

Act Number	Session	Bill Number	Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages
PA 71-143		8705	6	1	2
<u>Committee Pages:</u> <ul style="list-style-type: none"> • <i>Public Health & Safety</i> 818 • <i>Public Health & Safety</i> 860-861 • <i>Public Health & Safety</i> 864-866 				<u>House Pages:</u> <ul style="list-style-type: none"> • 1604(<i>consent</i>) 	<u>Senate Pages:</u> <ul style="list-style-type: none"> • 1263-1264

H-111

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
1971**

**VOL. 14
PART 4
1451-1967**

Wednesday, April 21, 1971 8.

MR. SPEAKER:

Would the Members strike this from the Consent Calendar since it appears on the regular Calendar on Page 4. It's the third Calendar item, File No. 315.

THE CLERK:

All right. Business on the Consent Calendar.

RONALD A. SARASIN:

Mr. Speaker, before proceeding with the Consent Calendar, I wish to remove from the Consent Calendar the item on the top of Page 2, Calendar No. 406, H.B. No. 6494, an Act authorizing the conveyance to the City of Putnam of a small strip of land from the State. File No. 330.

MR. SPEAKER:

Your individual objection is noted. This item will be removed from the Consent Calendar.

RONALD A. SARASIN:

Thank you, Mr. Speaker. I now move acceptance of the Joint Committees' favorable reports and passage of the Bills on the Consent Calendar, which are Calendar No. 400, substitute for H.B. No. 8705, an Act concerning the removal of the remains of deceased patients, see Calendar No. 400, File No. 338; Calendar No. 402, House Joint Resolution No. 079, Resolution concerning pollution of the Byram River, File No. 340; Calendar No. 403, H.B. No. 5375, an Act concerning liability of liquor sellers for damage by intoxicated persons, File No. 324; on Page 2, Calendar No. 407, H.B. No. 7215, an Act concerning issuing of bonds for sewer

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**S-78
CONNECTICUT
GENERAL ASSEMBLY**

SENATE

**PROCEEDINGS
1971**

**VOL. 14
PART 3
957-1456**

April 27, 1971 35.

THE CHAIR:

The question is on passage of the bill. Will you remark further? If not all those in favor signify by saying aye. AYE. Those opposed say nay. The ayes have it. The bill is passed.

THE CLERK:

Second item on the page, Cal. 396, File 338. Favorable substitute report joint standing committee on public health and and safety on H.B. 8705 An Act Concerning the Removal of the Remains of Deceased Patients.

THE CHAIR:

Senator Pac.

SENATOR PAC:

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Will you remark?

SENATOR PAC:

This bill would require that the names of the deceased be removed from any convalescent home or old age home as soon as possible to an adjoining room. Or a room designated for that purpose. A situation has arisen whereby before the coroner or medical examiner comes in. The deceased have remained in the presence of the other patients. And I have had undertakers who came in and discussed this with me. They said they were embarrassed. It was degrading to the living and it was rather

April 27, 1971

36.

depressing to the living but rather degrading to the dead. To have this thing go on.

THE CHAIR:

The question is on passage of the bill will you remark further? If not all those in favor of passage of the bill signify by saying aye. AYE. Opposed nay? The ayes have it. The bill is passed.

THE CLERK:

Cal. No. 397, File 340 Favorable report joint standing committee on the environment, House Joint Resolution No. 79.
An Act Concerning Pollution of the Byram River.

THE CHAIR:

Senator Pac.

SENATOR PAC:

Mr. President, I move for acceptance of the Joint Committee's favorable report and adoption of this resolution.

THE CHAIR:

Will you remark?

SENATOR PAC:

This resolution concerns the pollution of the Byram River. Now the Byram River is located between the town of Byram and the city of Portchester, N.Y. And this resolution would request and ask the Governor of the state of Connecticut to meet with the Governor of the State of New York and perhaps over a cup of tea try to resolve this problem of pollution of this river. The

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 2
492-901**

1971

PUBLIC HEALTH AND SAFETY

TUESDAY

APRIL 6, 1971

In House Bill 8618, the birth records, vital statistics, will be open not only to chief executive officers of municipalities but also attorneys and title examiners, but would also now be open to members of legally incorporated genealogical societies. At this point you could look into genealogical records that were filed prior to January 1, 1970, but it's high time that perhaps it was possible to look into records of a more recent date. Thank you very much.

