

ORIGINAL

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA
JUDICIARY COMMITTEE

SUBCOMMITTEE ON COURTS HEARING
ON HOUSE BILL 710

DOBBIN HOUSE
89 STEINWEHR AVENUE
GETTYSBURG, PENNSYLVANIA

THURSDAY, JANUARY 20, 2000, 10:30 A.M.

BEFORE:

HON. DANIEL CLARK, CHAIRMAN
HON. ALBERT MASLAND
HON. STEPHEN MAITLAND
HON. JERRY BIRMELIN
HON. FRANK DERMODY
HON. DON WALKO
HON. DAVID MAYERNIK

ALSO PRESENT:

BRIAN PRESKI, ESQUIRE
BERYL KUHR, ESQUIRE
JANE MENDLOW

SHERRI A. REITANO, REPORTER
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1 CHAIRMAN CLARK: Good morning. I'd like to
2 welcome everybody to historic Dobbin House. I'm State
3 Representative Dan Clark from the 82nd legislative district.
4 This is the time and place advertised to have the Judiciary
5 Subcommittee on Courts Hearing on House Bill 710 which has
6 been introduced and sponsored by Representative Al Masland.

7 We have some other members of the Subcommittee on
8 Courts. And they have asked us today to speak through the
9 microphone. So I'm going to pass that around and let you
10 introduce yourself, and then we will hear from
11 Representative Masland.

12 MS. MENDLOW: Jane Mendlow, research analyst for
13 the House Judiciary Committee with the democratic staff
14 under Representative Kevin Blaum.

15 MS. KUHR: I'm Beryl Kuhr. I'm legal counsel to
16 the Minority Chair of the Committee, Kevin Blaum.

17 REPRESENTATIVE PETRARCA: I'm Representative Joe
18 Petrarca, Westmoreland County.

19 MR. PRESKI: Brian Preski, Chief Counsel to the
20 Committee.

21 REPRESENTATIVE MAITLAND: I'm Steve Maitland.
22 I'm not a member of the Court Subcommittee, but I am a
23 member of the Judiciary Committee. And I represent the 91st
24 district which is the Gettysburg area, and we're right in
25 the center of it.

1 CHAIRMAN CLARK: Thank you. The snowy center
2 this morning.

3 With that we'll ask Representative Masland to
4 provide his testimony on House Bill 710.

5 REPRESENTATIVE MASLAND: Thank you, Chairman
6 Clark, and thank you other members of the Judiciary
7 Committee.

8 I appreciate the opportunity to just say a few
9 brief words about this bill and I do mean brief. Because I
10 think the most important part of a public hearing is to get
11 input from those people who are affected by this bill, those
12 people who will have to deal with it in one shape or form.

13 So I'm looking forward to their testimony. Just
14 as a little bit of background how this issue first came to
15 my attention, I was approached by a local radiologist a few
16 years ago who showed me an agreement that he had been asked
17 to sign or that the hospital, Carlisle Hospital, was asked
18 to sign basically which was a hold harmless agreement and
19 said that if there was anything that happened that caused an
20 injury to a patient or an individual in the hospital's care,
21 that they would agree to hold that health maintenance
22 organization, HMO, harmless regardless of whether or not
23 there was a decision that was made by the HMO that had a
24 substantive impact on the treatment of the individual.

25 Now as I looked at that, it just didn't seem fair

1 on its face. And afterwards I looked into some statutes
2 obviously in Texas which was one of the first states to do
3 this and since then I believe California, maybe some others
4 are looking at it. I'm not sure that it has progressed that
5 far.

6 And it really is an issue if you will somewhat on
7 the cutting edge because we're trying to determine as we
8 deal with the health care industry itself as to where the
9 ground rules are and where they should be as more and more
10 people come to be treated through HMOs throughout the United
11 States.

12 And I don't want to say HMOs in a derogatory
13 fashion. So I really want to be careful that people don't
14 get that impression.

15 But unfortunately they have become somewhat of
16 the whipping boy in the media, and I don't know that that is
17 really fair.

18 I think we as a public have called out for health
19 care reform and in doing so the market has shifted around in
20 such a way that they are a major provider.

21 With that being said, I think it is appropriate
22 for us to determine when they should be held responsible and
23 when they should not be held responsible. Just from a
24 general point of view, we all would agree that we should be
25 held responsible for our actions. If we are negligent, we

1 can be sued.

2 If we injure another individual through our
3 negligence, we have breached our duty and caused damages and
4 therefore are liable to sue.

5 The way the health care industry has been working
6 is such that the insurance industry is not in all cases just
7 administering policies, just administering the health care.
8 They are in some cases making substantive treatment
9 decisions.

10 And when they make a decision that has a
11 substantive impact on someone's treatment, they should be
12 willing to stand behind that decision. That's really where
13 I'm coming from.

14 It is not from a position that we need to attack
15 the HMOs for being this evil beast on the horizon. Far from
16 that. I think we need to work with them. And hopefully
17 we'll see through the testimony today of other individuals
18 what some of the pros and cons of this bill are.

19 Now some people pointed out to me that, well, you
20 can sue an HMO already. There are a couple cases in
21 Pennsylvania that have dealt with that issue. But I think
22 the very -- they should be looked upon as being very
23 narrowly interpreted to deal with the specific instances in
24 those cases and are not to be determined to be some broad
25 opening of the floodgates.

1 The fact of the matter is if it was the case
2 already where we could willingly and easily sue HMOs, then
3 there would not have been some of the concern addressed by
4 the HMO industry.

5 In one of the pieces that I've already read
6 saying don't do this, obviously if they are saying don't do
7 this then we can't already do it.

8 The other concern is that this will open the
9 floodgates and the trial bar will come down with a vengeance
10 and then the next thing you know our insurance costs are
11 going to be increased.

12 My understanding of the situation in Texas since
13 this has passed is that they have not had a flood of
14 lawsuits. And one of the reasons for that I believe is that
15 the health maintenance organizations, the insurance
16 industry, has basically said we can be held responsible.
17 We, therefore, should take a closer look at the decisions
18 we're making that may overrule a doctor here or there and
19 have a substantive impact on treatment.

20 So they are probably treading a little bit more
21 carefully maybe not making some of the decisions that might
22 otherwise get them into court. But I think that my
23 understanding is that there are a handful of cases down
24 there, most of them on appeal, and we'll just have to see
25 from their experience what kind of an impact it does have on

1 cost.

2 I do not expect us to move rapidly with this
3 bill. I think we should take our time. As we're reviewing
4 it here obviously as they are reviewing this issue in
5 Washington, try to ferret out all of the pros and cons. And
6 with that I will close and say I'm looking forward to the
7 testimony once again.

8 I should note that I received a call last night
9 from John Eline, the vice president of Gettysburg Hospital.
10 And unfortunately he was called out of town on business. So
11 he will not be able to share his insights on this bill
12 today. But I'm sure we'll be able to get some input from
13 others in the hospital -- from the hospital setting.

14 So with that, thank you, Mr. Chairman, and I'd be
15 happy to join you.

16 CHAIRMAN CLARK: I thank you and you are
17 certainly welcome. We will hang on here and see if there
18 are any questions for you. Representative Maitland.

19 And I might just note that Representative Frank
20 Dermody just joined the panel. He is the Democrat Chairman
21 of the Subcommittee on Courts. I'm glad you could make it
22 through the snow.

23 REPRESENTATIVE DERMODY: Nice to be here.

24 REPRESENTATIVE MAITLAND: Representative Masland,
25 yesterday you and I attended a meeting in another committee

1 looking at an issue where there is a question in the federal
2 courts that may impact the State legislation we were
3 considering.

4 Is there anything going on in the federal
5 government right now on this issue? And if so, should we
6 take a wait and see approach on taking State action to see
7 what the feds do?

8 REPRESENTATIVE MASLAND: There is a bill and I
9 forget the number. It is the Norwood Dingell Bill that
10 passed the US House of Representatives that had some
11 bipartisan support there and basically would allow
12 individuals to sue an HMO.

13 That is going to be in conference committee
14 because my understanding is the Senate version does not
15 permit that. It is hard to say what the outcome will be.

16 I don't know. I can't -- I can't give you a
17 timetable on that unlike that other hearing or meeting where
18 we were at where we can say we're going to decide by June on
19 this issue.

20 I don't really know. But I would say that we
21 don't need to proceed expeditiously. This is not a
22 situation where we need to be in any big rush to get this
23 bill passed in the next month or two. I think we should
24 take our time and really make sure we've studied it.
25 Because it is -- as you know, we don't necessarily do things

1 on the cutting edge here in the General Assembly too often.
2 A lot of times we're talking 45 other states have done this.
3 Well, 45 other states haven't done this. We should take our
4 time.

5 REPRESENTATIVE MAITLAND: But do you know of any
6 cases or issues that are being appealed up through federal
7 courts based on Texas' state law?

8 REPRESENTATIVE MASLAND: No, I don't.

9 REPRESENTATIVE MAITLAND: Thank you.

10 CHAIRMAN CLARK: Representative Masland.

11 REPRESENTATIVE MASLAND: Mr. Chairperson.

12 CHAIRMAN CLARK: Your Bill has another facet to
13 it, cause of action is one. But the others are the removing
14 of health insurer, removing a health care provider by an HMO
15 and also the indemnification agreement that you talked
16 about.

17 Is there a section of this bill that maybe we
18 should move on quicker than others or what is your thoughts
19 on various facets of the bill?

20 REPRESENTATIVE MASLAND: Well, some aspects of
21 the bill really have been addressed in part because this was
22 introduced last session and I basically just introduced the
23 same bill without any major revisions.

24 Some of the concerns were addressed in part by
25 Act 68 of last session which was what we call our HMO Reform

1 Bill that was championed by Representative Vance among
2 others which dealt with some of the review process issues,
3 some of the more internal review issues.

4 I don't know that there is anything that is in
5 this bill that really requires any immediate action to
6 augment what we have done with Act 68 or require any -- any
7 rush in respect to our normal pace.

8 CHAIRMAN CLARK: Thank you very much. I'd like
9 to also welcome Representative Birmelin.

10 REPRESENTATIVE BIRMELIN: I skied in.

11 CHAIRMAN CLARK: Who skied in from the great
12 northeast. We're certainly glad that he was able to make
13 it.

14 With that, Representative Masland, you're
15 certainly welcome to join us on the panel. And we'd like to
16 welcome to present testimony to the Committee the Honorable
17 Mike Fisher, the Attorney General of our Commonwealth.

18 ATTORNEY GENERAL FISHER: Thank you very much,
19 Mr. Chairman.

20 CHAIRMAN CLARK: You're quite welcome.

21 ATTORNEY GENERAL FISHER: And I commend the
22 members of the Committee not only for holding this hearing
23 but for getting here under at least the first day of
24 inclement weather, members and staff for getting here.
25 Although it's always an easy ride down here to Gettysburg,

1 certainly this snowy morning always gives people a good
2 reason not to try to get anywhere. I commend you for being
3 out here this morning.

4 Joining me is Larry Otter, Sr. Deputy Attorney
5 General, who is in charge of our newly formed health care
6 unit in our bureau of consumer protection.

7 I'd like to also commend Representative Masland
8 and Representative Cohen and others who are the sponsors of
9 this legislation for taking the initiative and introducing
10 House Bill 710 and to the Subcommittee for giving it your
11 consideration.

12 Based upon the latest figures submitted to the
13 Department of Health in 1999, more than 5.3 million
14 Pennsylvanians, or 43 percent of the population, now receive
15 health insurance through a health maintenance organization,
16 an HMO. This is a significant change from the way that
17 health insurance was delivered under the
18 indemnity-and-fee-for-service system earlier in the last
19 decade.

20 I support the provisions and concept of House
21 Bill 710 because the legislation demands accountability and
22 responsibility from managed care organizations.

23 Managed care organizations just like other health
24 care providers must be accountable for their decisions. If
25 an MCO makes a negligent medical decision by delaying or

1 denying medically necessary treatment to one of its
2 subscribers, that ultimately results in harm to the patient.
3 Then that organization should take responsibility for its
4 action.

5 Of course, my office is concerned with the
6 protection of the consumer, the patient, in the health care
7 arena. Regulation insurance has been historically a state
8 function.

9 House Bill 710 is another indication of this
10 traditional state power -- creation of a state remedy in
11 state court. This legislation acknowledges the seriousness
12 of the issue.

13 As you know, MCOs claim immunity under the
14 federal Employee Retirement Income Security Act or ERISA as
15 it is better known. This interpretation of the statute
16 would give MCOs an advantage which is not given to any other
17 business entity. The status quo I believe simply cannot be
18 tolerated as a matter of law.

