the best way of dealing  
14 with this issue? Is it through regulation, or is it  
15 through more market power, more competition?  
16 We come from the industry in the world that  
17 is probably the most competitive industry in the  
18 entire -- on the face of this planet, the retailing  
19 industry. So we thrive under competition, and we  
20 believe that competition ultimately is the best  
21 route to really control costs and give people a fair  
22 shake.  
23 However, we have a reality going on right  
24 now that, for small businesses, you have neither

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1 competition -- remember, we have one insurer with  
2 over 50 percent of the marketplace -- you have  
3 neither competition, nor do you have really adequate  
4 regulation. So in the absence of competition, it is  
5 incumbent upon government to step in and at least  
6 for the short term deal with the problem through  
7 regulation. And we applaud the Governor, we applaud  
8 the Division for what you are doing.  
9 As you know, we've supported the approach  
10 of cooperative purchasing. We sat through the  
11 hearings that Kevin Beagan chaired over the course  
12 of November, December and January, and participated  
13 in that. And we think ultimately that's the type of  
14 route we need to go to bring in more competition,  
15 return some of the insurers to the state that may  
16 have left the state when we denied small businesses  
17 the opportunity to group buy and try to have a level  
18 of playing field with large employers and large  
19 government.  
20 We continue to think that that is the best  
21 approach for on down the road, to try to, you know,  
22 give small businesses more options, even look at  
23 options like wellness programs. We talked about  
24 that extensively in those round tables. Why should

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1 a small business today even try to do what EMC is  
2 doing and other forward-thinking, strong, large  
3 employers? They're trying to do the right thing for  
4 their employees and families: institute wellness  
5 programs, get yourselves and your families  
6 healthier, deal with chronic conditions and smoking  
7 and obesity and so forth. And oh, by the way, at  
8 the same time, if you're getting healthier, your  
9 claims should drop, and as your claims drop, it only  
10 makes common sense that your premiums should drop.  
11 None of that can occur for a small  
12 business. You get healthier, you're not going to  
13 save one dime; you're just going to leave money on  
14 table for Blue Cross Blue Shield for the others to  
15 have more profitability off of your back and perhaps  
16 give someone else a bigger discount. That's wrong,  
17 and we need to deal with that, and we believe we can  
18 do that through cooperative buying.  
19 We also believe that cooperative buying can  
20 put the insurers on notice that, you know, they have  
21 competition. So not only do they have to sharpen  
22 the pencil on what they're offering small businesses  
23 and their employees as far as premiums, but they'd  
24 better get back to job one and what they're supposed

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1 to be doing in representing those subscribers with  
2 the providers. The tide has totally changed from  
3 where we were in the '90s, where the insurers were,  
4 you know, effectively representing subscribers and  
5 trying to keep costs down. Today we have all read  
6 about handshakes and that type of situation.  
7 Arguably perhaps the industry has gotten a little  
8 bit too cozy, and perhaps insurers are working more  
9 for providers today than they are subscribers, at  
10 least for small subscribers.

11 And we know that there is a bill, the  
12 Affordable Health Plan bill, which the insurance  
13 industry -- I give them a lot of credit for  
14 understanding that there is a problem and for  
15 putting that bill forward. It's getting a lot of  
16 attention, and they're doing a good job discussing  
17 that.

18 I would say that we're supportive of having  
19 that type of a concept as, you know, a tool in the  
20 toolbox, but is it going to fix the problem for  
21 small businesses? We think not. There are some  
22 flaws there. First and foremost, the Bronze plan  
23 that it's pushing small employers in, for a lot of  
24 employers, it's really inferior coverage. It's

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1 barely legal under MCC. You know, out-of-pocket,  
2 out-of-network family deductible, \$7,000. It's not  
3 the type of coverage I have, Commissioner. It's not  
4 the type of coverage you have. It's not the type of  
5 coverage the legislators have. It really is a plan  
6 of last resort in order to still have coverage and  
7 avoid the tax, the fee for not having health  
8 insurance coverage.

9 And frankly -- I'm not an expert on  
10 insurance. This is a question for you guys to look  
11 at. But I can't help but think that the insurers  
12 themselves probably get far higher margins off of  
13 those Bronze-type, high deductible plans than they  
14 do, you know, low deductible, co-pay type of plans.  
15 I can't help but think that's a much more profitable  
16 line of business.

17 And the idea of pushing more and more small  
18 businesses, almost all small businesses into those  
19 plans, you know, I think that it's a continuation of  
20 what we've seen, frankly, over recent years, you  
21 know, of pushing small businesses in that direction  
22 as the only alternative of keeping their increases  
23 down to single digits or keeping their increases to  
24 a flat type of coverage. They've had to buy down.

