

In The Matter Of:

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

Framingham
March 5, 2010
Public Informational Hearing

Doris O. Wong Associates, Inc.
Professional Court Reporters
Videoconference Center
50 Franklin Street, Boston, MA 02110
Phone: (617) 426-2432

Attorney's Notes

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<p style="text-align: right;">Volume I Pages: 1 - 121 Exhibits: None</p> <p style="text-align: center;">COMMONWEALTH OF MASSACHUSETTS OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION DIVISION OF INSURANCE DOCKET NO. G2010-05</p> <p style="text-align: center;">PUBLIC INFORMATIONAL HEARING ON THE RISING COST OF SMALL BUSINESS HEALTH INSURANCE PREMIUMS</p> <p>BEFORE: Joseph G. Murphy, Commissioner Margaret Parker, Esq. Kevin Kroner, DOI Director of External Relations</p> <p style="text-align: center;">Held at Framingham State College Hemingway Hall 100 State Street Framingham, Massachusetts Friday, March 5, 2010 1:00 p.m.</p> <p style="text-align: center;">* * * *</p> <p style="text-align: center;">Carol H. Kusinitz Registered Professional Reporter</p> <p style="text-align: center;">* * * *</p>	<p style="text-align: right;">PAGE</p> <p>1</p> <p>2 SPEAKER:</p> <p>3 Cindy Sarcione 69</p> <p>4 Marcia Coakley 71, 81</p> <p>5 Nancy Quinby 71</p> <p>6 Kate McEvoy-Zdonczyk 82 Fallon Community Health Plan</p> <p>7 Eric Linzer 88 Massachusetts Association of Health Plans</p> <p>8 Representative Pamela Richardson 97</p> <p>9 Maureen Baker 99 Benefit Services</p> <p>10 Bonnie Biocchi 104 MetroWest Chamber of Commerce</p> <p>11 Mary Lynn Benson 106 International Professional Systems</p> <p>12 Jay Lubker 114 Atlas Glass & Mirror</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17 * * * *</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
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<p style="text-align: center;">I N D E X</p> <p>1</p> <p>2</p> <p>3 SPEAKER: PAGE</p> <p>4 Janice Knapp-Cordes 7 Metropolitan Interfaith Congregations Acting for Hope</p> <p>5 Robin Anastas 9, 78 Insurance broker</p> <p>6 Judy Curini 11 Small business bookkeeper</p> <p>7 Christine Whelan 14, 76, Small business owner 79</p> <p>8 Mark Lucier 16 Insurance broker</p> <p>9 Tom Pattison 19 TOP Ambulance Service</p> <p>10 Eileen Chernoff 27, 73 Community Rehab Care</p> <p>11 Mario Perez 34, 83 Small business owner</p> <p>12 Representative Tom Sannicandro 45</p> <p>13 Representative Carolyn Dykema 45</p> <p>14 Celia Waslo 46 Appointed Connector board member</p> <p>15 Chris Powers 50 Benefit Development Group</p> <p>16 Lana Carlsson-Irwin 60 Small business owner</p> <p>17 Senator Karen Spilka 66</p> <p>18 Peter Linn 68</p>	<p style="text-align: center;">P R O C E E D I N G S</p> <p>1</p> <p>2 COMMISSIONER MURPHY: Good afternoon. I'm</p> <p>3 Joe Murphy. I'm the Commissioner of Insurance. I</p> <p>4 welcome you to today's hearing on the rising cost of</p> <p>5 small business health insurance premiums, Docket No.</p> <p>6 G2010-05. Today is March 5th, 2010, and we are</p> <p>7 gathered at Framingham State College. With me on my</p> <p>8 left is Meg Parker, Counsel to the Commissioner.</p> <p>9 In response to concerns raised by the small</p> <p>10 business community back on October 20th, 2009,</p> <p>11 Governor Patrick asked the Division of Insurance to</p> <p>12 look into the drivers of the significant double-</p> <p>13 digit health insurance increases that some small</p> <p>14 businesses were facing.</p> <p>15 Over the course of about ten weeks, the</p> <p>16 Division of Insurance conducted hearings in Boston</p> <p>17 with carriers providing coverage through the small</p> <p>18 group market. We also invited providers to attend.</p> <p>19 We don't regulate providers directly -- they're</p> <p>20 actually regulated through another agency -- but we</p> <p>21 did have some providers voluntarily participate. We</p> <p>22 collected reams of information through the hearing</p> <p>23 process and through our examination authority.</p> <p>24 On February 10th, the Governor announced a</p>

<p style="text-align: right;">Page 5</p> <p>1 jobs package that includes both regulatory and 2 legislative efforts to assist small businesses with 3 their health insurance costs. On the regulatory 4 front, the Governor directed the Division of 5 Insurance on that day, on February 10th, to issue an 6 emergency regulation that requires health insurers 7 to file their proposed small group rates at least 30 8 days in advance, starting with rates that are 9 effective on April 1st of 2010. Carriers are now 10 required to file substantial documentation to 11 support those proposed rates. DOI is in the process 12 of reviewing that information to determine if the 13 rates should be disapproved. 14 In tandem with that regulatory approach, 15 the Governor also filed a legislative package that 16 is before the Legislature and will be subject to a 17 public hearing before the Legislature next 18 Wednesday, March 10th. Included in that legislative 19 package are proposals for immediate temporary relief 20 for a period of two years. The legislation would 21 allow both the Division of Insurance and the 22 Division of Health Care Finance and Policy to 23 disapprove insurer and provider rate increases that 24 are significantly higher than the prior year's</p>	<p style="text-align: right;">Page 7</p> <p>1 statewide hearings back in November. The Governor 2 asked me to travel the state this week to hear 3 directly from consumers and small businesses about 4 the small group premiums they're seeing and get 5 their thoughts on what the Governor proposed back on 6 February 10th. With all the information we've 7 collected, we will be issuing a report on those 8 findings later this month. 9 With that, a sign-in sheet has been 10 provided, if anyone would like to speak. We do have 11 a transcriptionist, so I would ask, with the heating 12 unit making some noise, if when I do identify you, 13 if you would come forward to address us and identify 14 yourself for the record. 15 With that, the first individual who signed 16 the Notice to Comment was Mario Perez. (No 17 response) We'll wait on that. The next individual 18 who signed in today is Janice Knapp-Cordes. 19 MS. KNAPP-CORDES: My name is Janice 20 Knapp-Cordes, with a hyphen in the middle. I am 21 representing MICAH. The acronym stands for 22 Metropolitan Interfaith Congregations Acting for 23 Hope. We're an interfaith group here in the 24 MetroWest area -- Framingham, Natick, Sudbury,</p>
<p style="text-align: right;">Page 6</p> <p>1 Consumer Price Index for medical services. 2 The Governor also filed legislation that 3 would give small businesses the choice of more 4 affordable products, beginning in July of this year, 5 by requiring health insurance carriers in the small 6 group market to offer at least one selective network 7 plan with premiums that are at least 10 percent 8 lower than the premiums for their full network 9 product. The legislation also allows insurers to 10 set up biannual open-enrollment periods to encourage 11 people to get and keep health insurance. 12 The legislation further grants the 13 Commissioner of Insurance the authority to examine 14 small group rating factors and prevent any 15 unjustified administrative charges that drive up the 16 costs for small businesses. The legislation 17 empowers the Commissioner of Insurance to protect 18 small businesses from drastic increases in their 19 premiums driven by changes in the composition of 20 their work forces. And lastly, the legislation 21 includes a two-year moratorium on the adoption of 22 any new mandated benefits. 23 This week the Governor asked me to again 24 travel the state -- we did hold a series of</p>	<p style="text-align: right;">Page 8</p> <p>1 Ashland, Wayland. We keep gathering groups. 2 In one sense, churches are small 3 businesses. My own denomination feels that 4 providing fair compensation, including health 5 insurance for all our employees, is a social justice 6 issue; it's a moral imperative for us. So we 7 certainly support everything that you're doing. 8 Some of the congregations in our 9 organization are being very hard hit by increases in 10 health insurance for their employees. And in a time 11 of recession, charitable donations generally go down 12 pretty quickly. That's one of the first things that 13 goes when people's budgets are hit. As the saying 14 goes, charity begins at home. 15 So the churches themselves are experiencing 16 a decline in income and increases in health 17 insurance costs, and it's becoming very problematic 18 for a number of congregations. They don't want to 19 cut benefits. They don't want to cut staff. They 20 end up being between a rock and a hard place. 21 So these huge increases are very harmful to 22 churches, and we support the Governor's proposal. 23 COMMISSIONER MURPHY: Recognizing you have 24 sort of different sized organizations, roughly what</p>

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1 are the -- how many employees do these congregations
2 sort of generally have?
3 **MS. KNAPP-CORDES:** Anywhere from two to
4 ten.
5 **COMMISSIONER MURPHY:** And what are some of
6 the stories or increases you're hearing?
7 **MS. KNAPP-CORDES:** The one I have the most
8 specifics on is a temple in Sudbury, and they are
9 having to ask every member to increase their
10 contribution by \$300. And that's significant. The
11 members are not happy about that at all.
12 **COMMISSIONER MURPHY:** Thank you. We
13 appreciate your coming today.
14 Robin Anastas?
15 **MS. ANASTAS:** I wasn't going to speak, but
16 I think I need to. My name is Robin Anastas. I'm
17 an insurance broker, and I think I'm probably one of
18 five brokers that holds the largest book of business
19 through intermediaries. I'm handing out renewals
20 where family rates are going up \$400, in today's
21 economy. I have turned myself to Business Express,
22 not finding it to be the right solution, but I did
23 enroll my first one today. It doesn't work for
24 everybody, but it's worth looking at. So we

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1 definitely hope --
2 **COMMISSIONER MURPHY:** That's another
3 option.
4 **MS. ANASTAS:** -- that that's what you're
5 going to propose.
6 **COMMISSIONER MURPHY:** How have you found,
7 if I could just ask -- you're using the Business
8 Express; I know you said you placed your first one.
9 We were in Barnstable on Monday, Lawrence yesterday,
10 Pittsfield Wednesday. We did hear some concerns on
11 the structure of the website or utilizing it. Did
12 you have any concerns or issues? It seemed fairly
13 straightforward when I --
14 **MS. ANASTAS:** It was very user friendly. I
15 felt that some of the fields needed to be shuffled
16 around. But it was ten minutes, boom, it was done,
17 from start to finish. This particular client got
18 great rates. Again, it's not for everybody, but all
19 you can do is try.
20 Something needs to be done. This is
21 probably, in my 24 years in the industry, the most
22 horrific renewal season I have ever gone through. I
23 deal from 1 to 100, and right now, I'm dealing with
24 1300 groups just coming out of one intermediary, and

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1 it's a nightmare, an absolute nightmare.
2 **COMMISSIONER MURPHY:** Thank you.
3 Judy Curini.
4 **MS. CURINI:** I guess I can tell my story.
5 It's not as big as these people.
6 I just came because I got an e-mail from
7 our insurance provider -- actually, I got several
8 from different places, like our Small Business
9 Administration and from Harvard Pilgrim -- that told
10 us about these forums and that they were going to
11 be -- they needed people to come and show up and
12 show their interest, because this is the first I had
13 heard of it. It was just, like, last week that I
14 heard about the Governor's initiative.
15 And we're just a small business. We
16 have -- I've done bookkeeping for the construction
17 end of a company, and then they split up. Now we
18 just service septic tanks and that type of thing,
19 Title V inspections. It's a family-owned business.
20 I've been doing the books for, like, 15
21 plus years, and I remember, even back then, every
22 year we would have to deal with insurance rates
23 changing. And at the time, we used to pay all
24 the -- we paid the whole thing for everybody. A

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1 small business, you know, family.
2 And I remember going to a forum when they
3 were -- I'm not sure what they called it --
4 deregulating the insurance rates? We used to always
5 be in a pool, I think. They used to pool everybody
6 in the small business, and we would get insurance
7 rates across the board. And at that time they
8 changed the rates to -- each business was going to
9 be looked at individually, what kind of work they
10 did, the age of the people -- we're still doing that
11 now -- what ZIP Code you live in. Okay, I guess
12 those are very important things when it comes to
13 your health, I suppose.
14 At the time when we got our new rates after
15 that, we found out that old people shot the rates
16 up. But we're not supposed to discriminate against
17 age when you hire someone. And we were told to hire
18 some younger people and things like that to help our
19 rates come down. And it made a huge amount of
20 difference, putting the nephew on the payroll so
21 that we could get the rates to come down. It was --
22 I think it's absurd.
23 And being -- we're a high risk, so small
24 business, the rates have gone, like, double-digit.

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1 The past three years we've done double-digit rates
2 going up. So we've had to back off on how much we
3 offer them. And this year we've got a \$2000
4 deductible thing just so that we could keep our
5 rates the same. We started out with regular, you
6 know, full coverage, but now we're up to a \$2000
7 deductible.

8 And the people are howling, because they
9 don't make that much money, and then when they have
10 to start paying all these deductibles out of pocket,
11 they're, like, in total shock. So that's where we
12 are now, and we're not really sure how we're going
13 to -- I know it's coming up, like, in two months,
14 and I don't even want to look at what's coming down
15 the road. It's scary.

16 **COMMISSIONER MURPHY:** Thank you.
17 Did Mario Perez join us? (No response) He
18 sent in a notice to -- okay.

19 I know some folks have come in. There is a
20 sign-in sheet we can pass around. That was sort of
21 the end of folks who had signed in, but if anyone
22 else is interested, would you please come forward.

23 **MS. WHELAN:** I have a teeny, tiny --
24 **COMMISSIONER MURPHY:** Could you identify

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1 yourself for the record, please.

2 **MS. WHELAN:** I'm sorry. Christine Whelan,
3 W-h-e-l-a-n. I read the article that came through
4 that these hearings were coming up, and one of the
5 things I like the most was, I highlighted, "Small
6 businesses are the backbone of our economy." This is
7 coming from the SBSB and the State, I guess, but we
8 hear it all the time nationally as well. And I'll
9 tell you, I feel anything but a part of a backbone.
10 Constant new regulations, constant new fees for
11 everything.

12 My business, as I say, is tiny: my husband
13 and myself and one employee. Thank God she's
14 covered by her husband's insurance. That's all can
15 I say. We have one child, 21 years old, getting
16 ready to go off the insurance shortly, who has never
17 been ill, thank God.

18 We, of course, pay everything ourselves,
19 and I'll start with 2006, when we paid \$1,184 a
20 month for a family plan, three people. 2007 it went
21 to \$1,307. We made a change, because the rate that
22 came out in 2008 was so horrendous. We went to a
23 higher deductible and ended up at \$1,341 for less
24 insurance. 2009, because my husband turned 55, our

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1 insurance went from \$1,341 to \$1,864. That was a 39
2 percent increase.

3 I, at that time, e-mailed our Congressman,
4 Ed Markey, and got nice e-mails back saying they
5 would get right back to me and never did. I have
6 those here. Did it again, still never heard from
7 them. Sent a note and still never heard from them.

8 As this lady just said, we just got our
9 renewal notice for 2010. If we stay with what we
10 have now, we will go from \$1,864 to \$2,143. That's
11 \$25,000 a year. I want to know how many teeny, tiny
12 businesses can handle that.