19 I believe that as a matter of fundamental
20 fairness and quality patient care, the patients must have
21 the ability to sue their managed care plan if in fact a
22 negligent medical decision has been made.

23 In a 1997 survey, that survey found the vast
24 majority of Americans believe that health plans should be
25 legally accountable for negligent decisions that injure or

1 kill patients.

2 Another survey conducted by the Kaiser Family
3 Foundation and the Health Research and Education Trust which
4 is an affiliate of the American Hospital Association found
5 that 60 percent of employers -- in other words people paying
6 the bill -- support the right to sue the health plan.

7 The argument against holding managed care
8 organizations accountable for their negligent acts is that
9 it will open up the litigation floodgates and drive up
10 costs. Upon closer examination, I believe this argument is
11 without merit.

12 Representatives of the insurance industry have
13 publicly admitted that holding plans accountable will not
14 significantly drive up health care premiums. In a
15 Washington Post article on July 11th, 1999, Jeff Emerson,
16 former CEO of NYL Care said that he is "...not going to make
17 the argument that it is going to be a lot of money."

18 Aetna/US Health Care spokesman Walter Cherniak
19 stated: "We could charge the same premiums to a customer
20 with the ability to sue as we do those who do not have the
21 ability to sue."

22 Both the federal judiciary and our State Supreme
23 Court have recognized the need for accountability in patient
24 protection for managed care organizations where managed care
25 organizations are involved.

1 In its decision in Pappas v. Asbel, the 1998
2 decision, Pennsylvania Supreme Court dealt with the issue of
3 ERISA preemption and concluded negligence claims against a
4 HMO do not relate to -- and those are the key words, relate
5 to -- an ERISA plan.

6 In that case the patient had been admitted to the
7 emergency room at Haverford Hospital, Haverford Community
8 Hospital, complaining of slight paralysis and numbness in
9 his arms and legs. The emergency room physician at
10 Haverford soon determined that the pressure on the patient's
11 spinal column needed to be treated at a university hospital.

12 However, the nearest facility which was -- the
13 nearest facility was not authorized as a provider by the
14 patient's HMO. The patient remained in the Haverford
15 emergency room for over four hours until an authorized
16 university hospital could be located.

17 Partially as a result of that delay, the patient
18 is now a permanent quadriplegic. The holding of our Supreme
19 Court would allow the negligence of the HMO in this case to
20 be determined by a jury. The case is currently on appeal to
21 the United States Supreme Court.

22 Texas, the first state to adopt managed care
23 accountability, reports that little litigation has resulted
24 from their Act. In fact, there have only been five lawsuits
25 filed in the last two years under the Texas statute out of 4

1 million Texans who are HMO subscribers.

2 Texas State Senator David Sibley, a republican,
3 stated in his September 28, 1999 Washington Post article
4 "those horror stories" raised by the HMO industries just did
5 not occur. There have been no flood of litigation and no
6 significant premium increases in Texas.

7 I would like to point out that, however, one of
8 the things which I believe this committee and sponsors
9 should consider is looking at the specifics of the Texas
10 legislation. Because what we have found in reviewing what
11 has taken place in Texas and why so few lawsuits has
12 occurred is because of -- partially because of the external
13 grievance procedure which exists and is mandated in the
14 Texas legislation.

15 If one does not follow that grievance procedure,
16 a lawsuit could be dismissed on preliminary objections.
17 That kind of grievance procedure in part exists and has been
18 started under Act 68. That is one type of grievance
19 procedure which is already in place in Pennsylvania.

20 I would suggest to the committee that you may
21 want to look at a way in which you may be able to
22 incorporate this right to sue into the procedure that you
23 already have outlined in Act 68.

24 In addition, as I introduced Mr. Otter, we have
25 begun to receive over the last three years increasing

1 numbers of complaints in our bureau of consumer protection
2 regarding health care.

3 A significant percentage of those complaints have
4 come to us involving HMOs and managed care organizations,
5 various other health insurance providers.

6 We felt that this was important that we begin a
7 health care unit which we have recently done and will be
8 releasing more of the details to the public here in the next
9 few weeks.

10 But our health care unit will operate the same as
11 our other part of the bureau of consumer protection
12 operates, in a mediation system. What we do is over the
13 30,000 written complaints we get a year to the bureau of
14 consumer protection, we mediate those cases.

15 We try to bring the complaining party and the
16 business or insurance entity in this case together and try
17 to get a resolution out of it. It doesn't bar anyone from
18 going to court. But what it does is resolves many of the
19 issues before they reach court.

20 It also gives us an opportunity to -- if there is
21 a pattern of conduct, to institute litigation on behalf of
22 the larger group of Pennsylvanians.

23 So I would cite to you the fact that not only
24 would we have an expanded mediation system in place for
25 health care but the legislature has already established

1 through Act 68 a grievance procedure which I think you
2 should look at as you're looking at the House Bill 710.

3 In conclusion, I believe this legislation clearly
4 establishes statutorily the right to sue is necessary to
5 fully protect the citizens of the Commonwealth and to make
6 all health organizations that are involved in providing
7 health care more accountable and more responsible.

8 I support your consideration and passage. We
9 certainly would want to work with you in looking at the
10 specific legislation and hopefully Mr. Otter and I are here
11 today and we'd be glad to answer any questions that you
12 have.

13 Thank you, Mr. Chairman.

14 CHAIRMAN CLARK: Thank you. I'd also like to
15 welcome Representative Walko to our meeting.

16 And I believe what we will do is maybe start the
17 mic down this way and see if anyone has any questions for
18 the Attorney General.

19 REPRESENTATIVE MAITLAND: I don't have a
20 question, General, but a compliment. As a legislator, I
21 often refer constituents to the bureau of consumer
22 protection; and I have been very pleased with the response
23 and the results the bureau has been able to obtain on their
24 behalf. I wanted to compliment you on that bureau and urge
25 the bureau to keep up the good work.

1 ATTORNEY GENERAL FISHER: Thank you.

2 REPRESENTATIVE MASLAND: I was actually going to
3 say the same. I think I had a constituent who used to be
4 with the Cumberland County Consumer Protection and who is
5 going to be over there in the health care bureau, and I
6 think he'll do a wonderful job there.

7 But I do also want to thank you for your
8 suggestion that we tie this in somehow to the Act 68
9 grievance procedure. That does make sense. And certainly
10 my bias is not to have more lawsuits.

11 The last continuing legal education course that I
12 had to take was on, you know, mediation and conciliation.
13 So I'd like to be able to see us do whatever we can to avoid
14 lawsuits. But in those cases where you cannot, I think that
15 remedy has to be available. So those are a couple very good
16 suggestions. Thank you.

17 MR. PRESKI: General, I guess actually I have a
18 question maybe it is better for Deputy Otter. My line of
19 questioning is as we deal with constituents on these types
20 of cases and we hear their complaints and they come into the
21 committee, one of the things that they consistently say is
22 that the response of the insurance company or the HMO or the
23 MCO is basically, well, there is an appeals process.

24 And when you signed up for this, you were given
25 the 50-page booklet. And inside of it at page 38 it

1 explained an appeals process. So if there was a denial from
2 our organization; either denial for additional days in the
3 hospital or denial of treatment, you should have gone
4 through the appeals process. You haven't done that. The
5 thirty days have elapsed. We're not going to pay.

6 From the Attorney General's standpoint and I
7 guess I analogize this to other consumer protection lawsuits
8 that you've instituted, do you see the possibility beyond
9 this mediation program of the Attorney General's office
10 getting involved basically saying -- assuming now that this
11 goes in -- if there is a right to sue, you can't now
12 contractually take that right away, insurance companies or
13 MCOs, through your internal documents that you reach with
14 either the employer or the subscriber?

15 ATTORNEY GENERAL FISHER: Well, let me answer
16 part of this question and then I'll ask Mr. Otter for any
17 additional comments he may have.

18 I think part of this House Bill 710 calls for a
19 specific ban on that kind of language. Currently, you know,
20 our jurisdiction would be under the Consumer Protection
21 Unfair Trade Practices Act when something was deceptive at
22 the time the product was sold, whether the disclaimers were
23 conspicuous enough when provided to the employer and to the
24 consumer.

25 So we may be limited somewhat by current

1 statutory law as to how far we can even proceed in trying to
2 litigate a claim on behalf of the consumers across
3 Pennsylvania. But I'd like Mr. Otter perhaps to respond to
4 the more specific part of your question about that kind of
5 language and what happens to that.

6 MR. OTTER: Based on what I have seen in the
7 past, that has not necessarily been a barrier to prevent
8 someone from getting the care and payment for the treatment.
9 It makes it a heck of a lot more difficult.

10 And I think our new unit's involvement will be
11 right there at the beginning of the process because the
12 insurance and health department become involved later on in
13 the process. Our new unit is right at the get-go and that's
14 where we are going to step in and help.

15 MR. PRESKI: General, you've anticipated my
16 follow-up question which is do you think there needs to be a
17 change to the Consumer Protection Statutes, the Unfair Trade
18 Practices Act that would give you almost the ability to make
19 a wholesale change where you can effect scores of citizens
20 or scores of people rather than the individual case by case
21 kind of basis? I mean is that something that the Committee
22 should look at also?

23 ATTORNEY GENERAL FISHER: I believe in looking at
24 this bill and looking at the provisions of Act 68, I think
25 the Committee and General Assembly have to decide where the

1 most appropriate place is to try to make that change,
2 whether it was in the health department or whether it could
3 be better handled in our office through our current bureau
4 of consumer protection structure with our health care unit.

5 So what I'm saying is I think the time is right
6 and the issues are going to continue to come forward where
7 people are going to say we need a more precise language to
8 define who the key agency is to try to resolve some of these
9 matters. As Mr. Otter says, it's closer to the front end
10 rather than the tail end.

11 MR. PRESKI: Thank you.

12 CHAIRMAN CLARK: Seeing no further questions, we
13 want to thank you very much for coming down in the snow and
14 being with us this morning and presenting your insight on
15 House Bill 710. Thank you very much.

16 The next individual the committee would like to
17 call to present testimony is Ross F. Schrifman. Ross is
18 the Legislative Chair of the Pennsylvania Association of
19 Health Underwriters. Good morning.

20 MR. SCHRIFTMAN: Thank you, Mr. Chairman.

21 First of all, I'd like to thank your committee
22 for having this hearing concerning HB 710. I'd also like to
23 compliment Representative Masland with his statement about
24 taking the time deliberating on this important matter
25 because we feel it does affect the entire community. It

1 affects everybody in Pennsylvania whether they have health
2 insurance or not.

3 Again, my name is Ross Schriftman. I'm the
4 Legislative Chair of the Pennsylvania Association of Health
5 Underwriters.

6 Our members are mainly comprised of health
7 insurance agents, marketing representatives. And we
8 represent hundreds and thousands of Pennsylvanians with
9 health insurance needs.

10 One of the things before I start my -- and I'm
11 going to be in the interest of time summarizing some of my
12 testimony. It was mentioned about the -- Brian had just
13 mentioned about the appeals process.

14 I have found that a lot of people in Pennsylvania
15 are not aware of some of the things that are available to
16 them, for instance Act 68.

17 I was very frustrated one day. Philadelphia
18 public radio had a program and they were addressing health
19 care. Actually, it was a call-in show. And somebody was
20 having a problem and she said isn't there any kind of
21 patient's right. And nobody knew -- nobody mentioned Act
22 68. This is Pennsylvania. So we have to get the word out.

23 The other thing, we work very hard to let our
24 clients know to call us any time they have a question or
25 problem about their health plan. Many people are not aware

1 of that, that they can call their agents.

2 If they are having a problem with a referral or
3 if they are having a problem with the appeals process, we
4 are there to assist them. We get paid commissions. If we
5 lose the clients and they go off to another agent because
6 we're not aware of a problem, we lose.

7 So we're there and I want the public to know that
8 anybody can call their agent at any time and we want to know
9 what kind of problems people are having. Because if a
10 patient has a problem, many times we are the first ones that
11 they call.

12 Denial problems are usually not the problems that
13 we hear. They are problems getting a referral, those kinds
14 of matters. I want to compliment the legislature for
15 passing Act 68 or the bill that became Act 68 a year and a
16 half ago. We were interested in working with this committee
17 and other members to improve on Act 68.

18 The other thing that has to be mentioned is HB
19 710 deals with all health insurers. There is a lot of
20 confusion in the public about HMO coverage, HMO reform.

21 Actually the number of people with HMOs are going
22 down nationally. That might not be true in Pennsylvania.
23 But people are going to more or less restrictive plans like
24 PPOs, networks where they can choose on their own. But the
25 bill does address all health insurance.