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1 They've had to move to that type of coverage. So I  
2 think a lot of small businesses want to have for  
3 themselves, their families and their employees high  
4 quality coverage, and that's the flaw that I see in  
5 the Affordable Health Plan bill.

6 And also, I guess the other -- on a side  
7 note, I'm not sure -- I have trouble finding out  
8 where the insurers' skin in the game is under that  
9 bill. I mean, they seem to be pointing to the  
10 providers exclusively. I'm not sure that the  
11 insurers really have any skin in the game under that  
12 bill. And, hey, I don't represent doctors and  
13 hospitals, but I think they're relatively blind as  
14 to whether you're a small employer or a large  
15 employer. The insurers are going to reimburse the  
16 hospital the very same amount if you're a small  
17 employer over in Cambridge or you're with the GIC,  
18 quite frankly.

19 But, still, you know, it's worth  
20 discussing. All three of these proposals need to be  
21 vetted, and the bottom line is, we need action this  
22 year. And we particularly are supportive of the  
23 regulatory action here, with the Division.

24 But the ultimate goal for small businesses

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1 in this Commonwealth is that they want the  
2 opportunity for comparable coverage for comparable  
3 premiums as to what their big competition has, as to  
4 what government has. And if they can't get that, I  
5 think all those folks that asked for and lobbied for  
6 Chapter 58 so hard, you know, need to start asking  
7 themselves, can we continue to tell people that they  
8 have to provide and buy health insurance? Can we  
9 tell them that, under the law, we're going to fine  
10 you? Can we tell them that we're going to hold them  
11 accountable under the law if we're not going to give  
12 them the opportunity for fair premiums under the  
13 law?

14 Maybe we have to get rid of that mandate.  
15 Maybe we have to scrub minimum creditable coverage.  
16 And that is the ultimate question that the health  
17 care industry themselves that have benefited  
18 primarily from Chapter 58 should start discussing  
19 amongst themselves.

20 So, Commissioner, thank you, again, for  
21 everything that you're doing, for the Governor's  
22 directive, and for holding these hearings. And  
23 anything we can do to help you in going forward, we  
24 stand ready and willing to do. Thank you.