13 And I feel kind of like -- we're a three-
14 person business, but I feel like we've taken -- we
15 have supplied three jobs to this economy. I'm
16 getting very hot, I know. I'm very upset. I'm
17 getting red. So I kind of feel like there's three
18 people out there working in jobs that my husband,
19 myself and our assistant are not taking out of the
20 economy. So I kind of feel like it's a six-person
21 place. I know that's kind of a stretch, but I do
22 feel that way.

23 What's up?
24 **COMMISSIONER MURPHY:** When does your policy

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1 renew?

2 **MS. WHELAN:** It's getting ready. We just
3 got this from the SBSB. This came on the 24th of
4 February, and so ours is going up April 1st.

5 So we now have to decide to obviously take
6 less insurance, pay higher deductibles, more
7 co-payments, more for some very minor high blood
8 pressure medicine, nothing serious. We were paying
9 22 last year. \$25,000, that increase, really, in
10 two years' time is about 60 percent. 60 percent.
11 How is this okay? We're not millionaires, by the
12 way.

13 **COMMISSIONER MURPHY:** Thank you.
14 I know a number of people have come in.
15 I'm going to circulate the sign-in sheet again, but
16 if anyone is interested in speaking -- I know it's a
17 little tight in here. Despite confirming the room
18 three times, we were moved around. For the record,
19 we did confirm the room three times, and for
20 whatever reason, they moved us over here.

21 **MR. LUCIER:** My name is Mark Lucier, and
22 I'm a small employer in Massachusetts. I also
23 happen to be an insurance broker. I work with
24 several hundred small employers, just like the

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1 people that you've heard from here. Unfortunately,
2 I'm the guy that's calling them and delivering those
3 20, 25 percent increases and higher.
4 And I'm here to ask -- the stories you've
5 heard are similar to what we've been doing with our
6 clients, where they've received double-digit
7 increases for the last ten years. They've done
8 everything they can to try to stay the line. A lot
9 of times they've pushed costs onto their employees
10 by asking them to pay a higher percentage. Most are
11 at the point where they are not meeting the
12 insurance carriers' minimum requirement of paying at
13 least 50 percent of an individual, 33 percent of a
14 family. So they have hit that wall. They also have
15 downgraded from the plans, and they have moved to
16 \$500 deductibles, \$1,000 deductibles, \$2,000
17 deductibles, and they're at a point where they just
18 don't have a lot of choices.

19 The thing I'm here to talk to you today
20 about is, I would ask that you -- whatever
21 recommendation you make, that it include the
22 Affordable Health Plan that I know has been
23 discussed. I think it's Bill 4452, if I've got it
24 right. I would ask that you seriously make that

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1 part of your recommendation. I don't think it's a
2 fix for the long term, but it will at least give
3 small employers an option to downgrade to a plan
4 where there should be substantial savings. And I
5 would ask you to strongly consider that as part of
6 your recommendation.

7 **COMMISSIONER MURPHY:** I know you said it's
8 sort of one option, but you think that some of the
9 small businesses you help, that that would be an
10 appropriate option for them?

11 **MR. LUCIER:** Yeah. I'll tell you a story.
12 This is frightening. We have a small shoe
13 manufacturing company up on the North Shore. Their
14 health benefits, with the renewal they got April
15 1st, actually exceed their payroll. They have a
16 very low-paid group of employees. And when I first
17 heard it, I was, like, "It can't be." I went back
18 and looked at it, and, sure enough, it just crossed.
19 Their rates are really high, because it's a very old
20 group, their demographics are not great, and they
21 have very low-paid people.

22 But, yes, I do think -- I'm not sure what
23 percentage of the market, but I think there are a
24 lot of employers where they are at a point where

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1 they need to do something dramatic; otherwise
2 they're going to have to lay off people, potentially
3 close their doors. So I think this does give those
4 people that are in that position another choice to
5 look at.

6 **COMMISSIONER MURPHY:** Thank you
7 **MR. PATTISON:** My name is Tom Pattison,
8 P-a-t-t-i-s-o-n. I own TOP Ambulance Service. It's
9 a very small ambulance service. We have ten
10 employees.

11 I have been offering health insurance via
12 my business since we've had four employees.
13 Unfortunately, even though all of my people are
14 insured, I don't follow the guidelines that the
15 State says is a minimum standard. The reason I
16 don't follow the guidelines is, when we were looking
17 for insurance for the employees, I went through the
18 Small Business Association, I went through the
19 Chamber of Commerce, and we looked individually as a
20 business ourselves for insurance numbers, and I
21 don't know who can afford that kind of stuff. I
22 honestly don't know who can afford that.

23 So what I did with my employees is, I said,
24 "You guys go out and find insurance, bring it to me,

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1 and I'll pay 50 percent of what your premiums are,
2 after tax." So with my payroll company, da, da, da,
3 da, we figured out, if they get -- if they need \$200
4 a month to be 50 percent of their monthly payment,
5 it comes out to, like, \$260 or whatever they do
6 pretax. They take out the taxes, and then they get
7 the thing.

8 So that's what we decided to do, and a
9 number of my employees did that. They went out and
10 found their own insurance individually. Now, this
11 isn't a panacea, because it cost me an arm and a leg
12 anyway, but when my employee -- one is a
13 21-year-old, for all of you guys who do insurance
14 here and know these things; I don't. He's a
15 21-year-old. He came to me with a PPO plan from one
16 of the insurance companies in the Commonwealth. He
17 pays -- wait a second. I got the numbers. They're
18 real numbers, and we got them last year, so these
19 are the updated numbers, although the new numbers, I
20 hear, are going to be killers.

21 It costs him \$354 a month for a PPO plan
22 from one of the insurers in the state. I go to that
23 same insurer, I get that same plan, and because I'm
24 an employer, mandated by the Commonwealth to give my

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1 employees insurance, I have to pay \$921 a month for
2 that exact plan.
3 I said, "Holy cow. It must be those guys
4 over there." So I looked at one of the other guys,
5 different company, different age group, and he got
6 an HMO. He pays \$199 a month for that HMO. I pay
7 50 percent of that after tax, da, da, da, da. So I
8 go to his company, that exact plan, and it costs me
9 \$584 to offer that exact plan that he has that I'm
10 splitting 200 bucks with.
11 Now, I think that the insurance companies
12 are kind of tucking it to the small business or any
13 business that isn't big enough to break their
14 cartel, and I think the Commonwealth of
15 Massachusetts is supporting that cartel by saying
16 you have to do it for your employees; it's mandated.
17 And if I don't do it, then I'm going to have to pay
18 some sort of fine on my overall payroll for the
19 year, which comes out to about 8 percent is the
20 number I'm hearing. 8 percent is a huge amount of
21 money, when my margins are down under 1.
22 And I'm already paying work force
23 development. I'm already paying unemployment for
24 both federal and state. And now, because I am not

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1 doing it the way the Commonwealth is telling me I
2 have to do it, I'm looking at an 8 percent kick in
3 my penalties for not offering insurance.
4 I tried to offer insurance. Nobody in my
5 company wants the insurance I offer, because it
6 costs too damn much. They can get it themselves for
7 cheaper.
8 And so I guess my questions are a couple.
9 Number one, if Company XYZ that sells insurance
10 offers IBM a plan at X dollars, and then IBM, less
11 20,000 employees, the same plan at X dollars plus
12 whatever, and Company 3 is even smaller, down to 250
13 employees, they're paying even more per person, and
14 then you get to me, with 9 employees, and I am
15 paying astronomical rates, how come that is
16 considered reasonable, when my individuals are
17 coming to me with plans that are a third the cost
18 that I can get myself?
19 I think that the Commonwealth, not maybe
20 knowingly -- and this isn't going to be a thing that
21 is going to get anybody reelected -- I think they
22 need to get the hell out of the way so that I can do
23 it the way we need to do it, which is keeping my
24 employees insured.

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1 And this isn't -- I've seen the plans that
2 you guys have on the Connector, and as much as I
3 applaud the fact that you're trying to say these are
4 credible insurances and all that stuff and they're a
5 value, I tend to disagree with you for a couple of
6 reasons. The first reason is, because I'm a
7 small ambulance service and I don't do emergency
8 work -- I did 911 for 25 years, and then I decided
9 that's the only thing I know how to do; I'll start
10 an ambulance company. Silly me. Needless to say --
11 so I do nonemergency stuff. I take --
12 **COMMISSIONER MURPHY:** Private transfers.
13 **MR. PATTISON:** I do the transfers from the
14 hospital to the nursing home, from the hospital that
15 you shouldn't have been taken to to the hospital you
16 should have been taken to. And these are all, by
17 definition, nonemergency transfers. Except for
18 MassHealth standard, pretty much all of your MCOs
19 are going to tell me, "That's not a covered
20 service."
21 So if you have a heart attack in a hospital
22 that you shouldn't be in, and you need to go over to
23 a hospital that you need to be in so that you can
24 get a cardiac catheterization -- I've got a

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1 paramedic, they're running three meds on you, you've
2 got cardiac arrhythmias he's got to take care of,
3 you have oxygen and bunches of drugs -- I get you
4 over to the cath lab all safe and sound, and then I
5 go bill the insurance, the MCO comes back and says,
6 "Not a covered service. Sorry. You don't get
7 paid."
8 Then, to kick it off, not only do I not get
9 paid, but I can't balance bill for the cost of doing
10 the transport, because he's a Medicaid-type patient.
11 And then thirdly, the damn agency that said I don't
12 get paid for this gets paid because they shuffled my
13 papers. I mean, where is the fairness here? I'm
14 doing a service, and they're getting paid for
15 shuffling a paper saying I don't get paid.
16 I mean, that's why I say that the
17 Commonwealth isn't really helping me out at all.
18 And as far as credible insurance goes, it's not
19 really, when the only time an ambulance is paid for
20 is when it's an emergency ambulance. And then, with
21 the things that I saw via the Bronze plan or
22 whatever, if you got to use that insurance, I sure
23 hope you got a big bank account, because the
24 deductible is going to kill you. You might only be

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1 paying \$120, \$150, \$200 a month for it, but as soon
2 as you need it, that \$5,000 just kicked up your
3 insurance rates \$400 a month for that year, and the
4 next year you've got to do it all over again, and
5 the next year you've got to do it all over again.
6 And if you have a heart attack in the
7 hospital, I guarantee you that you're going to be
8 judgment proof by the time you even get my bill,
9 because most of the people that I found in my years
10 of doing this business that use the government-
11 assisted insurances don't own a home and are
12 judgment proof from the beginning. So even if I do
13 balance bill -- which by the way, I don't, because
14 if I balance bill somebody, I have to balance bill
15 everybody. And I don't send collectors after
16 people, because I don't want Granny to have to worry
17 about buying the pills, eating or paying me. So I
18 don't send anybody to collection, and that's
19 probably why I'm so poor and worried about what the
20 rates are for my employees. Thank you.
21 **THE STENOGRAPHER:** Sir, can you just spell
22 the name of your company.
23 **MR. PATTISON:** TOP. T-O-P. It stands for
24 Two Old Paramedics.

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1 **COMMISSIONER MURPHY:** Thank you. Your
2 comment about the discrepancy between the small
3 employer and the large employer, that's part of what
4 the Governor announced on February 10th. We now
5 require carriers to file their proposed rates with
6 us 30 days in advance, starting with the April 1st
7 effective dates for rates. We require a significant
8 amount of supporting data to back up those rates.
9 So on March 2nd, under this new regulatory
10 proposal, we received over 40 filings in our office
11 just a few days ago. Our health care actuary and
12 technical staff are going through to make sure that
13 data supports the proposed rates, as the Governor
14 said, scrutinizing anything that is significantly
15 over medical CPI.
16 **MR. PATTISON:** My only issue with that, sir
17 -- I'm not going to throw any insurance company
18 under the bus, but they still have five million
19 subscribers, for example, and my company at 9,
20 somebody else at 1,000, there should be no
21 difference whatsoever what I'm paying versus what
22 the other guy is paying. I should be paying exactly
23 the same as IBM, who has the size to break the
24 cartel of the insurance companies.

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1 **COMMISSIONER MURPHY:** I see some folks are
2 signed in. Eileen Chernoff?
3 **MS. CHERNOFF:** I feel like I've met you
4 folks before. My name is Eileen Chernoff,
5 C-h-e-r-n-o-f-f, and I am one of the owners of
6 Community Rehab Care.
7 **COMMISSIONER MURPHY:** I think you came to
8 our --
9 **MS. CHERNOFF:** I came to Bridgewater. I'm
10 sorry, I --
11 **COMMISSIONER MURPHY:** I knew you looked
12 familiar.
13 **MS. CHERNOFF:** I hope I'm not beating the
14 drum again, but, you know, that's the way it is.
15 **FROM THE AUDIENCE:** Go for it.
16 **MS. CHERNOFF:** We're actually testifying at
17 the State House on Tuesday on the budget for the
18 clients that we serve in terms of brain injury, the
19 State budget.
20 But anyhow, I'm here today. As I say, I'm
21 one of the owners. I have two other women who are
22 partners with me. We started our business 15 years
23 ago. We're still here, amazingly, and we have three
24 outpatient rehabilitation clinics located in Medford

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1 and Quincy and Newton.
2 And similar to other folks, I think, who
3 have commented, we too have been in the same
4 position. Currently we have just over 50 employees,
5 but many of them are part time. We have, on a
6 full-time basis and insured with our health
7 insurance, I believe it's just under 30 or just over
8 30 people right now. And as you might imagine, it's
9 a huge chunk of our budget. I'm preaching to the
10 choir here.
11 Just to go back a little bit, two years
12 ago -- we re-up in October. Over the 15 years,
13 we've had every insurer in the state. We, like most
14 people, flip around based on who offers us the best
15 deal. But two years ago, when we came up for
16 renewal back in 2008, I believe at the time our
17 increase was around 13 percent, if memory serves me.
18 And at the time, we did decide that we would eat the
19 increase for our staff, but we had to go with a
20 \$1,000 deductible, which was really novel for most
21 of our staff, who are young and just were blown away
22 by the \$1,000 deductible, as were we, but it was the
23 only way we could keep moving forward.
24 Then this year, 2009, our rates went up

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1 about 28 percent. And many of our younger staff --
2 all of our staff, actually, in the weeks before,
3 were kind of querying us, "Oh, that \$1,000
4 deductible, it's going to go away, right?" And we
5 all knew what the landscape was and were kind of
6 like, "Oh, my gosh, I don't know."
7 So, again, we ate the increase, but we
8 unfortunately had to go to a \$2,000 deductible. We
9 went with a wrap-around product to try to get rid of
10 that second thousand, so that people -- we're sort
11 of -- it's a risk that we're taking. We don't know;
12 we haven't gone through the first quarter yet to
13 know where we're at with that. We will see.
14 I think, similar to everybody here, our
15 biggest expense, as I'm sure everybody in this room,
16 is payroll and benefits. And I think as a
17 provider -- I think I've said this at another
18 meeting -- we're in a rather unique position,
19 because we're not only a consumer of health care
20 services, but we're a provider of health care
21 services. So we really see both sides.
22 And on the business side it's been
23 interesting, because I think one of the things we
24 keep saying, and I'm not sure if it will ever get

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1 resolved, is, the average lay person -- I don't know
2 if any other folks here are in health care, but the
3 average lay person has a tremendously difficult time
4 understanding reimbursement, not that I say I can
5 blame them. I'm in the business, and I have a hard
6 time sometimes.
7 And what's interesting is, it's not a level
8 playing field on the reimbursement side either. We
9 provide what I'm very proud of as an excellent
10 service. Our PT and OT and speech pathologists do a
11 fabulous job. And it's not to take anything away
12 from them, but I can assure you that when you go for
13 a PT visit at my clinic versus a PT visit at Mass.
14 General, we're not reimbursed at the same rate.
15 It's just not a level playing field on both sides.
16 So I want to throw that out there. We've
17 been saying it for years. That's utterly
18 ridiculous. Again, there are good clinicians at
19 Mass. General. I know many of them. But it's
20 just -- it's not equitable. Why should they be -- I
21 know they have big overhead, but you know what?
22 Their margins are greater than ours. So there's
23 many different sides that we see. I don't know how
24 much longer we can put up with it either.