1 Let me start at first by talking about some of
2 the concerns that our members have about the bill. And
3 maybe we can help the committee in improving what can be
4 done to improve patient quality of care.

5 We're concerned about the growing number of
6 lawsuits. That is a problem not only in the health
7 insurance arena but it is in the medical arena. It is
8 widespread.

9 Just this morning as you know the weather is very
10 bad here in Gettysburg. As I'm walking out of the local
11 inn, I slipped on the walkway. It had just been shoveled.
12 And I'm thinking to myself I'm going to a hearing on
13 liability. And how many people are going to file a lawsuit
14 today because some merchant had just shoveled the walk and
15 it got covered over again? It might happen. These are some
16 of the concerns that we have.

17 First of all, it is human nature to not go
18 towards more risk. People do not purposely put themselves
19 at greater risk to be sued on a volunteer basis.

20 Let me start with the impact that this bill may
21 have on the business community. According to a study that
22 was done by the Louisiana business community -- and it's in
23 my handout. There are a number of articles in the back of
24 my handout. 90 percent of the businesses that answered the
25 survey which was 1,400 businesses in Louisiana would not

1 offer health insurance if the premiums increased to cover
2 the cost of employees being able to sue their health plan.
3 Also 94 percent of the respondents surveyed would not offer
4 health insurance if they could be sued as an employer.

5 Now obviously the bill does not address employers
6 getting sued. However, employers will be called to testify.
7 They do make the decisions many times with input from their
8 employees of which health plan they are selecting. So they
9 do not escape the time and effort and focus that has to go
10 into preparing for court.

11 The number of lawsuits has been addressed. Texas
12 has been used a number of times. I would urge you to be
13 cautious about using Texas as an example. 24 percent of
14 Texans have no health insurance. 10 percent Pennsylvanians
15 have no health insurance. They are not doing a very good
16 job of insuring their uninsured population.

17 And the provisions of HB 710 do not extend to
18 anybody that has lost insurance or has no insurance. Very
19 important to know. The other thing is for businesses to
20 sponsor health insurance at the present time is a voluntary
21 choice that they make. They are not required to provide
22 health insurance.

23 Those that are not providing health insurance are
24 usually at a competitive advantage to those that are
25 providing health insurance. Good employers have to deal

1 with providing health insurance. When they do, they have to
2 deal with federal HIPAA laws. They have to deal with COBRA
3 laws if they have more than 20 employees. They have to deal
4 with rate increases which we deliver to them, and we have to
5 find dollars to provide that.

6 You add the possibility that they might be called
7 into court to explain why they selected a health plan that
8 has a history of disapproving claims, they are going to
9 walk.

10 I would suggest you talk to a lot of business
11 owners -- I'm a business owner -- members of various
12 associations. Talk to your local constituents who own small
13 businesses. Explain this bill to them. Ask their opinions.

14 There is a negative impact on the medical
15 community. If lawsuits are extended to the health plans,
16 more physicians will have to testify. Again, who is
17 treating patients if people are preparing for trial? It is
18 very important to know that.

19 We have also seen a number of HMOs go bankrupt
20 recently. Just east of New Jersey a major HMO just went
21 under. Massachusetts is dealing with their largest one that
22 just went under. I just picked up a magazine here.
23 Kentucky just is suing to dissolve another health plan.

24 The insurance companies get their money two ways.
25 They get it from premiums. And if they are for profit, they

1 get it from investors. If they can't attract investors
2 because of the increase in the number of litigations that
3 might take place and regulations and legislation, investors
4 back off.

5 If you go to Standard and Poors and you look at
6 some of the major health carriers especially in the health
7 insurance arena, your investment advisor will probably tell
8 you to stay away from them.

9 If they can't attract investors, if they are not
10 profitable, they have to come back to the policyholders and
11 raise premiums or the insurance department has to shut them
12 down.

13 We had recently -- in Pennsylvania we had a
14 health plan that was shut down. It was a physician's run
15 health plan, and they didn't have the solvency to continue
16 operation.

17 Who gets hurt in that case? Negative impact on
18 patients. It has been mentioned a number of lawsuits in
19 Texas. There are four that are going under appeal. There
20 was a case in California recently. My understanding it was
21 a federal employer. So it came under a certain federal
22 provision. So the suit went forward. The award was \$113
23 million.

24 If the appeal is -- of the health plan is denied,
25 and there is a million people insured by that health plan,

1 that is an increase of \$113 per policyholder. Because
2 ultimately who ends up paying the cost of the suit is the
3 policyholders.

4 Now, when the tobacco company gets sued and the
5 cost of cigarettes go up and people stop -- make a choice to
6 stop smoking, that's a good thing. But if a health plan
7 gets sued and premiums go up and people are forced to drop
8 coverage, that's a very bad thing. We have to be careful
9 about that.

10 There is a negative impact on taxpayers. We've
11 got the Medicaid program in Pennsylvania. The cost of that
12 program keeps going up. We've got -- we're doing fairly
13 well with the number of uninsureds, but we could do a lot
14 better.

15 10 percent is wrong. We should have a hundred
16 percent Pennsylvanians insured with health insurance. But
17 we have a Medicaid program. As small employers elect to
18 drop coverage, it gets put back on to taxpayers. It gets
19 put back on to the Commonwealth.

20 Also you need to consider -- I know it's been
21 said that there is not a lot of lawsuits at the present
22 time, but there will be as time goes by.

23 I brought the Philadelphia yellow pages just as
24 an example. There are 30 pages of ads. And what they
25 basically say is we will get you the highest award. There

1 is no fee unless you win.

2 It's better than the lottery. There is no cost
3 for suing. The insurance companies are very afraid of this.
4 They even -- in some of these articles they say we'll go
5 after your HMO specifically in the article. Some even say
6 go after SEPTA which is the Southeastern Pennsylvania
7 Transit Authority. And imagine with bad weather people
8 slipping under a train. SEPTA, the taxpayers end up paying
9 that.

10 I mentioned the impact on the health insurers.
11 One of the things to understand is the providers and the
12 health insurers are intricately intertwined.

13 If a health plan is doing bad as one did in New
14 Jersey, the hospitals do not get paid. We have Act 68 that
15 says a clean claim has to be paid within 45 days. And there
16 has been debate about what is a clean claim and what is not
17 a clean claim.

18 If a health plan is in trouble, then everything
19 is out the window because they don't have the money to pay
20 their obligations.

21 So in order to have a healthy health care system
22 where providers are paid on a reasonable basis, the health
23 plans have to remain profitable. There is also an impact on
24 local, state, and county governments, and your school
25 districts. These people provide health insurance to their

1 employees.

2 Their employees have the right -- my
3 understanding under HB 710 is they will have the right to
4 sue their health plan if they feel they are accountable for
5 something.

6 These local officials; township managers, school
7 directors, may have to testify why did you choose that
8 health plan. That's a concern that we have.

9 Finally, I want to mention us as agents. Good
10 health insurance agents do work very hard to try to make
11 sure that their clients get the best service possible.

12 We're currently liable for errors and omissions.
13 If we don't explain a plan properly, if there is an
14 exclusion that is not explained to the client even if it is
15 on the policy if we didn't explain it right, we are liable.

16 We are liable under this bill. We can't be
17 dismissed from a case against the health plan because it
18 specifically says so in HB 710.

19 Our malpractice insurance does not cover
20 decisions made by the health plan as far as what they are
21 going to cover and not going to cover.

22 Many of my members including myself have concerns
23 about whether we want to continue selling health insurance.
24 Health insurance is the most labor intense, service-oriented
25 area.

1 The employees forget things. Sometimes they
2 forget to enroll an employee. We get calls when somebody
3 that has become pregnant, they forgot to add somebody to the
4 plan. And they forget to add children that are born. They
5 have to deal with COBRA and HIPAA.

6 You add liability on our part, our members are
7 going to sell other products. Most of our members sell
8 long-term-care insurance, disability, some sell life
9 insurance.

10 We will not go towards where there is more damage
11 to us. We will not jeopardize our families well-being
12 financially.

13 Who suffers then? Our social mission is to
14 insure as many people as possible. If HB 710 the way it is
15 written becomes law, every time we sell an insurance policy
16 we're increasing our likelihood that we will be called into
17 court and have to testify.

18 So what do we want? We're finally at the end
19 here.

20 We would like to see a moratorium on any
21 additional liability legislation until we get a chance to
22 see how Act 68 works.

23 We also would like to see strength in the
24 Attorney General's office, efforts in consumer protection
25 and in the insurance department. One of the things that has

1 bothered us quite a bit over the years is we pay licensing
2 fees. We are not bothered by that. But our licensing fees,
3 many of us represent 40 companies. We pay licensing fees.
4 It goes into the general fund and should really be dedicated
5 to the insurance department's consumer affairs department.
6 And if you can do anything about that, that would be very
7 helpful. Because we have laws. We have regulations.
8 People need to know what is going on out there.

9 We also would like to see more education for the
10 public about how to use their plan. As Brian said, a lot of
11 times people don't know about the appeals process. We're
12 there to help them.

13 And in conclusion, I want to mention the recent
14 situation with the 98,000 people per year that are
15 supposedly dying according to the National Academy of
16 Science surveys. One of the glaring problems in there is
17 that doctors and hospitals hide mistakes sometimes because
18 they are afraid to say that there is a problem.

19 You can't solve the problem unless you admit it.
20 By opening up liability, you actually get people to clam up
21 more. And in order to solve some of these problems, we have
22 to be open with each other. We have to admit when we make
23 mistakes.

24 Thank you very much.

25 CHAIRMAN CLARK: I thank you for your testimony

1 and concerns of our insurance agents and representatives in
2 the Commonwealth.

3 And as with everything in legislature, we need to
4 balance and try to create some equality so that everyone
5 benefits and no one gets hurt.

6 We try to do that often. Maybe we are not as
7 successful as we would like to be, but we don't want the
8 pendulum swinging the other way. And you are correct in
9 that.

10 Let's see if there are any panel members that
11 have any questions or comments -- questions or comments on
12 your testimony. Anyone? Brian has a question.

13 MR. PRESKI: My question is this, Ross. You
14 basically said that the doctors -- you've raised a concern
15 that there would be a negative impact on the doctors because
16 they would spend more time preparing testimony as opposed to
17 treating patients.

18 One of the things that we've consistently heard
19 in the committee as this is being debated or as this comes
20 up and as people advocate its passage is that the doctors
21 more likely than not would be onboard with this because they
22 would get two benefits.

23 One, they wouldn't get denials anymore. Because
24 if the insurance companies are fearful of lawsuits,
25 insurance companies would be more liberal in granting

1 treatment decisions rather than -- I'll give you an example.
2 The doctor wants to give you a test, an MRI. Rather than
3 when they go for the MRI approval they get a denial, you
4 might have the insurance company saying, oh, no, we'll
5 approve more of these.

6 A lot of doctors have their own practice groups
7 where they own the MRI and then they are getting -- they are
8 billing for it and then getting the payment for it. So one
9 of the things that we've heard is that the doctors might
10 like this because it more than likely increases their cash
11 flow.

12 The second thing we heard from the doctors or
13 from the medical community is that they probably would like
14 this also because they would be able to cover themselves
15 more by additional tests, by doing additional procedures, by
16 doing some non-traditional procedures that are now being
17 denied would get some kind of greater acceptance.

18 Do you have any comments to that? Because it is
19 one of the things we hear all of the time on this.

20 MR. SCHRIFTMAN: Sure. Let me start with the
21 back part about the additional tests. One of the reasons
22 managed care appeared in the first place is the old system
23 where the physician would get paid by the number of services
24 they provided became quite expensive, a lot of it was
25 defensive medicine because they were afraid of getting sued.

1 So they did a lot of tests.

2 Our association has been much in the forefront of
3 tort reform. And I don't want to tell the AMA what their
4 position should be. But we worked with them very closely in
5 the '80s to bring about tort reform which never really
6 happened.

7 In my testimony there is a page from one of the
8 big accounting firms, Pete Marwick, talking about the AMA is
9 now concerned some of their physicians will not do pap
10 tests because of the number of lawsuits because maybe it
11 came out it wasn't -- it wasn't clear and the person got
12 sick. We want to limit that, not increase it.

13 As far as denials, I'm glad you brought that up.
14 The number of denials are ranged from who you talk to from 1
15 to 5 percent of every treatment request made of health
16 plans. In fact, one major health plan got national news
17 recently that they found out that it was costing them more
18 to check every procedure because they were finding out about
19 1 percent of the services they were providing were requests
20 that they were turning down, 1 percent.