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| <p style="text-align: right;">Page 21</p> <p>1       <b>COMMISSIONER MURPHY:</b> Thank you.<br/>2       The next person who signed in, Paul Jones.<br/>3       <b>MR. JONES:</b> Thank you, Commissioner. Good<br/>4 afternoon, my name is Paul Jones. I'm a senior<br/>5 policy analyst for Blue Cross Blue Shield of<br/>6 Massachusetts, a locally based, not-for-profit<br/>7 insurer committed to offering high quality and<br/>8 affordable health coverage to businesses and<br/>9 individuals. First, I want to thank you for the<br/>10 opportunity to participate in this discussion that<br/>11 is of utmost importance to our members and our<br/>12 accounts.<br/>13       Health care costs are rising at a rate that<br/>14 is not sustainable for families, for businesses or<br/>15 for government. Massachusetts health expenditures<br/>16 are higher than those in other states and represent<br/>17 a growing share of the economy. 90 cents of every<br/>18 premium dollar goes directly towards paying for<br/>19 medical services on behalf of our members, and<br/>20 without the ability to recover those underlying<br/>21 medical costs, these rapidly increasing expenses are<br/>22 not sustainable for health insurers either.<br/>23       Direct reforms are needed to address the<br/>24 escalating cost of coverage. At the conclusion of</p> | <p style="text-align: right;">Page 23</p> <p>1 the 2-to-1 rate band, allowing greater flexibility<br/>2 on tiered networks and limited networks, and<br/>3 strengthening the determination of need process.<br/>4       Third, there are ripe administrative<br/>5 simplification initiatives that we urge the Division<br/>6 to adopt. For example, we recommend allowing<br/>7 greater flexibility to cancel discontinued products<br/>8 that are closed to new members and streamlining<br/>9 administrative requirements and data requests from<br/>10 various state agencies pertaining to health plans<br/>11 and providers.<br/>12       Lastly, we wish to emphasize, again, that<br/>13 broader statewide payment reform is the best way to<br/>14 address long-term affordability. We fully support<br/>15 the recommendations of the Payment Reform<br/>16 Commission, which voted unanimously to move away<br/>17 from the current fee-for-service system towards a<br/>18 global payment system within five years, with some<br/>19 providers able to participate even more immediately.<br/>20       Blue Cross Blue Shield of Massachusetts<br/>21 strongly believes that these critical reforms are<br/>22 necessary, and we recognize that solutions are<br/>23 needed in both the short and long terms. However,<br/>24 rate caps are not the answer. Any regulatory</p> |
| <p style="text-align: right;">Page 22</p> <p>1 the Division's recent hearings on the small group<br/>2 marketplace, we offered a series of recommendations<br/>3 that would significantly reduce the cost of health<br/>4 care in Massachusetts, and there are four major<br/>5 themes to these reforms that I would like to mention<br/>6 very briefly.<br/>7       First, we should limit adverse selection<br/>8 and encourage a healthier overall risk pool. As<br/>9 such, we hope the Division will adopt our<br/>10 recommendations to address the unintended<br/>11 consequences of the merged market, which has led to<br/>12 a 4 to 5 percent increase in premiums for small<br/>13 groups. These reforms include annual open<br/>14 enrollment periods for individuals, allowing the<br/>15 purchase of individual coverage only when group<br/>16 coverage is not available, and creating a high-risk<br/>17 pool.<br/>18       Second, we recommend the adoption of<br/>19 specific cost containment initiatives that will not<br/>20 only help reduce costs, but will also attract many<br/>21 of the young and healthy individuals who have thus<br/>22 far chosen not to purchase coverage, thereby<br/>23 improving the overall risk pool. Examples include<br/>24 removing tobacco and wellness rating factors from</p>  | <p style="text-align: right;">Page 24</p> <p>1 approach that does not present health plans with<br/>2 adequate funds to cover underlying costs could<br/>3 quickly lead to issues of financial solvency and<br/>4 potential member or provider network disruptions.<br/>5 Any temporary plan that seeks to artificially cap<br/>6 rates at a level of other than the real costs of<br/>7 providing health care would also have the effect of<br/>8 creating a gap between the true cost of these<br/>9 medical services and the price of insurance. Once<br/>10 such a plan is lifted, it would have a disruptive<br/>11 impact on the health care marketplace.<br/>12       We look forward to working with the<br/>13 Division and other interested stakeholders to<br/>14 address the underlying drivers of increased health<br/>15 care costs. Thank you again for the opportunity to<br/>16 present our perspectives today, and I'm happy to<br/>17 answer any questions that you have.<br/>18       <b>COMMISSIONER MURPHY:</b> Thank you, Mr. Jones.<br/>19       Kate Bardsley.<br/>20       <b>MS. BARDSLEY:</b> Good afternoon. My name is<br/>21 Kate Bardsley. I'm the Executive Director of the<br/>22 Mass. Association of Health Underwriters, but I'm<br/>23 here today as Dan Foley. He's our Legislative<br/>24 Counsel, and he was unable to make this meeting. So</p>  |



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1 I am tasked with this reading.  
2 **COMMISSIONER MURPHY:** We'd rather have you  
3 than Dan anyway.  
4 **MS. BARDSLEY:** Oh, I don't know, after this  
5 one.  
6 So the introduction. Good afternoon on  
7 behalf of Dan Foley, who is our Legislative Counsel  
8 for the Mass. Association of Health Underwriters.  
9 The Mass. Association of Health Underwriters -- and,  
10 Commissioner, that's the only acronym I used,  
11 between affordable health plans and association  
12 health plans. I spelled everything out. We're a  
13 membership organization of professional health  
14 insurance brokers, consultants and other  
15 professionals, and we share a major concern for the  
16 affordability of health care in the Commonwealth.  
17 On behalf of a coalition of health plans  
18 and employers, we strongly support the relief  
19 employers could receive through the support of the  
20 Affordable Health Plan, House Bill 4452, that is  
21 currently being considered by the Legislature. The  
22 Affordable Health Plan would create a better  
23 solution for small businesses and individuals. The  
24 Affordable Health Plan would create a new product

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1 and would provide immediate relief to small  
2 businesses, decreasing premiums by as much as 22  
3 percent, by requiring health care providers and  
4 health insurers to share in the responsibility for  
5 holding down costs for small businesses. The bill  
6 is designed to promote economic recovery and will  
7 sunset in three years, when hopefully the  
8 unemployment rate in Massachusetts will be lower  
9 than it is today.  
10 Health insurance is typically the second or  
11 third largest expense for small business. The  
12 continued increase in health care cost is a  
13 significant barrier to economic growth, taking away  
14 resources that small businesses could use to hire  
15 more workers, fund capital expenditures, and make  
16 other investments that strengthen our economy.  
17 We recognize that there is a strong push  
18 for the Senate and House to establish association  
19 health plans in the small group market in place of  
20 supporting the Affordable Health Plan. Proposals,  
21 such as the association health plans, serve as a  
22 distraction from the important task of reigning in  
23 costs. As indicated in the Attorney General's  
24 January 29th Health Care Cost Trends and Cost