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1 The other thing is, I think some of you
2 might have been alluding to this, but because we're
3 a small group, we don't have an experience rating.
4 And so, yes, we get hit with rates that are much
5 higher than the big, you know, IBMs of the world or
6 whoever else it might be. And I just -- I can say
7 with certainty from experience that I've got to
8 think that the payers are making -- from the
9 insurance side are making a killing on our staff,
10 because, quite honestly, we're a very healthy group.
11 We don't have smokers. We have people who take good
12 care of themselves. And why shouldn't we be
13 rewarded, if you will, for that? People go for
14 their health checks. They have insurance. They use
15 it appropriately. They don't overuse the emergency
16 room, and so on and so forth.
17 The other thing is, I guess, again, what we
18 see on the business side, because the co-payments --
19 obviously everyone's co-payments have gone up as
20 well as their deductibles. We see it on the
21 consumer side as consumers of health care. But also
22 on the provider side we've really noticed, since the
23 beginning of this year, we have a lot of patients
24 who really -- the recommendations might be for them

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1 to come to treatment two or three or four times a
2 week, based on whatever is going on with them, but
3 if they're coming and paying a \$25 or \$30 co-pay --
4 let's say they're coming for a physical,
5 occupational and speech therapy. It's almost \$100 a
6 day out of their pocket. And as you might imagine,
7 even though the recommendation might be for X number
8 of times a week, they may only be able to afford to
9 come once a week. So they're taking longer to
10 improve, because they just can't afford the co-pays.
11 They've just grown exorbitantly.
12 So I guess those are my key points. Again,
13 as a small business, you know, the salary issue,
14 again, it relates to health care both ways. We try
15 very hard to attract and retain a superb clinical
16 staff, but they demand a certain level of salary,
17 because in this part of the world, their cost of
18 living to buy housing, whether it's rental or
19 purchase, it's exponentially greater than it is if
20 they were -- we just had someone come to us from
21 Iowa who almost fell off the chair, I think, when
22 they saw the price of housing around here.
23 So I don't know what the answer is, but I
24 would recommend leveling the playing field for

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1 reimbursement for providers. That's one thing I
2 would ask for, leveling the playing field for
3 employers. As far as the size of the group, small
4 versus medium versus large, it should all be the
5 same price.
6 And then I think there is this somewhat, in
7 some groups, wildly unpopular view of looking at
8 lifestyle choices. And it may be unpopular, but
9 quite honestly, I guess I look at it as, if I'm
10 paying for health insurance X and I don't smoke, and
11 I don't do drugs, and I take care, and I stay
12 physically active, why should I pay the same as
13 somebody who does all of those things? I don't
14 think it's reasonable. Though I would never --
15 based on a pre-existing condition that people have
16 no control over, I certainly would never want to
17 sort of marginalize those folks. But I do think
18 there's a lifestyle issue with what we see even in
19 our practice, and I would tell you, people pay a big
20 price for it.
21 That's all I have to say. Sorry for being
22 long-winded.
23 **COMMISSIONER MURPHY:** You have a unique
24 perspective as both a consumer and a provider. I

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1 appreciate that.
2 Mario Perez?
3 **MR. PEREZ:** That's me. My name is Mario
4 Perez. I own a small computer consulting company in
5 Norwood, Massachusetts. Last month -- and I believe
6 that you made a reference to a 30-day review on
7 premiums that are going to become effective on April
8 1st. I received one of those. And I actually
9 called Blue Cross, and my first question was simply,
10 "Is this a mistake?" I had to make sure that it
11 wasn't a typo, even though I was pretty sure that it
12 wasn't.
13 The amount of the total premium increase
14 for my business was 38.6 percent, and that's eerily
15 close to the 39 percent that I think the California
16 Blue Cross has been doing. But I have seen
17 California getting a lot of the press attention;
18 I've seen very, very little attention being paid
19 around here.
20 So I talked to them. I won't give you
21 every little detail, but of course they explained,
22 "Gee, medical costs are going up, and this is
23 related to that, and we have to keep our rates up."
24 And without going into all the little

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1 details, I basically asked them, "So what you're
2 saying is that, if I take a look and see what was
3 reimbursed to the provider from year to year --
4 like, compare physicals, blood tests, radiology --
5 I'm going to see a 38 percent increase there?"
6 "Oh, no, no, no. It isn't that
7 straightforward. That's a little bit naive. That's
8 a little bit narrow. There are so many other
9 factors that go into this." And I tried to find out
10 what those factors were. Well, they couldn't go
11 into it; it was really complicated because of all
12 the different groups and the different policies that
13 they have. But they could assure me that this is
14 directly related to the costs. And I'm pretty sure
15 that if I stay with the plan that I have, I'm not
16 going to see the reimbursements going up by that
17 amount.
18 And by the way, I know that there is action
19 being taken in the House between the Governor and
20 the House. I know that there is a jobs bill and
21 there is a component in the jobs bill to actually
22 put in controls that don't exist right now. But I
23 think what a lot of us are interested in is, you
24 know, what can we do right now?

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1 Because I don't know what they're up to in
2 terms of, you know, just trying to make as much
3 money as possible? Gee, why didn't they do this
4 last year? Maybe they're trying to lock in a base.
5 Maybe they're trying to increase the base up to the
6 point where they can actually see the regulation is
7 going to start limiting it. But now, if they can
8 get -- if they can essentially raise the base floor
9 a little bit and now have a new basis for their
10 premiums, maybe it's a strategic move, I don't know.
11 And I can't -- I can't make business decisions based
12 on that. I just have to, as almost a consumer, look
13 to see what's available, make the best choices that
14 are available.
15 I also heard that people are being forced
16 to take a look at different plans. And one of the
17 ones that Blue Cross has, talk about going from no
18 deductible to \$1,000 deductibles. They have
19 deductibles that go up to \$4,000 and \$5,000. I
20 think I actually saw one that goes to \$7,000 per
21 individual.
22 But it even gets intricate, because, if you
23 go above a \$2000 deductible, you now have to open an
24 account with, like, a Wells Fargo. In other words,

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1 it's like a brokerage kind of thing. And I said,
2 "Gee, why are you doing that? I'm not contemplating
3 this. That sounds funny." They said, "We want to
4 make sure our customers aren't going to basically
5 commit fraud and, like, skip on their portion of the
6 bill," and so on and so forth. I said, "Okay. I've
7 heard enough. I don't want to talk any more about
8 that."
9 So I had prepared a statement. I'm not
10 going to read the whole thing -- I'll submit it --
11 because I kind of read the terms and conditions, you
12 know: Anybody who wanted to speak should actually
13 file a letter of intent. But one of the things that
14 I wanted to ask you about -- and I think this may be
15 what you were talking about -- was an article that I
16 read in the Boston Globe, where it said, "Governor
17 Patrick yesterday also announced emergency
18 regulations to take effect immediately" -- so I
19 guess that would mean, when he said that, February
20 11th or 10th -- "that will require health insurers
21 to submit proposed small business rate increases for
22 review by the state 30 days before they take
23 effect." So that's what you were talking about,
24 right?

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1 **COMMISSIONER MURPHY:** Yes.
2 **MR. PEREZ:** I asked Blue Cross about that,
3 and I said, "Okay, now, you're not just expecting me
4 to pay this; you're submitting this to the State as
5 per the new regulations." They said, "We don't know
6 anything about that. We don't have any requirement
7 to submit this stuff in advance. And, no, we expect
8 you to choose a plan or, if you really need to,
9 choose another provider" -- they invited me to go
10 and try to find a better plan somewhere else.
11 **FROM THE AUDIENCE:** When did you speak to
12 them?
13 **MR. PEREZ:** I spoke to them at the
14 beginning of the week. I spoke to them, I think it
15 was, Monday or Tuesday. The statement that was
16 made, and the "immediately" reference that Governor
17 Patrick made, I guess that would make it effective
18 on February 11th.
19 So I'm talking to them three weeks later or
20 2 1/2 weeks later. I would expect that if things
21 were in motion, they would know about it and they
22 would be following the guidelines. So for all I
23 know, they've caught up on this --
24 **COMMISSIONER MURPHY:** I don't know if that

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1 was someone -- perhaps it's just the person you
2 spoke to, because this did come up quickly. I
3 started on February 8th. On February 10th, the
4 Governor directed us to immediately file these
5 emergency regulations, which take effect upon their
6 filing. So they're in effect now. It requires that
7 the carriers offering coverage in the small group
8 market, that they file their proposed rates at least
9 30 days in advance, starting with the April 1st
10 effective date.
11 So on March 2nd we got over 40 filings --
12 Blue Cross has various products -- with all the
13 supporting documentation that we're in the process
14 of going through now. Recognizing that sometimes
15 they bill before -- we've made the carriers aware
16 that if there is -- ultimately what happens is, we
17 review it, and we'll determine if the rate should be
18 disapproved -- that's our authority under the
19 statute -- and if we do, they would need to work it
20 out. And it's a little premature, because the
21 company can call for a hearing and then we have a
22 hearing, but they would credit you or credit you
23 going forward or issue you a refund if that rate is
24 in fact not approved.

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1 **MR. PEREZ:** You have a process, when you
2 reject something, they ask for a hearing --
3 **COMMISSIONER MURPHY:** They ask for hearing.
4 **MR. PEREZ:** -- and so on and so forth.
5 **MR. KRONER:** When is your renewal date?
6 **MR. PEREZ:** April 1st.
7 **MR. KRONER:** Can I just ask you another --
8 I don't know if you were finished yet.
9 **MR. PEREZ:** Well, no, I'm not totally
10 finished, but --
11 **MR. KRONER:** Okay. I'm sorry.
12 **MR. PEREZ:** Please interject.
13 **MR. KRONER:** No, no. Go right ahead.
14 **MR. PEREZ:** I might get off topic, so go
15 ahead.
16 **MR. KRONER:** This goes back to something
17 you said earlier. You mentioned they told you you
18 needed to open a Wells Fargo account?
19 **MR. PEREZ:** With some of the other plans.
20 So --
21 **MR. KRONER:** Were they saying that your
22 business needed to open an account, or each
23 employee?
24 **MR. PEREZ:** No, the individual.

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1 **MR. KRONER:** So any employee. Ten
2 employees, ten accounts.
3 **MR. PEREZ:** Good luck with that. Good luck
4 keeping somebody talented and proposing something
5 preposterous like this. Like the broker that spoke
6 a couple of people ago, he said, gee, he's the one
7 that has got to break the bad news, and he has got
8 to deliver this, and they're going to take it out on
9 him.

10 So imagine taking one of these policies --
11 which, by the way, if I go from my current \$1,000
12 and I go to one of these higher ones, I still don't
13 bring the premium down to even within 20 percent of
14 what it is right now. And so, then, it's almost
15 like offering you an option that few will take, and
16 the fools will take it and present it to their
17 employees and expect not to be laughed at.

18 **MR. KRONER:** I'm sorry. I didn't mean to
19 interrupt you.

20 **MR. PEREZ:** That's okay. I was near the
21 end.

22 So I did contact both of my
23 representatives, Senator Marian Walsh and
24 Representative John Rogers, and I spoke to

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1 Representative Rogers. I spoke to one of the
2 representatives for Senator Walsh. Neither one of
3 them was familiar with any of this, was familiar
4 with the Governor's pronouncement to immediately
5 invoke whatever you could right now or with the
6 component of the jobs creation bill that would
7 impose some better controls in the future.
8 Apparently it is a House bill. The House bill, if
9 anybody cares, is House Bill 4990.

10 **COMMISSIONER MURPHY:** And the insurance
11 components of it are before the Legislature next
12 Wednesday.

13 **MR. PEREZ:** Where, in Boston?

14 **COMMISSIONER MURPHY:** Yes. There's a
15 joint -- so the jobs bill, obviously, is fairly
16 broad. The Legislature took it and sort of broke it
17 out by theme. And so I think it's a joint hearing
18 of the Joint Committee on Health Care Financing and
19 Community Development and Small Business. So
20 they're hearing all of the sort of small business
21 insurance-related components next Wednesday.

22 **MR. PEREZ:** So once again, I get back to
23 the immediacy of this. This is a component of a
24 larger bill, and, you know, I imagine that people

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1 aren't just going to look at it and stamp it. It's
2 going to go through committees. That's going to get
3 discussed and may get modified.

4 And as I see it, if the insurance company
5 sees themselves as locking in a higher base and this
6 gets voted on sometime in the summer or whenever it
7 gets voted on, it doesn't do an awful lot to
8 retroactively help people that are now locked into a
9 very high base. You put the controls in after it's
10 become unaffordable. And it actually has already
11 had the damaging effect on being able to hire people
12 or keep people.

13 Right now, for me, my business revolves
14 around contracts that expire at different times.
15 I've only got one right now, and there are people
16 that I'm not hiring right now. But if I get a
17 contract tomorrow and they lock in a very high rate,
18 I may not be able to afford the help that I need to
19 fulfill that contract. I may actually have to turn
20 a contract down because of that.

21 So, once again, that's -- I'll end with
22 what I began with, and that has to do with the
23 immediacy of this. If you have -- I don't want to
24 say that they have to be Draconian or anything, but

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1 if you have authority to enforce something, then do
2 it. Because you take a look at what they're doing,
3 they're not showing any modesty at all with what
4 they're doing. They're basically almost reading off
5 the script when they answer your objections, and
6 they're going to do what they want to do.

7 Look at California. Look at what the CEO
8 of WellPoint said. She went through a whole
9 Congressional committee, and after they tried to get
10 her to feel some shame or remorse, she said, "Well,
11 too bad. This is a business decision. Nothing is
12 going to stop me, and I'm going to do it anyway."
13 So, once again, I encourage you not to show
14 too much moderation with people who aren't showing
15 any, because really you're not just protecting us as
16 consumers; you're protecting us as the people who
17 provide jobs, not just for ourselves, but for the
18 people we hire. So thanks for listening.

