

**In The Matter Of:**

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

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*Pittsfield  
March 3, 2010  
Public Informational Hearing*

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## **Attorney's Notes**

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Volume I  
Pages 1 to 96  
Exhibits: None

COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION  
DIVISION OF INSURANCE  
Docket No. G2010-05

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

BEFORE: Joseph G. Murphy, Commissioner  
Kevin Kroner, Esq., Counsel to Commissioner  
Meg Parker, Esq.

Held at:  
Berkshire Community College, Pittsfield  
1350 West Street  
Pittsfield, Massachusetts  
Wednesday, March 3, 2010  
2:08 p.m.

(Diana M. Noel, Registered Professional Reporter,  
Certified Realtime Reporter)

\* \* \*

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PROCEEDINGS

1 **COMMISSIONER MURPHY:** Good afternoon. I'm  
2 Joe Murphy. I'm the Commissioner of Insurance. I  
3 welcome you to today's informational hearing on the  
4 rising cost of small business health insurance.

5 Today is March 3rd, and we are gathered at  
6 Berkshire Community College. With me are  
7 representatives from the Division of Insurance,  
8 including, on my left, Meg Parker, Counsel For the  
9 Commissioner, and on my right, Kevin Kroner,  
10 Director of External Relations.

11 In responses to concerns raised by the  
12 small business community back on October 20th,  
13 Governor Patrick directed the Division of Insurance  
14 to look at the cost drivers for the double-digit  
15 increases that some small businesses were seeing in  
16 their health insurance premiums. Over the course of  
17 about ten weeks, the DOI conducted hearings, both in  
18 Boston and across the state, soliciting input from  
19 both small businesses and carriers offering coverage  
20 in the small group market.

21 We also invited providers to participate.  
22 We don't directly regulate them, but some providers  
23 did voluntarily come and participate with us. We've

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1 collected reams of information both through the  
2 hearing process and through a confidential  
3 examination authority that we have under existing  
4 state law.

5 On February 10th, the Governor announced a  
6 jobs package which included some regulatory and  
7 legislative efforts to assist small businesses with  
8 the cost of their health insurance. On the  
9 regulatory front, the Governor directed us, on  
10 February 10th, to immediately promulgate emergency  
11 regulations which would require health insurance  
12 companies to file proposed rates with the Division  
13 of Insurance at least 30 days in advance for the  
14 division to review.

15 Up until that time, the carriers filed  
16 their rates with the division on the day they went  
17 into effect. So 30 days in advance of April 1st,  
18 which is the next round of effective dates is  
19 March 2nd. Yesterday the division did receive  
20 substantial filings from all of the carriers  
21 offering coverage in the small group market. We  
22 will now be reviewing that data with our technical  
23 folks and our actuaries to make sure they submitted  
24 the substantial and significant backup information

<p style="text-align: right;">Page 5</p> <p>1 that we now require.</p> <p>2 After that review, the division will</p> <p>3 determine whether or not the rates should be</p> <p>4 disapproved.</p> <p>5 This week the Governor asked me to again</p> <p>6 travel the state to hold some hearings with</p> <p>7 consumers and small business owners to hear directly</p> <p>8 from them about what they're seeing by way of</p> <p>9 renewal premiums with the 4-01 effective date, and</p> <p>10 also to hear their thoughts on what the Governor</p> <p>11 announced on February 10th.</p> <p>12 With all this information we've collected,</p> <p>13 we will be issuing a report later this month with</p> <p>14 some policy options for the Governor and legislature</p> <p>15 to consider as we move forward.</p> <p>16 Let the record reflect that notice of this</p> <p>17 hearing appeared through publication on Thursday,</p> <p>18 February 25th, and on the division's Website as of</p> <p>19 February 23rd. We also sent out individual</p> <p>20 notification via e-mail to a list of parties that</p> <p>21 had asked to be apprised of such activities. We've</p> <p>22 got a sign-in sheet, which I think some people who</p> <p>23 are interested in speaking today have signed in</p> <p>24 already. We will go through that and then open it</p>	<p style="text-align: right;">Page 7</p> <p>1 responsible for their own health. For example,</p> <p>2 someone's diagnosed with type 2 diabetes, and they</p> <p>3 need to lose a lot of weight. If they are not</p> <p>4 trying to lose weight, they are not taking their</p> <p>5 meds, maybe we should not be paying their services</p> <p>6 any more.</p> <p>7 The third one, why not just set a fair, one</p> <p>8 flat rate, a hundred bucks a month. It doesn't</p> <p>9 matter whether you have 10 employees or in a group.</p> <p>10 Just make it fair and end all this. So for being</p> <p>11 the first one and not being up to speed on</p> <p>12 everything, those are my opinions. Thank you.</p> <p>13 <b>COMMISSIONER MURPHY:</b> Could I ask are you</p> <p>14 involved in a small employer or small business?</p> <p>15 What's your --</p> <p>16 <b>MS. BOYD:</b> Well, I'm just starting out now</p> <p>17 as a consultant, so I will be using this information</p> <p>18 only for myself and for clients, but then just</p> <p>19 hearing everything in the papers and Obama's plan</p> <p>20 and all that kind of stuff.</p> <p>21 <b>COMMISSIONER MURPHY:</b> Well, I guess your</p> <p>22 first two thoughts are sort of interrelated, about</p> <p>23 promoting a healthy lifestyle. One of the things we</p> <p>24 heard through the hearings, we had presentations --</p>
<p style="text-align: right;">Page 6</p> <p>1 up to anyone who would like to speak.</p> <p>2 We do have a transcriptionist, and since</p> <p>3 this room is a little different from our normal</p> <p>4 hearing rooms, you're welcome to speak from your</p> <p>5 seat. I would just ask that you introduce yourself</p> <p>6 for the record. So with that, we'll start with the</p> <p>7 first person to sign in is Lisa Boyd.</p> <p>8 <b>MS. BOYD:</b> I'm Lisa Boyd...but like I said,</p> <p>9 I thought this was supposed to be a forum where you</p> <p>10 were going to educate us, but since it's flipped</p> <p>11 around -- and unfortunately, I'm the first person,</p> <p>12 so I'm kind of a little lost, but I have three</p> <p>13 topics that I kind of think about when I think about</p> <p>14 insurance as a whole.</p> <p>15 Should I just pull them down quickly?</p> <p>16 <b>COMMISSIONER MURPHY:</b> Yes.</p> <p>17 <b>MS. BOYD:</b> The first one is lower rates for</p> <p>18 companies that either require support or offer</p> <p>19 healthy lifestyles at their office, support being</p> <p>20 onsite gym or membership payment, and offering</p> <p>21 support as in healthy snacks at meetings instead of</p> <p>22 doughnuts kind of thing.</p> <p>23 The second one is maybe this could help get</p> <p>24 insurance payments lower if people are more</p>	<p style="text-align: right;">Page 8</p> <p>1 I want to say in January -- by an HR</p> <p>2 person...employer not in a small group market, a</p> <p>3 large self-employed entity, and they've got this</p> <p>4 program where they encourage a healthy lifestyle.</p> <p>5 They have the gym memberships. They've also got a</p> <p>6 number of -- they are large enough where they can</p> <p>7 have programs like smoking cessation and things like</p> <p>8 that, and I think they've driven their insurance</p> <p>9 costs over the past several years down to 12</p> <p>10 percent.</p> <p>11 The issue with small businesses is they are</p> <p>12 too small to really be able to offer programs like</p> <p>13 that to their employees. They just don't have the</p> <p>14 size. So one of the things we are looking at, is</p> <p>15 there a way to create some sort of cooperative that</p> <p>16 would be large enough where they could band together</p> <p>17 and sort of reap the benefits of some of those</p> <p>18 programs that -- and eventually will trickle into</p> <p>19 savings where people are promoting a healthier</p> <p>20 lifestyle.</p> <p>21 <b>MS. BOYD:</b> Can I comment on that?</p> <p>22 <b>COMMISSIONER MURPHY:</b> Sure, absolutely.</p> <p>23 <b>MS. BOYD:</b> I think a small company can do</p> <p>24 it just as easy. I don't think people need to go to</p>

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1 group after work. No doughnuts at the meetings or  
2 chips or that kind of thing, that can help a lot; no  
3 smoking on campus or during work. And then a gym  
4 membership is 40 or 50 bucks a month. I think, you  
5 know, that that -- that they can help absorb that  
6 for two employees or something. You know, just a  
7 little -- then the next one, self-responsibility as  
8 a human being.

9 **COMMISSIONER MURPHY:** I think we need to  
10 change sort of the way people think about their own  
11 health and health in general. I think both in  
12 Massachusetts health reform and the national  
13 discussions is changing the way people think.  
14 People know how much it costs to change -- to get a  
15 new transmission, but not so much on the health  
16 side. People are short of changing that, and it  
17 will take awhile for that.

18 **MS. BOYD:** But little things, like a  
19 smoker, and they had a lung transfer or operation,  
20 and then they start smoking again. If they get  
21 sick, we should say -- and I know it sounds harsh,  
22 but you know what -- you had your chance, and look  
23 at how much money you save right there, 30 grand for  
24 an operation. I know it sounds harsh, but if human

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1 beings take start taking responsibility for  
2 themselves, the insurance rates just have to come  
3 down. That's my opinion.

4 And then the third one, just a flat fair  
5 rate -- I mean a hundred bucks a person a month.  
6 Big companies, small companies --

7 **COMMISSIONER MURPHY:** That's something we  
8 can consider. The actuaries will tell you medically  
9 the rate needs to be supported, but that's certainly  
10 something. There's a look also at some group  
11 purchasing cooperatives. Small businesses have  
12 asked for them.

13 We had them years ago, and the statute was  
14 changed in the late nineties to not allow them any  
15 more, but that may be something that may provide a  
16 little more stability and lower cost options.

17 **MS. BOYD:** But now you have to join a  
18 group.

19 **MR. KRONER:** It's the group that actually  
20 brings the costs down. The larger the group, the  
21 lower the cost.

22 **MS. BOYD:** Right, and I'm saying all the  
23 groups pay a fair rate.

24 **MR. KRONER:** And that rate would be based

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1 on the higher group which is all small business, and  
2 that fund rate would be high.

3 **COMMISSIONER MURPHY:** The small group  
4 market -- let me step back a little.

5 In 2007, we moved to the individual market  
6 and the small group market, so they are now one  
7 market, and that's about 800,000 covered lives. And  
8 then you've got the larger group are self-insured.  
9 So we're really, at the end of the day, we are  
10 talking about sort of 50 percent of the market is  
11 regulated at the state level, and the other 50  
12 percent is large group self-insured or Medicare or  
13 something like that. So we do have control over  
14 part of the market as far as spreading the risk.

15 (Inaudible)

16 **COMMISSIONER MURPHY:** Thank you.

17 **MS. BOYD:** Thank you.

18 **COMMISSIONER MURPHY:** The next person who  
19 signed is Barb Davis-Hassan.

20 **MS. DAVIS-HASSAN:** How are you?

21 **COMMISSIONER MURPHY:** How are you?

22 **MS. DAVIS-HASSAN:** I'm good, thank you.

23 I own a small business, a real estate  
24 office. Over the years I've been able to purchase

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1 independent insurance on my own, and it's changed  
2 dramatically as far as your options to purchase.  
3 Years ago we had the opportunity to opt in or opt  
4 out of prescription drug coverage, and apparently  
5 the State of Massachusetts has mandated prescription  
6 drug coverage, which is one of my concerns today.  
7 It would seem to be much more affordable if you have  
8 a healthy lifestyle, you're almost being punished  
9 for that healthy lifestyle, and it's one of my  
10 biggest concerns right now because it is part of the  
11 insurance coverage.

12 I see my -- I belong to -- I thought I was  
13 doing myself a favor by belonging to a large group,  
14 a plan under the Massachusetts Business Association,  
15 MBA, and I found out that actually by calling the  
16 insurance company direct, I was able to negotiate a  
17 better rate, which is quite shocking to me.