21 The public perception is that people are being
22 denied coverages and widespread. This is a widespread
23 problem instead of a pinpoint situation to certain
24 situations.

25 That perception -- and I'm glad that

1 Representative Masland says of the HMO not everybody is bad,
2 that they are trying to do a good job. But public
3 perception though -- and some people have said this in the
4 media -- is this is so widespread that young people are not
5 buying health insurance. Why buy a product, you pay and
6 then when you need benefits, it never pays you any money?

7 That's the public perception. That's one of the
8 things that we're fighting when we go out and try to sell
9 health insurance because they feel there is no benefit to
10 it.

11 As far as the medical profession wanting to have
12 this, that's -- that's really up to their feeling. My
13 feeling is that instead of wanting to add us and health
14 plans to the suits, why not we work on tort reform and open
15 the process and solve some of the problems that are out
16 there with medical mistakes and inappropriate decisions by
17 health plans and by providers.

18 Okay. Thank you.

19 CHAIRMAN CLARK: Any questions?

20 REPRESENTATIVE MASLAND: Mr. Schriftman, a couple
21 comments to address what you said. When what is now Act 68
22 was waning its way through the legislative halls, I did not
23 introduce any amendments to this effect because I knew that
24 would kill the bill.

25 I knew that. You can see that from controversy

1 down in Washington that adding this to those more reasonable
2 if you will -- I don't want to say reasonable but more
3 intermediate reforms in Act 68 can slow down the process.

4 So I didn't do that then. But I would suggest
5 that we don't necessarily need a long moratorium on this
6 process either. And I don't know how long you are talking
7 about us waiting to see how well Act 68 works. I think we
8 can do something that will blend in with that but I don't
9 think we need to wait a two- or three-year period.

10 The other thing I wanted to point out is that I
11 agree with your last statement about tort reform. In fact,
12 I support what is Senate Bill 5 in the Pennsylvania Senate,
13 Civil Justice Coalition Bill, and have written to the
14 Pennsylvania Supreme Court and some of the people on this
15 panel have signed the letter asking them to revise their
16 rules as well so that we can do something about the
17 frivolous lawsuits that maybe just -- we generalize saying
18 HMOs, just generalize and do something about the frivolous
19 lawsuits.

20 But I think that's -- that's really not a
21 schizophrenic approach on my part. Some people would say
22 you're on both sides. Well, I think it is really a question
23 of fairness.

24 We don't need frivolous suits. But on the other
25 hand if we have legitimate suits that can't otherwise be

1 brought, we should allow them into the courts. I think
2 there has got to be some common middle ground that we can
3 find on that.

4 And that leads to your comment about the \$113
5 million lawsuit. And if we had 15 of those or 50 of those
6 in Pennsylvania, then we'd be out \$5 billion or \$5 million.
7 The math on that may be good, but I think that the facts are
8 somewhat questionable.

9 At the same time as I'm pushing Senate Bill 5 and
10 civil justice reform, trial lawyers have sent out some
11 information to all of us basically saying that those huge
12 astronomical settlements are not the norm and in fact have
13 been going down.

14 So the prospect of having 50 \$113 million
15 settlements or verdicts I think is pretty slim even with the
16 phone books there. And I noticed when you came up to
17 testify, I said that looks like a phone book. I wondered if
18 that's a prop or not. That is a very good prop. We're not
19 in Philadelphia here now. I don't think we have any control
20 over what Philadelphia lawyers -- I know some Philadelphia
21 lawyers. They are --

22 MR. SCHRIFTMAN: So do I. Some are my friends.

23 REPRESENTATIVE MASLAND: Yes, and some of them
24 are even my friends and former classmates. But I think you
25 can get carried away a little bit with hypotheticals.

1 Will there be lawsuits? Yes. But will there be
2 an opening of floodgates? I would suggest that's not going
3 to happen as I did earlier.

4 And the fact that employers might have to show up
5 and testify to say why they selected a specific HMO, well
6 that's possible. But how many of them are actually going to
7 have to be in court? How many of them are just going to get
8 some type of interrogatories or maybe they will be invited
9 to a deposition at their convenience to answer that one
10 narrow question? That's possible.

11 I mean as you said, many people might slip on the
12 snow today. And could they sue? Yeah, they could all sue.
13 But some of those suits are going to be frivolous. And if
14 you have a mechanism for tossing those out and holding the
15 attorneys accountable who bring those frivolous suits, then
16 I think that takes care of some of your concerns. But if we
17 do that, we should also out of fairness allow people who
18 don't have frivolous suits to proceed with it.

19 I threw back a few comments in response. Maybe
20 you want to respond to that.

21 MR. SCHRIFTMAN: Again, back to from our aspect
22 as health insurance agents, we're in a sales position.
23 Again if I go out and see somebody -- and there are a whole
24 bunch of pitfalls in health insurance today. There are a
25 lot of things that can go wrong.

1 It is not something you can buy on the Internet
2 although there are companies selling on the Internet. I
3 fear that. Because we have exclusions. You have
4 limitations. People need somebody to talk to.

5 If we can go to another area where we can make
6 more money and have less risk for ourselves and our
7 families, we will do that.

8 It is just -- it is just too difficult to take
9 that chance. Because in all fairness, you won't be there to
10 say that there is not a lot of lawsuits.

11 We will be there. We will have to be involved in
12 this and our clients are business clients. I again suggest
13 you talk to small business owners. They are dealing with
14 these premiums. They are dealing with all kinds of pitfalls
15 when they hire employees.

16 So what we're really saying is be careful, let's
17 work together and see if we can find some ways to improve
18 patient care without making our jobs to insure more people
19 harder.

20 CHAIRMAN CLARK: Okay. I thank you very much.

21 Does that discussion spawn any more questions?

22 Representative Birmelin.

23 REPRESENTATIVE BIRMELIN: In your testimony, Mr.
24 Schriftman, you indicated only 10 percent of Pennsylvanians
25 are uninsured with health insurance. Am I understanding

1 what you said?

2 MR. SCHRIFTMAN: That's from the US census
3 bureau.

4 REPRESENTATIVE BIRMELIN: Do you have
5 documentation for that? I have some constituents that have
6 been questioning that statistic.

7 MR. SCHRIFTMAN: That came right from -- if you
8 go to the US census bureau web site, it is right there. But
9 I can get you a copy.

10 REPRESENTATIVE BIRMELIN: I appreciate that.

11 MR. SCHRIFTMAN: Yeah.

12 REPRESENTATIVE BIRMELIN: Just send it to the
13 committee. Send it to the guy knocking the lights over.
14 That's Brian Preski, chief counsel for the Judiciary
15 Committee. Thank you.

16 CHAIRMAN CLARK: Seeing no further questions,
17 we'll thank you and you certainly should stay involved with
18 the committee. We appreciate it.

19 MR. SCHRIFTMAN: Thank you.

20 CHAIRMAN CLARK: What I would like to do for the
21 record is we have testimony that has been sent to the
22 committee from the Managed Care Association of Pennsylvania.

23 And I would like that admitted as part of today's
24 record. That testimony with the packet has been
25 disseminated to the members.

1 The next individual to testify before the
2 committee is Gary Gentzler. And Gary is the immediate past
3 president of the Independent Insurance Agents of
4 Pennsylvania, and he likewise is one of those fellows that
5 explains policies -- insurance policies to consumers when
6 they come into his office to purchase them. Mr. Gentzler.

7 MR. GENTZLER: Thank you, Mr. Chairman, and
8 members of the House Judiciary Committee.

9 Ken Smith who is the president of the Independent
10 Insurance Agents of Pennsylvania was supposed to testify
11 today. But due to the inclement weather and some other
12 conditions, I was asked to pinch hit for Ken.

13 So a little bit about myself. My name is Gary
14 Gentzler. I'm a CIU. I'm president of Gentzler-Smith
15 Associates in York, Pennsylvania. I'm the immediate past
16 president of the Independent Insurance Agents of
17 Pennsylvania, a trade association which represents
18 independent agents, independent businessman -- we pay all of
19 our own expenses -- for over 108 years.

20 Although our roots lie in property casualty, a
21 lot of our members have adapted to a changing marketplace
22 and started dealing with other lines of insurance such as
23 employee benefits.

24 In addition, I have some I don't know if you want
25 to call it expertise or not in the health insurance field.

1 We insure over 80 employers down in York, Pennsylvania,
2 which I guess would trans -- probably I guess would come out
3 to over 3,000 to 3,500 people that we actually insure in the
4 York, Pennsylvania area.

5 We also do some individual health insurance. I
6 would say maybe 80 to a hundred people. So obviously the
7 employers portion of the health insurance market is
8 basically where we do our business and that represents the
9 lion's share of the health insurance business in our agency.

10 Representing this association, I've testified
11 before the US Congress, in December of 1993 before the House
12 Committee on Labor Management Relations through the health
13 care debate. I've also testified before the Committee on
14 some other insurance legislations but this is my first time
15 I've been before the Judiciary Committee and I thank you for
16 having me.

17 So in words of that play that Shakespeare did
18 Julius Caesar where Brutus said to Caesar, I've come to
19 praise Caesar, not bury Caesar, that's how I'd kind of like
20 to start my presentation here as far as this bill.

21 Because regarding this bill, the best analogy I
22 kind of give is an innocent by-stander in a drive-by
23 shooting. The target is a pinpoint rifle shot allowing
24 consumers the right to sue HMOs whose policies restrict and
25 actually could result in something that does not heal.

1 The consequence, however, is a shotgun blast that
2 devastates the ability of the business community to offer
3 health insurance benefits. The casualties could be
4 additional Pennsylvanians who could find themselves to be
5 uninsured. Another casualty could be the public policy
6 where the General Assembly could be faced and be confronted
7 with a growing number of angry citizens on the cost of
8 insurance or the inability for employers to provide it.

9 Now what -- is there a method in my madness here?
10 Simply put, we're a very litigious society. People sue
11 hopefully for legitimate reasons. And I think the intent of
12 Representative Masland's bill is a good one. Personally,
13 I'm not speaking on behalf of the association's point.

14 Still there are great numbers who sue just for
15 the sake of suing. First they will go to the party who
16 committed the wrongful act, the health care provider in this
17 scenario. Thanks to House Bill 710 they can go directly to
18 the HMO. Certainly the doctor might not be shy in pointing
19 the judicious finger at the HMO and saying, well, they are
20 going to have to share liability with someone else on this.

21 But would it stop there? I believe people sue
22 for anything or anybody who they think will pay. And quite
23 frankly, Members of the Committee, in the 27 years I've been
24 in this business and I run a national program across state
25 lines in all 50 states and I've seen some lawsuits that you

1 just have got to laugh at them sometimes.

2 But the theory behind it is somebody has some
3 deep pockets. My concern with this legislation primarily is
4 where would it stop. Okay.

5 Could the employer be sued because the benefits
6 were under Plan A and would have been less restrictive under
7 Plan B and he chose Plan B? Who is to blame? Could the
8 employer be liable? And I don't know if that is really
9 spelled out in the bill itself. Okay. That's something I
10 think that should be addressed.

11 Of course, we can't forget the insurance agent as
12 Ross just pointed out who helps make the decision. I don't
13 say he helps make the decision but he kind of helps guide
14 the consumer and guide the employer on which plan to choose.

15 Now is this the intent of the bill? Obviously
16 not. And I think we all know that. It is not the intent to
17 do that. Is it far-fetched? Well, maybe not. There was
18 such a concern on the federal level. Okay.

19 When this came on the floor of the House of
20 Representatives that sponsors of the HMO Liability Bill
21 actually had to hold a congressional conversation on the
22 floor of the Senate or floor of the House rather and
23 reassure the insurance lobby that this was not the intent of
24 the bill and there would be language inserted in the bill
25 that would regard that, that the employer and the insurance

1 professional involved in would not be liable.

2 I have yet to see that language in Senate Bill
3 710 and that is a concern for both my association and myself
4 personally as a businessman who employs 11 people that
5 have young families.

6 For my business clients, you know, would this
7 expand the liability? And that's something that I think
8 this committee has to wrestle with. And, you know, we have
9 to take a look at that. Because as I read it, I don't see
10 it in there.

11 What would businesses do in a situation where
12 there is a possibility of lawsuits because they provided
13 health coverage? Well, the first thing they would probably
14 do is decide whether the risk is worth assuming. Would I be
15 better off not carrying a plan versus having a plan?

16 That business decision might not be the case
17 right now in our Commonwealth because quite frankly we have
18 a labor shortage, and we have an economic boom.