19 **COMMISSIONER MURPHY:** Thank you. And I
20 think the Governor recognizes the immediacy of this.
21 That's sort of why he told us to -- not to get too
22 deep into the boring insurance regulatory world, but
23 there is sort of a normal regulatory process, and he
24 recognizes it's an emergency situation, and that's

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1 why we followed that course. But I think he
2 recognizes that this is just stifling small
3 businesses.
4 A few days after that story was in the
5 Globe, a gentleman who owns a specialty food
6 business who has maybe 20 individuals, five family
7 plans, called me. Unfortunately his policy renewed
8 in March, and he was wondering what we could do to
9 assist him. His premium increase for the year went
10 up -- he pays about 125 grand. It went up to 175
11 grand. In this economy, people are buying their ham
12 and turkey at Costco's or BJ's. They're not going
13 to a specialty food store. That's a full-time
14 employee he had to lay off. I think the Governor
15 recognizes that there's an urgency to this.
16 **REPRESENTATIVE SANNICANDRO:** I'm State
17 Representative Tom Sannicandro, and I'm here with
18 State Senator Karen Spilka, who just stepped out,
19 Chair of Economic Development, and I'm also here
20 with Representative Carolyn Dykema.
21 I represent Framingham and Ashland. This
22 is my district. Carolyn Dykema represents
23 Holliston, Hopkinton and Southboro, and she is also
24 on the committee that's going to be hearing part of

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1 the Governor's bill next week. So we're here to
2 listen.
3 If I were you, I would have been a lot
4 madder and addressed it differently. You did a
5 great job describing --
6 **MR. PEREZ:** I was madder. I've had a few
7 days to cool off.
8 **REPRESENTATIVE SANNICANDRO:** But, you know,
9 it's compelling testimony, what you're saying.
10 **REPRESENTATIVE DYKEMA:** If I could just
11 actually put in a request. Going to the hearings
12 next week, I fully anticipate we're probably going
13 to hear from some of these insurance companies the
14 same arguments that we just heard here about the
15 rising cost of health care and the fact that they're
16 really just passing on the costs of what it costs to
17 provide the service.
18 It will be extremely helpful for to us to
19 have some of that cost documentation that's been
20 provided to you at the request of the Governor in
21 advance of that hearing so we can actually take a
22 look and get a better sense of what those costs
23 really are.
24 **COMMISSIONER MURPHY:** Sure. We've been

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1 just sort of deluged on March 2nd with over 40
2 filings, and our technical staff, we'll see what we
3 can get to you.
4 Thank you. I appreciate your attendance.
5 Does the Senator wish to --
6 **REPRESENTATIVE DYKEMA:** She just stepped
7 out.
8 **COMMISSIONER MURPHY:** Celia Waslo.
9 **MS. WASLO:** I guess sort of in continuation
10 of what was raised there is, if the larger group
11 market is going up this much (indicating), and the
12 medium is going up this much, and the small group is
13 going up this much, all the providers get paid the
14 same rates, regardless. So what the -- excuse me.
15 What the heck are they doing to the small group
16 market? It makes no sense.
17 They're paying the same rates to those
18 providers in each one of those groups. So that
19 argument that they gave you that it was just
20 provider rates, the providers get paid the same
21 whatever insurance -- you know, it's not whether
22 you're a big business or a little business. It's
23 what card you have.
24 So if you could pull out of it their

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1 justification for why is the small group market
2 being charged so much more than that. And if there
3 is any way I -- there are people who don't like it,
4 but I'm on the Connector board as one of the
5 appointees, not a staff person. But why couldn't we
6 think of some ways to use -- I mean, one of the
7 reasons small business doesn't have clout is because
8 they don't have large numbers, right? We don't have
9 the same leverage over it. Why can't we think about
10 ways to pool lots of small businesses together in
11 one place to use that clout so it becomes like a
12 larger business?
13 And I know we've thrown ideas around about
14 it, but I would say we should at least look at it
15 seriously. Is there a way we can get enough folks
16 together so that we could have leverage? When we
17 did it for poor people through CommCare, we kept the
18 rates down -- one year it was zero, one year it was
19 4 percent, next year -- one year it was 10 percent,
20 because we had two years of zero. So we've been
21 able to control the rates for low income folks. Why
22 couldn't we think about the Connector doing that for
23 small business?
24 So that's a suggestion. I don't know

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1 that -- it's not an answer, but it's a suggestion,
2 and I wish you would at least look at it.
3 **COMMISSIONER MURPHY:** Thank you. I
4 appreciate your comments.
5 And I guess to sort of -- I know people
6 came in at different points. We have had
7 hearings -- we regulate directly the insurance
8 carriers. We had hearings through November,
9 December and January, collected reams of information
10 from them during that process. Also, under the
11 statute, we wanted to get down, to drill down to the
12 level of the contracts between insurance carriers
13 and providers. We have a special exam authority
14 where we can collect that information
15 confidentially. We have.
16 And sort of the result of all of these
17 hearings, in addition to the immediate steps the
18 Governor has taken -- we'll also be issuing a
19 report -- we have come up with over 40 policy
20 options, whether that's prohibiting certain
21 provisions within contracts, things that the
22 Legislature, both through legislation and through
23 our existing regulatory authority, things that --
24 you know, steps that should be taken. That's just

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1 to give a little context to Celia's points.
2 Chris Powers.
3 **MR. POWERS:** Hi. My name is Chris Powers
4 from Benefit Development Group. We're a group
5 employee insurance brokerage out of Worcester. We
6 handle -- our smallest health client is two lives.
7 Our largest one is probably about 7,000 lives. I'm
8 here specifically today to talk about our small
9 group block of business and the concerns that we
10 have.
11 I've been doing this for 15 years, and the
12 stories you hear -- we've been out presenting those
13 increases, anywhere from 21 to -- I think our
14 highest small group is about 66 percent.
15 The concerns we have -- and I'm also on the
16 board of the Mass. Association of Health
17 Underwriters as well. The concerns we have are
18 multiple concerns. Right now, for the short term,
19 we are fans of the affordable health care
20 legislation out there. We feel that it's not long
21 term, but it is a band-aid to try to work on
22 provider increases. Because there's an insurance
23 issue here; when three out of the big four insurance
24 companies in the state post operating losses for

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1 2009, obviously there's some issues there as well.
2 Health care reform, one of our concerns
3 when it came out was -- it's obviously a noble
4 cause. It has covered 97 percent of the people in
5 the state. But the merging of that non-group market
6 we feel has had some unintended consequences on the
7 small group marketplace, where as brokers we're not
8 able to negotiate on behalf of our clients in the
9 small group area; the rate is the rate. It's
10 adjusted according to age, your age and gender
11 census, SIC code and area. And that can be
12 frustrating when you see base increases that have
13 been talked about that are averaging anywhere from
14 20 to 30 plus percent depending on the carrier.
15 What we have seen with some of our groups
16 is, with the economy, they may drop under 11 people
17 and say, "I'm not going to offer health insurance.
18 I'll give a stipend." You create people who may use
19 the Connector only when they need to use the
20 Connector plans and jump off of that, creating
21 unintended consequences to the health insurance
22 companies paying for high-cost services, where
23 somebody is on the plan for one, two, three, four,
24 five, six months and then jumping off, creating

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1 losses for the health insurance company, which
2 increases the base rates of the small group
3 employers here.
4 Hopefully there can be some look at
5 enrollment rules for direct-pay people through the
6 Connector that, if you do enroll, you cannot
7 reenroll -- after you drop off, you can't reenroll.
8 I know it's not the best thing, but there needs to
9 be some protection device by putting in those two --
10 merging those two markets.
11 Also -- I've spoken with Timmy Murray on
12 this, and I think we've brought it up before --
13 Massachusetts is one of the most heavily mandated
14 states in the country with health insurance
15 mandates. Many of them are very good, but some of
16 them may not necessarily fit for all clients.
17 I'll give you an example. We handle the
18 priests for the Diocese of Worcester. I have 140
19 priests on a fully insured program. There's not a
20 big need for priests to have unlimited infertility
21 on their plan. I'm not trying to be a smart guy,
22 but here's one of the things. For brokers, there
23 has to be an element of -- you see where I'm coming
24 with this stuff? I always use that one to drive my

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1 point home.
2 There has to be -- with Minimum Creditable
3 Coverage guidelines, you set up core coverage
4 components, which are very important. There should
5 be a number of, okay, mandates that should be
6 considered core, but there also could be some
7 considered non-core that may be able to provide rate
8 relief of anywhere from 2, 3, 4 percent up to 10
9 percent if the account was able to choose from a
10 product suite of some of those mandates. It's got
11 to be at least looked into to help provide a little
12 bit of rate relief. It's a real big-picture thing.
13 Obviously not, with all the filings that have to be
14 done -- I mean, you're looking at 40. You could be
15 looking at ten times that number if you get into
16 something like that. But some of the mandates I
17 think should be looked at, especially in the small
18 group marketplace. Obviously, with the bigger
19 groups, self-insuring, we can get around some of
20 that stuff; but for the small groups who don't have
21 that choice currently, if there is some flexibility
22 in that, I think it would be extremely helpful.
23 The key component about the affordable
24 plan, I think, it at least gets into the provider

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1 reimbursement issue that a lot of people have. When
2 we're looking at, on average, an 11 percent trend,
3 and 70 percent of that trend for the carriers is
4 made up of provider recontracting, there needs to be
5 some element the provider community brought to the
6 table to discuss the disparity of reimbursements
7 that are out there between a community hospital and
8 a teaching hospital.
9 Obviously it's a big problem in this state,
10 with the number of teaching hospitals and the desire
11 of our clients and their employees to use those
12 hospitals, because there is a perception --
13 sometimes it's accurate, sometimes it's not -- that
14 it's better. There's a perception out there that if
15 it costs more, it's better. It just works that way,
16 unfortunately. It may not be reality. At least
17 that can bring the provider community into it and
18 work on coming to a level playing field with
19 provider reimbursements or a more level playing
20 field with that.
21 Again, we feel that insurance carriers, the
22 employer groups, the Division of Insurance and the
23 providers all need to come together with some sort
24 of piece of all of these things to look at

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1 controlling the overall costs, because, again, one
2 of our fears, when health care reform went through,
3 is that a significant portion of it was going to
4 fall onto the small employer groups' backs. And
5 we're seeing that -- yes, you're seeing trends out
6 there for your large groups at 11, but realistically
7 in the small group marketplace, we feel that's
8 approaching more of a 16 to 18 percent trend. So
9 there's your vacuum. And then you add an age or
10 gender change, and then base rate change, and now
11 we're seeing, depending on the size of the group, on
12 average 25 percent. On average 25 percent, some
13 higher. I have one friend, small group broker, her
14 highest was 107 percent increase for small group.
15 And, again, you know, when you're
16 dealing -- if you don't have a broker or you're not
17 dealing with SBSB and you're talking to Blue Cross
18 or one of the carriers directly, those people,
19 they're not going to know what's going on
20 necessarily at the state level, that there could be
21 a capping of rates, and there's a lot of
22 misinformation out to the direct consumer out there,
23 which makes it difficult to understand the whole
24 approach.

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1 And then the number of different plan
2 designs out there, it's crippling to some people.
3 You're going to health-savings-account qualified
4 plans and Blue Cross saying you have to set up
5 something with Wells Fargo. You don't have to set
6 up something, but they leave that impression that
7 they do, which is another stress element to a small
8 group employer.
9 So, again, those are our feelings on that
10 in terms of what we hope you can look at in helping
11 the small businesses throughout the Commonwealth.
12 **COMMISSIONER MURPHY:** Two quick comments
13 and one question, if you don't mind. Two of the
14 issues you raised are addressed or sort of addressed
15 -- I guess one more than the other -- in what the
16 Governor filed that's being heard next week. On the
17 mandated benefits, the Governor proposed a two-year
18 moratorium. Granted it won't affect the existing
19 ones, but sort of moving forward.
20 And then on the issue of the jumpers and
21 dumpers, I guess as people in the business call it,
22 because the penalty isn't significant enough, people
23 go without health insurance, and then when they need
24 a high-cost service, buy a product, use it and then

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1 drop out. The Governor has proposed, in that same
2 legislation, creating an open-enrollment period
3 twice a year to sort of get around that issue, to
4 encourage people to buy insurance and keep it so
5 that that issue would sort of being limited.

6 My question is, when we had the hearings
7 with the insurance carriers, at least one carrier
8 talked about having a limited network product that
9 was 20 percent cheaper than the full network;
10 however, they had some minuscule number of
11 subscribers. As a broker, I would sort of be
12 interested in hearing from you, do you have access
13 to these types of products for your consumers?

14 **MR. POWERS:** That particular carrier -- can
15 I mention them or not?

16 **COMMISSIONER MURPHY:** It's up to you.

17 **MR. POWERS:** If it was my guess, that
18 particular carrier, Tufts Health Plan, went in with
19 their what they call their Select Network. So they
20 favored community hospitals over a full network of
21 Mass. Generals. So if you want Mass. General,
22 you're going to get Mt. Auburn.

23 It is a lower cost product, but what we see
24 in the commercial marketplace when we deal with

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1 clients, just in case, everybody wants access to
2 everything, which, you know... I think I'm starting
3 to see, with the Blue Cross tiered plans and other
4 things -- which are creating some angst in the
5 provider community, because we also handle hospitals
6 as our clients -- I think that is potentially a help
7 to costs down the road in terms of provider
8 recontracting. What it does, trying to explain this
9 to a group, whether it's a group of a couple
10 thousand or a group of 20 employees and maybe their
11 spouses and dependents, it becomes difficult. Some
12 of those, the primary care physicians may be in one
13 tier -- let's put them all in the middle tier, the
14 standard tier -- but if they have admitting
15 privileges to a low-tier hospital, somebody is
16 admitted, an emergency, you know, for an inpatient,
17 and all of a sudden they realize they have a \$2000
18 deductible plus \$1,000 co-pay for that inpatient
19 admission on top of it. Well, we've addressed the
20 premium issue out of the payroll, but it's
21 unaffordable at the point of service for the
22 employee.

23 And that's what we're hearing a lot -- we
24 represent a lot of not-for-profit clients and

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1 for-profit clients -- that people are going paycheck
2 to paycheck. And we deal with business in other
3 states, and deductible plans are no big sweat.
4 Here, it's always been a higher level of benefits,
5 and the pain is, you get to that \$1,000 deductible
6 plan, but you go beyond, and it's like -- it can be
7 backbreaking on that.

8 I do think the tiered, the limited
9 networks, it's kind of a shot back to the original
10 HMO staff model, where the costs were controlled.
11 There is a place for that, but the marketplace isn't
12 there. And the education of the marketplace is
13 going to be difficult, but I think it's going to be
14 a way we have to go back, kind of back to the
15 future, in order to help control costs.

16 **MR. KRONER:** When you're talking about your
17 customers, they don't quite understand --

18 **MR. POWERS:** Yes, it's a tough sell,
19 because -- you know, when you originally came out
20 with HMOs, they were all the tight, core networks.
21 And then employees, employers wanted bigger
22 networks. And now everybody has the big networks,
23 but there's no cost control. I mean, you call your
24 primary care physician -- you don't need to see him

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1 for a referral. You call, hit Line 2, "Tell me
2 where you're going and we'll post the referral for
3 you." So it's almost like just a big PPO network
4 now. "Self refer yourself, we'll give you a
5 referral if they're in the network."

6 Going back to those smaller networks I
7 think does have a place. Now, whether that
8 particular carrier did that strategically to not
9 build up a block of business in what they felt may
10 be an adverse risk market, that's another
11 discussion. I guess it worked for them. I do think
12 those networks will have a place, but it's how fast
13 the marketplace will catch up to it.

