

Legislative History for Connecticut Act

HB2691	PA 146	1965	
Pub. Hall	p. 212-213		2
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**CONN.  
GENERAL  
ASSEMBLY  
1965**

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operating budget for the agency in the next bienium, but the cost of this facility, which would be in the neighborhood of 3/4 million dollars on a state level, has not been budgeted.

Rep. Wallis, Where do you presently meet?

A. We presently have a facility at the University of Conn. Where the state government, the defense dept and the civil defense would go in the event of a disaster and it provides no fall out protection, and as I said from the President, the Congress they have recommended and we stick out like a sore thumb in the east. We are the only ones. We would operate from the University of Conn. I would like to clarify any misunderstanding, we are simply seeking a facility that will provide radio active fall out protection, <sup>not</sup> from glass where the cost would be too far out and would not be expedient.

Chr. Turner, You mention \$15,000. If the committee approves this bill, we should include an additional section making provision for \$15,000 appropriation.

A. If you wish to amend that bill, what we sought because of the lateness of the bill, that we would get it over to the appropriations committee if you report it favorably, and then we would try as well as possible to justify the expense.

Rep. Perri, Are there matching funds from the federal government?

A. Yes and the bill is worded in that way that it is contingent upon federal approval being in effect that the federal government would compensate the state for .50 for each dollar spent to erect such a facility. The federal government already has provided funds for similar installations in NY, Mass and RI

Rep. Wallis, Does this \$15,000 you are asking for ----

You cannot build a house for \$15,000

A. I would like to clarify that the \$15,000 figure would in effect cost the state \$7500 because that figure too would be matched. That is the operating capability <sup>for 30,000 square feet</sup> in a military establishment there is an armory that has approximately the same footage. We use those figures to upkeep the state armory, and we used those figures to parallel the proposed facility at the emergency operating center which would run about \$15,000 a year, which would be met with federal matching funds. In effect it would cost the state \$7500. a year to maintain such a facility.

Chr. Turner, Is there anyone else wishing to be heard in favor? Is there anyone in opposition? If not we will go on to the second bill

HB 2691

(Rep. Turner) AN ACT CONCERNING APPEALS FROM THE HOSPITAL COST COMMISSION

John Q. Tilson, counsel for the Conn. Hospital Asso. and we wish to support this particular legislation. The hospital cost commission, hospital in patient rates study since 1949. We have disagreed occasionally with the commission findings, but by and large in the past 15 or 16 years the rate setting system in so far as it pertains to inpatient

rates has worked out quite satisfactorily. There is not however that we will always be in agreement with the rates set by the commission, and to a certain extent they have almost the power of life and death over us. It has been a matter of considerable concern to the hospitals that there does not appear to be any way in which an arbitrary action on the part of the commission could be challenged in the courts. The chronic and convalescent hospitals two or three years ago did try to take an appeal from the action of the hospital cost commission in the rates for that type of institution, and our courts held that since the statute did not provide for any appeal, they had no standing to question the rate. We have not been faced with this, but it is something that does cause us some uneasiness. We are asking this year in two bills before the public welfare committee for increased authority to the hospital cost commission in connection with the establishment of outpatient rates. For the past 15 years, the commission has been setting them on an informal basis without statutory authority and the hospitals have been going along with it but we feel that the time has now come when this be regularized and they be given the same power over outpatient rates as they have over the inpatient rates, and we feel that this causes even more need for spelling out of appeal procedure. The procedure set forth in this bill is comparatively simple, and rather standard in the healing art fields, and we think that it would give us the right to go to the courts only in the event of a very considerable question on the part of the hospital cost commission, that the courts would have to find that it would be quite arbitrary before it would be upset, but at least we would have the chance to go to the court if a basic disagreement does occur. We hope it will not, but we like to look to the future that we would have the right to have it litigated if the problem does arise.

Chr. Turner, Any questions? Anyone else wishing to be heard in favor? Is there anyone in opposition?

Mr. Foote, Commissioner of Health, and I don't want to speak either in opposition or in favor of the bill, but I would like to call attention to one item, I think may be an error here. Under item (a) it says there shall continue to be a hospital cost commission composed of the comptroller, the commissioner of health and the welfare commissioner. Either 2 years ago or 4 years ago the statute was changed to include the commissioner of finance and control, and the commissioner of mental health as members of that commission, and if this part of the statute was not changed it should be. It's a five man commission.

Chr. Turner, Anyone else wishing to comment or speak in opposition? If not we will go on to the next bill.

HB 2866

(Rep. Turner) AN ACT CONCERNING THE FILING OF CHARGES AGAINST PRACTITIONERS OF THE HEALING ARTS.

Dr. Foote, Commissioner of Health. This is a bill sponsored by the state health dept. This is actually a technical change which we were requested to sponsor by the office of the attorney general. At one time the state dept of health was defined in the statutes by the commissioner of health and the public health council. However