19 But if the economy turns -- and frankly we all
20 know it will because of business cycles -- you might look
21 for businesses to bail out of assuming this risk because of
22 the increased liability, increased exposure for them maybe
23 to be sued because of this legislation.

24 It is slightly less than the worse case scenario.
25 Look at providing health insurance as a question of whether

1 the business could afford to provide it to its employees.

2 And I think that really has a lot to do right now.

3 I know myself personally as an employer, I took a
4 21 percent hit this year on my Blue Cross and Blue Shield.
5 Was I happy about it? No. But I had people that have been
6 with me 10, 11 years, some of them since we have been in
7 business. And I want to keep them happy, and they are happy
8 with their health plan. These are family and sometimes you
9 have to make some business decisions to keep your people
10 happy, and that's one that I made. And again 21 percent
11 increase and that's common. That's common.

12 It is probably going to get worse next year. It
13 is the dynamic of our health care industry. That is
14 happening right now but that's another story.

15 Would that have an effect, premium changes, on
16 what people carry insurance? Sure it would. I think we all
17 know that.

18 Frankly, I don't see a lot of good coming from
19 this bill in its current form. Okay.

20 Members of this committee, I suggest that maybe
21 you can convene some groups of businesses, particularly
22 small ones, and ask them what they would be forced to do in
23 the event, okay, that these couple little questions about
24 liability and exposure, what they would do? And address
25 that if they were forced to do so under this current bill.

1 It is not easy and I guess most of us sitting in
2 this room remember that the employer -- the employer-based
3 health care system has really been the ones that have been
4 providing health care. But you know that wasn't always the
5 case.

6 And quite frankly I don't think that will be the
7 case in years to come. I really don't but that's just my
8 opinion.

9 So I ask you, please do not inadvertently
10 contribute to the number of uninsured Pennsylvanians through
11 a well-intended, okay, but maybe not thought out properly
12 bill. Okay.

13 And I appreciate any questions that you might
14 have.

15 CHAIRMAN CLARK: I thank you very much. Do you
16 deal in automobile insurance?

17 MR. GENTZLER: In deed I do, sir.

18 CHAIRMAN CLARK: Because I remember a few years
19 back we went to a no fault automobile insurance.

20 MR. GENTZLER: Well, quasi no fault. Very well.

21 CHAIRMAN CLARK: Quasi. And part of that was
22 consumer choices, et cetera, and having an explanation. If
23 I remember back then, some of the agents said, well, you
24 know, we're going to be sued because we didn't explain
25 coverages right. We're going to be sued because they didn't

1 fill out the form right, because the right box wasn't
2 checked. And we don't want embroiled in this, et cetera.

3 And have you found out that that has been the
4 case with the no fault insurance?

5 MR. GENTZLER: Let me put it to you this way. I
6 personally have not had that happen. Some people have. And
7 all I can say is you better have your original documents
8 that you had signed in 1990. If you don't, you could have a
9 problem.

10 CHAIRMAN CLARK: When the initial election was
11 made you mean?

12 MR. GENTZLER: Correct. Now what -- as a case of
13 updating, it is a good idea to update. What we do -- and
14 I'm not saying this is the norm. This is what we do in our
15 agency. We try to update those forms every three years. It
16 is just a good idea to do that.

17 CHAIRMAN CLARK: Because that's what struck me as
18 the insurance agent and now he goes out and sells for the
19 health insurance plan if he is concerned about, you know,
20 who said what to who. Now he is going to develop a
21 checklist and there is going to be a checklist developed and
22 that is how he's going to try to minimize his risk. And
23 that's -- that rung a bell with me.

24 And I haven't heard from a lot of automobile
25 insurance agents that that was a problem. It was the

1 paperwork and they had to sit down and spend more time
2 explaining. But they -- it wasn't very often that -- and I
3 understand the first thing attorneys do is they ask for that
4 original form.

5 MR. GENTZLER: They like that original form.

6 CHAIRMAN CLARK: Yes.

7 MR. GENTZLER: 1990. I don't think so, sir.

8 CHAIRMAN CLARK: So I think that, you know, may
9 not cause you as much problem as what you think now.

10 I am concerned about how business persons would
11 be liable for not providing. If someone has a problem,
12 their HMO correctly turns them down. And then you say the
13 people will go back against the business that provided
14 insurance because they didn't provide them with
15 comprehensive enough or the proper insurance. And boy I
16 hope that's a stretch.

17 MR. GENTZLER: Well, I'm stretching it. But
18 again it is possible. And I mean your example, getting back
19 to your auto thing again. You know when you sign those auto
20 forms initially -- and let's go back to 1990. That was ten
21 years ago. Do you remember signing? Do you remember
22 something you signed ten years ago? Maybe, maybe not.

23 CHAIRMAN CLARK: Oh, I have a copy of it.

24 MR. GENTZLER: Oh, so do I. But again, you know,
25 it goes back. You know memories tend to fade. All I'm

1 saying is simply this. When your back is to the wall and
2 let's just say -- again, like I say, I've seen it all in 27
3 years. I can tell you some stories that would be funny but
4 yet when you look at it they are very tragic.

5 But the problem is when somebody sees a deep
6 pocket, that's what they are going to go for. And if the
7 employee says why did you provide this plan? Well, because
8 the health insurance agent said, well, this is the plan I
9 should have. Well maybe, maybe not. Whether or not you're
10 guilty or not, you still have to go and defend yourself in
11 the court of law.

12 Okay. And I guess what I'm saying is that we're
13 a very litigious society and it is a stretch. I'll be
14 honest with you. It is a stretch. But yet I think about
15 the things addressed in the bill.

16 It would put a lot of small business owners like
17 myself and maybe insurance agents as Ross pointed out -- it
18 gives us a little bit -- I think we'd be more supportive of
19 this type of legislation. You know I think the intent is
20 wonderful. This is just me personally talking again.
21 Not -- Gary Gentzler, not the independent insurance agents.

22 CHAIRMAN CLARK: Right. I thank you very much.

23 Representative Masland.

24 REPRESENTATIVE MASLAND: I just want to say thank
25 you, Gary, good to see you. And thank you for your

1 testimony. I appreciate you feel that I had good intent
2 although I may be a little misdirected.

3 MR. GENTZLER: That's why I began et tu Brutus.

4 REPRESENTATIVE MASLAND: I do think you might be
5 stretching a little bit, but it is something we should
6 address. And that's why we don't want to rush through this.

7 I can remember when I practiced law people would
8 come into my office and say, if I do this, will I be sued.
9 I said, you could do anything and you'll be sued nowadays.
10 We do have people's court mentality out there. That's a sad
11 fact. It doesn't mean they are going to win.

12 But sadly enough there are people that would sue
13 at the drop of a snowflake as unfortunate as it may be seen
14 today. Thank you for your input.

15 CHAIRMAN CLARK: Thank you very much. Any
16 additional questions?

17 MR. GENTZLER: I just have one comment --

18 CHAIRMAN CLARK: Sure.

19 MR. GENTZLER: -- if I can say one thing more. I
20 often say I think sometimes we as employers maybe drop the
21 ball as far as communicating to our employees what actually
22 the cost of health insurance is and what the benefits
23 involve, what are your benefits.

24 And I know I don't think people really fully
25 understand what it costs the employer to provide these

1 benefits anymore. And I don't fully understand -- I don't
2 fully think that the public understands what it costs the
3 hospitals and the providers of these services, you know,
4 what the cost is.

5 And I'll give you a good example, York County
6 because I live there and I'm familiar with it. And I'm
7 going back to 1994 when you folks used to have the little
8 report that they sent out. I can't remember the name of it.
9 It was a wonderful report. I loved it. I don't know why
10 they stopped doing it anymore. It was a great report.

11 CHAIRMAN CLARK: There is a health care cost
12 containment report, hospitals and treatments. That still
13 comes out.

14 MR. GENTZLER: I haven't seen it for awhile.

15 REPRESENTATIVE MASLAND: You're off the mailing
16 list.

17 MR. GENTZLER: I guess that's probably what
18 happened.

19 CHAIRMAN CLARK: We can put you on the mailing
20 list.

21 MR. GENTZLER: I appreciate that. Thank you.
22 But I honestly think what happens is that the dynamic of the
23 health care industry today is that -- you know going back to
24 your 1990 thing with the auto insurance, that's a wonderful
25 bill. It has helped Pennsylvania consumers. It kept the

1 auto rates down.

2 Now if you're a physician or provider of care,
3 you've rationed that down tremendously. That used to be
4 almost carte blanche. Then we decided we needed more comp.
5 reform. Again, wonderful reform.

6 Pennsylvania legislature should be commended for
7 that because it has helped business in Pennsylvania. It
8 probably kept some businesses in Pennsylvania.

9 Again, the provider of medical services rationed
10 the cost down. Then we had the health care debates in 1994
11 which I was part of as I mentioned before.

12 And I think people became aware; HMOs, insurance
13 companies became aware we really got to watch ourselves here
14 or we're going to be taken over by the government.

15 What I'm trying to say is hospitals, physicians,
16 especially when you're doing Medicare or Medicaid work are
17 getting reimbursed at probably 70 percent what it actually
18 costs them to do to perform the service. I have a good
19 friend of mine that runs a mental care facility and is a
20 customer of mine.

21 And they are telling me they haven't gotten
22 reimbursement -- I don't know what is, whether it is
23 Medicaid or what. I don't remember what program it was --
24 for four years.

25 The point I'm trying to make is simply this. I

1 think we as agents, you folks as legislators and as public
2 servants, I think we ought to try to at least make the
3 public aware of the costs involved with this; what is
4 involved with health care and why health care costs what it
5 does. Because it is, it is not cheap, you know. And if you
6 think for one minute -- as Ross pointed out those HMOs in
7 Massachusetts just went under, New Jersey went under. They
8 are all coming from the same health care pool. The costs
9 are here, you know.

10 It is cost. Health care is finite. I'm sorry
11 but that's the way that it is, you know. And all we have to
12 do is look to our neighbor to the north to see the problem
13 up there.

14 And I just think, you know, if we had a better --
15 if employers and employees -- and, gee, if I had the answer
16 to this, I certainly wouldn't be sitting here talking to you
17 folks today. I'd be down in Mexico or on an island
18 somewhere, you know.

19 But I would just like to see something -- you
20 know, something done with that I guess to try to educate,
21 you know, employers and employees as to why health care
22 costs what it does because it is a dynamic that, you know,
23 the matrix has changed. It certainly has. And I thank you
24 for that. I'll get off my soapbox now.

25 CHAIRMAN CLARK: Hang on. We'll see if there are

1 any additional questions or comments. I think the committee
2 will take a ten-minute break here to allow our stenographer
3 to relax a little bit. And we'll be back in about ten
4 minutes and finish up our hearing. Thank you.

5 (Break.)

6 CHAIRMAN CLARK: The last individual, not the
7 least, to present testimony before the subcommittee today is
8 Deb Beck and she is the president of the Drug and Alcohol
9 Service Providers of Pennsylvania. Ms. Beck.

10 MS. BECK: Thank you very much. I appreciate the
11 time. I organized the testimony. I'm not going to read it
12 to you.

13 I'm going to talk about something else that is
14 right on point I hope. I listened to some of the comments
15 this morning and I heard about managed care having
16 difficulty.

17 And I must tell you I have a little difficulty
18 being too concerned about that when at least in the area of
19 drug and alcohol and mental health, managed care behavioral
20 health care firms over promise the world and what they are
21 going to deliver. And we know when looking at it they
22 probably can't for the dollar they are going after.

23 It is kind of hard to feel sorry from my
24 perspective when people with untreated addictions die unable
25 to access a benefit that is already in their plan when the

1 managed care behavioral health firms have over sold.

2 I also need to take a moment and acknowledge
3 Capital Blue Cross is in the room today. These are leaders
4 in the area of drug and alcohol treatment. When we were
5 trying to move our mandated drug and alcohol insurance bill,
6 they already were providing the coverage because they
7 figured out it would save money. It was not only
8 humanitarian but it was cost effective.

9 I maintain my own policy through Capital Blue.
10 And, frankly, I think you get what you pay for; and I'm very
11 happy with my policy through there.

12 I also wanted to note that Candidate Bush has
13 talked about the Texas liability bill that was discussed
14 here today. He let it go into law without his signature.
15 But he has said since publicly that he thought it is a good
16 bill. That it has not resulted in overwhelming litigation.

17 And I think it is important to note that because
18 there is experience there. We were down in Texas asking
19 about it and also talked to the legislator who put the bill
20 in and it hasn't had the garganey effect.

21 And folks in the health care system think that it
22 has improved the medical practice and that is why the
23 lawsuits aren't as high as they -- as they had anticipated
24 from the managed care side.