14 **COMMISSIONER MURPHY:** Thank you.
15 We have some individuals who signed in and
16 wrote "maybe." So I'll just call them. If you're
17 interested, please come forward. Lana Carlsson-
18 Irwin?

19 **MS. CARLSSON-IRWIN:** I came in late, and I
20 didn't know what the criteria was for being allowed
21 to speak.

22 **COMMISSIONER MURPHY:** I'm sorry again. The
23 room, I know, is less than ideal. It's not for lack
24 of our trying or confirming.

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1 **MS. CARLSSON-IRWIN:** Lana, L-a-n-a,
2 Carlsson, with two s's, dash I-r-w-i-n.
3 My husband and I own a small engineering
4 consulting firm. We have less than 10 employees,
5 including ourselves. And in preparation for this
6 hearing, which is the first one of these that I've
7 come to, I sat down and pulled out the numbers that
8 we have paid for health insurance and dental
9 insurance -- let's not forget dental -- for
10 individual and family since 2000 and 2001. I didn't
11 have it exactly.
12 But basically our health insurance for
13 individuals since 2000 has increased -- it's 187
14 percent of what it was, but for family coverage,
15 it's 334 percent now, this coming year, from what it
16 was in 2001. And our dental for individual has
17 increased over the past decade. It's now 239
18 percent for individual coverage of what it was in
19 2000 and 290 percent for family coverage of what it
20 was in 2000.
21 And in the past ten years -- like, I think,
22 many people here, we've switched carriers, I think,
23 seven or eight times in order to chase a smaller
24 increase. We have instituted deductibles as of

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1 2007. This year we are embarking upon the \$1,000
2 deductible plan, which goes into effect for us March
3 25th. Ask me in a year how we liked it.
4 But we have to -- we feel that we have to
5 do this, because we have to offer coverage in order
6 to be able to attract and retain talented employees.
7 We have a bunch of highly qualified young engineers,
8 and in order to be able to compete with large
9 employers, we have to offer the benefits. And so
10 we've been absorbing the costs.
11 And I have to agree with the lady sitting
12 to my left here that, I do think there should be a
13 place in the market for rewarding positive lifestyle
14 choices. We have been able to keep our premiums,
15 relative to other people that I hear about, from
16 being increased astronomically because we do have a
17 relatively young and relatively very healthy group,
18 but it's really based on the SIC code. So really
19 it's age and SIC code.
20 Nevertheless, we have a healthy group.
21 None of us smokes. We all control our weight.
22 We're all active. And I don't see why, when I'm
23 making those choices and my employees are making
24 those choices, why I should have to subsidize

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1 unhealthy choices that other people are making.
2 Because a lot of these things, after all, they are
3 choices. I used to weigh 25 pounds more than I do,
4 and I made the choice to lose that weight. So I
5 wouldn't want somebody else to have to pay for me if
6 I'm smoking three packs a day. That's not fair.
7 I don't want to repeat everything that
8 everybody else has said, but these rate increases
9 are untenable. And to have to tell an employee of
10 ours who has three -- well, three triplets, that's
11 redundant -- but who has four-year-old,
12 five-year-old triplets, "You've got \$1000, \$2000 now
13 for your family deductible plan," that's a lot of
14 money. And you cross your fingers they don't get
15 sick, but if they do, then you're out.
16 Last year I had two kids that needed wisdom
17 teeth out. My dentist says to me, "Don't get all
18 four out at once, because you won't be able to get
19 coverage. Do two and two." The kids have to go
20 under anesthesia twice, go to the oral surgeon
21 twice. And even then, it's only \$1,000 worth of
22 coverage on the dental side. The oral surgeon
23 charges \$4,000 to take out two teeth. And then the
24 next year it's another \$4,000 to take out the other

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1 two teeth. But there's only \$1,000 worth of
2 coverage, even though we're paying the premiums.
3 And even though the premiums keep going up and up
4 and up and up, it's like, if you need anything more
5 than a couple of cleanings, you end up paying out of
6 pocket. It makes you wonder why do I even have this
7 insurance.
8 **COMMISSIONER MURPHY:** More just curious,
9 you mentioned, I think, you've switched -- the time
10 period you referenced was 2000-2010 -- you switched
11 carriers a couple of times or seven or eight times.
12 **MS. CARLSSON-IRWIN:** Seven or eight times.
13 Almost every year.
14 **COMMISSIONER MURPHY:** Do you go through a
15 broker?
16 **MS. CARLSSON-IRWIN:** Yes.
17 **COMMISSIONER MURPHY:** I was just sort of
18 curious. So you get the renewal, you take your
19 blood pressure medicine, and -- how much time do
20 you, for lack of a better term, waste shopping
21 around -- I know you're going through a broker --
22 but just trying to find a more affordable option?
23 **MS. CARLSSON-IRWIN:** I don't personally
24 spend a lot of time. I assume that's how he earns

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1 his commission; he spends his time doing that.
2 Blue Cross this year gave us the option of
3 staying with them for a 49.5 percent increase, and
4 we said, "Thank you. Good-bye. We'll go somewhere
5 else." We're going back to one of the carriers we
6 had two years ago, because last year Blue Cross had
7 an attractive product.
8 And it's ridiculous to have to play this
9 game. It's a waste of everybody's time. It's a
10 waste of everybody's energy, and it shouldn't be. I
11 mean, if we had a company with 10,000 employees, we
12 wouldn't be playing this game, because we would have
13 clout. And just like everybody else here has said,
14 the small businesses, they stick it to us, because
15 we don't have clout.
16 We're going through SBSB, and we've gone
17 through AIM, and we've gone through groups that try
18 to pool the small employers together in order to
19 develop some clout, but it's still not this equal
20 clout that a Microsoft is going to get or Dell is
21 going to get or somebody like that.
22 And it's not fair. I mean, my health care
23 doesn't cost any more than a person who works for
24 Microsoft. It doesn't cost me -- it shouldn't cost

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1 any more for me to go get blood drawn or get a
2 checkup than for them. And you guys -- you're our
3 employees, and we want you to help us by leveling
4 the playing field.
5 **COMMISSIONER MURPHY:** Thank you.
6 **SENATOR SPILKA:** I just wanted to introduce
7 myself. I'm State Senator Karen Spilka, who
8 represents this district. Thank you for coming here
9 to listen to everybody, and thank everybody for
10 coming.
11 I'm Chair of Economic Development and
12 Emerging Technologies. So some of these issues,
13 particularly how they impact small businesses, are
14 definitely really important to me, both
15 professionally as a legislator and being on the
16 Health Care Finance Committee, and trying to do --
17 we did do a cost containment bill, which I think
18 will help, but it's going to take some years to
19 implement, unfortunately. The Legislature is
20 working closely with the Administration to look at
21 any and all possibilities.
22 My husband also has a small business here
23 in Framingham, nine employees, and I can add my
24 story just as much. I mean, we had Blue Cross Blue

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1 Shield for many years, and we kept on going down in
2 coverage, increasing co-pays, increasing
3 deductibles, like I'm sure all of you that are here.
4 This year we finally said we can't take
5 that increase any more. We switched to another
6 carrier, with -- it saved some money, and -- I mean,
7 it's just something that I think everybody ends up
8 doing.
9 And you do spend a lot of time. We don't
10 have a broker. So I end up going through the
11 different programs. I'm a lawyer, and I still feel
12 like I'm looking at Greek when I look at all of the
13 health care plans. You walk away thinking, you
14 know, your mind is mud -- I mean, that's the best
15 way I can describe it -- because of all the
16 different plans, what you get out and what you don't
17 get out and how it changes and what you actually
18 save and is it worth it. And yet you do want to
19 keep the employees that you have, because they're
20 very valuable employees.
21 So it's really hard. I do understand that
22 aspect of it. I heard the testimony from some of
23 you folks before, as well. So I can understand that
24 and just say that this is something that is really

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1 important to me personally, to the Legislature, and
2 to the Administration. So hopefully you will see
3 some movement on this soon, both short term and long
4 term. Thank you.
5 **COMMISSIONER MURPHY:** Thank you, Senator.
6 We have another individual who signed
7 "maybe." So Pete Linn?
8 **MR. LINN:** I just had a question, actually,
9 that's geared more towards the Legislature. The
10 insurance situation is completely out of control.
11 My premiums were going to go up 46 percent last
12 fall, and I had to step down to a lower level plan.
13 But I began to wonder about what the
14 chances are of undoing this mandate in Massachusetts
15 that you have to have health insurance, because all
16 it appears to be doing, after about four years in a
17 row of more than double-digit increases in my
18 program, all the mandate appears to be doing is
19 subsidizing the insurance companies.
20 And what this gentleman addressed about the
21 insurance companies now jacking their base so that
22 they can get them all enrolled at minimal care
23 levels -- it's a subsidy program.
24 I'm at a point where not only am I going to

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1 lose the health insurance I've got, it's going to be
2 cheaper for me to self-insure, because I'm a healthy
3 individual. And if I have to pay a fine of 2
4 percent or 3 percent or something, that's going to
5 be so much cheaper than trying to pay \$700 or \$800
6 worth of insurance a month. And a family plan -- as
7 an individual, Blue Cross Blue Shield was suggesting
8 that a family plan would be \$2,000 a month for me.
9 And I looked at that number, and I looked at the
10 mortgage payment on my house of \$1700, and I think,
11 how in the world could people suggest that health
12 insurance cost more than the mortgage on the average
13 house around here? I can't understand how that's
14 being completely ignored and people seem oblivious
15 to that.

16 **MR. KRONER:** How many employees does your
17 business have?

18 **MR. LINN:** I'm a sole employee now. I
19 can't take on employees. I can only use contract
20 labor.

21 **MR. PEREZ:** Yep.

22 **COMMISSIONER MURPHY:** Thank you.
23 Cindy Sarcione.

24 **MS. SARCIONE:** My name is Cindy Sarcione.

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1 I'm here because I got an e-mail, and I'm very
2 concerned about the health care costs.

3 We have our insurance through SBSB. Back
4 in 2002, we were paying \$750 a month. And we've
5 also done the same route as many of you. We've
6 switched Blue Cross, Tufts, Harvard, we've dropped
7 prescription coverage at one point, just going back
8 and forth to try to get a better plan for a lower
9 cost.

10 This year when we get our bill, it's going
11 to be \$1,663. That's with a Tufts plan. So
12 honestly, we're just very concerned. When you
13 compare it with your mortgage, I just don't know how
14 the insurance companies -- the prices can be so
15 high.

16 I did recently have a family member that
17 went into the Milford Hospital recently. I was just
18 going through the paperwork, and one of the items I
19 noticed on the bill, they charged \$95 for a Tylenol.
20 So I was just shocked at that. Now, I don't know if
21 insurance companies look through these bills that
22 they get. You know, maybe there needs to be better
23 controls on the claims that they're paying.

24 I'm just here because of the cost. I'm

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1 very concerned. My husband and I are both
2 self-employed. He's a salesman, and I do home
3 interiors. We don't have any employees. So it's
4 just us two. We have three children.

5 **COMMISSIONER MURPHY:** Thank you.
6 Marcia Coakley.

7 **MS. COAKLEY:** Well, I will just repeat
8 exactly what the last two people said, so I don't
9 think I need to say anything further. But I would
10 like to make sure you hear it clearly.

11 **COMMISSIONER MURPHY:** Thank you. And I
12 guess, to Senator Spilka's comment -- I didn't say
13 it at the outset -- I do appreciate everyone coming
14 out. I know it's difficult to get here, especially
15 when many of you are worried about sort of keeping
16 your doors open and keeping your business going. So
17 I didn't say that at the outset, but I do appreciate
18 your coming.

19 Michael Nute? (No response)
20 This is a maybe. Deborah Todd? (No
21 response)
22 Moving right along. Another "maybe," Nancy
23 Quinby?

24 **MS. QUINBY:** I run a 501(c)(3) nonprofit.

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1 Like everybody else, we've gone from one to another
2 to try to keep the rates low.

3 This past year we had Blue Cross. We just
4 got the new rates. They've been actually telling me
5 for a couple of years, if we ever leave the plan we
6 have, we cannot go back to it. It's expensive, but
7 it's a cautionary tale we've gotten.

8 This year the rate on that is going up 29
9 percent. And, again, if you leave it, you can't go
10 back. And it's a good plan, so... The next best
11 plan is 9 point something percent. So that's the
12 bargain.

13 Because we don't pay a lot, we completely
14 pay for the policy for our employees. So we're
15 carrying all the costs, and it's just incredibly
16 expensive. We're stuck. There's nothing we can do
17 about it.

18 I don't have really anything new to say.
19 It's just that we're not making any money. We're
20 just losing more money. And it's going to get to
21 the point -- actually what we do is, we promote
22 literacy and teaching kids how to read. What's
23 going to happen is, we're going to be able to give
24 fewer and fewer free services. And I very clearly

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1 see that we're going to be slowly going out of
2 business, because we can't pay, with everything else
3 going up, the electricity and the gas and everything
4 else. Then you add people going from 10 to a 30
5 percent increase in your health insurance, it
6 doesn't take a lot of figuring to know that you
7 can't last. So that's just the nonprofit side.

8 **MR. KRONER:** How many employees do you
9 have?

10 **MS. QUINBY:** We have a lot of hourly
11 tutors. So we have, like, 52, but we only have 9
12 full-time people, and those are the people who have
13 health insurance.

14 **MR. KRONER:** Where is your business
15 located?

16 **MS. QUINBY:** Needham.

17 **COMMISSIONER MURPHY:** Thank you.
18 That concludes the list of individuals who
19 signed up. Is there anyone else who would like to
20 come forward and speak today?

21 **MS. CHERNOFF:** I have two questions. The
22 30-day review that you're doing, is that just on
23 insurers who are licensed in this state, or does
24 that cover the national payers too, like the Cignas

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1 and the Uniteds?

2 **COMMISSIONER MURPHY:** That gets a little
3 confusing. So small group, we've merged the small
4 group and individual markets. That's about 800,000
5 covered lives. Under existing authority, we have
6 oversight of about 93 percent of that market, and
7 that's the HMOs, Blue Cross Blue Shield. The large
8 out-of-state that are sort of smaller, the Governor
9 filed in that package legislation to cover them as
10 well. But we're using the existing authority we
11 have to a full extent to cover about 93 percent of
12 that market, the small group market.

13 **MS. CHERNOFF:** I'm trying -- so the answer
14 is, yes? Like, if we were going through, say, Cigna
15 or United or --

16 **COMMISSIONER MURPHY:** Depending on what
17 product, if it's an HMO product, it's covered under
18 the regs.

19 **MS. CHERNOFF:** It is.

20 **COMMISSIONER MURPHY:** The commercial
21 products are not covered under that.

22 **MS. CHERNOFF:** Okay. My other question is,
23 there's been a lot of discussion in the room about
24 the essential clout of large employers versus small

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1 employers. I'm assuming that you have this
2 information, given who you are and what you do, but
3 when you look at the state of Massachusetts, do you
4 have any sense of how many covered lives are there
5 under large group plans versus how many covered
6 lives are there under small and mid-sized plans? Do
7 you know what that number is?

8 **COMMISSIONER MURPHY:** I don't have that
9 number with me, but we do have that.