18 One of the things I'm noticing is -- and I  
19 want to ask you questions -- is where do we turn to  
20 when we want to go shopping for better insurance  
21 rates? Because as an individual, single-owner  
22 company, right now, you know, I pay my premiums and  
23 they go up double digit every year. They take away,  
24 you know, more from me. My premiums are higher. My

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1 risk is greater.  
2 The best shopping scenario I can give you  
3 today in real life is I was paying like \$550 for my  
4 new monthly premium, stripped-down policy, just  
5 basically catastrophic coverage. That's my biggest  
6 concern. If I end up in the hospital, I'm going to  
7 lose my worldly possessions. So I started shopping  
8 around. I was told you can pay 400 a month, but  
9 your deductible goes up to 5,000. Your  
10 out-of-pocket goes up considerably. Your coverage  
11 in the hospital, percentage-wise, is now a  
12 percentage of that coverage rather than 100 percent.  
13 So it seems to me like I don't have the real  
14 opportunity to be part of some kind of a group.  
15 So I talked to friends that are out there.  
16 I have a friend; she's the same age. She's in the  
17 same service industry, sales. She has a group of  
18 three, and I'm a group of one, and our coverage  
19 costs per month difference is \$140 a month, and she  
20 has the thousand dollar deductible. I have the  
21 5,000. She has the 10 dollar co-pay. I have 25.  
22 The whole thing is out of balance, but we don't even  
23 have any kind of a place to go to say if you're  
24 an individual, you can join -- call this and be part

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1 of this bigger group depending on, you know, your  
2 industry, what you do for a living, how old you are,  
3 what the scope -- there are so many variables.  
4 So I'm coming today more or less to find  
5 out is there a place to go to for single individual  
6 people like myself that can help us get our costs  
7 under control?  
8 And thanks very much for this forum.  
9 **MR. KRONER:** Can I ask you a couple  
10 questions?  
11 **MS. DAVIS-HASSAN:** Yes, you may.  
12 **MR. KRONER:** You said you're a group of one  
13 so your business is just yourself?  
14 **MS. DAVIS-HASSAN:** That's correct.  
15 **MR. KRONER:** And how long has your business  
16 been purchasing --  
17 **MS. DAVIS-HASSAN:** My business has been in  
18 business since 1999.  
19 **MR. KRONER:** And when did you switch from  
20 getting coverage through the Mass. Business  
21 Association to doing it directly?  
22 **MS. DAVIS-HASSAN:** Currently I'm in the  
23 shopping stages because right now, when I got my new  
24 wonderful letter in the mail that raised my premium

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1 from 480 to 550, I said, "Time to go shopping."  
2 **MR. KRONER:** How many companies did you  
3 contact?  
4 **MS. DAVIS-HASSAN:** Right now I've talked  
5 with Blue Cross-Blue Shield -- and I'm in HNE right  
6 now, Health New England -- and I'm talking to Blue  
7 Cross-Blue Shield, and then I am going to be talking  
8 to Tufts. They are very cooperative --  
9 **MR. KRONER:** Just -- you said by shopping  
10 around, you found a lower rate --  
11 **MS. DAVIS-HASSAN:** I found a lower rate,  
12 but I had to sacrifice an enormous amount of  
13 exposure to saying, you know, we'll give you a great  
14 rate, but guess what, now you get to pay 25 percent  
15 of your catastrophic care. You're taking away by  
16 giving me a whopping \$1200 a year premium reduction,  
17 and now you're raising my exposure this much higher?  
18 And, by the way, you don't take an aspirin a year.  
19 Thank you very much.  
20 It's just kind of like a slap in the head  
21 to say you live a good lifestyle, but you're going  
22 to be paying for all of the rest that are, you know,  
23 blended into this wonderful Massachusetts mandatory  
24 healthcare coverage.

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1 **COMMISSIONER MURPHY:** There is another  
2 option that just started. I think it's for policies  
3 effective April 1st through the Connector. I  
4 don't --  
5 **UNIDENTIFIED SPEAKER:** Have you checked  
6 their premiums? I was there before --  
7 **COMMISSIONER MURPHY:** The new product  
8 that's 5 and under? Individuals 5 and under --  
9 groups of 5 and under --  
10 **UNIDENTIFIED SPEAKER:** I'm still waiting  
11 for a call back from them.  
12 Could you talk about --  
13 **COMMISSIONER MURPHY:** They are on the  
14 Website where you can sort of run, and it will show  
15 you a side-by side --  
16 **UNIDENTIFIED SPEAKER:** Business Express.  
17 **UNIDENTIFIED SPEAKER:** Is it outrageous  
18 or --  
19 **COMMISSIONER MURPHY:** It should be  
20 fairly competitive. It will probably be more  
21 competitive than the products you are getting  
22 through MBA.  
23 **UNIDENTIFIED SPEAKER:** But not all  
24 companies are on there.

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1 **COMMISSIONER MURPHY:** Correct. But it's  
2 another option as far as shopping.

3 **UNIDENTIFIED SPEAKER:** Any and all options  
4 on the table would be great.

5 **UNIDENTIFIED SPEAKER:** I have gone to  
6 independent insurance companies -- if I can answer a  
7 question -- and they've checked with four or five  
8 companies including -- I had called Blue Shield  
9 directly, United Health Care, Health New England,  
10 Tufts, and then I checked regularly the Commonwealth  
11 Connector because -- I'll go into my other...later,  
12 and Commonwealth Choice, and there's this thing  
13 called competition, but they are all within 50  
14 dollars, but I've had cancer so I can't mess around,  
15 and -- they are all within 50 dollars.

16 But an independent broker will show you at  
17 least all the different varieties and how you save 2  
18 dollars if you go with this one.

19 And the Commonwealth Connector, I have not  
20 checked it. I called them and they didn't call me  
21 back. The Commonwealth Choice, which is -- those of  
22 us -- those prices where all these companies are  
23 getting all this free advertising, those companies  
24 are no cheaper. I'm sorry.

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1 **COMMISSIONER MURPHY:** If I can take your  
2 information, I will be happy to get that to you.

3 **UNIDENTIFIED SPEAKER:** Oh, great.

4 **COMMISSIONER MURPHY:** Also, Kevin's unit  
5 heads up our Consumer Service section. We get a  
6 couple hundred calls a week from a lot of small  
7 employers who are seeing 30 and 40 percent  
8 increases, and we're trying to work with them to see  
9 if we can get them a more affordable option.

10 **UNIDENTIFIED SPEAKER:** I appreciate that.

11 **COMMISSIONER MURPHY:** The next person who  
12 signed in, Bob Suttan.

13 **MR. SUTTEN:** I'm Bob Suttan, and I'm kind  
14 of in the same boat she is. I buy my own insurance,  
15 and I buy it through Commonwealth, and I'll tell you  
16 what. I'm not getting any bargains through  
17 Commonwealth. I just got hit with a 22 and a half  
18 percent premium increase on March 1st. That's after  
19 they took out my co-pay for medication.

20 Prescriptions went up 50 percent. My emergency  
21 visits went up 100 percent. My total yearly  
22 out-of-pocket went up 25 percent, and I still...

23 You know, I went through Commonwealth, and  
24 they give you all these people, and maybe I would

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1 have found something 40 or 50 bucks a month cheaper,  
2 but none of my co-pays would even kick in until I've  
3 spent 2 or 3,000 dollars on the deductible.

4 I'm just -- the state is mandating that  
5 policies have to cover this, this, this, and this.  
6 Even though I don't need this or that, I'm still  
7 paying a premium for it, and you can mandate all you  
8 want, but if prices go up again, I have to drop  
9 coverage. It's already taking a third of my social  
10 security check. It's basically just for  
11 catastrophic coverage, because I'll never meet the  
12 deductible.

13 **COMMISSIONER MURPHY:** That's part of the  
14 Governor's package. Obviously it's not going to  
15 provide immediate relief as much as some of the  
16 other components, but a two-year moratorium on  
17 mandated benefits, and I think currently before they  
18 sign into law, they will go through a cost benefit  
19 analysis to see what they add to the cost of  
20 insurance. That's one piece that's being looked at.

21 He also proposed the legislature, the  
22 hearing next week in the legislature requiring the  
23 carriers to offer a limited number of product that  
24 would be at least 10 percent cheaper than a full

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1 network. Currently some of the plans are offering  
2 such a product, but not all of them are, and this  
3 would force them all to offer at least one limited  
4 network product. It could have some short-term  
5 relief. If the legislature acts on it, it would  
6 provide some relief by July.

7 **MR. SUTTEN:** Considering the cost of  
8 premiums and co-pays, it's not going to make much of  
9 a dent.

10 **COMMISSIONER MURPHY:** The next person who  
11 signed up, Eric Linzer.

12 **MR. LINZER:** Commissioner Murphy...thank  
13 you for the opportunity to testify for the record.  
14 My name is Eric Linzer. I'm the Senior Vice  
15 President for the Massachusetts Association of  
16 Health Plans.

17 We share the concerns that many of the  
18 folks here today talked about so far in terms of  
19 what the impact of rising healthcare costs are  
20 having on both employees, but also individuals. We  
21 recognize that keeping healthcare affordable is a  
22 challenge facing all of us here in the Commonwealth.

23 The current rate of growth clearly is  
24 unsustainable. In Massachusetts, healthcare costs

<p style="text-align: right;">Page 21</p> <p>1 are roughly 15 percent higher than the national 2 average. We support, and the State Division of 3 Health Care Finance &amp; Policy articulates some of the 4 challenges facing the healthcare system, but also 5 the fact that our costs clearly exceed those in 6 other states.</p> <p>7 In addition -- in addition to the series of 8 reports that the division put out, as well as the 9 Attorney General's report, which combined, you know, 10 put together really two and a half inches worth of 11 great information that both the Patrick 12 administration and the Attorney General outlined, 13 one of the major concerns is that while roughly 90 14 percent of the premium value goes to pay for medical 15 care, some of the major issues that both the 16 Attorney General and the Patrick administration have 17 outlined is that the market...are clearly the major 18 issues driving healthcare costs.</p> <p>19 So any conversation about what we do about 20 premiums needs to also start with how we deal with 21 it in terms of medical costs.</p> <p>22 Now, as folks may recall, last January, the 23 Governor had called in health insurance executives, 24 hospital executives, physician executives, to his</p>	<p style="text-align: right;">Page 23</p> <p>1 have a 40-year-old single individual who today 2 currently goes through the Connector may be paying 3 roughly, on average, \$311 per month. Knocking 22 4 percent off that rate would reduce their premiums by 5 \$68 per month, which would save about \$800 a year. 6 For a family of four, the savings are even greater. 7 Currently they're probably paying about \$924 for 8 Commonwealth Choice fund for coverage. If you 9 reduce the premium by 22 percent, over \$200, you're 10 looking at \$2400 decrease in premiums.</p> <p>11 We know it's not a perfect solution. It 12 doesn't get at all of the issues of healthcare in 13 terms of variation of rates, and some of the 14 market...issues that were identified in the report, 15 but if you were to take, for example, a small 16 employer out here in the Pittsfield area, with 17 roughly 40 employees, with a mix of folks in their 18 thirties and forties, some with individual coverage 19 and some with family coverage, they are probably 20 paying roughly \$507 per employee per month. If you 21 cut the premium by 22 percent, that saves a \$112 per 22 employee per month, or \$4400 per month for each 23 employee, and the estimated savings can be upwards 24 of over \$53,000 a year.</p>
<p style="text-align: right;">Page 22</p> <p>1 office because of his concern with the rising cost 2 of healthcare, and urged everybody to come together 3 to come up with solutions. Our association answered 4 the call.</p> <p>5 At that time we put together a proposal 6 which we would called the Affordable Health Plan, 7 House Bill 44532, which was filed -- which is 8 sponsored by Senator Richard Moore and 9 Representative Harry Scanlon. And what the bill 10 does is three things.</p> <p>11 First, it sets a minimum basic medical 12 package consistent with the Commonwealth Choice 13 bronze level offerings.</p> <p>14 Second, it limits the rates that providers 15 can charge for this one particular product in a 16 small group market, no more than 10 percent above 17 Medicare.</p> <p>18 And third, it limits the profits that 19 health insurance can make in the entire small group 20 market to no more than 2 percent.</p> <p>21 Taking these three elements together, we 22 estimate the reduction on premiums to be anywhere 23 between 17 and 22 percent.</p> <p>24 The folks who can see the chart, if you</p>	<p style="text-align: right;">Page 24</p> <p>1 That money then gives employers some 2 ability, in terms of difficult economies, to provide 3 raises, to be able to hire additional employees, or 4 to make capital investment which will ultimately get 5 the economy moving.</p> <p>6 Again, we think that while this is one 7 solution, and we think it's a good one, we know it's 8 not the only solution, but we would urge the 9 division to include this in its recommendations that 10 are being made to the Governor.</p> <p>11 <b>COMMISSIONER MURPHY:</b> Thank you.</p> <p>12 <b>UNIDENTIFIED SPEAKER:</b> Can we ask a 13 question?</p> <p>14 <b>COMMISSIONER MURPHY:</b> It's sort of an 15 informational hearing, but if Mr. Linzer wants to 16 make --</p> <p>17 <b>UNIDENTIFIED SPEAKER:</b> Is that it in its 18 entirety, or does that cover any more than that 19 group, or is that an example?</p> <p>20 <b>MR. LINZER:</b> That's an example. We can 21 certainly run numbers that propose folks who may be 22 older or folks who may be younger. Basically what 23 that is if you go -- for example, if you go to the 24 Connector Website...we generate the numbers, from</p>



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1 Pittsfield, I think there are roughly six plans in  
2 the Berkshires...so you average out...you run  
3 somebody at the age of 30, somebody at the age of 40  
4 living in Pittsfield, and you take the Connector  
5 bronze choice level products under the six plans,  
6 and you add it up. It's basic math here. That's  
7 the number you get for the current premiums.