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1 Drivers Report, provider price increases are  
2 responsible for almost all of the increases in  
3 health care costs over the last several years and  
4 have been exacerbated by the market power of certain  
5 providers. Association health plans do nothing to  
6 address these issues. Until we address the  
7 underlying factors contributing to rising health  
8 care costs, the cost of coverage will continue to  
9 rise. In some cases, it may cost small businesses  
10 more.  
11 The role a broker plays in providing  
12 information and affordable cost designs for their  
13 clients is very important. Brokers make adjustments  
14 to meet their clients' needs and future economic  
15 projections and possible market changes with  
16 professional responsibility.  
17 In general, advocates of association health  
18 plans have failed to provide financial data about  
19 cost savings that the legislation that they are  
20 supporting would provide. The State's current  
21 regulatory structure is already designed to protect  
22 small businesses from wide fluctuations in rates.  
23 It requires individuals and all employers with 50 or  
24 fewer employees to be rated together; limits how

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1 much rates may vary among small businesses based on  
2 age, industry and location; and prohibits insurers  
3 from charging companies higher premiums based on  
4 prior health conditions. The only way to generate  
5 savings through association health plans would be to  
6 exempt them from these rules, allowing health plans  
7 to charge businesses whose employees have serious  
8 medical conditions much higher rates than companies  
9 with younger, healthier workers. Association health  
10 plans would therefore undermine important insurance  
11 reforms implemented by the Legislature over the last  
12 two decades to guarantee availability and  
13 renewability of health insurance premiums for the  
14 vast majority of small businesses.  
15 Thank you for the opportunity to present  
16 testimony today on small group rate increases. On  
17 behalf of MassAHU, please feel free to contact us.  
18 If any our members can help, we certainly would be  
19 glad to. Thank you very much.  
20 **COMMISSIONER MURPHY:** Stephen Walsh.  
21 **MR. WALSH:** Good afternoon. My name is  
22 Steve Walsh from the Magellan Agency. We're an  
23 independent benefits brokerage and work with mostly  
24 small groups here in Massachusetts on their health