10 **MS. CHERNOFF:** I would be curious to know
11 what those numbers are, if you're able to get that.

12 **COMMISSIONER MURPHY:** I can take your
13 e-mail.

14 **MS. CHERNOFF:** I would love that. Because
15 I think, you know, when you look just regionally and
16 nationally, people don't realize, yes, there are a
17 lot of big employers around, but small employers are
18 really the backbone of this country. And the
19 numbers are really quite huge, but we have no way to
20 necessarily quantify that in this situation. I have
21 no idea what the covered lives are for small and
22 mid-sized businesses in the state -- I would be
23 curious to know -- versus large.

24 **COMMISSIONER MURPHY:** I would be happy

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1 to -- and to your point about small business being
2 the backbone, the Governor recognizes, I think,
3 consistently we've heard coming out of any economic
4 downturn, the first place where there's job creation
5 is small business and entrepreneurship. It's not in
6 the large business sector. Your point is well
7 taken.

8 **MS. WHELAN:** Christine Whelan again. As I
9 said, mine is going to be \$25,000 a year starting
10 April 1st. No dental. One child. And we talked a
11 little bit about lifestyle being an issue. My
12 husband and I wonder why we're paying the same
13 family plan somebody pays with six kids with asthma
14 and every other damn thing. That's an issue for me.
15 I get very upset about that.

16 I was listening to the gentleman in front
17 of me from one of the insurance brokers, I think,
18 talking about -- I happen to have Tufts, and because
19 it went up so much, as I said, 39 percent a year ago
20 and now another 15 percent -- and to the gentleman
21 in the back -- the reason I got from Tufts was that
22 my husband turned 55 and, again, the area that we
23 lived in, where we've always lived.

24 So, again, from 2006, \$1,184, 2010 \$2,143.

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1 This is the e-mail we got (indicating). This is
2 what we got from them to tell us, an e-mail.
3 So I'm looking at those select programs. I
4 was looking at them myself, because I'm, you know,
5 desperate to get out of this thing, because, as all
6 self-employed people know, it takes more than -- you
7 have to make a lot more than 25 to pay 25. So you
8 probably have to make 30 at least to get paid 25.
9 I'm in the tax business, by the way. I'm
10 here on a very busy day for me. I have a lot of
11 small business clients. And that's another reason
12 why I'm here, because I hear it all the time. And
13 that backbone thing just freaks me out, again,
14 because they're losing their businesses. So they're
15 not the backbone. It's a nice thing to say -- I
16 love it, it sounds good -- but it ain't true.
17 All these small landscaping people -- I
18 know the gentleman is talking about the contract
19 labor you have to have. Well, you know, that's a
20 big issue with the State of Massachusetts. What's
21 contract labor? Who is an employee? Who is not?
22 They want everyone an employee, because they want
23 that unemployment insurance, and then you're
24 mandated to have that health insurance.

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1 Where is this issue? Who is helping this
2 back stay straight? Who is helping this? Nobody.
3 And listening to Karen Spilka, "It's going
4 to take years," well, mine just went up 39 and then
5 15, which, as I said, is a 60 percent increase in a
6 couple of years, and couple more years it should be
7 150 percent.
8 The HMO Select, yes, you can get it for a
9 lot less. I don't know which one he's talking
10 about. There are, like, five. Some of them are
11 still \$2,000, \$2,100, \$1,655. You have to go to
12 small hospitals. If you've had the same doctor for
13 20 years, you can't have that doctor. I'm 57. I
14 don't really want to do all of that right now. I've
15 had the same doctor for a long time, the same
16 gynecologist and the same primary care. I really
17 don't want to do that, but I'm going to be forced to
18 do that. That's it.
19 **COMMISSIONER MURPHY:** Thank you.
20 **MS. ANASTAS:** Robin Anastas. The plans
21 that you're talking about are the HMO Option V3
22 plans that they just put out. And how they work --
23 it is definitely something to look at as a broker.
24 It's actually three levels of coverage.

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1 So what's going to happen is, if the
2 majority of your -- let me use Worcester. If the
3 majority of your doctors are in Worcester, you're
4 going to be in the middle, the enhanced plan, paying
5 these co-pays, these deductibles. But if you choose
6 to go into a Boston hospital, to go to Mass.
7 General, then you're going to have a deductible and
8 a higher co-pay.
9 **MS. WHELAN:** So what's the point?
10 **MS. ANASTAS:** It's just giving you options.
11 You can either --
12 **MS. WHELAN:** Not really. The option is,
13 change everything at 57, or take this cheaper plan,
14 and then when I go to the doctor I want to go to,
15 pay more. And I'm right back there. What option is
16 that? Not a good one.
17 **MR. KRONER:** If I could ask you a question
18 on that issue. I mean, at what savings level does
19 that switch become palatable to you?
20 **MS. WHELAN:** Unfortunately, this always
21 comes right now at this time of year, and again --
22 the other point is, I work seven days a week. There
23 is no more time. I don't get the chance to really,
24 really do a nice worksheet on this.

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1 **MR. KRONER:** No, no. I guess -- let me be
2 a little more specific in my question. If you had a
3 plan where you could do either or, but if by
4 choosing a different doctor or community hospital,
5 what you actually have to pay out of pocket is 30
6 percent less or 40 percent less, at what point does
7 it trip a switch in your head that "That's enough
8 money that I'm willing to make that switch to a
9 community hospital"?
10 **MS. WHELAN:** How much savings would I need
11 over the \$25,000 premium --
12 **MR. KRONER:** No, over the other tier with
13 the same \$2000 deductible.
14 **MS. WHELAN:** I was just looking for that,
15 because it's not really just the \$2000 deductibles.
16 It's all kinds of other payments. I have the whole
17 thing in here.
18 I really don't know, because, again, I
19 mean, at 57, I don't want to change my doctor. I
20 really don't want to change. And should I have to?
21 I've been paying a fortune for years and hardly used
22 it at all. Really, most of what they've gotten from
23 me and my husband has been profit. Very rare, very
24 small issues, thank God. My son has never even had

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1 an antibiotic. He's 21 years old. So it's been
2 pure profit, as far as I'm concerned.

3 I don't know. I don't know what the
4 breaking point would be for me.

5 **MS. COAKLEY:** I got a select plan. I live
6 in Medway, and my doctor is out in the boonies, and
7 I would be using a community hospital in Milford,
8 theoretically. But he's not in the plan. I would
9 have to change. And there aren't any doctors taking
10 new patients in my area.

11 **MS. ANASTAS:** There's a very tight provider
12 network.

13 **COMMISSIONER MURPHY:** Celia, did you want
14 to --

15 **MS. WASLO:** I just wanted -- there was
16 someone earlier saying that in the small group
17 market, people were rated by gender. I think that's
18 illegal.

19 **MS. ANASTAS:** There are 15 different
20 components that are set.

21 **MS. WASLO:** Is gender one of the ratings?

22 **MS. ANASTAS:** Yes.

23 **COMMISSIONER MURPHY:** Yes, one of the
24 components is...

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1 **MS. CHERNOFF:** I can attest, we have a lot
2 of young women employees, and because of the issue
3 of --

4 **MS. ANASTAS:** -- mandated infertility --

5 **MS. CHERNOFF:** -- pregnancies and being
6 high risk --

7 **MR. LINN:** Are you saying that you can
8 gender rate small group in Massachusetts, 1 to 50
9 lives?

10 **COMMISSIONER MURPHY:** Could we just try
11 to -- is there anyone else who wants to speak who
12 wants to come forward and testify?

13 **MS. McEVOY-ZDONCZYK:** I just wanted -- my
14 name is Kate McEvoy-Zdonczyk, and I work for the
15 Fallon Community Health Plan. I did want to just
16 guide everyone to the Attorney General's recent
17 report about what is really driving health care
18 costs. I have a copy right here, which I just asked
19 my colleague Eric Linzer for. I want to give it to
20 you. I think you'll find a lot in here.

21 That's the smaller document on the top, and
22 then the next thing is the DHCFP report on the same
23 thing. Both reports do say that it is hospital
24 costs that are driving all of our costs. It's like

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1 being a manufacturer; when your raw material costs
2 go up year over year over year, you squeeze your
3 margins and you squeeze your admin and whatnot and
4 now -- the insurers in Mass. on average have a 1
5 percent margin, typically lower. I mean, three
6 plans are operating in the black, including my plan,
7 this past year. And the other side, the admin, is
8 less than 5 percent.

9 So I did just want to share this with you.

10 If anyone is looking for more good information on
11 that, it is available on the Attorney General's
12 website, and also on DHCFP, which is Department of
13 Health Care Finance and Policy. So, you looked like
14 you would like to read this.

15 **MR. PEREZ:** I do. But I have a question.
16 I mean, so when speaking to the representative and
17 saying, "Okay, fine, so I'm going to pay you 38
18 percent more. When I review the reimbursements, I'm
19 going to see that in there?" "Well, no, no, no. It
20 isn't that simple" --

21 **MS. McEVOY-ZDONCZYK:** It's aggregate for
22 the whole market and how people utilize --

23 **MR. PEREZ:** So of course it's aggregate.
24 But the thing is, you've heard other people say,

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1 "Gee" -- and I'm paraphrasing. This is insurance.
2 You're pooling different people's risks, okay? And,
3 sure, you've got your 15 different characteristics
4 and so on and so forth, but if you're pooling risks,
5 then you're part of a group, okay? So of course
6 it's never going to be exact. But if I see that
7 they're reimbursing my doctor, instead of \$90 -- I
8 say, "Gee, am I going to see that go up to \$130 or
9 \$135?" and then I take a look at it, and I see
10 they're reimbursing him \$100 next time.

11 **MS. McEVOY-ZDONCZYK:** Well, it might not be
12 your doctor. It might have been her doctor in a
13 more expensive teaching hospital. It's an average.
14 It's how people who use the system --

15 **MR. PEREZ:** So you see how cloudy that is.
16 There's no --

17 **MS. McEVOY-ZDONCZYK:** I get you. Trust me,
18 I get you. My premiums just went up too. I just
19 wanted to share this. I'm not testifying really.

20 **MR. PEREZ:** And I don't know if you
21 consider this to be a side discussion that's taking
22 place, but I think it's important.

23 You know, this whole national scene where
24 WellPoint is speaking to Congressional committees

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1 and so on, and they basically end up saying, "We're
2 going to do what we want. So, yeah, you whipped us
3 and you tried to shame us, but we're going to do
4 what we want," well, the California Attorney General
5 is now subpoenaing their financial records.
6 **MS. McEVOY-ZDONCZYK:** They should. Ours --
7 I mean, we have more transparency and more
8 regulation in this state around insurance. We have
9 the best health plans in the entire nation.
10 Part of that -- I mean, so what you need to
11 understand is, all insurance companies are not
12 created equal. And here in Massachusetts, it's a
13 very, very, very different story than it is in
14 California or New York or Florida or anywhere else.
15 So I'm not -- I feel -- I'm not trying
16 to -- I just wanted to share that with you, because
17 it really is good information, and I do think, as an
18 active, engaged consumer, which you are, you really
19 do have to see the other half of the story. This is
20 public data that the State convened, you know,
21 research, and it's very, very valuable and helpful,
22 I believe.
23 **MR. PEREZ:** But are you saying that it
24 justifies the entire scene, that basically this is

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1 just what it is, and they're going to go through the
2 exercise and they're going to --
3 Maybe -- I would like to hear what the
4 Commissioner has to say about that. Is that what
5 this is going to be? It's just an exercise; you're
6 going to look at it and you're going to say, "They
7 say that they're paying more," so you're going to
8 approve everything, because that's just the way it
9 is?
10 **COMMISSIONER MURPHY:** I think you've heard
11 what I said. They just filed. We're reviewing all
12 that data. You've heard the Governor say that he
13 wants us to aggressively challenge anything over
14 medical -- significantly over medical CPI, and
15 we'll-- it's a little premature. I haven't seen --
16 **MR. PEREZ:** Of course not.
17 So you're stepping along to the conclusion
18 of this, which is --
19 **MS. McEVOY-ZDONCZYK:** All I'm doing is
20 handing you some data and research that's available
21 to everyone so that you can look through it. It's
22 very good information. It's consistent along two
23 different independent bodies that took a look at the
24 same set of data to try and solve a problem, a

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1 problem that we're all facing. I mean, we're all
2 facing this. We all pay premiums. It's crippling.
3 So I just wanted to share that information.
4 That's really all I'm saying.
5 **MR. PEREZ:** I'll look at it. So my concern
6 is, and I'll shut up after this, and that is that,
7 okay, we're all getting a good feeling here because
8 we're sharing information, you're asking for
9 input -- clearly you're concerned -- and you're also
10 following your boss's order which is, you know, put
11 your foot down.
12 But if this is just going to -- just to
13 follow the trajectory of this, if they're just going
14 to essentially provide you with information that
15 says, Well, the costs went up and this is what we
16 say, you're trusting their numbers, okay? And maybe
17 when you average in all premiums and all costs, it
18 works out that way. But as other people said, guess
19 what? IBM cut a better deal. They got a 5 percent
20 increase last year. And the rest of us who don't
21 really have any might and don't have bargaining
22 committees and don't have 100,000 employees, well,
23 guess what? We're going to help pay their costs.
24 And if that's what it comes down to and

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1 they get their premiums increased because of that,
2 then, I mean, we just might all be screwed, and we
3 just might be getting a comfortable feeling getting
4 it off our chests right now. So that's a real
5 concern that I have, based on what you're saying.
6 I'm not rejecting it, I'm --
7 **COMMISSIONER MURPHY:** Can we just try to
8 bring it back? I do appreciate that side
9 conversations are also important, but I want to go
10 to someone who hasn't spoken yet and try to wrap up
11 the hearing, and we can stick around and talk after.
12 Mr. Linzer.
13 Actually, before that, to answer, Celia,
14 your question, gender is not allowed. It was
15 allowed until '97. It's not allowed. I was
16 tripping up on -- last year we did the gender-based
17 annuity piece. So just to clarify.
18 **MS. WASLO:** That's what I was wondering.
19 **MR. LINZER:** Commissioner, I appreciate the
20 opportunity to testify. For the record, my name is
21 Eric Linzer. I'm the Senior Vice President for
22 Public Affairs for the Massachusetts Association of
23 Health Plans. We're a nonprofit trade organization
24 that represents 11 of the state's insurers here in

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1 Massachusetts.
2 We hear you. We understand that small
3 businesses are frustrated and beyond frustrated in
4 terms of the cost of health care. As Kate
5 mentioned, I think it's really important for folks
6 to take a look at that Attorney General's report.
7 It emphasizes where the bulk of the premium dollar
8 goes. 90 percent of the premium dollar goes to pay
9 for medical services.
10 And what's been driving those costs have
11 been, as outlined by the Attorney General and the
12 State's Division of Health Care Finance and Policy,
13 has been the market clout of certain providers and
14 the prices that they charge. So when those prices
15 go up, premiums go up, because health care costs and
16 premiums are inextricably linked.
17 Again, I would urge folks to take a look at
18 those reports. I would urge folks to show up at the
19 hearings that the State's Division of Health Care
20 Finance and Policy will be having in the coming
21 weeks. But at the same time, I hear what you're
22 saying, that we need to have more than -- we need to
23 have proposals out there.
24 The Governor has outlined a very