8 When we had come out of this proposal  
9 working with Senator Moore and Representative  
10 Scanlon, you know, our member plan ran the numbers  
11 as to what happens if you pay providers at a rate of  
12 10 percent above Medicare, and the estimates that we  
13 got across our member plans were anywhere from a  
14 range of a reduction of 17 percent to 22 percent.

15 That's not a reduction on a trend. That's a  
16 reduction on the actual premium that's paid today.

17 What that demonstrates is that 90 percent  
18 of the premium dollars that are being paid for  
19 medical services, and addressing the rates that are  
20 paid to providers is one of the ways that we need to  
21 get at addressing the premiums costs because  
22 premiums and health care costs are linked.

23 That being said, one of the other  
24 advantages to a proposal like this is it does

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1 address some of the variations in the rates paid to  
2 different providers. You may...have a large  
3 provider and large hospital groups in eastern  
4 Massachusetts which may be getting significantly  
5 higher rates above Medicare, but out in western  
6 Mass. may not be getting those levels. Setting a  
7 rate at 10 percent above Medicare helps to even out  
8 some of the variations and put the provider on a  
9 more level playing field.

10 **UNIDENTIFIED SPEAKER:** Do you have backup  
11 data on that -- on how those numbers were derived?  
12 Actual worksheets?

13 **MR. LINZER:** What we did was we asked the  
14 plan providers what the reduction would be because  
15 much of this information may be individualized for a  
16 particular plan. We had to extrapolate the range  
17 that they gave us in terms of the savings against  
18 what's currently in the marketplace.

19 **UNIDENTIFIED SPEAKER:** Can you give me the  
20 backup data?

21 **MR. LINZER:** If you give me your e-mail,  
22 I'll see if there's something I can give you.

23 **UNIDENTIFIED SPEAKER:** All right...

24 **COMMISSIONER MURPHY:** The next individual

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1 signed in is Dan Keenan.

2 **MR. KEENAN:** Good afternoon. My name is  
3 Dan Keenan, and I serve as Senior Vice President of  
4 Government Relations of the Sisters of Providence  
5 Health Care system. The Sisters of Providence  
6 Health system is a diverse health care organization  
7 located in western Massachusetts. We operate Mercy  
8 Medical Center and Weldon Rehabilitation Hospital in  
9 Springfield; Providence Behavioral Health Hospital  
10 in Holyoke; and we have long-term care facilities  
11 spread throughout western Massachusetts, including  
12 facilities in Lenox, Montague, Holyoke, and West  
13 Springfield.

14 I am here today for a couple of different  
15 reasons. One, to thank the Patrick administration  
16 for their efforts regarding controlling health care  
17 costs. I've seen a tremendous effort on the part of  
18 the administration to try to make a difference in  
19 healthcare costs, and I thank the Division of  
20 Insurance for its efforts over the past few months  
21 to try to make a difference in the small group  
22 market. It's a challenging undertaking. It does  
23 not mean it's not a worthwhile effort.

24 The Sisters of Providence Health system has

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1 a long history in western Massachusetts. 135 years  
2 ago, four Sisters of Providence came here to be a  
3 healing and transforming presence in the Holyoke  
4 community which was going through some difficult  
5 struggles at the time. The healing and transforming  
6 presence at that time was providing care.

7 Today, 97 percent of the people in  
8 Massachusetts have health insurance, and we see one  
9 of our responsibilities as a healthcare organization  
10 is to try to do something about costs. We have been  
11 very involved in this cost debate. We have  
12 participated in the hearings that the division has  
13 conducted in Boston. We've also commented  
14 significantly on payment for poor issues in  
15 Massachusetts to try to make a difference in how  
16 healthcare is paid for, not just what it costs, but  
17 how it's paid for, and hopefully that can make a  
18 difference in driving down the costs.

19 The one specific issue that I came here  
20 today to address was in terms of rate setting, if  
21 that's the direction that we are going in  
22 Massachusetts, and I do think that some people, the  
23 Governor included, thinks it's absolutely necessary  
24 to try to control costs. When I say rate setting, I

<p style="text-align: right;">Page 29</p> <p>1 mean premium setting. 2 Now, if you look at what the impact of what 3 that premium setting is, I think we want to make 4 sure that we take into consideration the 5 differential in payment settings in the current 6 system. So if we're going to cap premiums, I think 7 we would want to also look at what providers are 8 paid for providing a service. 9 So if there's a significant differential 10 between what one hospital is paid and another 11 hospital is paid for providing the exact same 12 service, I think the division will take on one of 13 the responsibilities to try to look at that 14 differential, see if it's justified, and if it not 15 real, really try to make a difference in saying the 16 same service should be paid for fairly, on a fairly 17 level playing field, with slight differences, but 18 right now as the Attorney General's report pointed 19 out, and the Boston Globe article pointed out a 20 little over a year ago highlighted, there are 21 significant differences in what individual providers 22 are paid for providing the same exact service. 23 We want to stave off and try to make a 24 difference in helping small business in</p>	<p style="text-align: right;">Page 31</p> <p>1 expected. 2 However, I haven't seen the reform that's 3 been touted at all. I continue to see companies 4 raise the rates on the premiums exorbitantly. In 5 fact, in the last two months, the rates on my small 6 business group went up over 55 percent. To me, 7 myself, that equates to over \$6,000 a year. I had 8 less than two weeks to respond to the new premium 9 invoice. The last time that happened to me and my 10 family, I ended up trusting an insurance salesman 11 who sold catastrophic coverage, and I knew what I 12 was getting, but I will speak on behalf of the 13 people of the Commonwealth. If you're not indigent 14 and you're not elderly, you do not understand the 15 policies. 16 Not one mention was made during this final 17 gentleman's talk about what's included in that 18 coverage, and very quickly, you could end up 19 trusting the wrong person, and one quick second 20 accident, and your work of a lifetime goes down the 21 drain, and you can become bankrupt without even 22 making one lucid decision about what happens to your 23 healthcare. 24 We've talked a little bit here about taking</p>
<p style="text-align: right;">Page 30</p> <p>1 Massachusetts to be able to afford healthcare so we 2 can have ultimately good quality life for people 3 residing in Massachusetts. 4 Thank you for the opportunity. 5 <b>COMMISSIONER MURPHY:</b> Thank you. Your 6 point is well taken. We regulate the insurer's 7 side, and we are using our existing authority to do 8 a more robust review of the proposed rates. The 9 Governor's filed legislation that would establish 10 the same oversight on the provider's side. It's 11 important that they factor those discrepancies into 12 that discussion. 13 Cynthia -- 14 <b>MS. MANGIARDI:</b> Crispin Mangiardi. 15 <b>COMMISSIONER MURPHY:</b> Yes, I'm sorry. 16 <b>MS. MANGIARDI:</b> My name is Cynthia Crispin 17 Mangiardi, and I also want to thank the Governor and 18 the Division of Insurance for being here and for 19 listening to these concerns. 20 I am a licensed attorney in the 21 Commonwealth, and I'm also licensed in New York 22 State. I have been self-employed in Berkshire 23 county for 23 years. Over those years, I have seen 24 changes to insurance, health insurance, what's</p>	<p style="text-align: right;">Page 32</p> <p>1 personal responsibility for our own healthcare 2 decisions, and I think that that is a wonderful idea 3 and we all have to do it. People -- our leaders 4 need to take leadership positions and make decisions 5 about what is covered in our healthcare and what is 6 not. We in the middle, who don't have insurance 7 policies given to us by larger corporations, are 8 paying for absurd coverage; keeping people alive who 9 don't want to be alive; paying for drugs and drugs 10 and drugs, when we, ourselves, don't even take any 11 drugs. 12 In fact, now, in my career in later life -- 13 I've been working for 38 years contributing to these 14 systems, and I have no healthcare security 15 whatsoever. I've been a good capitalist. I've seen 16 it in some things, and I still have no healthcare 17 security. And everything I have, everything I've 18 worked for could be wiped out. 19 Now, in the later part of my career, I 20 represent abused and neglected children. So the 21 biggest drug pusher in this Commonwealth is the 22 Commonwealth. These people are getting prescription 23 drugs from many different providers, and there's no 24 responsibility, and they are taking the drugs that</p>

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1 we taxpayers are paying for, and they are selling  
2 them on the street for \$10 a pill while we are  
3 paying for these prescriptions and prescriptions and  
4 prescriptions.  
5 So no, I don't think that everyone in the  
6 Commonwealth has a right to whatever drug they want  
7 us to pay for. So that's one place we could bring  
8 back the costs.  
9 I also think that the American Medical  
10 Association and the Commonwealth medical  
11 associations need to take responsibility. If their  
12 people who are part of their organizations and their  
13 professions, who we trust with their word, are not  
14 paying attention to their patients and don't know  
15 what drugs they have and aren't providing the right  
16 solutions to their problems and are giving them  
17 shoddy service, then there need to be sanctions, and  
18 they need to have their license pulled and make it  
19 criminal. So many times you don't do a good job,  
20 then you're out.  
21 But then we need -- we lawyers need to be  
22 responsible too, and we need to have tort reform,  
23 effective tort reform. These doctors coming out of  
24 medical school with hundreds of thousands of dollars

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1 in debt, and they can't -- and then they have to pay  
2 hundreds of thousands of dollars a year in medical  
3 malpractice premiums, so they can't spend enough  
4 time with us to know us, to help us get better and  
5 be better, and not need the hospitals and not need  
6 the insurance.  
7 So we need educational reform also. People  
8 who are excelling in school need to have their  
9 educations paid for so that our best and our  
10 brightest can become the doctors, and they want to  
11 care for people's health and not just be straddled  
12 with hundreds of thousands of dollars in debt.  
13 Having had the catastrophic coverage, and  
14 having had the prior years where my family of four  
15 has hit their thousand dollar per person deductibles  
16 and their \$2,000 deductibles, at this point in time  
17 we are spending between \$3 and 4,000 a month for our  
18 family of four insurance. We're paying past  
19 deductibles, past medical bills, current premiums,  
20 current dental, current vision, and very few people  
21 can afford this, and yet we are being mandated it.  
22 We have to pay this.  
23 Paying attention to the benefits, to the  
24 deductibles, to the policies is a full-time job. We

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1 small business owners do not have the money for an  
2 extra employee just to look over these papers and  
3 talk to these people and sit on the phone and  
4 negotiate and work these things out. It cannot be  
5 done. I do not think that we need any more paper.  
6 This gentleman says that he shares our  
7 concerns. He clearly does not share our concerns  
8 because he works for a larger corporation. He says  
9 he shares our concerns, but he refers to us as a  
10 market. We are not a market. We are human beings,  
11 and we have a right to basic, fair, fairly priced  
12 medical care. Thank you.  
13 **MR. KRONER:** Can I ask you a couple  
14 questions?  
15 You said you're a small business, and you  
16 referred to coverage for your family. Is your  
17 family the only family covered through the small  
18 business?  
19 **MS. MANGIARDI:** Right now I'm doing the  
20 child abuse and neglect work. I am a sole  
21 practitioner. I'm a lawyer, but over the past 23, I  
22 have owned several businesses, and I actually do own  
23 a business now that I do not have people in, but  
24 over the past 23 years I have employed as many as 10

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1 people, and I have insured them, and I know what it  
2 is to meet payroll.  
3 **MR. KRONER:** How long have you been  
4 operating as a sole proprietor?  
5 **MS. MANGIARDI:** Two years. Just two years  
6 as a sole practitioner, as a lawyer in representing  
7 abused and neglected children.  
8 **MR. KRONER:** Exactly where -- through what  
9 mechanism do you get your coverage?  
10 **MS. MANGIARDI:** Blue Cross-Blue Shield.  
11 **MR. KRONER:** Do you contact them directly  
12 or do you go through a association?  
13 **MS. MANGIARDI:** I went through a local  
14 broker when I got it this time. When I went through  
15 it before, I went through the bar association.  
16 **MR. KRONER:** Thank you.  
17 **COMMISSIONER MURPHY:** Karon Shreefter.  
18 **MS. SHREEFTER:** First of all, thank you, as  
19 I mentioned to you earlier, for knowing where the  
20 Berkshires is. It's so nice to have a Governor that  
21 does know that.  
22 I'm a sole proprietor. I've been one for  
23 over two decades. I do support mandated health  
24 insurance. I think we all benefit from it. I don't