Rep. Cohen: Any questions of the representative? Thank you very much. In case the machine isn't working do you want to leave that statement? In case the machines isn't working.

Rep. Hanzalek: Sure.

Rep. Cohen: Do you think it's working? (not clear) Representative Connolly would you care to (not clear).

Rep. Connolly from the 39th: I would like to speak in favor, House Bill 8705 (AN ACT CONCERNING THE REMOVAL OF THE REMAINS OF DECEASED PATIENTS) which will not cost the state any money but has a very humane purpose. It's an act concerning the removal of the remains of deceased patients. This problem was brought to my attention because of the problem that arises in convalescent homes, in multiple bed wards where there are very often aged patients. Should a patient in bed four or five of a six bed ward expire, very often the body is left there much to the detriment of the mental health of the other surrounding aged patients. I would like to see the State Department of Health require some provision from the convalescent hospitals to have the body removed immediately from the multiple bed ward and possibly moved to a holding room at the rear of the facility until the remains can be picked up. Thank you very much.

May I just please add also my approval also of House Bill 8618. I too have had correspondence from the Genealogical Society and I would urge your passage of bill 8618 as well as my own bill, House Bill 8705. Thank you very much.

Rep. Rose from the 69th District: Mr. Chairman, members of the Public Health and Safety Committee, speaking for substitute bill 5378 which is entitled Voluntary Sterilization of women who have given birth to two or more children. The business of illegitimate children has been removed from the original bill and we, matter of welfare statement on the original bill has been changed in order to (not clear) the objections of many people that have written in in connection with this piece of legislation, although it was not intended in any way to discriminate or to pick out any particular class of people, in our society, it was so interpreted by a great many people that I was perhaps, in this bill, concentrating on just those people who are on welfare or those people who had illegitimate children. I did not intend it to be that way and so I have submitted a voluntary, a substitute bill which does not refer

PUBLIC HEALTH AND SAFETY

TUESDAY

APRIL 6, 1971

Sen. Pac: Any questions? Thank you, ma'am. Harold G. Duke, looks like, State Department of Health. Barbara Nowacki. Marie Kluge next.

Barbara Nowacki: As a member of the nursing profession, who has been active in nursing service and nursing education in the diploma program and presently in the practical nurse education program, I wish to go on record in opposition to H.B. 8708, an act concerning the composition of the state board of examiners for nursing.

Since board members are responsible for maintaining standards of nursing practice and nursing education, it would seem that the criteria for selecting such board members should be their competence, expertise and knowledge in the field of nursing.

This criteria can best be met by the appointment to the board of only professional nurses who have demonstrated through their educational preparedness and experience, those qualifications necessary to deal with the problems of licensure and the supervision of educational programs which prepare nurse practitioners.

Surely nursing in the State of Connecticut would be hampered in its ability to give its best service to the public unless the board is made up of professional nurses who qualify as most expert in the field of nursing.

Sen. Pac: Thank you, ma'am. Marie Kluge. Paul Driscoll next.

Marie Kluge, Nursing of Children Instructor: I wish to speak in opposition to bill 8708 concerning the composition of the board of examiners for nursing. I feel that since professional nurses are directly responsible for patient care and since these nurses themselves understand the educational preparation as well as the purposes and functions of the nursing profession; it appears logical to me that this board should be composed of professional nurses.

This bill in its statements of purpose reads: To increase membership in the state board of nursing examiners by adding one doctor, one hospital administrator and two members of the general public. If the only purpose of this bill is to increase the numbers, should this increase not be in nurses. I feel that by adding other professionals on it, this board, as well as two lay people, you render this board ineffective and each group represented would have its own vested interest at hand, not the interest in the profession as a whole. Thank you.

Sen. Pac: Thank you, ma'am. Paul Driscoll. Mary L. Allwein next.