|  |  |
|--|--|
| <p style="text-align: right;">Page 29</p> <p>1 insurance -- all their benefits, but health<br/>2 insurance is the primary benefit that they wrestle<br/>3 with. I also would like to say thank you for this<br/>4 opportunity and having this forum. I think it's<br/>5 great to open the discussion. I wish there were<br/>6 more answers than questions, but I think it's an<br/>7 issue that there's not a lot of easy answers to.<br/>8 I just wanted to -- when I'm out there<br/>9 every day, I feel a lot of the employer groups' pain<br/>10 in trying to manage this cost, as a lot of people<br/>11 have talked about here. So I just wanted to kind of<br/>12 share, as I've done in the past, what I've done<br/>13 recently this week.<br/>14 Yesterday, actually, I delivered a 36<br/>15 percent increase on a health insurance plan with a<br/>16 private country club business owner. His health<br/>17 plan that he has now is \$1,000 deductible, which he<br/>18 had changed to last year to kind of help mitigate<br/>19 his increase. He struggles with this renewal every<br/>20 year, and I can tell, just when I make the phone<br/>21 call to set up the appointment, he's already started<br/>22 to get a little bit uptight about things and<br/>23 stressed out.<br/>24 This year was even more difficult for him.</p>            | <p style="text-align: right;">Page 31</p> <p>1 hopefully hold onto them.<br/>2 So, again, that's why the increase this<br/>3 year is exceptionally hard for him. He sees the<br/>4 increase on such a large ticket item like health<br/>5 insurance, and seeing the exceptionally high<br/>6 increase really made him sick to his stomach. After<br/>7 reviewing all the carriers -- we go out and shop the<br/>8 carriers, get some other rate information with like-<br/>9 plan designs from other Massachusetts carriers. By<br/>10 doing that, we were able to reduce the rates by<br/>11 about 10 percent. So net, he's looking at about a<br/>12 25, 26 percent increase, and he's going to try and<br/>13 get a little more creative on his cost sharing with<br/>14 his current employees and hopefully make a go of it<br/>15 for another year.<br/>16 The other thing that I get a lot is the<br/>17 trickle-down effect of what's happening here. I get<br/>18 a lot of phone calls from subscribers to these<br/>19 employer groups who are telling me -- you know,<br/>20 again, sharing a lot of pain with me -- telling me<br/>21 that they don't understand why there's more money<br/>22 coming out of their paycheck each week when things<br/>23 are tight already.<br/>24 Additionally, all the Massachusetts</p>  |
| <p style="text-align: right;">Page 30</p> <p>1 Again, every year he usually sees an increase.<br/>2 Usually it's about 15 percent. This year it was in<br/>3 the range of 30 to 40 percent. And he told me,<br/>4 "Steve, as long as we've been in business," which is<br/>5 about 15 years, "I've never seen an increase like<br/>6 this before."<br/>7 So, again, this year was even more<br/>8 difficult, based on the economy. He recently, at<br/>9 the end of last year, lost 30 membership people,<br/>10 golf memberships, at the country club due to the bad<br/>11 economy, and he has not been able to replace those<br/>12 members to date. Before he lost the members to his<br/>13 club, his operations were running about break-even.<br/>14 And so now, as you can tell, he's even further<br/>15 behind the ball. He's operating at a loss currently<br/>16 this year, and when he received that increase, it<br/>17 made it even that much tougher.<br/>18 He thinks -- and we talked about it. He<br/>19 said, "Well, maybe if I increase my membership<br/>20 rates, I can recover some of this money," but he<br/>21 fears that he'll lose more membership if he does<br/>22 that. He thinks there are probably people on the<br/>23 fence in his club, and he will just leave his<br/>24 membership rates the way they are so he can</p> | <p style="text-align: right;">Page 32</p> <p>1 deductible health plans, again, trying to mitigate<br/>2 their costs, have more cost sharing. So when an<br/>3 employer or subscriber goes out and uses his health<br/>4 plan, even in a regular doctor visit, any diagnostic<br/>5 tests or labs, there are going to be charges coming<br/>6 out of their pocket. So a lot of times, you know,<br/>7 you have an employee who is having more money taken<br/>8 out of their check each week, and then when they go<br/>9 to the doctor, if they do use the plan, they have<br/>10 more money -- \$300, \$400, \$500 -- on a doctor's<br/>11 visit to cover the routine exams, diagnostic exams<br/>12 or labs.<br/>13 So they call. It's very hard to try and<br/>14 give them answers. Basically I just tell them, you<br/>15 know, this is the trend. The trend is coverages are<br/>16 more expensive than they were before, and the cost<br/>17 sharing has been increased. So I'm not telling you<br/>18 anything that you guys don't probably hear every<br/>19 day, but that is what everybody is wrestling with.<br/>20 And I tell them it's just the reality that we're all<br/>21 working in.<br/>22 I think that's pretty much it. I think the<br/>23 only other thing is, the small business owner<br/>24 wonders where his voice is in this whole effort to</p> |

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1 try and make things better. And I remember back in  
2 2006, when we were putting this forward, I wondered  
3 why, when we were shaping reform, we were going to  
4 merge the individual rate pool with the small group  
5 rate pool and wondered if it might be better to  
6 merge it with the large group rate pool, because the  
7 small group just has felt so much of the burden of  
8 reform for so long.  
9 That's about it. So, you know, just to  
10 recap, we are in support of the Affordable Health  
11 Plan that's on the table right now. We see it as  
12 not a long-term solution but maybe short-term help  
13 for a lot of employer groups and hard-working  
14 employees.  
15 **COMMISSIONER MURPHY:** Thank you. Just one  
16 question. On the Affordable Health Plan, using the  
17 case you illustrated with the country club operator,  
18 recognizing that it ties into the Bronze plan -- and  
19 granted it would be another option -- is that  
20 something in that case, do you think, where there  
21 would be interest for that small employer, or is the  
22 product, you know, not rich enough?  
23 **MR. WALSH:** I think it would be some good  
24 relief for a lot of groups. It wouldn't be always a

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1 fit for the whole group. I think sometimes it's a  
2 good option as a side-by-side offering, because  
3 there are some young, healthy people that would  
4 rather have less money being taken out of their  
5 paycheck and, you know, take a chance on taking care  
6 of themselves and not going to doctors and saving  
7 the money.  
8 **COMMISSIONER MURPHY:** Thank you.  
9 Mr. Linzer.  
10 **MR. LINZER:** Good afternoon, Commissioner  
11 Murphy, Counselor Bagley and Counselor Parker. For  
12 the record, my name is Eric Linzer, the Senior Vice  
13 President for the Massachusetts Association of  
14 Health Plans. We're a nonprofit trade association  
15 that represents eleven health plans in the state,  
16 that provide coverage to 2.2 million Massachusetts  
17 members. Thank you for the opportunity to testify  
18 today.  
19 We share the concerns that many have  
20 expressed today about the impact rising health care  
21 costs are having on small businesses and how health  
22 care costs hinder the ability of small businesses to  
23 create and save jobs in this economy. Keeping  
24 health care affordable is the challenge facing all