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1 support the burden being put on business. I don't  
2 know if that's something that we can do at the state  
3 level. I wished we had done it at the federal  
4 level, but -- as much as I supported our President  
5 to do it. I don't see why that's a business thing.  
6 A business is a business, and health insurance is  
7 health insurance, and it feels very arbitrary to me.  
8 So I'm going to make a couple of points,  
9 and -- I really want to thank you -- that was great.  
10 Okay -- Commonwealth Care. Commonwealth  
11 Care is a subsidized state health insurance. If you  
12 are el -- first of all, to be eligible as one  
13 person, you have to make \$32,496. If you double  
14 that, that's going to be in excess of 64, but we  
15 have a marriage penalty. If you are two people,  
16 it's 43,716. So rather than my husband, who is also  
17 self-employed for over two decades -- actually,  
18 we're both over three decades -- we are penalized  
19 approximately \$20,000. I know you keep asking the  
20 same questions of someone, so you're doing some sort  
21 of survey.  
22 But I would like to know -- when I called  
23 Commonwealth Care, and when I called the Governor's  
24 office, when I said, "Why is this marriage penalty

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1 happening," I was told, "Because that's the way it's  
2 written." And I said, "Is there a way we can change  
3 it?" And they said, "That's the way it's written."  
4 And we kind of went around like that.  
5 We also went around with small business  
6 discrimination terms of eligibility in terms of  
7 looking at what you make. If you're self-employed,  
8 you have your gross income and then you have your  
9 net income. You also have your adjusted income.  
10 For those of us who spend a lot of money on  
11 materials -- I'm a landscape designer -- I look very  
12 wealthy on paper. Trust me, by the time we get down  
13 to taxables, I would be eligible for Commonwealth  
14 Care if it was not discriminatory against married  
15 couples. So I'd like to know why they -- why we  
16 are -- why they don't look at what I pay for my  
17 taxable income, why I'm discriminated on that.  
18 That's two discriminations I experience, and I am  
19 betting a lot of us in the room experience that.  
20 Commonwealth Choice -- this is this great  
21 thing which, you know, the federal government has  
22 been touting, too, about, well, you'll get to look  
23 and compare and stuff like that. I've been looking  
24 and comparing since this has been enacted. And I

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1 get my health insurance -- I've been going to a  
2 broker, and -- who keeps hoping -- he kept saying  
3 you better not have health insurance reform. You  
4 know, I got my kids. He won. We lost.  
5 So in Commonwealth Choice, the bronze,  
6 which is the bare lowest, which you've all been  
7 talking about, the basic, if something happens --  
8 I've got cancer. I've had cancer. Done. And many  
9 of you have health things. I have other things. I  
10 can't afford to just do basic. Also, I'm going to  
11 be 60 years old. Unlike you, I have to have better  
12 coverage, or like you said earlier, there goes my  
13 home, my business, my life. That's important to me.  
14 That's not a market, as you say.  
15 So I've been looking at this great  
16 innovation of Commonwealth Choice. The rates for  
17 Commonwealth Choice, where these companies --  
18 Fallon, United Healthcare -- no, Health New England,  
19 et cetera, Tufts, gets free advertising that I'm  
20 paying for -- talk about double-dipping -- free  
21 advertising on the state's Commonwealth Connector,  
22 Health Connector that we're all paying for. Their  
23 rates in most cases are more than I'm paying now for  
24 comparable coverage. The bronze, which is the bare

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1 minimum, their cheapest is much cheaper than mine, a  
2 whole hundred dollars a month, okay? But guess  
3 what? What you were talking about -- I think it was  
4 you -- in one month it's gone. It's gone in the  
5 deductibles.  
6 So the Commonwealth Choice, someone perhaps  
7 paid a lot of money to get their health insurance  
8 companies there. When I called the Connector to ask  
9 about that -- and I've been doing this for -- I  
10 can't tell you how many years -- so if I seem a  
11 little upset, I am, and I think with good reason.  
12 You're all still young, but you have parents.  
13 Hopefully.  
14 When I asked about why these companies get  
15 this free care, this free advertising, I was told,  
16 "Well, they are the ones that want to be involved."  
17 I don't know if that's true, but if they want to be  
18 involved and get free advertising, fine. Then let  
19 them lower their rates. Let them give us something  
20 for the money we're paying them. Do you have any  
21 idea who -- I'm going to finish and then I'd like  
22 you to answer the question. How did they get there?  
23 And are they asked to give us anything in return?  
24 Those are some of my points.

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1 Competition -- this has been a big thing.  
2 Competition -- when every year I go and try and find  
3 a deal -- you can all laugh at that -- they are all  
4 within 50 dollars for coverage. Usually it's a lot  
5 closer. I don't understand how that's competition.  
6 I'm not saying there's price fixing, but maybe group  
7 purchasing. I think, Barb, you mentioned that. I  
8 don't understand why -- I'm a sole proprietor,  
9 No. 1, so I've got three strikes against me:  
10 Married, small business, and my bottom line there,  
11 and I can't -- I am a small business. Your point  
12 exactly.  
13 Why can't the law be changed? Why can't  
14 there be a mandate, if BMC -- BHS is our biggest  
15 employer because what Lisa said ain't going to  
16 happen. I wish. You've got my support. Why can't  
17 we join that? Why can't we get the same coverage,  
18 buy into the group that all state employees get?  
19 **UNIDENTIFIED SPEAKER:** Right. Why can't we  
20 all be in one plan?  
21 **MS. SHREEFTER:** Exactly. I hear, well,  
22 this one does this, and this one does that. It was  
23 a brilliant presentation. I want to know where it  
24 says that 90 percent of the medical care -- of our

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1 premium goes to healthcare. That's the first time I  
2 heard that statistic, so I just was excited about  
3 that. So I don't understand why that can't happen  
4 if it once happened.  
5 And then when you talk about a 10 percent  
6 savings -- I don't remember your name --  
7 **MR. SUTTEN:** Bob.  
8 **MS. SHREEFTER:** Bob -- a 10 percent  
9 savings. If I'm paying \$600, it's \$60 dollars  
10 month, that's nice. But excuse me, when he's  
11 talking about a \$300 a month premium, if I lose 30  
12 years maybe, but when you're too young for Medicare  
13 and too old for decent premium coverage, that's  
14 another crack that I think -- Bob, you may be too  
15 young -- that many of us fall in the cracks.  
16 So if you're self-employed and one shop,  
17 you're screwed there. If you're married, you're  
18 screwed there. If you're too young for Medicare,  
19 you're screwed there. If you can't be part of a  
20 group, you're screwed there. I mean, talk about  
21 being supportive of business.  
22 Hospitals -- I wouldn't want to be without  
23 our hospitals, but I know when I've been in the  
24 hospital, my consomme -- I looked at the can -- it

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1 felt like the first 27 ingredients were salt. When  
2 my father was in the hospital -- he's dying. He's a  
3 diabetic. They bring him food -- jello, ice cream,  
4 which is all he was going to eat. He wasn't going  
5 to eat that chicken. Does anyone monitor the  
6 hospital bill and set standards for nutrition? Set  
7 standards -- how much does an aspirin cost? Does  
8 anyone look at the bills? I mean, talk about  
9 something that we'd all benefit -- I don't know if  
10 this is -- I wanted to make it, but I don't know if  
11 it's true.  
12 So I've just given you several ways to save  
13 money. I've given you several ways we can stop  
14 discrimination in 2010 against small businesses. I  
15 would really like you to comment on them.  
16 Thank you very much.  
17 **COMMISSIONER MURPHY:** Thank you.  
18 On the sort of group buying, group  
19 purchasing, it's something the Governor asked us to  
20 look into. Some concerns have been raised about  
21 sort of further splitting the risk pool into  
22 segregating it into a healthy and unhealthy  
23 population. So we've looked at sort of what  
24 protections could be put in place to get around some

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1 of those issues, and we will be reporting something  
2 out about that later this month. I will be happy to  
3 share it when we do.  
4 **MS. SHREEFTER:** I'll give you my card.  
5 **COMMISSIONER MURPHY:** And --  
6 **MS. SHREEFTER:** Well, just staying with  
7 that for a second, what about us one people shops  
8 that are being discriminated against? As you said,  
9 it was not cost effective because we wouldn't want  
10 -- another thing about these poor insurance  
11 companies that have record-breaking profits -- at  
12 least that's what I've been reading. I'm sure the  
13 papers are lying. I didn't say the brokers. I said  
14 the companies.  
15 What about if we are joining a large group  
16 where it's already taken into account, like BHS, the  
17 risk pool being diverse or --  
18 **COMMISSIONER MURPHY:** Or like the Group  
19 Insurance Commission or something like that, the  
20 municipalities or --  
21 **MS. SHREEFTER:** Something like that or  
22 something really large where it's already happened,  
23 so that the insurance companies won't suffer, God  
24 forbid. Why can't -- is there a law that says we

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1 can't be part of that?  
2 **COMMISSIONER MURPHY:** I think on the GIC  
3 front, that would need legislation --  
4 **MS. SHREEFTER:** GI --  
5 **COMMISSIONER MURPHY:** Group Insurance  
6 Commission, where you have some of the legislation  
7 was passed, I guess, within the past year to allow  
8 some of the municipalities to do that...within the  
9 last few days, some of the savings that we could  
10 achieve through that. I think that would require  
11 legislation, but that's certainly something we can  
12 look at.  
13 We did a commission report on the  
14 administrative costs of the health thing to get to  
15 that 90/10 split that you were questioning, and we  
16 can send you that...  
17 **UNIDENTIFIED SPEAKER:** As I say, that's the  
18 first time I heard that, so I find that fascinating.  
19 **COMMISSIONER MURPHY:** And I do want to get  
20 your email because on the COMCARE, or I guess on the  
21 marriage penalty and on the taxable income -- and  
22 I'm not giving you a non-answer -- I promise you  
23 I'll get to it -- it's sort of between the Connector  
24 and the Division of Medical Assistance, sort of --

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1 not my area, but I do interact with them so I will  
2 find out. I feel badly that you were bounced  
3 around.  
4 **UNIDENTIFIED SPEAKER:** Yeah, because when I  
5 called Commonwealth Care, they said, "Not my area,  
6 call the Governor." The Governor said, "Not my  
7 area, call the..."  
8 **COMMISSIONER MURPHY:** I'll track it down.  
9 **UNIDENTIFIED SPEAKER:** I appreciate that.  
10 **MR. SUTTEN:** May I ask a question?  
11 **COMMISSIONER MURPHY:** Sure.  
12 **MR. SUTTEN:** With regard to her comments on  
13 competition, what's behind the fact that I can't go  
14 out of state to get an insurance policy? How do I  
15 benefit by not being able to do that? If I can go  
16 across the line and get a good insurance policy, why  
17 can't I do that?  
18 **COMMISSIONER MURPHY:** That would require  
19 legislation, but because Massachusetts is sort of so  
20 unique in health reform, most other states have a  
21 lot of large national players. We are dominated by  
22 Massachusetts only or regional insurers. The large  
23 Aetna, United, those are quite small in  
24 Massachusetts, so we want to make sure that the

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1 companies that are operating adhere to Massachusetts  
2 requirements, but that's certainly conversation  
3 that's happening in national reform.  
4 **MR. SUTTEN:** But why do Massachusetts  
5 mandates for coverage, why do they say you have to  
6 have coverage for this and you have to have coverage  
7 for that?  
8 **COMMISSIONER MURPHY:** As far as minimum  
9 general coverage, that came out of reform, I guess,  
10 four years ago that we were going to cover all  
11 -- have a low number of uninsured, and that we're  
12 going to set the sort of minimum level of benefit  
13 that you need to have or else you're penalized.  
14 **UNIDENTIFIED SPEAKER:** His question is --  
15 in New York State, I can get the same insurance for  
16 \$200 less a month. Why can't I do that?  
17 **COMMISSIONER MURPHY:** I think that would  
18 require legislation. I don't know -- if that the  
19 reason why the legislature hasn't done that, but --  
20 **UNIDENTIFIED SPEAKER:** And about the  
21 marriage penalty?  
22 **COMMISSIONER MURPHY:** That's what I'm going  
23 to talk to them about.  
24 **UNIDENTIFIED SPEAKER:** And about the

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1 companies that are getting the free advertising, you  
2 can talk to that too?  
3 **COMMISSIONER MURPHY:** I can ask what that  
4 issue -- I guess, just on that, is it that when you  
5 go in and do the detail, you get up there and -- is  
6 that what you are referring to as far as their  
7 advertising --  
8 **UNIDENTIFIED SPEAKER:** Fallon -- yes.  
9 **COMMISSIONER MURPHY:** ...participate in  
10 Commonwealth Choice?  
11 **UNIDENTIFIED SPEAKER:** Those are -- what I  
12 was told when I saw these companies that cost  
13 exactly what I'm paying or more, for the same  
14 coverage, or more, what I was told is those are the  
15 ones that submitted their -- wanted to be part of  
16 it, and my question is bully for them, what's the  
17 get? What do we get from them for them getting this  
18 free advertising?  
19 **COMMISSIONER MURPHY:** I can ask that...  
20 **UNIDENTIFIED SPEAKER:** I would take that  
21 even a step further. What do any of us really get  
22 from them being allowed to advertise? And why  
23 couldn't we have a consumer report -- if we have to  
24 have all these companies allegedly competing with

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1 each other at all, why do we have to give them the  
2 forum to, you know, have the -- like the drug  
3 companies try and sway people who don't have the  
4 time to read and learn about this and understand it?  
5 Why don't we just have a magazine or an Internet  
6 site and say this is your insurance, take it --  
7 there is no more profit in this mess, and instead of  
8 making money off of people being sick, we just get  
9 rid of the profit, get rid of the advertising, and  
10 everybody knows what they have, and if they want to  
11 pay for something privately, they can pay for  
12 something privately if it's not covered by the  
13 Commonwealth, and insure everyone?