Paul Driscoll of Torrington: I'm Secretary of the Conn. State Board of Examiners of Embalmers and I'm here to speak in favor of H.B. 8705 concerning the removal of remains of deceased

PUBLIC HEALTH AND SAFETY

TUESDAY

APRIL 6, 1971

patients, from the presence of other patients in hospitals. Now it's been my experience over a period of years since the advent of, of convalescent homes and rest homes, that we encounter many, many unpleasant experiences when a patient expires in a room of many patients, a four bed ward, three bed ward, sometime during the night, and we go in to make the removal of the, the deceased, many times with no facilities available in the nursing home to protect the other patients from seeing the patient being removed from the bed, put on a stretcher and taken out. We feel that this is embarrassing for us. We feel that this is very depressing to say the least for the other patients in the rooms. We would hope that this bill went further and would specify that these convalescent homes or nursing homes should provide, well, for the want of another word, a holding room. Many of them do. Many of them make the removal and do put them in a room until morning when a physician could come in and pronounce them dead. Which brings up another subject but which we won't go into.

I'd also like to speak in favor of H.B. 1706 (AN ACT CONCERNING THE SALE OF ABANDONED OR UNUSED CEMETERY LOTS), which deals with the sale of abandoned cemetery lots. We feel that the shortage of land, the fact that cemeteries are now burying double depth in most of our Connecticut cities, that the acquisition of these unused cemetery lots would be beneficial to the general public. Thank you.

Sen. Pac: Thank you. Mary L. Allwein. William Holsten next. Mary Allwein. Mr. Hale next.

William Holsten: I'm Legislative Chairman of the Connecticut Council of Senior Citizens. Mr. Chairman, Members of the Committee, The Conn. Council of Senior Citizens, Inc., with a membership of over 80,000 is greatly concerned with the spiraling costs of hospitalization. These costs are eroding the benefits which medicare was supposed to relieve the poor and the elderly. Press reports indicate that the national average costs of maintaining a hospital patient for one day rose from \$9.50 per day in 1946 to \$81.00 last year to \$93.00 this year and is expected to reached \$110.00 per day by 1973.

At the beginning of Medicare in 1966, patients 65 years and older had to pay the first \$40,00 of the hospital bill, This charge has been increased steadily until on January 1st, 1971 the patient had to pay the first \$60,00.

The Department of Health, Education and Welfare stated that under the law these costs had to be reviewed yearly and adjusted in accordance with costs assessed by the hospitals. Also the charge per day after the first 60 days was increased from the original costs of \$10,00 per day to \$15.00 per day effective January 1st, 1971.

TUESDAY

APRIL 6, 1971

First of all I would like to state why I think nursing should be maintained as a profession. Nursing has systematic theory which serves as a basis for rationalization of operations in the given institution. In other words, nursing is intellectual as well as a practice. Secondly it has professional authority. In other words, the layman isn't, has comparative lack of knowledge with respect to that body of theory. The client accedes to professional nursing judgement which determines what is good or bad for the client. The client cannot accurately diagnose his own needs and discriminates the range of possibilities for meeting us. Thirdly, nursing has a code of ethics which is a commitment to the social welfare. It serves whoever requests regardless of their race, religion, social or economic status. Therefore nursing has determined its own self discipline. Fourthly nursing has a professional culture. It has designated settings where the client and the professional meet. Nursing has education and research centers re, which replenish the professional and expand its knowledge. And the nursing has the American Nurses Association which organi, an organization which submerges as an expression of conscientiousness of the profession. Finally and most relevant to the bill, the sanction of the community. Because of the status of a profession, the communica (not clear) confers a serious of powers and privileges onto the profession. These powers include professional control and accrediting process over its training center. This allows the nursing profession to regulate its schools as to the number, location, curriculum, contents and caliber of instruction. The professional also acquires control over the admission into the profession. Professional title is conferred if the individual has satisfactorily completed the curriculum in a professional school. Secondly, the profession persuades the community to institute to institute in its behalf a licensing system to screen those qualified to practice the professional skill. Therefore I believe it is inherently built in that nursing should guide its own. We should collectively maintain our own self-control. Thank you.

Sen. Pac: Any questions? Thank you. Howard Holmes. Virginia Henderson next.