25 The other comment I just wanted to make since

1 everyone is worried about too much litigation and people
2 spending too much time with lawyers, well, I'm spending most
3 of my life right now with lawyers helping people who have
4 been denied a benefit that is already in the policy obtain
5 what they already paid for.

6 And I have become increasingly grateful to
7 lawyers and have begun to understand the role of lawyers in
8 a way that I didn't understand before. I think there is
9 some lifesaving going on.

10 My name is Deb Beck. I'm president of Drug and
11 Alcohol Service Providers. You can see who we represent is
12 drug and alcohol prevention education and treatment
13 programs, student assistance programs operating in your
14 school districts, businesses, and employee assistance
15 programs operating in your businesses in your districts. We
16 are prevention. We are treatment. We're across the
17 continuum.

18 You also need to know that we're businesses.
19 These are all small businesses. There are hundreds of them.
20 We have to buy insurance too. And some of our members have
21 had the odd experience of being told by managed behavioral
22 health care firms we'll help you get out of the mandated
23 drug and alcohol insurance benefit if they didn't recognize
24 the name of the firm they called. And some of our
25 facilities have names that don't tell you it's a drug and

1 alcohol facility.

2 And our folks are saying, What do you mean get
3 out of it? This is the business we're in. And they said,
4 well -- and some didn't say that right away. And so the
5 game went on. And then I got the conversation; and, of
6 course, we don't buy policies from people who do not live up
7 to the law.

8 I'm here to testify in support of 710 and ask
9 quite the contrary to the earlier statements for quick
10 action on the bill. We think it is a badly needed tool here
11 in Pennsylvania. It is one of a number of tools we need.

12 Why would all of these folks working in drug and
13 alcohol prevention education, treatment, and business and
14 schools speak with one voice on this issue? Well, 1986 and
15 1989, the General Assembly had a bipartisan -- took
16 bipartisan action to put into effect a very good mandated
17 drug and alcohol insurance bill in this state. It is a good
18 bill.

19 And the bottom line, folks, is people can now
20 not -- they can't access what they already paid for. That
21 is why we are here speaking with one voice. Does that
22 matter? Well, yes.

23 One in four families in your district has an
24 untreated alcoholic or an addict in it. And that is costly
25 to the health care system because the trauma to the family

1 is something we never found a way to begin to measure.

2 We're talking fetal alcohol syndrome, neglect,
3 children growing up with all kinds of depression and other
4 problems, the cost of the health care system. Most
5 untreated alcoholics and addicts are in the work force
6 sitting next to you and I.

7 Most of the time it's not -- most addicted people
8 don't commit crime. But most of the crime that is committed
9 is committed by addicted people who delay treatment and the
10 person deteriorates to the criminal justice side. We're
11 also going to be driving up crime. And I'll be talking a
12 little bit more about that in a second.

13 I want to pause here for a moment and just let
14 you know that I am grateful when I look back at the passage
15 of the insurance bill in this state, the mandated drug and
16 alcohol insurance bill in this state. I am grateful and I
17 am not unmindful of the raw political courage it took to do
18 that even then back in those days. It took an act of
19 political courage.

20 I am painfully and keenly aware of the continued
21 power of the insurance industry in this state and across the
22 nation. And I watched the debates in Congress and they were
23 shameful. They were an embarrassment. They were an
24 embarrassment.

25 And then what did I see, Pennsylvania's Senior

1 Senator get up and say the consumer must have -- Arlen
2 Specter said the consumer must have the right to sue. The
3 very kind of provisions we're looking at here today that
4 have been offered by Representative Masland.

5 And I'm taking -- I'm taking the time to tiptoe
6 into the political, folks, because I just got to tell it
7 like it is. I work in a field where if you don't tell it
8 like it is, nobody gets well.

9 The power of that industry is enormous and yet
10 you have had the courage, Representative Masland, to have
11 this bill before the General Assembly. And I want you to
12 know that I'm not unmindful of the political courage.

13 I watched that debate in Washington. And I am so
14 proud of Arlen Specter for trying to do the right thing, and
15 I am proud of you for trying to do the right thing.

16 This is deadly serious business to us. People
17 with untreated alcohol and other drug addictions die.
18 Without intervention it is an always fatal illness. So this
19 is deadly serious business, this discussion that you're
20 having here today.

21 I was very grateful also to hear the Attorney
22 General's comments, very, very grateful. Attorney General
23 Vacco formerly of New York State set up a health care
24 bureau, a 1-800 number collecting complaints. They were
25 inundated with drug and alcohol complaints.

1 We think managed care without this kind of a
2 balance is driving up crime. People who can't get help any
3 other way end up eventually in the criminal justice or
4 public funded system.

5 We think the managed care dilemma in the nation
6 is leading the retreat on the nation's war on drugs. A very
7 interesting dilemma. We tell the folks we want them to get
8 clean. But when they go for help, the benefit that they've
9 already paid for that you have through public funding make
10 it impossible for them to get the help that they need that
11 was already paid for. We think that we're leading a retreat
12 on the war on drugs.

13 Coverage of treatment of addiction in
14 Pennsylvania is the law of the Commonwealth. It is the law
15 of the Commonwealth. It is not a matter of dispute and
16 whether or not it is in the policy.

17 Despite the enactment of the law, people can't
18 access the benefit unless they are in Capital Blue's
19 indemnity plan. They can't access the benefit they already
20 paid for.

21 And I hope that you will ask yourself who
22 benefits by this continuing dilemma. It is certainly not
23 the families of Pennsylvanians and it is certainly not our
24 children. But who benefits if an untreated drug addict
25 can't access treatment?

1 Case law appears to be moving in the right
2 direction. I did review Papas v. US Health Care. I'm not a
3 lawyer. You have to help me with anything that is really
4 detailed about that. But I think 710 will move the process
5 along and will likely have an ameliorative effect
6 immediately in Pennsylvania.

7 Right now the treatment decisions of crack
8 addicts in the streets of Philadelphia who have run away
9 from his or her parents who have insurance, those decisions
10 are being made on Wall Street. They should be made by
11 people who know something about addiction.

12 One only needs to consider if you're doubting the
13 need for this bill, the article that is attached. And I'm
14 not going to read it to you. But it is about an internal
15 video of Aetna training where they train their staff to
16 handle ERISA plans differently from other kinds of plans and
17 openly talk about that strategy keeping in mind that they
18 can be sued at a higher level under one set than the other.
19 This is a training video. And it is interesting some of the
20 employees are disputing the policy.

21 Well, what do we see in drug and alcohol? We see
22 cavalier treatment of our patients, dismissive treatment of
23 our patients. We see denial and delay of care. People
24 without training in addiction making decisions. People who
25 have financial incentives to deny care who very much need

1 help.

2 Under the provisions of 710 the health plan could
3 be held liable for injuries, death, or damages that occur if
4 there is a failure to conform to practice.

5 Sadly, we need this legal tool. I think America
6 is great. I think one of the reasons it works is we made a
7 correct calculation about the nature of humanity. We
8 figured out that human beings are infinitely corruptible,
9 and we built that understanding of humanity into our system
10 of government. It is the checks and balances.

11 Sadly, folks, there are no checks and balances
12 here and that's why we need this piece of legislation. Let
13 me describe two more cases. You can read them at your
14 leisure. I'm going to give you just the facts.

15 A lawyer in New York State, 42 years old, magna
16 cum laude, Boston University, cocaine, alcohol, drug
17 addicted. For 8 months he battled with his insurers to gain
18 access to a residential rehab center. Finally he wins. The
19 notice comes to him. The sad thing is he died three weeks
20 prior to that of untreated drug and alcohol addiction. The
21 entire case is in this computer. I know the New York State
22 Attorney General is looking at that.

23 Even a lawyer can't figure out how to access
24 their benefits, even a lawyer, folks, even a lawyer. And
25 then reading on I'm going to tell you who the name of the

1 firm is, Aetna US Health Care according to the article.

2 The second article I want to draw your attention
3 to is a case out of Lebanon County, Pennsylvania. Lebanon
4 County, Pennsylvania. You can read it at your leisure.
5 Senator Brightbill's district, a 16-year-old boy, cocaine
6 addict. They can only get him into treatment for seven
7 days. Pennsylvania statute has a mandatory minimum that is
8 longer than that. Seven days, cocaine addict. Nobody gets
9 well from a cocaine addiction in seven days.

10 16-year-old boy, seven days in treatment, cocaine
11 addict. Within 22 hours of being released, what has he
12 done? He's committed eight armed robberies. Folks, he's
13 eligible for 160 years adult time. This was a suicidal
14 cocaine addict who wanted help. He was put out after seven
15 days. The insured denied the continuation. It gets worse.

16 He robs the convenience stores -- the eight that
17 he robbed -- with a steak knife. That's why the aggravated
18 sentence, the steak knife in his hand. He wore a neon
19 jacket. He drove his mother's car in Lebanon County. He
20 went back to the same convenience store twice and they said,
21 sorry, we don't have any money and so he left. Not my idea
22 of a hideous criminal. This was a kid who needed help.

23 We need help. We need this legislation. We
24 think there may be issues of fraud to explore. The failure
25 to provide drug and alcohol treatment also drives up crime,

1 also causes damage in the work force.

2 I have here an authorization for service letter
3 that came from a managed care firm. It provides one day
4 residential rehab services. Now why would you bother to put
5 it in writing? Nobody gets well in one day. This isn't
6 worth 33 cents.

7 It goes on to say by the way after authorizing
8 one day this is not a statement of benefit coverage nor
9 guarantee of eligibility. Now the family did have the right
10 policy. I checked. It goes on to say this most friendly
11 thing, please call me. Here is my 1-800 number. Call me.
12 Me never signed the letter.

13 It seems to me if somebody's life is on the line
14 on a medical decision, the person who is signing the death
15 warrant ought to sign the piece of paper.

16 Things have gotten so bad there is now an outfit
17 out there who will certify you to become an ombudsman.
18 There is now a business nationally where we can all go
19 out -- first we pay the premium to the insured. Now we are
20 going to have to pay a premium to an ombudsman to help us
21 access the benefit that we already paid for. But if you're
22 an alcoholic, you're in denial and don't want it anyway.
23 Somebody has probably had to beat you over the head to get
24 you in.

25 The ombuds' firms are now specializing, so you

1 can become a specialist in ombudsman. Pretty interesting.
2 You can make more money the further removed you are from the
3 patient care. I always notice that.

4 Simply put, people without addiction treatment
5 die, folks. They often destroy everything and everyone
6 around them and their families along the way.

7 Here in Pennsylvania I made it a habit to call up
8 families after their children die of heroin overdoses to ask
9 them what happened. It is part of my assessment of our own
10 system.

11 But more often than not or commonly I hear about
12 abbreviated treatment, managed care firms that don't respond
13 quickly enough, or literally within the lifetime of the
14 child. I have a Pandora's box of these kinds of cases
15 sitting in my living room so I don't forget what we're
16 doing.

17 I meet with the families. I've also met with
18 those whose loved ones who literally died or committed
19 suicide even though the coverage was there. They could not
20 access it. There are wrongful death lawsuits pending in
21 Pennsylvania in the area of drug and alcohol.

22 Another quick note -- and some of this is in
23 bullets -- the leading auditor of managed care behavioral
24 health care in the nation will tell you that commonly 40 to
25 50 percent of the premium dollar gets spent on

1 administrative and profit front loading. Now, with those
2 kinds of profits -- and I have no problem with the profit.
3 But with those kinds of profits, care has to be denied.

4 We think it is a tragic game going on out there.
5 I want to tell you about one case. I carry this young man's
6 picture in my wallet, and I will until we find a way to
7 handle this.

8 Chester County, Pennsylvania, 16-year-old boy
9 begged for help. The school district tried to keep him
10 alive. The student assistance program worked with him
11 constantly. The mother and father are very, very alert and
12 educated people. They kept calling the insurer or the
13 managed care entity -- let me be clear, the term third-party
14 administrator is a very important one to be in the bill. It
15 involved a third-party administrator in this case.

16 They called faithfully and kept an exquisitely
17 fine transcript of their being handled. They couldn't even
18 get an answer to get their kid in the system to be denied.
19 They could not get an answer.

20 It went on for four months. And finally this
21 young man went home and went up to his bedroom, got a gun
22 out, put it in his mouth and ended his life. Ten days after
23 they buried their son, the third-party administrator called
24 asking for an explanation. They wanted an explanation for
25 the trip to the emergency room and an explanation for a

1 mouth wound.

2 This is deadly serious business that you're
3 about. I think if the managed care entities know that they
4 are liable, some of these practices will stop.