14 Just like Senator Kennedy wanted for the  
15 last 30 years, just extend Medicare for everyone.  
16 Keep it simple and efficient and inexpensive.

17 **COMMISSIONER MURPHY:** Karen Smith.

18 **MS. SMITH:** My name is Karen Smith, and I  
19 am probably one of the people that you would shoot  
20 if you had a chance. I've been an independent  
21 insurance broker for 30 years, and not only did I  
22 have to buy insurance as an individual, but if you  
23 want to know about what being in the middle is like,  
24 you ought to be in my office, because the edict of

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1 non based comes from the state, because my  
2 understanding up until an hour ago was that any  
3 rates that were spread amongst the masses had been  
4 approved by the state.

5 I just heard today that they are only  
6 submitted the day that they're effective. That's  
7 news to me, and I've been doing this for 30 years.  
8 So now I'm told we are going to have a 30-day  
9 review.

10 I have had people have increases from 50,  
11 and yesterday I opened one for 91 percent -- 91  
12 percent. I very much hear what you're saying, and I  
13 want you to know that the amount of remuneration  
14 that one gets as an insurance agent for premium is  
15 less than \$200 a year, and for the amount of time it  
16 takes to take somebody, like this young lady here  
17 who I happen to know for 20 years, and comes to your  
18 office for an hour and a half banging and screaming,  
19 and I'm like, I'm just the messenger man, you know,  
20 trying to help people out, and I know there are  
21 people in the business that aren't as upstanding as  
22 others.

23 And I knew walking in here there would be  
24 nobody else doing what I'm doing, because they are

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1 not coming in here. They're not coming in here.  
2 But I had my own business for 28 years. I've had  
3 major knee replacement. I've had disks blow. I've  
4 had surgery. I am a consumer. I know what it likes  
5 to all of a sudden pay \$450 a month and then have to  
6 come up with 2500 on top of that, and co-pay this  
7 and co-pay that.

8 The structure is what bothers me. I've  
9 written -- I understand how it's written. I  
10 understand the risk. I understand the law of large  
11 numbers. I understand that you just can't have  
12 anybody who wants to opt in on prescription meds,  
13 because you have all the healthy people out here,  
14 and the ones using it, so it skews the whole...I  
15 mean, I understand it. Do I agree with it?

16 Do I understand what our President was  
17 trying to do? Yeah. But I also understand there's  
18 some powerful lobbies. There's the drug lobby.  
19 There's the AMA. There's the ABA. There are a lot  
20 of powerful lobbies that are at work here, and this  
21 poor gentleman who says -- oh, I'm so glad I have  
22 this job -- I get both sides of it. But I am in the  
23 middle, and what I don't understand is how -- and  
24 the other thing is, we're in western Mass.

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1 Do you want to talk about -- like, for  
2 instance, this whole -- yesterday a letter was sent  
3 -- it was -- arrived at a lot of small businesses, 1  
4 to 50. No insurance broker was given a heads-up,  
5 and all of a sudden 9:00 yesterday morning, I get a  
6 letter from one of my insureds saying, "Oh, guess  
7 what? Commonwealth has a much better idea. How  
8 does this affect me?"

9 All of a sudden within 45 minutes, I have  
10 14 phone calls, "Karen, how is this going to affect  
11 me?" And I'm like, "What the hell is this?" I  
12 spend the whole day fending off phone calls, and  
13 then I go and I run the Website, and I'm like -- so  
14 now we have Fallon and Health New England. We have  
15 the gold, silver, bronze. I'm like, "Well, what is  
16 this as opposed to what they sell? Is this Complete  
17 Plus or Wise Max, or what is this? This is some  
18 sort of hybrid jazz.

19 When you call them and say -- when they say  
20 HNE silver, how does that line up with all the plans  
21 that I've sold for 10 years? Is it Complete Plus?  
22 Which one? "Well, it's actually a hybrid." And  
23 I'm, like, "Okay, great.

24 "Now, can you tell me on this Website, when

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<p>1 I have a group of 14, what the rates are for each 2 individual or family or couple? 3 "No. We just give a total." 4 Well, then, how am I, if I'm giving -- I 5 mean, it doesn't explain, and it's a full...Blue 6 Cross-Blue Shield isn't even involved. It was 7 designed to get the less -- five and less who go 8 through MBA, who have to pay 125 bucks to be part of 9 that lovely little purchasing group, but anybody 10 over six doesn't pay an administrative fee that's 11 outside of it and may be constructed in the premium. 12 I don't even know that. They wouldn't dare tell me. 13 But what I'm saying is you guys show up 14 today. I spent all day and probably the rest of 15 this week -- somebody from D-O -- I don't know 16 whether it's DOI or -- it had Deval Patrick right on 17 the top -- said that without giving the broker -- 18 and I would say most of us -- and I know there are 19 people who don't -- you know, there are cops and 20 there are lawyers and there are insurance agents who 21 aren't good or bad or ugly or whatever, but I'm 22 busting my chops here for a big 10 bucks a month. 23 Hello! And these guys came in and say, "You're 24 bad."</p>	<p>1 wonder why physicians, you know -- well, so and so, 2 these two aren't in Fallon; and these two aren't in 3 Health New England; and these two aren't in Tufts, 4 and they have Blue Cross, but that's going to be a 5 PPO. I mean, I understand it and I go crazy. 6 I don't know how you people -- I mean, I 7 would say go to a broker. At least drive them nuts 8 for 10 bucks a month for the aggravation alone. 9 But my point is is that as somebody who has 10 been a consumer and trying to be an explainer and an 11 educator and a facilitator, it's certainly not 12 made...when you get -- I mean, I almost choked when 13 I saw this letter. I said -- now, I got a call from 14 somebody saying, "I just want to know if you're 15 going to be at the hearing." I said, "Oh, yeah, 16 I'll be here." I'm sure you may not even know it 17 happened. 18 <b>COMMISSIONER MURPHY:</b> I'd actually like to 19 see the letter. I assure you it didn't come from 20 the Division of Insurance. It may be the Connector. 21 Was it announcing SBSC Business Express? 22 <b>MS. SMITH:</b> Yeah. That would not be the 23 letters I would use for it, but my suggestion is is 24 that if you're going to do something that affects</p>
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<p>1 Meanwhile, I'm trying to understand what 2 you're offering because I would like to say, "You 3 know what? That would be a better thing. You know, 4 maybe it would be better, because I'm making a lot 5 of money and going to Barbados on this." 6 I just -- every time I feel that I've got a 7 grip on it, they're like, "Here, what do you think 8 about Obama's plan?" Every time I study something, 9 it changes. There's nothing -- there's absolute 10 repeating of information. There's absolute -- why, 11 may I ask, in this state do we not have electronic 12 medical records? Why do we not do that? 13 Med 1 -- I go to BMC last year. I say, 14 "Here's my medical one passport. Please go get my 15 record." 16 <b>UNIDENTIFIED SPEAKER:</b> What's that? 17 <b>UNIDENTIFIED SPEAKER:</b> You can't get a 18 copy. 19 <b>MS. SMITH:</b> Med 1, you can. 20 <b>UNIDENTIFIED SPEAKER:</b> I asked and I -- 21 <b>MS. SMITH:</b> You can go to the Website and 22 do it yourself. Google has its own type of thing. 23 Those are the type things, the repeat of 24 information where you talk to the doctors -- you</p>	<p>1 the people that are trying to get people with a huge 2 remuneration to assist people and explain it, 3 because as Karen spoke to, if you call them -- 4 <b>COMMISSIONER MURPHY:</b> I didn't know -- 5 <b>MS. SMITH:</b> Call him. I don't know. I'm 6 saying I don't know or I know. I'll find out, and I 7 get back to people, and it's not like -- but I'm 8 doing your work for you, and I'm getting my knees 9 cut off. Come to us, and I must tell you, honestly, 10 I sell -- I got to see what these numbers are, 11 because I have to be honest with you. I'd like to 12 know how these numbers got arrived at, because I 13 quote every day. I haven't seen this for 10 years. 14 I'm dying to see this. I would love to see the 15 backup data on that. I just -- I'm shocked. 16 And your point about Affordable Health -- I 17 now work for an insurance broker -- a company of 25 18 people. We have a nutritionist on staff. We have 19 fruit and soup delivered. We get gym memberships, 20 and all that, and my boss will not cave on that -- 21 personal trainer, the whole thing. 22 The only way -- there's only one company in 23 the state of Massachusetts that will self-insure 24 small groups, and you have to have 7 to 40, mean age</p>



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1 under 42, 75 percent single men. So we've got maybe  
2 five businesses. They are all contractors, and the  
3 only time that these guys go to the hospital is when  
4 they crack up their car and they use their car  
5 medical insurance.

6 My point is self-insured is not available  
7 for small businesses, and if it is, they underwrite  
8 your group. They do. They look at your group, your  
9 weight, your height, drug use. You're not seeing me  
10 shopping at the 5, 7, and 9 shop. I understand what  
11 you're saying, you know? "You're fat, Karen Smith.  
12 You ought to be penalized." I've been struggling  
13 with this since I was 10, okay? But my point is  
14 you're not the only one who feels that way, and I  
15 understand that.

16 **UNIDENTIFIED SPEAKER:** If you try. If you  
17 don't try --

18 **MS. SMITH:** It's just there's a whole lot  
19 of stuff here, and I understand you're trying to  
20 come out and get some input from people who are  
21 affected. We are all affected, and there's the --  
22 the only way it's going to change is their point  
23 about legislation, Massachusetts is probably the  
24 best state in the United States to have medical

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1 coverage. You must cover well child. You must  
2 cover maternity. You must cover drug inpatient.  
3 You must -- there are a lot of musts, and if we  
4 didn't have it, this whole minimum credible  
5 coverage -- I have people who are fairly well-to-do,  
6 and they're like, "I don't want a \$2,000 deductible.  
7 I want a \$10,000."

8 I can't even sell the people who can afford  
9 it to do it, and I realize what minimum credible  
10 coverage is, because you have people sell off the  
11 Internet to poor people who don't understand it.  
12 They say, "I'm paying \$300 a month for my family of  
13 six." It's value driven. You got nothing.

14 Or you get 15 minutes in the surgical ward  
15 for a mere 4,000. I mean, there are so many hooks  
16 in it, and it's meant to confuse people. I get  
17 confused. I've been doing this for almost 30 years  
18 and I get confused. What are these poor human  
19 beings supposed to do? And then mass mailings go  
20 out, go here.

21 It's just nobody has thought it out from a  
22 bird's-eye view. It's all that you don't know what  
23 that letter said or looked like is indicative to me  
24 that one hand is not telling the other hand when

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1 you're all in the same concern. It's about  
2 insurance. It's about health insurance, and you,  
3 with all due apologies, Commissioner Murphy, if you  
4 don't know about it, it tells me that somebody is  
5 not paying attention at the higher level. And  
6 that's the type of stuff, as normal people, even as  
7 a consumer, if you don't know, how in God's name are  
8 we supposed to know?

9 So that's my plea is that as a consumer, as  
10 a person who tries to educate, as a person who tries  
11 to empower people to make better decisions about  
12 -- help me out here. All you do is for five bucks a  
13 month I get curve balls. And I'm like, I'm trying  
14 to pay my bills too. I would just implore that  
15 somebody would get up above the fray and look at  
16 whatever everybody is doing. I realize this is not  
17 going to change.

18 For 35 years, Ted Kennedy beat his head  
19 against the wall. Bill and Hillary did it. That  
20 was in '92. We're in 2010. The lobbies and the  
21 powers that be, it's not going to come there. It's  
22 got to come from you. You guys are the only ones,  
23 the state Insurance Commission -- like I thought you  
24 approved rates. I find out today you approved them

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1 the day they are submitted. How the heck can you do  
2 that? Nobody can do that. And how did this 90  
3 percent rate -- I'll show it to you. \$1,090 to  
4 \$1940 in one month with no age change.

5 **UNIDENTIFIED SPEAKER:** I'll bet that must  
6 be the same program I'm in, a family of four, 1,090  
7 to 1,650.

8 **MS. SMITH:** Something like that. Blue  
9 Cross-Blue Shield -- I'm not picking on them. I've  
10 seen it with all of them.