Howard Holmes: Secretary of the Conn. Funeral Directors Association, and I'm here to speak in favor of H.B. 8705, the removal of the remains of deceased persons in a convalescent home. And we strongly endorse this bill and hope that you will consider this with favor when you review it because in the facility the older people are exposed to

TUESDAY

APRIL 6, 1971

ourselves coming in with removal vehicles, and rather than be removed to a quiet room or a specific area in the facility where the remaining surviving patients are not put through this ordeal, being that they're productivity years are over, doesn't mean that they should be subjected to this type of viewing of remains going out because I would assume that a lot of them in their own minds wonder whether this is what'll happen to them in a very short time. And we as funeral directors are quite concerned about it and uneasy when we have to go in with the facility so I can imagine how the patients must feel. So we would ask that you look at this bill with a favorable report.

I'd also like to speak on -

Rep. Lyons: Mr. Chairman, on that bill, Representative Lyons of the 149th. Do you find or does your organization find that this is a fairly common practice. Somebody dies in a convalescent home in a room with others and is left there in that bed, you know, for a length of time that we'd all consider quite improper?

Mr. Holmes: Well, yes, yes we do find it. There are some facilities that have a quiet room but a good number of them, a majority of them do not.

Rep. Lyons: Does this include the new ones? Are you familiar with any-

Mr. Holmes: Yes, the new ones. I'm speaking of Manchester, my own particular town that I operate in and the newest facility there would be Crestfield and Geri-Care Associates out there. And they generally remain on the same floor where all the patients are. They come in during a, well they ask us don't come at noontime because we're feeding patients and which we do, but there's another portion to this, a bill which requires the attending physician, it's a statute that requires the attending physician to view the remains before removal. And some of these facilities wait eight, ten, even as much as twenty hours before an attending physician comes to view these and pronounce the person dead. Now where this bill, the reason we're so set on this bill, as I've said the State Department of Health may make such regulations and they are aware of this other problem so I think the regulation that comes out from them will allow them to tie the two of them in and require a facility within the facility to, for these particular deceased patients.

Rep. Cohen: Is the physician permitted to view the body in another facility than the room in which the patient expired?

Mr. Holmes: Is he permitted to, sir? Yes.

PUBLIC HEALTH AND SAFETY

TUESDAY

APRIL 6, 1971

Rep. Cohen: You could move them and then he could make his examination there.

Mr. Holmes: Yes. See, the law right now requires the attending physician and what we're trying to do is get the Health Department to change the interpretation of it so that any physician, any licensed physician rather than the attending physician, and then have the attending physician sign the necessary certificate within a twenty-four hour period. But, it's quite disturbing to the patients in there when you come in with -

The other bill I'd just like to speak in support of is 1706, which is concerning the sale of abandoned or unused cemetery lots. This was introduced by Senator Odegard from Manchester also. And we find that there are a good number of lots where they will never be used and the bill requires a ten year limitation on there before they can be sold, and it also requires a three week insert in a local newspaper in the town where the lot is located. So that I think there is ample notification of it before this lot is turned back to the town or to the corporation or facility having ownership.

Sen. Pac: Thank you, sir. Virginia Henderson.

Virginia Henderson: I'm speaking in opposition to the bill 8708 and I'll try not to repeat the points that have been made by other people. Like to - I'd like to call attention to these two studies. One by the National Commission for the Study of Nursing and Nursing Education and the other, the Carnegie Commission's, Carnegie Commission on Higher Education's Report on Medical Education. The recommendation of this last commission studying nursing reiterates what has been recommended by previous studies, which is that the number of nurses (not clear). We have overproduced nurses. We have underproduced nurses in quality. We of the health manpower employed today or in 1968 probably our latest figures, 11% of physicians, 28% of graduate nurses, and they - 29% of practical nurses and attendants. The recommendation on medical education is that the number of physicians be increased by 50%. The recommendations of the Commission on Nursing is that nurses not be increased in numbers but be increased in quality, the quality of the nurses preparation be increased. I speak as chairman of the Education Committee of the Conn. Nurses, State Nurses Association, and also editor of an annotated index on the nursing literature over a period of 60 years. And I think I can say with some confidence that historically the inclusion of physicians and hospital administrators on exact, examining boards, has not tended to increase the quality of preparation of nurses but rather the number of nurses which we now do not I believe need.

Sen. Pac: Thank you, ma'am.