

In The Matter Of:

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

Pittsfield

March 3, 2010

Public Informational Hearing

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Attorney's Notes

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Exhibits: None

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

PUBLIC INFORMATIONAL HEARING ON THE
RISING 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)

* * *

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

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

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

22 We also invited providers to participate.
23 We don't directly regulate them, but some providers
24 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

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1 that we now require.
2 After that review, the division will
3 determine whether or not the rates should be
4 disapproved.
5 This week the Governor asked me to again
6 travel the state to hold some hearings with
7 consumers and small business owners to hear directly
8 from them about what they're seeing by way of
9 renewal premiums with the 4-01 effective date, and
10 also to hear their thoughts on what the Governor
11 announced on February 10th.
12 With all this information we've collected,
13 we will be issuing a report later this month with
14 some policy options for the Governor and legislature
15 to consider as we move forward.
16 Let the record reflect that notice of this
17 hearing appeared through publication on Thursday,
18 February 25th, and on the division's Website as of
19 February 23rd. We also sent out individual
20 notification via e-mail to a list of parties that
21 had asked to be apprised of such activities. We've
22 got a sign-in sheet, which I think some people who
23 are interested in speaking today have signed in
24 already. We will go through that and then open it

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1 up to anyone who would like to speak.
2 We do have a transcriptionist, and since
3 this room is a little different from our normal
4 hearing rooms, you're welcome to speak from your
5 seat. I would just ask that you introduce yourself
6 for the record. So with that, we'll start with the
7 first person to sign in is Lisa Boyd.
8 **MS. BOYD:** I'm Lisa Boyd...but like I said,
9 I thought this was supposed to be a forum where you
10 were going to educate us, but since it's flipped
11 around -- and unfortunately, I'm the first person,
12 so I'm kind of a little lost, but I have three
13 topics that I kind of think about when I think about
14 insurance as a whole.
15 Should I just pull them down quickly?
16 **COMMISSIONER MURPHY:** Yes.
17 **MS. BOYD:** The first one is lower rates for
18 companies that either require support or offer
19 healthy lifestyles at their office, support being
20 onsite gym or membership payment, and offering
21 support as in healthy snacks at meetings instead of
22 doughnuts kind of thing.
23 The second one is maybe this could help get
24 insurance payments lower if people are more

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1 responsible for their own health. For example,
2 someone's diagnosed with type 2 diabetes, and they
3 need to lose a lot of weight. If they are not
4 trying to lose weight, they are not taking their
5 meds, maybe we should not be paying their services
6 any more.
7 The third one, why not just set a fair, one
8 flat rate, a hundred bucks a month. It doesn't
9 matter whether you have 10 employees or in a group.
10 Just make it fair and end all this. So for being
11 the first one and not being up to speed on
12 everything, those are my opinions. Thank you.
13 **COMMISSIONER MURPHY:** Could I ask are you
14 involved in a small employer or small business?
15 What's your --
16 **MS. BOYD:** Well, I'm just starting out now
17 as a consultant, so I will be using this information
18 only for myself and for clients, but then just
19 hearing everything in the papers and Obama's plan
20 and all that kind of stuff.
21 **COMMISSIONER MURPHY:** Well, I guess your
22 first two thoughts are sort of interrelated, about
23 promoting a healthy lifestyle. One of the things we
24 heard through the hearings, we had presentations --

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1 I want to say in January -- by an HR
2 person...employer not in a small group market, a
3 large self-employed entity, and they've got this
4 program where they encourage a healthy lifestyle.
5 They have the gym memberships. They've also got a
6 number of -- they are large enough where they can
7 have programs like smoking cessation and things like
8 that, and I think they've driven their insurance
9 costs over the past several years down to 12
10 percent.
11 The issue with small businesses is they are
12 too small to really be able to offer programs like
13 that to their employees. They just don't have the
14 size. So one of the things we are looking at, is
15 there a way to create some sort of cooperative that
16 would be large enough where they could band together
17 and sort of reap the benefits of some of those
18 programs that -- and eventually will trickle into
19 savings where people are promoting a healthier
20 lifestyle.
21 **MS. BOYD:** Can I comment on that?
22 **COMMISSIONER MURPHY:** Sure, absolutely.
23 **MS. BOYD:** I think a small company can do
24 it just as easy. I don't think people need to go to

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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 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 Suttin.
13 **MR. SUTTEN:** I'm Bob Suttin, 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

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1 are roughly 15 percent higher than the national
2 average. We support, and the State Division of
3 Health Care Finance & 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.

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.

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.

22 Now, as folks may recall, last January, the
23 Governor had called in health insurance executives,
24 hospital executives, physician executives, to his

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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.

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.

11 First, it sets a minimum basic medical
12 package consistent with the Commonwealth Choice
13 bronze level offerings.

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.

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.

21 Taking these three elements together, we
22 estimate the reduction on premiums to be anywhere
23 between 17 and 22 percent.

24 The folks who can see the chart, if you

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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.

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.

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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.

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.

11 **COMMISSIONER MURPHY:** Thank you.

12 **UNIDENTIFIED SPEAKER:** Can we ask a
13 question?

14 **COMMISSIONER MURPHY:** It's sort of an
15 informational hearing, but if Mr. Linzer wants to
16 make --

17 **UNIDENTIFIED SPEAKER:** Is that it in its
18 entirety, or does that cover any more than that
19 group, or is that an example?

20 **MR. LINZER:** 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

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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

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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

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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 **COMMISSIONER MURPHY:** 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 **MS. MANGIARDI:** Crispin Mangiardi.
 15 **COMMISSIONER MURPHY:** Yes, I'm sorry.
 16 **MS. MANGIARDI:** 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

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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

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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

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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.

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

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

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

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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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."

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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 **UNIDENTIFIED SPEAKER:** What's that?
 17 **UNIDENTIFIED SPEAKER:** You can't get a
 18 copy.
 19 **MS. SMITH:** Med 1, you can.
 20 **UNIDENTIFIED SPEAKER:** I asked and I --
 21 **MS. SMITH:** 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

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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 **COMMISSIONER MURPHY:** 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 **MS. SMITH:** 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

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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 **COMMISSIONER MURPHY:** I didn't know --
 5 **MS. SMITH:** 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

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

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

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

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

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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

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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

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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

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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 **UNIDENTIFIED SPEAKER:** And the Commonwealth
11 doesn't know and the Governor doesn't know --
12 **MR. KINNAS:** 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.

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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

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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

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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

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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.

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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 **UNIDENTIFIED SPEAKER:** 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

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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 **UNIDENTIFIED SPEAKER:** 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 **UNIDENTIFIED SPEAKER:** Well, I'm assuming
21 someone's good. You know, we have that good and bad
22 with all of them.
23 **UNIDENTIFIED SPEAKER:** Yes, but I think
24 there's more bad here. And if just took all the

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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 **UNIDENTIFIED SPEAKER:** A urine receptacle.
12 **UNIDENTIFIED SPEAKER:** 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

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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.

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

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D I S C L A I M E R

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