11 Yesterday, a single woman of 56 with two  
12 children, a thousand dollar deductible, \$1900 a  
13 month. That would cost her \$23,000 a year, and her  
14 out-of-pocket, because it's family deductible, not  
15 individuals -- because once they say individuals,  
16 two, family of five, meaning that they aggregate --  
17 they make all the family members...so she's got 22  
18 plus five, and that's for doctor visits or its  
19 aggregate, MRIs, hospital stays, or same day  
20 surgery. She's out \$26,000. That's net net.  
21 That's net net. She's an attorney.

22 I mean, how many net nets -- how many  
23 people do you have to stop being abused or get off a  
24 speeding or DWI ticket before that becomes part of

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1 it? So that's the type stuff that -- and I'm sorry,  
2 because I get -- I was pounded yesterday, so you're  
3 getting some of it. I apologize.  
4 **COMMISSIONER MURPHY:** No need to apologize.  
5 That's what we're here for.  
6 You're the last person, I think, to sign  
7 in. Is there anyone else?  
8 **MR. KINNAS:** Yes, Terry Kinnas.  
9 Do you want me to sign there?  
10 **COMMISSIONER MURPHY:** That's okay. Make  
11 sure you identify yourself.  
12 **MR. KINNAS:** Terry Kinnas, 14 Cooper Park  
13 Road, Pittsfield, Mass. And you had the size of the  
14 businesses that...I used to do cost analysis at G.E.  
15 many moons ago...small companies I work for in the  
16 state, in the area, and as it's gone down through,  
17 what you're looking at from an insurance company or  
18 insurance for cost versus healthcare -- you may like  
19 to separate those out -- because we're talking  
20 healthcare, or are we talking health insurance?  
21 Those are two totally different worlds.  
22 And I'm going to start -- I'm going to ask  
23 you, do you know what the cost of the regulations  
24 that the State of Massachusetts has put on the

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1 healthcare industry has added to the cost of  
2 healthcare within the state? The numbers that I've  
3 got, not from the AMA, but from doctors and  
4 corporations that supply healthcare equipment to the  
5 state, significant, is between 23 and 40 percent.  
6 Your regulations, meaning, not you personally, but  
7 as a collective group, have added significantly to  
8 the cost of health insurance in this state.  
9 And the tort reform, which I'm glad that  
10 lady mentioned, is one of the key elements of it.  
11 How much does the actual state regulations --  
12 because if you look at the state regulations, you  
13 have costs all related to insurance premiums -- if  
14 you look at them closely, there's two tiers. You  
15 have the federal set of regulations on every type of  
16 drug. We also have a state, which is a mirror  
17 image, but in the healthcare business, they have to  
18 fill out the paperwork for both.  
19 I'll give you a very specific example to  
20 make it simple. If I have to go for surgery -- if I  
21 have to put a surgery table in a building, it's  
22 about 10 or 15 thousand dollars a table. If I put  
23 another surgery table, exact same thing in the exact  
24 same building right over there, I have to refill out

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1 the paperwork again. I'll certify it off, because  
2 myself as a private corporation or a company, I  
3 would get sued double if I didn't dot my Ts or not  
4 that I cross Ts. It's got to be perfect.  
5 Some of the regulations that have been  
6 installed in the State of Massachusetts drive up the  
7 cost of insurance. And at the same time, as your  
8 GIC and other ones that go into...where you say your  
9 best doctors do less tests, what you're doing is  
10 eroding the quality of health insurance. You find  
11 that the doctors that can get out of here have  
12 gotten out of here. A number of companies have  
13 offered as much as 40 to 50 thousand dollars to  
14 their employees to move outside of the State of  
15 Massachusetts because of the cost of their insurance  
16 and everything else within the state.  
17 Look at, again, all the prospects. Start  
18 looking at how much we, the Commonwealth, all the  
19 people and everything who are actually doing the  
20 driving, one of the big concerns here is emergency  
21 room abuse. Do you realize a number of people,  
22 something like -- 15 percent is the number I was  
23 given -- use the emergency room so they can get a  
24 ride home at night because it's a requirement of the

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1 hospital to give those people a ride home if they  
2 report into the emergency room and they are  
3 indigent, and they use it -- they figure out the  
4 system. People aren't stupid. They'll figure out  
5 the best way to do that.  
6 So again, what are the main cost drivers?  
7 This lady -- I've been at a number of hearings at  
8 the State House involving the Connector and this  
9 whole farce, as I call it, for state health  
10 insurance. 17 new state agencies were created as  
11 part of the health insurance reform. Look at the  
12 payrolls. Same thing. I worked with a number of  
13 people, 55 and older statewide, you can't get a  
14 straight answer. We at least got one thing taken  
15 out, where you don't have to sign your estate over  
16 when you sign up for state insurance.  
17 You people that have the state insurance,  
18 read it very carefully, because one of the  
19 operations you still have to sign your estate over.  
20 Be careful. For the other ones you don't. Part of  
21 our problems here work into how that's calculated.  
22 I'm sure all the people know that when you use these  
23 cards, the Price Chopper, Stop & Shop, and Big Y --  
24 and God help me if I forgot anybody -- when you buy

<p>Page 65</p> <p>1 food it gets reported to the health insurance, 2 because the deal is if they have a pharmacy, that 3 anything you purchase, that's recorded back to the 4 health insurance companies to see what type of 5 person you are, and it goes into the premiums. 6 Oh, yeah, you have to look at how this is 7 done. The devil is in the details. 8 As these gentlemen presented information, 9 if you want a serious look at the cost, the state, 10 what's it doing for healthcare, actual healthcare? 11 The only reason I've got my doctor is he says he's 12 locked in. He's in his sixties. If he left, I'd 13 have a problem finding one who can speak English. 14 Only 16 percent of the doctors in the AMA -- excuse 15 me, the AMA only represents 16 percent of the 16 doctors. 30 some odd percent they can't represent 17 because the schools they went to aren't certified by 18 them. The rest of them, they told them, go away. 19 You mentioned lobbying groups. Forget 20 them. They do not accurately represent the costing 21 effect. One of the doctors that I interfaced with 22 two years ago, it cost him \$33,000 in new software 23 for a change that the feds put out. And the state 24 come out with another one, and it cost him another</p>	<p>Page 67</p> <p>1 group that they're in. Give them some incentive. 2 I'm not in a health club. I've got stuff 3 at my own house, but I have no incentive to stay 4 healthy except I'd like to live longer. That's me. 5 But it doesn't show up on the record anywhere that 6 they're paying 150, or the insurance company is 7 paying 150, 200 bucks for me to go to an exercise 8 club. So people get penalized. 9 This whole thing with the state health 10 insurance -- again, going back to it -- when you 11 look at your 1099 HCs -- and this is what the lady 12 is referring to -- and also your cost of what the 13 state considers expenses, you're killing the small 14 business people, the onesie twosie type people, and 15 forcing them to move out of the state. These 16 are...people, because of the way the net versus 17 gross profit versus expenses, and then the state's 18 got one number and the feds have got another number. 19 It's insane. We went through all this at a public 20 hearing three years ago and they haven't changed a 21 damn thing. 22 And whether it's...accuracy, once you get 23 into the areas of the lack of accountability of all 24 your operations, meaning the Connector and</p>
<p>Page 66</p> <p>1 \$60,000. This is a relatively small practice. 2 Who do you think pays that? Everybody goes 3 in. Nothing's free. There's no free care. 4 Everything costs money. If this data is being 5 utilized, and if you look at the data...why can't 6 you? Because of the use of the technology. I use 7 the terms computers and databases. 8 If I am doing -- which theoretically I 9 don't necessarily agree with it -- a healthy 10 lifestyle, then why doesn't my premium go down? It 11 won't go down because I'm thrown into a group. When 12 I'm trying something very hard to do A, B, and C, 13 because as you get older -- I'm probably one of the 14 older people in here -- you know you're finite. You 15 have a certain numbers of days left. You want to 16 increase those days. So you usually get into almost 17 better shape than a lot of the younger people. 18 Utilize -- the companies know, according to 19 their actuarial tables -- believe me, they know, but 20 going back, if you can regulate -- I don't want to 21 use that term -- deregulate to get the cost of the 22 healthcare down, and at the same time reward those 23 people who, because of groups and policies 24 and...will actually help reduce the cost of the</p>	<p>Page 68</p> <p>1 everything else, everybody is indemnified. In the 2 private sector, I'm not indemnified. I can get sued 3 by her. She can't sue you unless it's gross 4 negligence, and when these people call -- if that 5 was with a private company, she'd be calling her. 6 It all goes by the boards. 7 And this poor lady here, as a broker -- I 8 shouldn't even say....if she doesn't know, and you 9 don't know -- 10 <b>UNIDENTIFIED SPEAKER:</b> And the Commonwealth 11 doesn't know and the Governor doesn't know -- 12 <b>MR. KINNAS:</b> I worked for the Governor's 13 office for almost four months. They couldn't get 14 information on the Connector. And the state 15 representatives -- they give you a political answer, 16 but they don't give you a factual answer. This is 17 the political answer. See what we've done. These 18 numbers over here. 19 I want to see the facts behind it and the 20 data. I'd volunteer my time to do that, because 21 whatever cost drivers that are driving these numbers 22 down -- and the broker said she's never seen any of 23 these types of numbers -- then what's driving those 24 down should apply back.</p>

<p style="text-align: right;">Page 69</p> <p>1 I used to do that with property insurance 2 and other insurance. I'd look at the cost drivers. 3 And then I'd go in and check the accuracy of the 4 cost driver information, and lo and behold, I used 5 to get my insurance reduced by somewhere between 15 6 and 25 percent, 30 percent. 7 Same thing with Workmen's Comp. There's 8 two sets of books in the state for that. This all 9 goes back to the insurance business. There's a 10 state set of books and there's a federal set of 11 books that brokers need...the numbers are all 12 different. 13 If you're serious about improving health 14 quality and cutting costs, look at where the cost 15 drivers come from and see what other places may be 16 in the country where their insurance is less 17 expensive but their healthcare is better. 18 See, everybody tends to equate healthcare 19 and costs. Throw it away. The federal -- I think 20 they are all nuts, because none of them have come in 21 to look at this cost factor, this and this. They 22 listen to the AMA. The AMA has its own agenda out 23 there to keep the federal money coming in. That's 24 the trouble with a lot of these so-called Connector</p>	<p style="text-align: right;">Page 71</p> <p>1 press never really investigates it -- Boston 2 Business Journal did a little bit -- to look at 3 what's the actual factors, and you can go from 4 there. 5 If I knew the attitude that was going to be 6 given, I could have brought in a stack of data and 7 information that references reports like that. I 8 thought this was something else. 9 Let me just check the rates -- oh, 10 information on costing. When I worked with a major 11 corporation in the eighties...previously mentioned, 12 we calculated the cost out of the group of us \$4,750 13 a year plus or minus. Healthcare costs, tax on 14 equipment, nicotine and everything...businesses can 15 calculate it pretty close, what a smoker costs 16 versus a nonsmoker. 17 In looking at your healthcare and looking 18 at your insurance, if you're going to do it, force 19 them to take a look at the Democratic...because if 20 you have three groups of people -- and this is the 21 easy part -- those that try to maintain a good 22 lifestyle are being penalized for those that don't. 23 What is the penalty? As this lady 24 mentioned, if I'm on the state healthcare system and</p>
<p style="text-align: right;">Page 70</p> <p>1 state insurances. They are on an internal gravy 2 train when you follow the money. That's why this 3 poor guy can't get a cheaper one in New York State, 4 because you're right, it would affect their bottom 5 line, and that's the sad part. 6 And not to put this all on your shoulders, 7 but you can become a star in that respect if you 8 could help work this through, because again, you go 9 down and start looking. The way the government 10 operates in this state, it's going bankrupt. Look 11 at the numbers. Look at your financial report to 12 the bonding agencies. The state has to deliver them 13 once a month. You get the full -- the healthcare 14 costs, legal lawsuits, liabilities...it's scary, and 15 work it backwards. 16 You're on a mission from the Governor to be 17 here. I think the Lord...it. I really do. It's 18 better than driving to Boston. However, I would 19 rather have you take an extra two months or three 20 months to do it right than to do it in six weeks and 21 come up with the same bunch of maneuvers that we've 22 got now where no one knows what the hell's going on. 23 You try to talk to these agencies, and then they 24 call the press and give a press release, and the</p>	<p style="text-align: right;">Page 72</p> <p>1 I go out and get drunk every night, get picked up in 2 a wrecker, I end up paying for this lunatic's 3 healthcare, and it goes up and up and up, because 4 he's in for treatment or she's in for it, and the 5 healthcare bill goes up significantly, but there's 6 no accountability for that person or group 7 sometimes. And that's why a lot of your small 8 businesses, if they can go across the line, not only 9 will they get cheaper insurance, they can get a 10 better healthcare. 11 I'll use the CRT CAT scanner. There was a 12 big article in -- BMC has a 64 slice.... 13 If you go over the hill here, they got 256. 14 And it's -- actually, the bill is cheaper. But 15 these people have to get special permission, some of 16 them, to go over there to do it. It's insane. We 17 can get better care at less cost. 18 The only thing I can say is...it's the best 19 healthcare in the area. You name it. They would 20 put together a very specific identifiable package to 21 go out to bid and say here, three years, bid on it. 22 It would go pretty much with the lowest bid with the 23 best return. If the healthcare people or the 24 industry didn't get their bonus, that's too bad.</p>