5 I want to tell you I stopped asking for managed
6 care complaints. I can't handle what I get. People come up
7 to me on the streets. They track me down at home.
8 Sometimes they write me letters with pictures and stories
9 that tumble out of the envelopes. They are always the same.

10 Families are embarrassed that they have a person
11 with an addiction but they need help. They almost always
12 have coverage. I always send for the policies to check.
13 Because if they don't, they've got no right to complain
14 really.

15 Long stories of desperately struggling to access
16 a benefit that they have already paid for and they simply
17 can't do that.

18 I mentioned student assistance programs. They
19 told me around the state that particularly here in Central
20 Pennsylvania that this is their biggest problem, is that
21 they identify kids and work with the police to identify the
22 kids as well. Then they try to send them for help under the
23 policy their parents have, and they can't access it and the
24 big wait begins.

25 I think you want to think about that. We have a

1 heroin epidemic going on right now. Do you want a troubled
2 kid who is using heroin sitting in class next to your kids
3 while the insurer dawdles over coverage? I think --
4 particularly coverage that is already in the law.

5 So we would beg of you, please move the bill
6 along. We think it will have a preventive effect. We think
7 it will end some irresponsible practices right upfront, stop
8 some of the cavalier and dismissive handling of families in
9 trouble in each of your districts.

10 We thank you very much for the time. Let's pass
11 this bill. The lives of your children may depend upon it.

12 CHAIRMAN CLARK: Thank you very much.

13 Do we have any questions?

14 Jane. Would you come down here, Jane? It would
15 be easier.

16 MS. MENDLOW: Deb, in respect to this issue with
17 the young people in particular at the moment and the issue
18 with the student assistance programs, identification of the
19 problems, and your quest to try to help families work
20 through this managed care system, can you -- can you tell us
21 what the response has been from any of the managed care
22 plans to justify the delay in treatment?

23 And also if you could, tell us about the
24 availability of the programs that are longer term in nature
25 that would deal with the rehabilitation.

1 MS. BECK: Well, we're starting to lose our
2 long-term programs for people who are not criminal. In fact
3 if you take a look in our field, admissions are going way up
4 from the criminal justice side not that they couldn't have
5 been caught before they ended up involved in crime. In
6 fact, they should have been.

7 But less and less common is a referral out of the
8 health care system or anyone who has paid for it in that
9 fashion. We're seeing a lot of cost shifting going on with
10 the public dollars that you make available for the
11 destitute. Many of these folks actually have insurance but
12 can't access it.

13 The plans basically tell us a variety of things.
14 They tell us -- there was one plan that I've got to keep
15 nameless who said to me every time I spoke, keep it up. We
16 want to do the right thing in this area and no one else is.
17 And we'll end up being the default coverer of all of the
18 folks with this illness. So keep speaking the truth. Well,
19 the interesting thing is they are out of business now.

20 The plans variably deny that there is a problem.
21 They refer us to the grievance procedure. I would challenge
22 you to look at the grievance procedure and think about if
23 you are a parent in danger, your child is in danger and
24 figure out how to use that fast. Almost impossible if
25 you've got an untreated addiction.

1 Basically the plans have not agreed that there is
2 a problem here. They think we should use the normal
3 grievance procedure. I do note that a couple of members
4 here today are co-sponsors of George Kenney's Bill that
5 would set up an expedited grievance procedure specifically
6 for drug and alcohol. One way to handle this might be to
7 have drug and alcohol complaints be considered emergency
8 under 68. Right now they are not. And our patients do not
9 survive the process.

10 Truthfully, take a look at 68 and think of that
11 if you were in a hurry, how would you find your way through
12 this? Now if you have got a medical complaint and it can
13 wait, I think it works. People can find there way through
14 that.

15 If you have got a child in danger, a suicidal
16 parent -- the mother down in Lancaster County committed
17 suicide after struggling to get into an inpatient service
18 and left two young boys and a young husband.

19 People can't figure out how to access the plan.
20 And I think it is a little much to expect people when they
21 are sick to figure that out.

22 CHAIRMAN CLARK: We thank you very much.

23 MS. BECK: Appreciate it.

24 CHAIRMAN CLARK: The next individual to provide
25 testimony to the committee is David Masur. Can you help me

1 with that name?

2 MR. MASUR: Sure. It is Masur.

3 CHAIRMAN CLARK: Masur. All right. He is the
4 State Director of Pennsylvania Public Interest Research
5 Group.

6 MR. MASUR: Thank you. Sorry I'm late. I was in
7 Minnesota and that's usually -- I can make this short I
8 think. My name is David Masur. I'm the director of the
9 Pennsylvania Public Interest Research Group.

10 PennPIRG is a statewide non-profit, non-partisan
11 consumer, environmental, and good government watchdog group.
12 We have about 10,000 citizen members across Pennsylvania
13 with offices in Philadelphia and Pittsburgh.

14 And I'm testifying today in support of House Bill
15 No. 710 which provides health insurer liability. While
16 PennPIRG supports the enhancement of a consumer's ability to
17 seek redress from an entity that causes them harm, this is
18 only a small step we believe to solving a much larger
19 problem.

20 Our current health care system is failing. The
21 most basic consumer protections and medical principles have
22 been compromised to the point of crisis. Lack of access to
23 health care is rampant. And while health care is a
24 fundamental right, 45 million Americans have no health
25 insurance and one-third of Americans are inadequately

1 insured.

2 In Pennsylvania 1.2 million residents are
3 uninsured which is 10 1/2 percent of Pennsylvania's total
4 population. And unfortunately the trend in Pennsylvania
5 indicates that the number of uninsured -- of the uninsured
6 is increasing. In 1996, 9 1/2 percent of Pennsylvanians
7 were uninsured.

8 The number of uninsured is increasing due to the
9 continual increase in the costs of health insurance which
10 we're concerned about at PennPIRG. Health care costs are
11 escalating at a pace which far exceeds inflation.

12 In addition to consumers paying more for their
13 health care, patient dissatisfaction is at an all time high.
14 While prices are increasing, consumer choices of doctors,
15 specialists, and treatments is declining.

16 The cost of prescription drugs is -- drugs
17 commonly used by older Americans are also rising faster than
18 the rate of inflation. Over the past calendar year, prices
19 for the 50 top selling drugs among the elderly rose more
20 than five times the rate of inflation.

21 This is also -- this also indicates the
22 disconnect between the cost of producing and manufacturing
23 prescription drugs and the prices consumers must pay that
24 actually received those drugs.

25 In addition to the skyrocketing cost of health

1 care, Americans are experiencing a decline in the quality of
2 the medical care that they are receiving.

3 Instead of medical expertise determining medical
4 treatment, health insurers are pressuring doctors with cost
5 cutting measures.

6 For example, doctors are spending less and less
7 time with patients, often only 7 to 10 minutes is allotted
8 for each office visit. Patients and doctors are reporting
9 that the necessary care is being withheld from patients to
10 save money.

11 Insurance companies -- excuse me. Insurance
12 company administrators instead of medical experts are making
13 medical decisions.

14 One of a number of critical solutions to this
15 managed care dilemma is to hold health insurers liable for
16 the decisions they make if those decisions cause an injury
17 to a consumer.

18 Health insurers should not be held above the
19 basic laws of accountability that apply to every other
20 industry and to individuals, the rest of the American
21 society.

22 Patients should not be prohibited from suing
23 their health insurer when a health insurer's decision causes
24 injury or harm.

25 Every day consumers place their health and lives

1 in the hands of business entities whose top priority is
2 making profits. Health plans have no Hippocratic Oath to
3 "do no harm." A for-profit health plan's primary obligation
4 is to its stockholders.

5 HMOs argue that making them liable for the harms
6 they cause will result in an increase in health care costs.
7 Health care costs have already been dramatically increasing
8 without liability.

9 While health insurers are so concerned about
10 increased costs, this doesn't limit their CEOs multi-million
11 dollar salaries while doctors and every other practitioner
12 are held accountable for their action that causes consumer
13 harm. Too many HMOs are immune from this liability in other
14 states.

15 The loophole in the Employee Retirement Income
16 Security Act, ERISA, makes the health insurance industry the
17 only industry that is immune from liability when its actions
18 harm people.

19 Health plans are increasingly encroaching on
20 medical treatment decisions historically made by physicians
21 and other health care providers. When physicians are found
22 negligent in making health care treatment decisions, they
23 are held accountable through the legal system.

24 Health plans should be held to the same standard
25 to exercise ordinary care when making health care treatment

1 decisions about covered services and should be held
2 responsible for their failure to meet these standards.

3 Health insurers wrongly maintain that when they
4 deny treatment to a consumer they are not making a medical
5 decision. Health insurer liability is another clear
6 instance where insurance companies' cost argument is
7 meritless.

8 In Texas, the first state to hold HMOs
9 accountable for their actions, costs did not dramatically
10 increase. Further, HMO liability cases did not clog an
11 already overburdened judicial system since only one lawsuit
12 has been filed in Texas since the law passed in 1997.

13 A study prepared by William M. Mercer,
14 Incorporated and the American Medical Association
15 demonstrates that managed care accountability legislation
16 will only increase premiums between .5 and 1.8 percent.

17 While House Bill No. 710 deals with the important
18 issue of liability, we believe that the language of this
19 bill can be strengthened to be even more protective of a
20 consumer's right to sue their HMO.

21 The bill includes the following standard for
22 liability in Section 8313(a): "Whenever a health insurer
23 fails to conform with accepted standards of medical practice
24 in supervising, managing, approving, or providing in a
25 timely manner or otherwise any health care service to the

1 extent the health insurer is legally required to do so, the
2 health insurer shall be liable for any personal injury,
3 death, or other damages caused by that failure."

4 We believe that this language is ambiguous and
5 does not grant consumers the strongest right to sue their
6 HMO when they are injured. Specifically it is ambiguous as
7 to what the health insurer is already "legally required to
8 do" as stated in House Bill 710.

9 What laws are at issue here? What does this
10 require HMOs to do? Further, we are unsure as to the
11 definition of accepted standards of medical practice. House
12 Bill 710 does not indicate the source of these standards.
13 Medical professionals must determine medical practices.

14 This language does not eliminate the possibility
15 that health insurers, whose main concern is cost saving and
16 profit maximizing, are setting these standards.

17 We believe that a consumer's right to obtain
18 redress must be clearly and strongly enumerated in
19 legislation. While we propose the strongest possible
20 language, an example of strong language is in the current
21 Texas law which was the first state as I said to establish
22 health insurer liability.

23 In Section 88.002 the law states, "(a) A health
24 insurance carrier, health maintenance organization, or other
25 managed care entity for a health care plan has the duty to

1 exercise ordinary care when making health care treatment
2 decisions and is liable for damages for harm to an insured
3 or enrollee proximately caused by its failure to exercise
4 such ordinary care. (b) A health insurance carrier, a
5 health maintenance organization, or other managed care
6 entity for a health care plan is also liable for damages for
7 harm to an insured or enrollee proximately caused by the
8 health care treatment decision made by its employees,
9 agents, ostensible agents, or representatives who are acting
10 on its behalf and over whom it has the right to exercise
11 influence or control or has actually exercised influence or
12 control which result in the failure to exercise ordinary
13 care."

14 We believe that this ordinary care standard will
15 better enhance a consumer's ability to obtain redress once
16 harm has occurred.

17 This language is very clear and gives a
18 particular standard as opposed to referring to an unclear
19 legal standard. To adequately protect consumers, health
20 insurance recipients must be given the right to sue their
21 HMO whenever that HMO caused them an injury. Further once
22 the HMO's immunity from suit is removed, the HMO will make
23 its decisions based on the fact that it is legally
24 accountable to consumers.

25 Thus instead of considering only cost cutting and

1 profit maximization, HMOs must also consider that they can
2 use -- cannot use less than ordinary care when rendering a
3 care determination.

4 For real managed care reform, the Pennsylvania
5 State Legislature in this bill or in other legislations must
6 also consider reforms essential to protecting consumers.

7 Such legislation includes:

8 (1) legislation that will prohibit HMOs from
9 giving financial incentives to doctors if they limit
10 treatment or limit the number of prescriptions they issue;

11 (2) legislation that will improve access to
12 medical care and decrease the number of uninsured
13 Pennsylvania residents;

14 (3) legislation linking the cost of prescription
15 drugs to the federal supply schedule to decrease the
16 skyrocketing costs of prescription medication;

17 (4) legislation mandating that an HMO's care
18 decisions are subject to review by an independent external
19 review board and not by insurance administrators;

20 (5) legislation ensuring that patients have the
21 right to continuity of care enabling patients to continue to
22 go to doctors who are familiar with their medical history
23 and who advocate for their interests;

24 (6) legislation ensuring that all medically
25 necessary treatments are available and that patients have

1 access to clinical trials;

2 (7) a cap on an HMO's administrative costs; and

3 (8) legislation that prohibits gag clauses.