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1 significant and serious proposal. Likewise, a year
2 ago, as folks may recall, the Governor called folks
3 who represent health care interests into his
4 office -- CEOs of major health plans, executives
5 from the major hospitals, physician
6 representatives -- and he said, "We need to do
7 something about health care costs. I expect you all
8 to go out and think of ways to fix this, because if
9 we don't, we're going to have some real problems in
10 terms of making the economy work again."
11 And we took the Governor's call very
12 seriously. Our member health plans came together
13 and worked with legislators to come up with a
14 comprehensive proposal that would at least provide a
15 more affordable product to folks in the small group
16 market.
17 We call it the Affordable Health Plan. It
18 has three basic components. First, it sets a
19 product equivalent to the Commonwealth Choice
20 Connector Bronze-level product. Second, it limits
21 the reimbursements that providers can charge for
22 services for that one particular product to no more
23 than 10 percent above what the federal Medicare
24 program pays. And third, it limits profits for

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1 health insurers to no more than 2 percent in the
2 entire small group market, so that folks who choose
3 not to purchase this product do not somehow end up
4 subsidizing the costs for these individuals. And
5 again, we've heard that as a concern.
6 Now, we know it's not a perfect proposal.
7 We know it's not a perfect solution. Not all folks
8 like what this product would be, because it is built
9 off the Connector Bronze product, which does have a
10 high deductible to it. So folks aren't wild about
11 it.
12 But as we've gone out talking with brokers,
13 talking with intermediaries, talking with small
14 businesses, we understand that folks are not moving
15 to the high-deductible products with open arms
16 because they love these things; they're doing it
17 because it's the last best chance they have to be
18 able to offer something that meets the State's
19 minimum creditable coverage requirement and for
20 individual's to be compliant with the State's
21 individual mandate.
22 Now, that being said, we understand what's
23 going to happen, whether it's at this renewal or
24 later this year or into next year, that if costs

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1 continue to go up and folks have already bought down
2 to the Bronze level product in either the individual
3 or through a small business, that folks are going to
4 be stuck with a difficult choice of having a high-
5 deductible health plan plus a 15 or 20 percent rate
6 increase.
7 What this does is, it demonstrates that if
8 you address the rates that providers charge, you can
9 generate savings for small businesses.
10 Now, currently, if you were to go onto the
11 Connector's website -- we did this last month for
12 this month's rates -- on average, a 30-year-old
13 single, living in the Framingham area, would pay
14 roughly \$255 for coverage. Keep in mind, this is
15 just the Connector Bronze product. It has a
16 deductible attached to it.
17 **MS. BENSON:** What is the deductible?
18 **MR. LINZER:** The deductible will range --
19 for an individual, it's \$2,000. For a family, it's
20 \$4,000. So, again, we understand --
21 **MS. BENSON:** And what's out-of-pocket?
22 **MR. LINZER:** The maximum out-of-pocket
23 under the minimum creditable coverage is \$5,000 for
24 an individual and \$10,000 for a family.

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1 **MS. BENSON:** So out-of-pocket, how are
2 those people going to afford it?
3 **MR. LINZER:** Well, again, I think if you
4 think about it this way -- again, we understand it's
5 not perfect --
6 **MS. BENSON:** Those people are ending up in
7 the emergency rooms now, because they can't afford
8 the deductible. They have health insurance, but
9 they can't afford it. It's a big issue. It's a big
10 part of the national health care debate.
11 **MR. LINZER:** And I understand what your
12 concerns are. But --
13 **MS. BENSON:** Well, I --
14 **MR. LINZER:** We can have this back-
15 and-forth, but if you'll allow me to just explain
16 where we're coming from, this --
17 **MS. BENSON:** All right. Well, just say
18 what these deductibles and out-of-pockets are.
19 **MR. LINZER:** That's fine. This is all
20 public --
21 **MS. BENSON:** That's the true and total
22 cost.
23 **MR. LINZER:** I understand, and we've been
24 very clear at these other hearings that it does

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1 include a deductible.
2 It's not a perfect solution, but it does
3 address a couple of things. One, for those
4 individuals in a product like this right now, giving
5 them some rate relief could range anywhere from \$670
6 per year to a family of up to \$2,500.
7 So what does that mean in terms of small
8 businesses? It means --
9 **MS. BENSON:** As long as they don't have to
10 go to the doctor.
11 **MR. LINZER:** Hold on. I understand, but
12 this is --
13 **MS. BENSON:** No. I'm serious.
14 **MR. LINZER:** And I'm serious as well. We
15 recognize that this is off the premium. We still
16 understand that there are out-of-pocket costs that
17 come with it. And the Connector, as part of the
18 requirement for having a high-deductible plan, does
19 require a health savings account.
20 But the issue is, whether -- if you're an
21 employer, and you don't offer coverage, you're going
22 to be on the hook through either the Fair Share
23 assessment or the rider assessment. And the piece
24 here is that, if you're a small business, with a mix

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1 of individuals between the ages -- some in their
2 30s, some in their 40s, some on individual coverage,
3 some on family coverage, the average rate that you
4 may pay for that -- for a person in that company may
5 be about \$525 per individual. Now, if you cut the
6 premium by 22 percent, that's \$115 per individual
7 savings which, annualized out, comes out to about
8 \$55,000.
9 Now, if the conversation here is about
10 small businesses, what that does is, it provides
11 that small employer with the ability to perhaps fund
12 a portion of the deductible or to be able to provide
13 raises, add employees, things that are necessary to
14 get the economy moving.
15 Now, this proposal is short term. It would
16 sunset after three years, because we recognize that
17 hopefully by then the economy will be moving, the
18 State will be in the direction of implementing
19 payment reform, and the expectation is that will
20 generate some savings.
21 But those longer-term solutions are going
22 to take anywhere between three and five years. We
23 understand that small businesses can't wait that
24 long, which is why they need at least some

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1 short-term relief, albeit -- it may not be a perfect
2 solution, but something that gives small businesses
3 something to be able to offer in the event that
4 they're already at the level reached in terms of
5 minimum creditable coverage.
6 And, Eileen, in terms of your point earlier
7 about the cost difference between what you can get
8 versus what the big city hospitals may charge for
9 services, this levels the playing field. If all
10 providers have to take -- can charge no more than 10
11 percent above Medicare, that not only gives you a
12 break in terms of your insurance, but it also gives
13 you a break in terms of folks being able to charge
14 higher rates than what you have.
15 So, again, I understand this is not
16 perfect, but at the same time, this is one of the
17 few solutions we feel that's out there that would
18 provide small employers with a significant reduction
19 in their premiums and give them at least some
20 additional money to figure out how best to provide
21 either insurance to their employees, raises, hiring
22 new staff, capital investments.
23 It took us a long time to get to the
24 situation where we are in health care. It's going

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1 to take us some time to dig ourselves out. But in
2 the meantime, we think there need to be at least
3 some short-term options for small businesses.

4 I appreciate the opportunity.

5 **COMMISSIONER MURPHY:** Could we sort of go
6 back to the hearing. I don't know, Mr. Linzer, if
7 you want to stick around?

8 **MR. LINZER:** I'll stick around. I don't
9 want to highjack your hearing, so I'll be happy to
10 stick around.

11 **COMMISSIONER MURPHY:** Representative, do
12 you want to say --

13 **REPRESENTATIVE RICHARDSON:** I realize I'm
14 sitting in the "Reserved for Comment" section. I
15 don't know what has been said so far. I did testify
16 -- you did have a hearing out in Worcester about six
17 weeks ago or something. I obviously had a lot of
18 concerns then. I have a lot of small businesses in
19 my district.

20 I'm Representative Pam Richardson,
21 Framingham. This college is located in Framingham,
22 just a little bit outside of what is technically my
23 district. But all you have to do is drive through
24 downtown Framingham or drive down Route 9 and you

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1 see the number of small businesses that are the life
2 of the town, they're struggling right now with the
3 health insurance costs.

4 It's not fair that the large companies are
5 allowed to participate in sort of a group plan and
6 realize the economy of scale and savings in the
7 economy of scale that the small businesses are not
8 able to participate in.

9 This impacts them on so many different
10 levels, including competing for employees. This is
11 something that hadn't even really crossed my mind,
12 that the type of plan that you can provide for your
13 employees can be a factor in luring good employees.
14 You're actually competing with the big businesses,
15 and they're able to provide a better plan. That
16 doesn't present a level playing field.

17 But I'm happy that you're here in
18 Framingham, because obviously there's a huge concern
19 out here. And I think that will be enough for my
20 comments for now, but I will stay and listen for the
21 rest of the hearing. Thank you. I'll move out of
22 this seat that's reserved for comment.

23 **COMMISSIONER MURPHY:** Is there anyone else
24 who wants to come forward and speak? For questions,

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1 I'm happy to stick around. We just want to sort of
2 close out those who haven't --

3 **MS. BAKER:** I don't think my name is on the
4 list. I didn't know there was one going around.

5 My name is Maureen Baker. I'm an employee
6 benefits broker. The name of my firm is Benefit
7 Services, and we're in Wellesley. I have been there
8 for 24 years, so I've seen a lot happen over these
9 years.

10 One of the things I would like to address
11 is, just to make it a little bit more
12 understandable, to the question of the large IBMs of
13 the world or whatever having better rates, I can
14 probably guess very well that IBM is paying an
15 administrative fee, whether they are with Blue Cross
16 or Cigna or Aetna, and they're paying their claims
17 fully. So their claims -- they're based on how sick
18 or how well their group is. So they're paying just
19 for someone to adjudicate the claims. Where you
20 want to compare yourself to, being a 1-, 2-,
21 9-person group, 15-person group, is the groups over
22 50, the middle market.

23 I think back in 2007 the big mistake was
24 merging the small group market and the individual

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1 market and not including the middle market. I even
2 feel that the self-insured market here in
3 Massachusetts -- if you're a Massachusetts company
4 and supplying group benefits to your employees,
5 somehow, some way that should have all been blended
6 and it wouldn't have killed the small group market.

7 I think we need to do what the Governor is
8 suggesting, a quick fix, because companies are going
9 out of business, employees are being laid off,
10 prices of those products or whatever are going up
11 because they're a small group. I think a quick fix,
12 but then a look at how the market is being blended
13 with the individual market.

14 Back in July of 2007 there was an automatic
15 rate increase for the small group market. They got
16 their renewals. There was a trend, whether it went
17 up or down, based on what the insurance companies
18 were doing for the small market. And they instantly
19 got about a 7 percent rate increase because of that
20 blending.

21 The individual market came down. So that
22 was great for individuals trying to get insurance.
23 And that was the idea, that we have to get everyone
24 insured. So we needed to bring that individual rate

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1 down. But it also brought up the under-50 market.
2 It didn't affect the middle market. It didn't
3 affect the groups 50 plus. I find that not to be
4 correct.
5 The other thing is -- I have so many
6 different notes. I'm going to try and make this
7 quick. The Connector. My understanding of the law
8 was to get people insured. The Connector getting
9 involved with the group market, is that an
10 efficient, cost-effective means of helping the small
11 group market? Has the State, the Connector, become
12 a brokerage agency? Do they have to follow the
13 rules of the brokerage agency? And -- I am on the
14 Connector Advisory Board.
15 **COMMISSIONER MURPHY:** Broker Advisory
16 Council?
17 **MS. BAKER:** Yes. And from my
18 understanding, they sold 85 cases, most of them
19 being small. So for transparency, how much money
20 does it cost the State to run the Connector to work
21 on small group -- leave the individual market out.
22 So how much does it cost taxpayers to do that, and
23 how much revenue is the State bringing in to offset
24 that? I can probably guess. It's costing taxpayers

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1 a lot of money to --
2 **MS. WASLO:** Actually, it's not.
3 **MS. BAKER:** Who pays for it?
4 **MS. WASLO:** Its fees are off the people who
5 buy insurance.
6 **MS. BAKER:** But how many people do you hire
7 in the Connector to answer the phones, to do the
8 paperwork, to do whatever? Other than probably
9 people doing projects like this (indicating Mr.
10 Linzer's chart), would it be more efficient to set
11 up something -- because the insurance companies all
12 have to participate on this group level, would it be
13 more efficient to deal directly with insurance
14 companies and have brokers work -- either you could
15 still work with your Tufts rep, Blue Cross rep, or
16 whatever, or a broker that would explain that the
17 plan you were looking at, the way it's going to work
18 is with a health savings account, and the employer
19 doesn't have to pay or put money in, different
20 things like this?
21 I don't feel the Connector working in the
22 group market is an efficient, cost-effective means.
23 I think they interpreted the law, because they were
24 trying to make up -- they didn't expect the influx

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1 of people that they had to cover. And the State
2 didn't expect, you know -- depending on if they go
3 in the Care plan, the State could be picking up 100
4 percent or a certain percent based on their income
5 level.
6 And I think that's part of the reason Blue
7 Cross -- the rate increases from October to January
8 on average were 48 percent for my small groups. I
9 moved 75 percent of those groups either -- in this
10 case, most of it to Harvard and some to Fallon and
11 Tufts. Blue Cross is not participating in this new
12 product line that was just announced for April 1st.
13 **MS. ANASTAS:** Business Express.
14 **COMMISSIONER MURPHY:** Through the SBSB,
15 right.
16 **MS. BAKER:** So I think they're getting out
17 of the small group market, or at least for a short
18 period, because they've got most of the people in
19 the Choice plan.
20 So I think it should be a transparent thing
21 about how much the Connector is costing to do small
22 group and what the benefit is, because all of this
23 could be done directly with the carriers. And I
24 think, because Blue Cross seems to be, in my

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1 opinion, getting out of small group, how is that
2 going to affect Harvard, Tufts, Fallon and the
3 Neighborhood Health Plan? Blue Cross is the big
4 dog. They could be making it now that those
5 carriers, their rates are going to go sky high,
6 because they're taking on the poor risk pool.
7 That's all I have to say.
8 **COMMISSIONER MURPHY:** Thank you.
9 **MS. BIOCCHI:** Good afternoon, Commissioner
10 Murphy and distinguished colleagues. My name is
11 Bonnie Biocchi, and I'm the president and CEO of the
12 MetroWest Chamber of Commerce.
13 On behalf of the MetroWest Chamber of
14 Commerce, I would like to thank you for the
15 opportunity to speak to you today about the adverse
16 effects that rising health care costs are having --
17 health care premiums are having on the MetroWest
18 business community and, of course, the Commonwealth
19 as a whole. I applaud Governor Patrick's efforts to
20 address the need for health care cost containment
21 through the introduction of his small business jobs
22 incentive plan.
23 The MetroWest Chamber of Commerce supports
24 over 850 members throughout the region, and we have