<p style="text-align: right;">Page 73</p> <p>1 They had to take a hit financially to compensate if 2 they didn't do their homework.... 3 Here, the only one that keeps taking the 4 hit is...is you go back to the Department of 5 Revenue -- I almost said IRS -- I'm not sure which 6 one is better -- to fine people if they don't take 7 the health insurance, and you require them all to do 8 it. How much does that cost the state? You know, 9 look at how much the state is costing the healthcare 10 costs as it relates to the healthcare insurance. 11 And that's when setting your premiums. 12 Thank you. 13 <b>UNIDENTIFIED SPEAKER:</b> I just have one 14 other question in terms of saving money, the whole 15 thing of quality versus quantity which has been 16 talked a lot about. I'm very fortunate. I have an 17 incredible internist, and he'll spend an hour with 18 you, and -- if that's what's needed, or he'll spend 19 five minutes, and obviously, that's not what he's 20 going to get paid for. 21 Is there anything that the government can 22 do to affect that? So that an internist who is not 23 going into surgery, where a surgeon gets -- my 24 brother's an OB guy, so he's given up...because of</p>	<p style="text-align: right;">Page 75</p> <p>1 blood tests once right away, we could have found 2 more things instead of me going back three or four 3 times and wasting my time, and those premiums were 4 adding up. I even cancelled one because I didn't 5 want the bill going to the state -- because I'm 6 actually in the state right now. 7 And for costs -- a pee cup -- I saw a 8 pill -- a pee cup costs \$32 to the insurance. A pee 9 cup, you know, you gotta go pee in a cup for a 10 urine -- 11 <b>UNIDENTIFIED SPEAKER:</b> A urine receptacle. 12 <b>UNIDENTIFIED SPEAKER:</b> So now when I go, I 13 make sure I bring my own. They said, "What are you 14 doing? I'm saving \$32." 15 I found out I was a diabetic two years ago, 16 type 1. I go in and they want to take a test to see 17 where I am at that time. The whole cost is only two 18 dollars, but I'm an accountant, so it's money -- you 19 know, I count everything. So you know what? I 20 pulled out my machine and did it. So I saved two to 21 five dollars right there. But \$32 for a cup? 22 So I don't know what your role is in that 23 kind of thing, but -- and I just go really quickly. 24 In this market with everything crashing, maybe</p>
<p style="text-align: right;">Page 74</p> <p>1 the health, the malpractice insurance, but that's 2 where the money was with surgery, anything to do 3 with delivering babies, hysterectomies -- all the 4 women things. 5 Is there any way to bring up the payment to 6 the internists, which is the doctor that should be 7 spending a lot of time with you and reduce the 8 costs, the massive costs to specialists? 9 <b>UNIDENTIFIED SPEAKER:</b> The primary doctors, 10 if I understand it right, they should know 11 everything. The specialist only knows one thing 12 very well, but one thing. So the primary should be 13 the super star, but they also have to be good. 14 With my husband's back now, the first thing 15 they did was throw a bunch of drugs. We don't like 16 taking pills because of all the side effects, but he 17 had to use them for pain for awhile, and he was told 18 to rest, which, when you do the research, that is 19 the worst thing to do for a back -- 20 <b>UNIDENTIFIED SPEAKER:</b> Well, I'm assuming 21 someone's good. You know, we have that good and bad 22 with all of them. 23 <b>UNIDENTIFIED SPEAKER:</b> Yes, but I think 24 there's more bad here. And if just took all the</p>	<p style="text-align: right;">Page 76</p> <p>1 universities can lower their prices so doctors don't 2 come out with thus huge bills, and quite frankly, 3 it's not rocket science anyway. They have their 4 buildings and energy costs and let them handle that, 5 and then the products. 6 When I was -- I had to go to the doctor's, 7 so the nurse said, "Oh, don't you like our new 8 table," when I had to get up on the table thing. 9 She said, "The other one was perfectly fine, but 10 this one is a great one," and then she tried to 11 crank it and it didn't work. And she said it cost 12 \$3,000. And I'm "\$3,000 for a table? That's 13 crazy." So those things that add up don't even need 14 to be there. 15 The efficiencies of service, I actually 16 kind of jotted down a plan which, actually, I'll 17 send you, if I can e-mail you, on how yearly, we all 18 could go to the doctor. It will take -- you're 19 going to be there for a half a day, and we are going 20 to cover everything. And you get your report, and 21 the doctor gets the report, and you see how you're 22 doing. You can make improvements or change things. 23 You know, one of my appointments, I get the 24 reports now. My husband's sodium was up a little.</p>

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1 The doctor didn't even mention it. I go, "You'll  
2 get a little star. You'll get a little star if you  
3 drink." Oh, yeah, drink more water. I'm like, "Oh,  
4 great, I'm going to have to learn how to check your  
5 sodium." So I have an idea of how it covers  
6 everything.  
7 And one last thing, I guess, or two more  
8 things. Why isn't dental covered? Dental is so  
9 important, one, you know, to be semi-superficial, to  
10 look good, because we all want to look good, and if  
11 you look good, you get more pay, they say,  
12 blah-blah-blah, and so many diseases from the mouth  
13 that can cause other diseases. This -- dental  
14 should be part of the deal.  
15 And the comment to the woman back here. My  
16 acupuncturist said that when she worked in China,  
17 they didn't get paid if they didn't make somebody  
18 better. So maybe if we would bring -- I would hope  
19 that for people who become doctors, it's because,  
20 you know, their mother died of something, and they  
21 want to heal people. So I'm going to give them the  
22 benefit of the doubt that they want to make things  
23 better, but every time I talk to people, I kind of  
24 want to try to listen.

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1 I eat way better. I mean, eating what I  
2 ate did not cause type 1 diabetes. That's a virus,  
3 but I don't want the rest of me to go kaput so I eat  
4 very well now, and that's part of the holistic. And  
5 you say that word to a doctor, and they're, "Get out  
6 of the office. Take this drug and be quiet."  
7 So if I can help with the costs which helps  
8 bring down the premiums, and insurance companies  
9 employ people, but they don't need those huge  
10 profits. In a way, if it could be that that is no  
11 longer a capitalist business. It's gone. We'll  
12 just try to keep our costs -- just make a little bit  
13 more than our costs kind of thing. I'd like it to  
14 be fair. I think it could be managed much easier.  
15 So I want to send you my little efficiency  
16 of services, and it may be fun to go to the doctors,  
17 believe it or not.  
18 **COMMISSIONER MURPHY:** There's a sort quasi  
19 statement of the Health Care Quality and Cost  
20 Council. They have a Website, and you can go on and  
21 you can look at sort of different procedures and  
22 what the cost is and what the quality outcome is  
23 with providers, so it's a sort of interesting  
24 exercise to go see for that cost, what is the

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1 quality.  
2 **UNIDENTIFIED SPEAKER:** Yes, it's probably  
3 good for everybody, yeah, but I do my best to, even  
4 though -- you know, why not? We should all kind of  
5 do the best.  
6 **COMMISSIONER MURPHY:** Do you mind if I see  
7 if there's anybody who hasn't spoken? Is there  
8 anybody who maybe didn't sign up that wants to  
9 speak?  
10 **UNIDENTIFIED SPEAKER:** One of the other  
11 things that I found dealing with the insurance  
12 companies -- this is a personal thing -- is to get a  
13 prescription. I was paying, say, \$5 a month for 30  
14 pills, and the insurance company would pay \$4. I'm  
15 trying to get it so I could get 60 pills. The  
16 doctor said fine, and it took two months to do it,  
17 because the insurance company wanted to keep it a  
18 smaller quantity so the co-pay is higher.  
19 So then I got into a rolling battle, and I  
20 said, "Stop. Give me the prescription. Let me go  
21 out...and see what I can do. I went out with a  
22 quantity for the year, got a pharmacist to give me a  
23 quote. It cost me, yet it didn't cost the insurance  
24 company anything because that's the cost online.

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1 Beautiful. Got the insurance right out of the  
2 business.  
3 I called the insurance administrator. I'll  
4 give you her name -- Edwards, because she worked for  
5 some of the locals here. I said, "Look, this is  
6 nuts." I said, "I'm paying less. I'm happy. The  
7 insurance company is paying less. They're happy."  
8 I said, "It's a win win. How can we implement this  
9 throughout the system?"  
10 She started yelling at me. "Who are you to  
11 look at that and do this?" I said, "Wait a minute.  
12 Stop." I said, "Here's a cost statement." Well,  
13 the old adage was follow the money. Because she got  
14 a percentage of X amount of costing that goes out  
15 there, and they could save a little bit. In other  
16 words, the individuals, if their co-pays would go  
17 up, and the insurance co-pays would go down, she got  
18 a commission -- I'll use that as a nice term --  
19 because it worked out that way. So basically what I  
20 did was eliminate a middle man.  
21 Is there something you can do in there?  
22 Because when you look at the rate structure, see if  
23 you can eliminate, especially in the drug market, a  
24 lot of the middle people, because what I found

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1 working directly with the pharmacies, the  
2 pharmacists are very good, because they'll -- you  
3 can check the shelf life of the drug and everything  
4 else to make sure that what you're buying in  
5 quantity works. You save a ton. It cost me for a  
6 year half of what I used to pay, and there's no  
7 co-pay from anybody else.

8 I'm happy. Someone else should have been  
9 happy, and they weren't. And they failed...nothing.  
10 And that's where I don't always agree with the  
11 government getting involved. Maybe have them  
12 focused a little bit more on doing a different  
13 procedure. So look at the options.

14 What they do, and why I found out -- I got  
15 into it with them. "Where did you order from? I  
16 could not buy this." It came from a doctor. When  
17 they put it into the system at the doctor's office  
18 or the hospital or the medical place, it goes into a  
19 computer system. Goes out into the insurance  
20 servers which are out in Ohio, and there's a program  
21 within there that says, here's the number that's set  
22 by the insurance company. That's how I found who  
23 was responsible, because the insurance company tries  
24 to put it on the doctor. The doctor, which I

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1 believe because he's got...I believe him.

2 And then once we eliminated the insurance  
3 company's process, the cost went down significantly,  
4 not to the happiness of the insurance administrator  
5 that held the plan.

6 It doesn't make sense, but that's what it  
7 is.

8 **UNIDENTIFIED SPEAKER:** What does the  
9 Patrick administration believe is the answer to  
10 this -- all of these problems?

11 **COMMISSIONER MURPHY:** Well, I think that's  
12 what we're trying to tackle. The Governor  
13 recognizes, and I think he's repeatedly stated that  
14 this is an economic emergency; that coming out of  
15 any sort of economic downturn, small business,  
16 individuals, entrepreneurship is where we start to  
17 see jobs opening. These double-digit rate increases  
18 are really stifling that, but he's asked us, and we,  
19 just through the hearing process, we've developed  
20 probably 48 different options, whether they're using  
21 our existing authority or require legislation, we'll  
22 be issuing a report that will detail what should be  
23 done coming out of it. It's a little premature, but  
24 that's what we're trying to get at.

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1 **UNIDENTIFIED SPEAKER:** Well, the one thing  
2 that I'd like him to hear is that the options for  
3 people who are not indigent and are not elderly, the  
4 only option is that you live at risk of financial  
5 ruin every single minute, and to look at the big  
6 picture, it makes Massachusetts -- in fact, the  
7 United States, an extremely unattractive place to  
8 live, to retire, to think that you could be wiped  
9 out because of your health.

10 **COMMISSIONER MURPHY:** You're absolutely  
11 right. I had a Governor announce part of the  
12 initiative, the regulatory part on February 10th,  
13 and two days later, I had a small business person  
14 call the office who has 20 individuals, maybe four  
15 or five families, and his premium increase -- so he  
16 spends about \$125,000 on health insurance premiums,  
17 and it was 175,000. So it was over 50 grand more.  
18 For him, that was laying off somebody, because that  
19 was a full-time employee with health benefits.

20 **UNIDENTIFIED SPEAKER:** I'm from a mental  
21 health agency, and we're seeing a lot of people come  
22 in with high deductible plans, and it really  
23 concerns me because it gets in the way of primary  
24 care, and I'm sure primary care providers are in a

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1 similar spot. It seems to me instead of having a  
2 high deductible plan so that your first -- say for a  
3 mental health visit, your first five, say, visits,  
4 you have to pay \$75 a visit. I would much rather  
5 see like -- if you get five visits for low cost, and  
6 then you have to pay more.