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1 of us in the health care system, and we recognize  
2 that the current rate is unsustainable, as  
3 Massachusetts health care costs far outpace the  
4 national average. According to the recent DHCFP  
5 report, our costs are about 15 percent above the  
6 national average, and insurance costs and medical  
7 costs are inextricably linked.  
8 The recent series of reports that have  
9 highlighted the contributing factors -- I brought  
10 copies of the reports with me today, and they  
11 measure about 2 1/2 inches thick in terms of data  
12 that's out there. In the AG's report, as was noted  
13 earlier, the market clout of certain providers and  
14 the prices they charge have been a major reason for  
15 almost all of the increases in insurance over the  
16 last several years. And while utilization is a  
17 contributing factor, both the DHCFP reports noted  
18 that the costs of services charged by providers are  
19 a major factor for premium increases. So any  
20 serious discussion needs to focus on what we pay for  
21 health care costs.  
22 Now, as you may recall, last January, the  
23 Governor did call the health plans, hospital  
24 executives and physicians into his office because of

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1 his concern about the rising cost of health care.  
2 And at that time, we took his concerns very  
3 seriously and helped in terms of answering the call  
4 with a proposal that we felt would help small  
5 businesses in the short term. We call it the  
6 Affordable Health Plan, House Bill 4452, and several  
7 folks have already testified in support of it.  
8 As was mentioned, this is a product that is  
9 based on the Connector's Bronze-level offering. The  
10 two major factors that are designed to help reduce  
11 costs for small businesses are, first, it sets a  
12 statutory rate cap of no more than 10 percent above  
13 Medicare for provider charges, and second, it would  
14 cap insurer surpluses or profits in the entire small  
15 group market to no more than 2 percent.  
16 Now, we expect that, based on looking at  
17 these numbers, this would reduce costs for small  
18 businesses for this product by anywhere between 17  
19 and 22 percent. You take, for example, a company in  
20 Boston, with 40 workers, with a mix of individuals  
21 in their 30s, some in their 40s, some with  
22 individual coverage, some with family coverage, and  
23 what they may pay today could be roughly about \$553  
24 per employee per month. Cutting the premium for

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1 this small business by 22 percent could save up to  
2 \$122 per employee per month, or \$4,800 per month for  
3 all employees, which translates out to nearly  
4 \$59,000 a year.  
5 Now, these types of savings could then give  
6 small businesses more opportunity to provide for  
7 raises for their workers, offer additional benefits  
8 in terms of 401(k) contributions, invest in capital  
9 resources or other investments that can help  
10 stimulate the Massachusetts economy.  
11 While we acknowledge that this is not a  
12 perfect solution, we do feel that it is one of the  
13 only plans out there that does provide significant  
14 cost savings to small businesses at the present  
15 moment. We think it would provide much needed  
16 relief to small businesses, and we would ask that  
17 the Division include it in any recommendations that  
18 it makes to the Governor.  
19 We appreciate the opportunity to testify,  
20 and we would be happy to answer any questions.  
21 **COMMISSIONER MURPHY:** Thank you, Mr.  
22 Linzer.  
23 That concludes the list of individuals who  
24 signed up today to speak. Is there anyone else who

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1 would like to speak today?  
2 **MS. McANNENEY:** Good afternoon. For the  
3 record, I'm Eileen McAnneney, Senior Vice President  
4 of Government Affairs with Associated Industries of  
5 Massachusetts. AIM is an employer trade association  
6 representing approximately 7,000 businesses  
7 throughout the Commonwealth.  
8 I don't have prepared remarks; I've been  
9 too busy preparing for the hearing on the Governor's  
10 proposal, the legislative hearing next week. But I  
11 do want to be on record, because it is important.  
12 As a statewide trade association and as a  
13 representative of many small businesses, AIM wants  
14 to be on record voicing its concern about the costs.  
15 We survey our members every year. Health care costs  
16 by far are the biggest concern, and by a very wide  
17 margin.  
18 I think the best promise for providing  
19 relief is payment reform. I mean, I think we do  
20 have to rationalize our health care system and get  
21 at the underlying cost.  
22 I do think we need immediate relief, given  
23 the economic circumstances facing small businesses.  
24 AIM is supportive of the Affordable Health Plan, and