<p style="text-align: right;">Page 105</p> <p>1 a significant number of small businesses. My 2 testimony today will focus on three measures. 3 Our Chamber supports the implementation of 4 the emergency regulations granting you, the 5 Commissioner, the ability to review those rate 6 increases before they go into effect. This is a 7 common-sense approach that will yield immediate 8 protection against more significant and burdensome 9 increases, which are often producing dire 10 consequences for our small businesses, as you've 11 heard I'm sure repeatedly today. 12 The MetroWest Chamber also favors the 13 formation of group purchasing cooperatives. This 14 proposal would allow small businesses and 15 individuals to combine their purchasing power and 16 seek lower premiums through a larger entity. The 17 reduction in cost would enable smaller businesses to 18 continue to grow without fear that each potential 19 new employee would add significant health care costs 20 to their bottom line, and this reduction in costs 21 could eventually translate into job growth for 22 businesses throughout the region and the 23 Commonwealth. 24 The MetroWest Chamber believes that the</p>	<p style="text-align: right;">Page 107</p> <p>1 small business who has seen a 400 percent increase 2 in our health care premiums from one of your primary 3 HMOs over the last ten years. Currently, with this 4 year's increase, we will be up to \$25,000 for just 5 my husband, as the employee, myself and our son, who 6 incidentally is at the University of Michigan, pre- 7 med. We can't get any decent coverage for him 8 either. 9 What I would really like to address -- and 10 I apologize because I came in late, and I did not 11 get a chance to read Martha Coakley's report. So I 12 don't know all the data that's in here. I think 13 it's worth looking at. 14 But who is our real competitor? You're 15 talking about 700,000 small businesses in 16 Massachusetts. This isn't just a little portion of 17 the market, this quick fix. This is going to 18 determine what happens in health care in 19 Massachusetts. And from what I understand, part of 20 this coalition for affordable health care, they 21 don't even want to have to pay the \$300-per-year- 22 per-employee employee mandate if they're not 23 covering people, these large employers. That was 24 something that never should have come in. It should</p>
<p style="text-align: right;">Page 106</p> <p>1 proposal to offer more affordable options via 2 limited network plans is another measure that could 3 support small business. It's an option that should 4 be provided, not a mandate. Because coverage is so 5 costly, the option to offer consumers the ability to 6 purchase a plan that fits their need and budget by 7 excluding or limiting the usage of the highest cost 8 providers could benefit our businesses. It makes 9 sense that costs and incentives be aligned locally. 10 If local hospitals charge less than providers in 11 higher-cost markets, the benefits should be passed 12 along in the form of lower premiums to the consumers 13 in the lower-cost basis area. 14 So on behalf of the MetroWest Chamber, I 15 would like to thank you for the thoughtful approach 16 that you're taking today. Thank you for listening 17 to what we have to say, and we applaud your efforts 18 to address this very important and vital issue to 19 our business community. 20 COMMISSIONER MURPHY: Thank you. 21 Is there anyone else who wants to come 22 forward to speak? 23 MS. BENSON: Hi. I'm Mary Lynn Benson, 24 from International Professional Systems. We are a</p>	<p style="text-align: right;">Page 108</p> <p>1 have been a significantly higher amount. 2 We pay, right now, \$1,800 per month on our 3 premium. We pay the top premium for the HMO in 4 order to maintain the coverage that we have always 5 had. And partly because -- I just got the rates 6 yesterday, in fact, and we're going to pay something 7 like \$19,000 next year. Then add in co-pays and 8 prescription coverage, so we'll be -- sorry. Right 9 now we pay \$21,000. We'll be up to \$23,000. That's 10 another \$2,400 they're adding to our premium. So 11 it's not frozen for this year. Then if you add in 12 our co-pay and prescriptions, the darn coverage is 13 \$25,000. This is for one family, for one small 14 business, okay? 15 Now, here is my question. Who are your 16 real competitors? And what I would like you to do 17 is broaden this way out and look at, what's your 18 competition with, let's say, a small research and 19 development firm in any of the European countries, 20 with where they start? 21 We have a Dutch friend whose father -- his 22 father was an azalea grower. And he came over here, 23 and he just loved it, when times were good. He was 24 a salesman, making a million dollars in sales, et</p>

<p style="text-align: right;">Page 109</p> <p>1 cetera. So times went sour. Now he's on commission 2 only. Used to be on salary plus commission. 3 His dad, who we got to know over the years, 4 complained like heck that they had to pay, like, a 5 third of their money into their -- they call it 6 social costs, okay? His dad last year had a back 7 operation and then he had a stroke. And so Luke was 8 over talking to his mom, and she is so tired, and I 9 said, "Well, yes. It's a problem taking care of 10 somebody like that." And he said, "Oh, no. He's 11 got 24-hour nursing, paid for by the state." 12 Now, you take anybody here -- the reason 13 we're going to still pay the \$19,000 or \$23,000 is 14 because if you actually go from the lower premium, 15 which is called the "best buy," you take \$13,000 a 16 month, and for that privilege you have a deductible 17 of \$3,000 per family per calendar year in network, 18 out-of-pocket \$6,000 limit. \$6,000. So I'm better 19 off paying the full thing, right? Out of network, 20 \$6,000 per family, \$12,000 out-of-pocket. 21 How are we talking here about being even 22 remotely competitive with other countries, where 23 people don't even have to -- don't even have to 24 worry about any of this stuff? We're not.</p>	<p style="text-align: right;">Page 111</p> <p>1 you know, usually you get these Olympic stories and 2 they're really heart-rending, okay? It turns out 3 that the head of the bobsled team that won has 4 something called keratoconus. That's what I also 5 have. Until he got to have this special operation, 6 where they inserted a lens under -- it's a misshapen 7 cornea -- he was going to have to retire. And so 8 that gold medal would have gone to some other 9 country that provides health care for their people. 10 In my case, my wonderful HMO says I have 11 reached the lifetime limit on therapeutic care. 12 This is just something they came up with recently. 13 So the very kind doctor who is treating me has 14 agreed, for these therapeutic lenses and all his 15 specialty that goes with it, to only charge me what 16 they would charge an ordinary contact lens wearer 17 for seven new lenses. 18 You know, we're not competitive. Look a 19 little broader than your own little state or your 20 own country and figure out where the competition is 21 and what we're doing, because if you want to talk 22 about competition, you know, that bobsled team is 23 miles back. 24 When you have to worry every single day</p>
<p style="text-align: right;">Page 110</p> <p>1 Let's say, out of those 700,000 businesses, 2 how many are small R&D firms that could be 3 developing new things? They're going to pay -- 4 everybody for the privilege of going to work for 5 that small business pays \$25,000 a year? 6 I watched the entire Health Care Summit, 7 pretty much, five to six hours. One of the big 8 things that came up was that, because of these 9 wonderful deductibles, people are now going to the 10 emergency rooms. They are paying -- let's say 11 they're paying their \$13,000 for the insurance on 12 this "best buy" plan and, by God, when they get 13 sick, unless they're really sick -- which is going 14 to cost you a lot more -- they're going to the 15 emergency room, right along with the uninsured. 16 It's pathetic. I can't say anything else 17 about it. I've lived in Europe for ten years. I've 18 been part of the British health system for ten 19 years. You want to complain about it? It didn't 20 cost me a penny. 21 We're not -- let's take the recent 22 Olympics, for example, the bobsled team. I happen 23 to relate to it. I was over to my neighbor's, who's 24 an architect. I happen to relate to the story --</p>	<p style="text-align: right;">Page 112</p> <p>1 about whether you're going to pay your health 2 premium, you're not doing new interesting stuff, 3 you're not being bold, you're not going, you know, 4 for the gold ring. You're trying to survive. 5 This is temporary for three years 6 (indicating Mr. Linzer's chart)? Raise your hand in 7 this room, if you can buy this \$13,000 plan. I 8 don't even know why we need this other bill, because 9 we've already got these wonderful deductibles in 10 here. How many of you can go in and pay \$12,000 out 11 of pocket, when you're already paying \$13,000 a year 12 for your health insurance for two people and our 13 adult son, who's at Michigan, who doesn't even use 14 his health insurance. You know, wake up. 15 People are so absolutely parochial. 16 Everything is focused on this country. If you work 17 with other countries every day, you will see, and 18 especially with Europe, we are not competitive. And 19 we are not competitive, because we don't take care 20 of our people at the most basic level. We are not. 21 What good scientist is going to go work for 22 some small business with this deal when they can be 23 snapped up by one of these large companies? And 24 these European companies that come over here, they</p>

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1 love our biotech market. They can get all these
2 people for peanuts. The people that we're paying to
3 go to college, our work force in Massachusetts, and
4 they're taking all the advantage of it they can.
5 And now these foreign firms, I see in the paper the
6 other day, they want an additional tax break, thank
7 you very much.
8 You have to look at the whole picture.
9 This is bleeding us to death. It's the single
10 largest cost for our small business, and with my
11 husband as the only employee. This is crazy. Where
12 do we even start to compete?
13 So, anyway, I would be happy to make
14 comments later. I think this needs some real
15 research. I'm just saying, broaden your scope and
16 compare and see what we can do to actually really
17 support our small businesses. Obama says he wants
18 to see small business starting to export. What
19 small business under this -- you know, just ask
20 yourself if you can go and pay \$12,000 out of pocket
21 to go to the same doctors that you've had for years.
22 I've started out as a member of this HMO in 1979.
23 **COMMISSIONER MURPHY:** Thank you.
24 **MS. BENSON:** I'm sorry to be so emotional,

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1 but this is -- when you're looking at it from
2 something broader than just this state or this
3 country, somehow we're pretending -- we all talk
4 about it being interconnected, but we're just
5 pretending that we are. We're not really
6 competitive in any of the European countries, for
7 example.
8 **COMMISSIONER MURPHY:** Thank you.
9 Is there anyone else who wanted to come
10 forward?
11 **MR. LUBKER:** My name is Jay Lubker, and I'm
12 president of Atlas Glass & Mirror in Framingham.
13 L-u-b-k-e-r.
14 **MR. KRONER:** And the name of your business?
15 **MR. LUBKER:** Atlas Glass & Mirror, located
16 in Framingham.
17 Up until 1996 I was an employee. I
18 purchased Atlas Glass in 1996, and I became an
19 employer. Every year, for my employees, I had to
20 consider a benefit package. And it does impact the
21 quality of employee you can hire. You have to have
22 a good benefit package.
23 So every year the health care issue came
24 up, renewing the health care that we provided, and

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1 it's always been a big headache for me. It's very
2 hard for somebody in small business to find the time
3 to study it and feel that you've made a really --
4 you've made your best decision at the end, when you
5 renew.
6 I've done the best I can. And
7 everything -- from 1996 up until about the time that
8 the State mandated coverage for everybody, rates did
9 go up. Some years they went up more than I would
10 like. At one point -- I think it was around the
11 year 2000 -- the Federal Government passed the HSA
12 program. I started looking into that even before it
13 was offered. I called different insurers. It
14 wasn't offered. I called around. I couldn't find
15 anybody that offered it.
16 Finally, when they came out with it, I was
17 extremely disappointed. I thought it was going to
18 be a very good thing, with lower premiums, but the
19 deductible went way up and the premium didn't go
20 down enough. So when I presented the plan as an
21 option to my employees, it was turned down,
22 basically because the premium difference didn't
23 allow them to save enough money to put it into a
24 savings account. And then on top of that, for the

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1 first few years, until their savings account got
2 built up, they were looking at this big deductible.
3 So it was a no-sell to my employees. So that was a
4 very poor plan the Federal Government came up with.
5 Then when the State came out with mandated
6 coverage for everybody, I thought, well, that's
7 going to be good, because if everybody is covered,
8 the people that are now going to the emergency
9 rooms, which is high cost, would decline, and that
10 should have a big impact on the premium rates, or at
11 least the acceleration of the rates from year to
12 year. That hasn't happened, which is a huge
13 disappointment to me. The opposite has happened.
14 Since the mandate came into play, the rates seem to
15 have gone up faster than ever.
16 So it's too complicated for me as a small
17 business person to figure it out. And that's up to
18 -- that's the State's job. It's become a situation
19 where, when the economy collapsed at the end of
20 2008, I had to lay some people off. The business
21 has survived, but I have to really watch what we're
22 spending. Health care costs are now so high that --
23 it's been discussed here, it's very hard to hire
24 back the people that I let go, not only bring their

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1 salary back on, but then to bring these -- to give
2 them their benefits again, it's very difficult.
3 So I have employees that want to come back.
4 They keep calling me to find out if I'm about ready
5 to rehire them. I tell them, "Not in the
6 foreseeable future."
7 So unless something is done with health
8 care, there's going to be a lot of people out of
9 work, and that's going to hurt the economy. So I
10 think it's the biggest issue right now.
11 And I don't know where the costs -- the
12 factors that are driving the costs up, but it sounds
13 to me, from what I've heard today, that it's the
14 hospitals and the costs that they're passing on
15 down, and that's probably where things have got to
16 be changed.
17 So I did have one thought. A number of
18 years ago the State of Massachusetts passed
19 Proposition 2 1/2 to address the property tax issue.
20 Maybe a similar law should go into effect that would
21 limit the cost of health insurance to a certain
22 threshold each year without some board looking at it
23 and passing an increase like the towns do now. They
24 can have a meeting, and if the town people want to

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1 go above 2 1/2, they can. Maybe the State should
2 utilize a similar measure to health care.
3 **FROM THE AUDIENCE:** Great idea.
4 **MR. KRONER:** I have just a couple of
5 questions for you. How many employees did you have?
6 I apologize if I missed that earlier.
7 **MR. LUBKER:** We're down to four now.
8 **MR. KRONER:** Full time?
9 **MR. LUBKER:** Full time. At one time I had
10 three trucks going out every day, and now I have
11 one.
12 **MR. KRONER:** When you had three trucks
13 every day, how many full-time employees did you
14 have?
15 **MR. LUBKER:** About eight.
16 **MR. KRONER:** And I realize I'm asking you
17 to approximate, but when it comes time for your
18 renewal and you engage in the process of trying to
19 shop around, about how much time do you feel like
20 you've got to spend to try to figure all of that
21 stuff out?
22 **MR. LUBKER:** It varied from year to year.
23 I would say the most time I ever spent on it was,
24 maybe accumulated, about 40 hours.

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1 **MR. KRONER:** So, like, a whole week.
2 **MR. LUBKER:** Yes. I looked at Tufts,
3 looked at Harvard Pilgrim, looked at Blue Cross Blue
4 Shield. There were some trade associations I could
5 join, which offered Blue Cross. I looked at all of
6 those options. I pretty much stayed with Harvard
7 Pilgrim most of the time. But now we're up to --
8 for many years we had a low deductible, \$250 to \$500
9 for many years. Now it's -- it's getting ridiculous
10 now. To keep the premiums down, you're getting
11 such high deductibles that if anybody really needed
12 it, good luck.
13 **MR. KRONER:** Where is your business
14 located?
15 **MR. LUBKER:** Right here in Framingham.
16 **MR. KRONER:** Thank you.
17 **COMMISSIONER MURPHY:** Thank you. Is there
18 anyone else who wants to come forward? I'm going to
19 stick around if people have questions or want to
20 talk afterwards. (No response)
21 Seeing none, we are going to keep the
22 record on this hearing open until March 10th. You
23 can submit comments through our e-mail address
24 smallgroupbrates@state.ma.us. Again, I do appreciate

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1 you all taking time out of your day to come here
2 today.
3 (Whereupon the hearing was
4 adjourned at 3:25 p.m.)
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C E R T I F I C A T E

I, Carol H. Kusnitz, Registered

Professional Reporter, do hereby certify that the
foregoing transcript, Volume I, is a true and
accurate transcription of my stenographic notes
taken on March 5, 2010.



Registered Professional Reporter

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Attorney's Notes

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