7 So we could give people affordable health  
8 care so they could get a reasonable amount from the  
9 get-go, because that's just preventing a lot of  
10 people from coming in for regular, old, generic  
11 counseling.

12 **COMMISSIONER MURPHY:** Thank you.

13 **UNIDENTIFIED SPEAKER:** With regard to  
14 prescriptions, I take three medication prescriptions  
15 each month, and after looking into it, I found out  
16 if I paid in cash for these three generic  
17 prescriptions, it's cheaper than my co-pays from the  
18 insurance company.

19 So when I called Commonwealth Choice and  
20 asked them, "Can I get a comparable plan to what I  
21 have now, only without prescription coverage and  
22 what it would cost," they said no, because the state  
23 mandates prescription coverage has to be part of the  
24 policy. I don't know if that's true or why. The

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1 insurance company isn't even involved. I'm paying  
2 out of my pocket plus I'm paying my premium.  
3 **COMMISSIONER MURPHY:** That's part of that  
4 minimum federal coverage when they moved to health  
5 reform, that sort of threshold that you need to have  
6 as far as benefit level not to pay the penalty for  
7 not having insurance.  
8 **UNIDENTIFIED SPEAKER:** You gotta have this.  
9 I'm a single man in my sixties. I don't need child  
10 wellness. I don't need to pay for prenatal care.  
11 Why can't I go out and find a policy that I need?  
12 **COMMISSIONER MURPHY:** Maybe that needs to  
13 be looked at again.  
14 **UNIDENTIFIED SPEAKER:** When -- way back  
15 when, when they made the transition, it was before  
16 mandatory coverage, the insurance companies, from my  
17 recall, were already making prescription drug care  
18 coverage part of the policy? Do you know if that  
19 was --  
20 **COMMISSIONER MURPHY:** Somebody included  
21 prescription drugs, but minimum federal coverage  
22 doesn't alleviate the problem.  
23 **UNIDENTIFIED SPEAKER:** Once the state  
24 mandated it, I imagine there had to be some kind of

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1 a -- I was talking to one of our legislators, and he  
2 actually said to me that it was a mistake that they  
3 made while they were in the process of negotiating  
4 particular coverage, this mandatory coverage, that  
5 they didn't think about. Clearly, I'm expecting  
6 there was probably some kind of a -- I don't know  
7 how you'd call it, but a payoff or some kind of a  
8 compromise, I guess, is a better word to say, "Okay,  
9 if we do this, you'll do that. Who's it going to  
10 affect? We'll just see what happens and we'll try  
11 to address it later on.  
12 So I've been still asking the question of  
13 this gentleman and Terry as well, and they don't --  
14 it just seems absurd that you're healthy, and you're  
15 forced to pay for those that are not, and in the  
16 case of a business owner, it's not a dollar to a  
17 dollar. You're paying a dollar, but you have to  
18 make two to create that, so it's a double whammy. I  
19 would really ask -- and I'm sure this is the first  
20 time you've heard it in these hearings -- that  
21 mandatory prescription drug coverage should be  
22 looked at so carefully, because my understanding is  
23 it's probably 20 percent of our premium costs.  
24 And I'm hearing horror stories about people

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1 who paid a premium who -- this is a systematic  
2 problem -- it's going to get worse -- that go to  
3 doctors as often as they can so they can get their  
4 money's worth. I can't stand the doctors. I run  
5 like crazy to not have to go and try to stay  
6 healthy.  
7 Now we're going to take the national health  
8 care coverage and add another 30 to 40 million  
9 people. If I have to get an appointment to see my  
10 doctor, it's incredible how much time it takes to  
11 get in to see somebody, let alone the emergency room  
12 if you get sick in the middle of the night. I'm so  
13 concerned about the fact that we are now going to  
14 force the nation -- and don't get me wrong -- I  
15 think everybody should have affordable coverage --  
16 into getting care. Who is going to take care of  
17 these people is my big concern? What's going to  
18 happen -- you know, if you add -- we have a very  
19 small community here. The hospital internists, they  
20 are far and few between. They're all falling out of  
21 the business. Every other month I'm getting a  
22 letter saying your primary care physician has gone  
23 off and is in some other part of the country doing  
24 whatever they are doing.

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1 So we're going to add a bigger per capita  
2 of people to a smaller service industry that's  
3 already stretched to the limit. If you ever -- if  
4 you want to learn a little bit about healthcare, go  
5 into the hospital and stay for about a week and see  
6 how much -- have the Governor and his staff stay for  
7 a week. It's so frightening to be there to begin  
8 with. They have less nurses. They have less care.  
9 There's less attention.  
10 I just experienced this firsthand with a  
11 husband who got critical care that I stayed for 36  
12 hours at a time by his bedside, because if I wasn't  
13 there -- his treatment was sitting by the side of  
14 his bed one day not being administered. He had  
15 brain damage. I went home to take a shower, and I  
16 came back and his -- the insert of the care wasn't  
17 there because he had a trainee that was a little  
18 nervous and didn't know what she was doing and went  
19 into some kind of shock, unfortunately, so I walked  
20 in and I said, "Ma'am, what's going on? My husband  
21 doesn't have his care."  
22 There's less per capita care per patient  
23 now, and I'm really nervous about what's going to  
24 happen when we introduce a population that's going



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1 to explode and the need for services. That scares  
2 me more than having to worry about paying for the  
3 care.  
4 I know this is the discussion we are having  
5 today, but somebody better talk about it, because  
6 when it happens -- I'm hoping when it does, it  
7 allows people that are healthy a better opportunity  
8 to maybe pay less by performance standards. If  
9 you're taking better care of yourself, we are going  
10 to put you in a better pool. Because nobody asked  
11 me. They said, "What's your zip code? How old are  
12 you? And what is your profession?" And in two  
13 seconds they have a premium for me.  
14 Oh, my God, I mean, it just seemed to be so  
15 precarious as far as saying specifically, you know,  
16 all of the industries we work in and we're  
17 accountable for what we do and how well we do, and  
18 if we are not doing it well, we are not going to get  
19 paid, and especially if you're self-employed; but  
20 when it comes to healthcare and insurance companies'  
21 accountability to us as premium payers, there  
22 doesn't seem to be any kind of performance standards  
23 for anything.  
24 So I appreciate this forum, but we gotta

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1 take this whole thing out a little bit farther and  
2 say what's going to happen when this happens.  
3 **COMMISSIONER MURPHY:** I appreciate your  
4 comment about the pharmacy benefit. There's  
5 nothing preventing the insurance company now from  
6 offering what we call sub minimum credible coverage  
7 product, but the truth is none of them do. Maybe --  
8 I know that some of them are looking at it. Maybe  
9 we need to require them all to offer something that  
10 doesn't have a drug benefit, because there are  
11 people that are either exempt from the mandate or  
12 for whatever reason don't need that product, and  
13 there's really no option.  
14 **UNIDENTIFIED SPEAKER:** That, in itself,  
15 will cost easily, by -- I watched the difference,  
16 because one year I can get it, and the next -- this  
17 is before mandatory healthcare -- one year I could  
18 get it. The next year they didn't offer it. I had  
19 to switch insurance companies, and there was at  
20 least a 20 percent differential per month, and to me  
21 that makes perfectly good sense. You know, if  
22 someone else who is unfortunate and has to have some  
23 kind of prescription drug coverage to take care of  
24 their medical concern, then, you know, you use it,

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1 you pay for it.  
2 I mean, you'll be surprised at how quickly  
3 costs change when somebody has to pay for something  
4 they are using that's not being subsidized by  
5 somebody else. It's gotta happen. I mean, it seems  
6 like it's a little bit out of control right now.  
7 Thanks for that effort that you're making.  
8 **COMMISSIONER MURPHY:** Thank you.  
9 **UNIDENTIFIED SPEAKER:** You probably heard  
10 this elsewhere in the state, but people are coming  
11 to the Commonwealth in droves for our health  
12 insurance programs, indigent people from all over,  
13 for the insurance, and especially for the drug  
14 benefit.  
15 Also, we need a death with dignity law in  
16 this Commonwealth, I think. I spent the last three  
17 years with my two in-laws as they passed away, and  
18 hundreds and hundreds of thousands of dollars were  
19 spent a week on tests they didn't want completed,  
20 and there was no -- nothing in place in the  
21 institution of the hospitals to help them get  
22 comfortable with the idea of dying and the process  
23 of dying, and the doctors, while they, you know  
24 tried quietly, there was no aboveboard way to invite

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1 hospice in to talk with that about -- an option to  
2 talk about dying as an option, and instead they got  
3 shocked and tested and manipulated long past the  
4 time they wanted to go.  
5 **UNIDENTIFIED SPEAKER:** If somebody doesn't  
6 get insurance, there's a penalty, but if they got  
7 into a car accident and went to the hospital, would  
8 they be taken care of? So do you see what I'm kind  
9 of going with there? I need insurance because now I  
10 need insulin, but I didn't have insurance for 10  
11 years because I was healthy. I didn't need it. It  
12 was kind of risky but -- and before that, my  
13 companies paid -- when I graduated from college in  
14 '91, my first two jobs, a hundred percent.  
15 Now there are 50 employees, so it doesn't  
16 really cover 1, 2, or 10 people, but it was a  
17 hundred percent, and the next company, it was about  
18 90 percent, and then I've just kind of been doing my  
19 own thing, and all of a sudden the rates went up  
20 '95, '96 -- maybe even after that, '98.  
21 So -- actually, she left, but I do think  
22 it's big business's job to take care of that because  
23 they always have, and they have the money. Where we  
24 have a small business instead, that's a lot of

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1 money. I mean, I think they need -- when you deal  
2 with millions of dollars and a hundred thousand --  
3 we're throwing out all these big numbers -- most  
4 people only make 30 grand. How are we supposed to  
5 pay rent?  
6 I'm just starting, so I'm assuming -- I'm  
7 planning for the worst, you know, and that's -- I  
8 don't know. I just don't see how the insurance  
9 companies can afford this much. I mean, they make  
10 us wear seatbelts. They make us wear helmets, but  
11 they don't make people stay healthy...or better yet,  
12 I don't even know if you have power talk to someone  
13 else.  
14 Because you read labels -- the food  
15 industry puts poison in our food which makes us  
16 sick, which then we have to go to the hospital. You  
17 know, I mean, it can stop from further away before  
18 people get sick enough, and then -- I'll guess I'll  
19 send you an e-mail of how to -- that people can kind  
20 of see how their health is doing and make the small  
21 adjustments they need to from year to year.  
22 **COMMISSIONER MURPHY:** Well, thank you, all.  
23 I appreciate you coming out. I know this is time  
24 out of the office where you could be trying to make

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1 money. It's extremely helpful to me. It's one  
2 thing to sort of sit back in the office, but to get  
3 the practical perspective of how this is affecting  
4 people is extremely helpful.  
5 **UNIDENTIFIED SPEAKER:** One other question.  
6 You indicated that now the providers have to give  
7 you 30 days' notice.  
8 **COMMISSIONER MURPHY:** The insurers do.  
9 **UNIDENTIFIED SPEAKER:** Does the state have  
10 anything -- any authority to do anything about --  
11 **COMMISSIONER MURPHY:** Yes. The woman  
12 sitting here talked about the...what we call the  
13 Insurance Institute.  
14 The authority I have under law is what is  
15 called disapproval authority, so when they file with  
16 me, unless we do something, the rate goes into  
17 effect. So we're now requiring them to file 30 days  
18 in advance with a significant amount of actuarial  
19 support supporting that proposed rate. We have an  
20 actuary at the office to help the actuaries. We go  
21 through it running those numbers, and making sure  
22 that the information they've submitted supports what  
23 they are seeking, and if we determine, for whatever  
24 reason, it doesn't, we have the authority to

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1 disapprove the rate.  
2 **UNIDENTIFIED SPEAKER:** Is that happening  
3 now simply because of what happened in the last 30  
4 days?  
5 **COMMISSIONER MURPHY:** Yes. As a direct  
6 result of what the Governor told us to do on  
7 February 10th.  
8 **UNIDENTIFIED SPEAKER:** So in the past, they  
9 could do whatever they wanted --  
10 **COMMISSIONER MURPHY:** They filed sort of a  
11 rate sheet with an actuarial testing with it, but  
12 there wasn't a lot of supporting documents, and it  
13 was on the date that they filed the report.  
14 (Whereupon, the hearing was  
15 concluded at 4:05 p.m.)  
16  
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1  
2 C E R T I F I C A T E  
3 I, Diana M. Noel, Registered Professional  
4 Reporter and Certified Realtime Reporter, do hereby  
5 certify that the foregoing transcript, Volume I, is  
6 a true and accurate transcription of my stenographic  
7 notes taken on Wednesday, March 3, 2010.  
8  
9  
10  
11 \_\_\_\_\_  
12 Diana M. Noel  
13 Registered Professional Reporter  
14 Certified Realtime Reporter  
15  
16 - - - -

D I S C L A I M E R

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