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1 we recognize it's imperfect. We generally don't  
2 support rate setting as a principle, but I think the  
3 health care market is unique. It's opaque. Folks  
4 don't know the actual pricing of most things, and so  
5 it makes it very difficult to make informed  
6 decisions, the way that consumers do in every other  
7 realm.  
8 So we are supportive of that. We do  
9 recognize the flaws. We see it as a short-term  
10 solution. We do see it as preferable to the  
11 association health plans. And although AIM is well  
12 positioned, should association health plan pass, to  
13 be an association that offers health insurance, one  
14 of the questions, the lingering concerns I have is,  
15 I'm not sure, unless you allow medical underwriting  
16 for the small group market, how an association  
17 actually does save costs, unless you're cherry  
18 picking good risks and you're able to offer reduced  
19 rates that way. So that question lingers for me.  
20 If there is cost savings to be had through an  
21 association, we're certainly supportive of any and  
22 all efforts to lower business costs.  
23 We'll have more detailed testimony for the  
24 hearing next week, but we did want to be on record

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1 voicing our concern as well.  
2 **COMMISSIONER MURPHY:** Thank you.  
3 Is there anyone else who would like to  
4 comment today?  
5 **MR. VERNON:** Good afternoon. My name is  
6 Bill Vernon. I represent the National Federation of  
7 Independent Business, a small business group with  
8 about 9,000 members in the state of Massachusetts.  
9 This group has been hit very, very hard with  
10 increased costs, which I'm sure you've heard over  
11 and over again today, and they need immediate  
12 relief.  
13 Overall, I think my testimony would be that  
14 I don't think you can regulate yourself out of this  
15 mess. I think we really have to deregulate. It's  
16 rather ironic to tell the regulators that we have to  
17 deregulate.  
18 But we need to give small business owners  
19 choices. We need to give them flexibility so that  
20 they can buy the plans, the health plans that they  
21 need and that their employees want. We do support  
22 the Affordable Health Plan that's being proposed as  
23 a short-term measure. That was a very, very  
24 difficult thing for our organization to support,

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1 because we generally do not believe that you can set  
2 rates. But in the short term and for a short term  
3 only, the need, the acute need for relief is such  
4 that we have come to support that.

5 We also support group buying. We think  
6 that that is another opportunity. I think with the  
7 state of regulation in Massachusetts, that if it  
8 were across state lines, it would obviously provide  
9 more relief. New England or some sort of multistate  
10 group buying would be better, but, again, I think  
11 any opportunity for flexibility, for choice, is a  
12 good way to go.

13 We have to put some market pressures on a  
14 very highly regulated industry. And in this  
15 situation, I think we have to -- you have to look  
16 for those opportunities to put those market  
17 pressures on to reduce price. The state of Indiana,  
18 for example, has, I think, over two-thirds of their  
19 employees in health savings accounts, and they have  
20 reaped tens of millions of dollars of savings, both  
21 individually and in state government. And, again,  
22 that's the type of thing that, in Massachusetts,  
23 isn't encouraged, and it should be. So, again, all  
24 those types of plans.

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1 I submitted testimony in November. There's  
2 not a lot more that I can add to it, other than to  
3 say that we have to find ways to apply market  
4 pressure and opportunity and flexibility, so that  
5 business owners -- there is no silver bullet answer  
6 to this issue of cost for small business owners. We  
7 didn't do it when we did health care reform, we  
8 didn't do anything on costs; and now it's critical  
9 that we act to help small business, because you're  
10 going to end up with people not buying insurance for  
11 their employees, not because they don't want to;  
12 they just can't afford it any more.  
13 **COMMISSIONER MURPHY:** Thank you, Mr.  
14 Vernon.


15 Is there anyone else who would like to  
16 speak today? (No response)seeing no one, let the  
17 record reflect that no one else has come forward.  
18 Please be advised that any written comments will be  
19 accepted until the record is closed on March 10th,  
20 2010. You may also submit them to the Division's  
21 e-mail address, smallgrouprates@state.ma.us. With  
22 that, we thank you for attending today's hearing.  
23 (Whereupon the hearing was  
24 adjourned at 3:00 p.m.)