4 Health care providers must be able to disclose all treatment
5 options to their patients.

6 While we applaud House Bill No. 710 as a first
7 step toward achieving protections for consumers, we look
8 forward to working with the legislature to fully protect
9 consumers in Pennsylvania and to ensure that in Pennsylvania
10 patients and not profits are prioritized.

11 Again, thank you for allowing me to join you
12 today. Any questions, I'd be happy to answer.

13 REPRESENTATIVE MASLAND: Thank you, Mr. Masur.

14 Just the main question I have is that you make
15 sure we have a copy of your remarks as to -- we do not have
16 that before us -- especially the last eight or so, maybe the
17 top ten David Letterman-type things we should do.

18 I understand we do have a copy and we will be
19 able to review that. Particularly because as you were going
20 through that list, there were a couple that jumped out that
21 I thought we had already addressed as part of Act 68.

22 Some of the gag rule questions and the questions
23 on doctors, I think we addressed those, maybe some others.
24 But that would be helpful to review that. Does anyone else
25 have any questions? Thank you very much.

1 MR. MASUR: Thank you.

2 REPRESENTATIVE MASLAND: The last person to
3 testify will be Greg Heller, an attorney with Litvan,
4 Blaumberg, Matusow & Young. I probably got at least the
5 last one right.

6 MR. HELLER: On the outset, I would like to thank
7 the committee members for letting me talk today and in
8 particular Representative Masland for introducing what I
9 think is going to be a very helpful bill.

10 The reason I'm here I think at least in part is
11 because people come to me with problems with their managed
12 care companies. Sometimes it is an ongoing thing and
13 sometimes they even have been harmed by it. And I very much
14 see how it impacts individuals firsthand. And I would like
15 to bring the benefit of some of that experience to the
16 attention of the committee.

17 First off, I am not going to tell you that
18 victims are not without a remedy under the current law.
19 There is a case called Shannon v. McNulty currently in the
20 Supreme Court of Pennsylvania which is very helpful and goes
21 a long way towards confirming that these long-standing
22 principles of accountability of responsibility do in fact
23 apply to the managed care industry.

24 I don't think that makes this bill irrelevant for
25 a number of reasons.

1 First one is it's just a Superior Court case.
2 And while there is every indication that the Pennsylvania
3 Supreme Court is going to recognize the realities of managed
4 care and decide the case in a way consistent with the
5 Superior Court, we don't know that. It is a case that is
6 important and I think it is entirely appropriate for the
7 legislature to speak up and send a statement.

8 Perhaps more significantly this bill is going to
9 send a message. And it is going to send a loud and clear
10 massage that I think is necessary. I still hear managed
11 care companies saying to me we just deny claims, we don't
12 affect care once you get outside of the HMO contract. Now
13 at first that argument for lack of a better word bugged me.
14 It is not an argument that the courts have accepted with any
15 consistency at all and I don't think it is right.

16 But more recently I've had a more troubling
17 thought and that is what if they believe that. What if
18 these managed care executives keep on saying that what we do
19 doesn't affect care really honestly believe that that's the
20 case? That is even more frightening. And that is why it is
21 appropriate for the legislature to send a message, hey,
22 guys, we all know you're doing it. Act responsible.

23 I'd like to touch on a couple of other points
24 that I think will be hopefully addressed by House Bill 710.
25 There was some -- the prior speaker spoke a little bit about

1 the medical standard of care and various -- the Texas law
2 that talks about what doctors are required to do.

3 What I think House Bill 710 does -- maybe you
4 could do it clearer. But what I think it does is establish
5 that this is not just a question of the medical standard of
6 care. It talks about the standard of care and providing and
7 arranging for treatment and so forth. The opinions all talk
8 about medical decisions and part of that is a result of the
9 preemption issue and the way that that case law has
10 developed.

11 But that's incomplete in a way. For individuals
12 facing the day-to-day realities of managed care, it is often
13 not a doctor making a decision that is the reason they get
14 denied. It is the phone calls that don't get returned. It
15 is the claim representative who doesn't return the phone
16 calls. It is the repeated request for redundant and
17 irrelevant information. It's the opaque appeal procedures
18 and the game of got you that they play.

19 And this bill I think makes clearer than it
20 already is -- now it is already reasonably clear from the
21 cases -- that insurance companies have to treat their
22 insurers with dignity and respect and acknowledge and carry
23 out their responsibilities and duties of good faith and fair
24 dealing. And when they don't just like anyone else, they
25 are going to be held accountable.

1 In the interest of time I'm going to run down
2 some other bullet points on the various sections.

3 Subsection (b) as the panel is probably aware stops the
4 insurance company from blaming the patient. I've never
5 thought that argument made much sense. Look, you could have
6 gone out and maxed out your credit card and gotten a kidney
7 transplant.

8 (A) That's the reason people get insurance is so
9 that they can get medical care when they need it; and (B)
10 that's just inconsistent with reality. I have had clients
11 tell me that when they went to an MRI center or therapy
12 center they wouldn't even take their credit card or take
13 their check. Now maybe if you're Bill Gates, you could do
14 that. But I think for average Pennsylvanians that is not an
15 option. And I think it is wise and just that the law
16 prevents insurance companies from playing that game.

17 Section (d) as you know talks about
18 indemnification agreements. That is just an obvious attempt
19 by the insurance companies to use their tremendous market
20 power. As you well know, there are some insurance companies
21 that are just a 500 pound gorilla and no doctor can say no.
22 And it is important that they not be allowed to shift all of
23 the responsibility over on to the doctors while they can
24 escape and avoid responsibility.

25 I note that to some extent that has already

1 happened. That's one of the dynamics at issue with this
2 whole issue of financial incentives. You put all of this
3 pressure on the doctors to make a particular decision. And
4 at the end of the day when somebody is injured and when the
5 victim is seeking compensation, it is that doctor that
6 you're looking at even though the various financial
7 incentives and restrictions and all of those other factors
8 may well have been a very important part of their reason why
9 somebody was injured by inappropriate conduct.

10 Subsection (e) squarely addresses another
11 attempt, fairly common attempt by the managed care industry,
12 to just contract out decisions and escape and evade and
13 avoid responsibility that way. I don't think that's
14 appropriate.

15 I think that the wrongdoer shouldn't be able
16 to -- to just by contracting avoid responsibility any more
17 than a truck driver driving down the highway and injures
18 somebody should be able to escape and evade responsibility
19 by some clever clauses in a contract.

20 Section (g) talks about litigation rights. I
21 won't tell you that I think that's absolutely necessary. I
22 don't think that the courts would uphold an arbitration
23 agreement in a form insurance contract.

24 I do think it is helpful and for the legislature
25 to send a resounding signal and confirmation of that and

1 say, look, guys, you're not going to escape accountability
2 by this kind of clause in your contract.

3 I thank the committee members for their
4 attention.

5 CHAIRMAN CLARK: Chief Counsel Preski.

6 MR. PRESKI: Mr. Heller, what is the nature of
7 your practice?

8 MR. HELLER: I represent plaintiffs in personal
9 injury actions.

10 MR. PRESKI: Before this committee there was
11 testimony that only about 5 percent of the total number of
12 claims that are being submitted to the insurers -- that's
13 their denial rate, basically it is about 5 percent. Do you
14 find that to be true in your practice?

15 MR. HELLER: No. Because people who come to me
16 are people who are having a problem.

17 MR. PRESKI: So I guess for you it is a hundred
18 percent but --

19 MR. HELLER: Not always.

20 MR. PRESKI: -- you don't know all of the ones
21 who don't come.

22 MR. HELLER: That's exactly right.

23 MR. PRESKI: My next question is you basically
24 alluded to the reason that you see for a number of denials
25 is simply paperwork; you didn't get the right form in, you

1 didn't get it in on time, it wasn't signed properly. Is
2 that the majority of the denials that you see or is it
3 something else?

4 MR. HELLER: No. And to be fair, I wouldn't -- I
5 don't know that I would even call it a denial. People just
6 give up. I heard of a word within the insurance company
7 known as a hassle factor although nobody within the
8 insurance industry has admitted to me that they know about
9 such a thing. But what I was referring to was more that
10 dynamic.

11 MR. PRESKI: Next question I guess would be this:
12 Do your clients when they come to you know of their
13 appellate rights under their policies at all? Or are they
14 ever basically told when if the company makes an out cold
15 denial, are they ever then given the second part? We're not
16 going to pay this. These are the reasons why we think so.
17 But you do have the right to appeal.

18 Or is it we're not going to pay you this, these
19 are the reasons we think so? And then if you're the
20 insured, you kind of got to find out for your own what your
21 rights are.

22 MR. HELLER: I would say the record of the
23 industry is spotty. I think that most of the time when you
24 go back and look at it, you can find that information. You
25 can also find a lot of static.

1 Sometimes you can find some bad information. You
2 can find a situation where you completely understand
3 somebody not really understanding what it is that they had
4 to do.

5 MR. PRESKI: Okay. One other thing I guess I
6 would tell you is that take a copy of Ms. Beck's testimony
7 in the back. She references an Aetna basically policy where
8 this hassle fact you talked about is a little more
9 explained.

10 MR. HELLER: Thank you.

11 MR. PRESKI: Thank you.

12 CHAIRMAN CLARK: Mr. Heller, and I assume -- I
13 apologize for being late in your testimony -- you represent
14 clients to obtain benefits from an HMO as the contract
15 provides them certain care?

16 MR. HELLER: In part, yes.

17 CHAIRMAN CLARK: In part. What about some of the
18 current laws, are they ineffective for you to get at an HMO?

19 MR. HELLER: I will tell you that --

20 CHAIRMAN CLARK: Typical contracts are unfair bad
21 faith statutes, unfair insurance practices, or just simple
22 breach of contract actions, et cetera.

23 MR. HELLER: I think that the real bar on the
24 landscape has always ban ERISA. That is lifting. There are
25 a couple recent decisions from the Third Circuit. I'm sure

1 you're aware of Dunes and a decision called Bowman from the
2 fall that continues to lift that and with benefit of Shannon
3 and the Pennsylvania Supreme Court's decision in Papas.

4 As I said, I don't think that people are without
5 a remedy. For what it is worth, I also think that if people
6 could afford to -- if it were the reality that this almost
7 judicial process of internal appeals and so forth that looks
8 so good on paper, if that were really something that
9 individual Pennsylvanians could negotiate on their own. I'm
10 not going to deny that they look good on paper. Does that
11 answer your question?

12 CHAIRMAN CLARK: Well, yeah. I was -- I was
13 wondering if passage of this bill is more or less a public
14 policy statement? We want HMOs to clean up and it is sort
15 of a shot across their bow. We want people who they have an
16 obligation to to provide care that they do that.

17 MR. HELLER: I think that's a big part of the
18 puzzle. I'll also tell you that some of these areas are not
19 entirely clear.

20 For example, the precise scope of Shannon is
21 something that the lower courts will determine. And courts
22 have their wonderful incremental approach to things and we
23 write briefs and the insurance industry writes briefs and
24 they decide things and this whole body evolves. You can
25 answer a whole lot of questions in one fall swoop with a

1 bill like this.

2 And I would point out that as salutaries and
3 recent developments in case laws are, there are still some
4 real tragedies that are just left in the dust as the courts
5 in their gradual wisdom have gotten around to recognizing
6 the realities of managed care.

7 CHAIRMAN CLARK: Possibly the judicial system may
8 move slower than legislature.

9 MR. HELLER: In some instances.

10 CHAIRMAN CLARK: In some instances. Any
11 additional questions? Okay. We thank you very much for
12 your testimony.

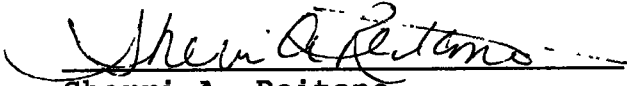
13 And that concludes our hearing today on House
14 Bill 710. Again, I'd like to thank everybody who attended
15 or participated in the hearing and braved the weather which
16 looks like it is still snowing.

17 Thank you.

18 (The hearing concluded at 12:45 p.m.)
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I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the within proceedings and that this is a correct transcript of the same.


Sherri A. Reitano
Notary Public

Notarial Seal
Sherri A. Reitano, Notary Public
Harrisburg, Dauphin County
My Commission Expires Aug. 28, 2003
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