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C E R T I F I C A T E

1  
2 I, Carol H. Kusnitz, Registered  
3 Professional Reporter, do hereby certify that the  
4 foregoing transcript, Volume I, is a true and  
5 accurate transcription of my stenographic notes  
6 taken on March 2, 2010.  
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Carol H. Kusnitz  
Registered Professional Reporter

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## **Attorney's Notes**

|   |  |  |  |   |
|---|--|--|--|---|
|   |  | <b>4452 (2)</b><br>25:20;36:6                  | 37:11  | <b>again (17)</b><br>4:16;9:2;10:1,8;<br>13:6;20:20;23:12;<br>24:15;30:1,7;31:2,20;<br>32:1;40:11;41:10,21,<br>23 |
| <b>\$</b>                                   | <b>2</b>   | <b>5</b>                                       | <b>acronym (1)</b><br>25:10  |   |
| <b>\$1,000 (1)</b><br>29:17                 | <b>2 (2)</b><br>35:11;36:15                      |  | <b>across (3)</b><br>8:19;9:24;41:8  |   |
| <b>\$1,400 (1)</b><br>10:22                 | <b>2.2 (1)</b><br>34:16                          | <b>5 (3)</b><br>13:7,8;22:12                   | <b>act (1)</b><br>42:9   | <b>age (2)</b><br>6:13;28:2   |
| <b>\$122 (1)</b><br>37:2                    | <b>20 (1)</b><br>10:15                           | <b>50 (2)</b><br>15:2;27:23                    | <b>action (2)</b><br>19:21,23  | <b>agencies (1)</b><br>23:10  |
| <b>\$15 (1)</b><br>10:9                     | <b>2006 (3)</b><br>12:15;13:1;33:2               | <b>50s (1)</b><br>6:14                         | <b>actual (1)</b><br>39:4  | <b>Agency (1)</b><br>28:22  |
| <b>\$16,300 (1)</b><br>10:19                | <b>2009 (2)</b><br>3:15;12:7                     | <b>58 (4)</b><br>11:23;12:15;20:6,18           | <b>actually (5)</b><br>10:17;11:15;12:13;<br>29:14;39:17   | <b>AG's (1)</b><br>35:12  |
| <b>\$20,000 (1)</b><br>11:5                 | <b>2010 (3)</b><br>3:7;13:10;42:20               | <b>6</b>                                       | <b>acute (1)</b><br>41:3   | <b>AIM (4)</b><br>38:5,13,24;39:11  |
| <b>\$25 (2)</b><br>10:9;11:2                | <b>20th (1)</b><br>3:15                          | <b>60s (1)</b><br>6:14                         | <b>add (1)</b><br>42:2   | <b>alert (1)</b><br>6:2   |
| <b>\$26,000 (1)</b><br>11:6                 | <b>22 (5)</b><br>10:12;13:15;26:2;<br>36:19;37:1 | <b>62 (1)</b><br>10:16                         | <b>addition (1)</b><br>5:2   | <b>allow (1)</b><br>39:15   |
| <b>\$3,800 (1)</b><br>10:21                 | <b>23rd (1)</b><br>5:1                           | <b>7</b>                                       | <b>additional (1)</b><br>37:7  | <b>allowing (4)</b><br>22:14;23:1,6;28:6  |
| <b>\$300 (1)</b><br>32:10                   | <b>25 (1)</b><br>31:12                           | <b>7 (2)</b><br>12:7;13:14                     | <b>Additionally (1)</b><br>31:24   | <b>almost (4)</b><br>7:3;18:18;27:2;<br>35:15   |
| <b>\$4,800 (1)</b><br>37:2                  | <b>25th (1)</b><br>4:24                          | <b>7,000 (1)</b><br>38:6                       | <b>address (8)</b><br>13:20;21:23;22:10;<br>23:14;24:14;27:6,6;<br>42:21   | <b>alternative (1)</b><br>18:22   |
| <b>\$400 (1)</b><br>32:10                   | <b>26 (1)</b><br>31:12                           | <b>73 (1)</b><br>12:12                         | <b>adequate (2)</b><br>15:3;24:2   | <b>although (1)</b><br>39:11  |
| <b>\$5 (1)</b><br>10:8                      | <b>29th (1)</b><br>26:24                         | <b>9</b>                                       | <b>adjoined (1)</b><br>42:24   | <b>always (1)</b><br>33:24  |
| <b>\$50,000 (1)</b><br>7:3                  | <b>2nd (1)</b><br>3:7                            | <b>9,000 (1)</b><br>40:8                       | <b>adjustments (1)</b><br>27:13  | <b>American (1)</b><br>6:16   |
| <b>\$500 (2)</b><br>11:2;32:10              | <b>2-to-1 (1)</b><br>23:1                        | <b>90 (1)</b><br>21:17                         | <b>administrative (2)</b><br>23:4,9  | <b>among (1)</b><br>28:1  |
| <b>\$553 (1)</b><br>36:23                   | <b>3</b>   | <b>90s (1)</b><br>17:3                         | <b>adopt (2)</b><br>22:9;23:6  | <b>amongst (1)</b><br>20:19   |
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