

Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages	11	2	2
PA 71-153		812			
<u>Committee Pages:</u>				<u>House Pages:</u>	<u>Senate Pages:</u>
<ul style="list-style-type: none"> • <i>Public Health & Safety</i> 264 • <i>Public Health & Safety</i> 252-255 • <i>Public Health & Safety</i> 269 • <i>Public Health & Safety</i> 276 • <i>Public Health & Safety</i> 287-289 • <i>Public Health & Safety</i> 511 				<ul style="list-style-type: none"> • 1878-1879 	<ul style="list-style-type: none"> • 1115-1116

H-111

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
1971**

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

Thursday, April 29, 1971 34.

be. Unfortunately, the experience was just the opposite. There have crept in the practice of equity ownership, which our present statutes do not permit our Banking Commissioners to review and regulate. There is also the objectionable practice, as it is sometimes utilized, of charging excessive points for the purpose of granting a mortgage, and also in many instances the unfair imposition of penalties for pre-payment. Now certainly we want to make it clear that we are not wholesalely indicting any bank or the entire banking profession. What we are saying is that these are times when these institutions which are specially chartered and owe their existance to this Legislature. We're saying that it's time to review their responsiveness to the needs of the people of this State and to look at them with an eye towards adopting those reviews and regulations, which will assure that their future conduct will be as close as possible to fully attaining the public interest.

EFH

MR. SPEAKER:

Will you remark further. If not, the question's on acceptance of the Joint Committee's favorable report and adoption of the Resolution, as amended by House Amendment Schedule "A". All those in favor will indicate by saying "aye". All those opposed. The Resolution is adopted.

THE CLERK:

On Page 6, top of the page. Calendar No. 515, Substitute for S.B. No. 812, an Act to provide nursing after-care to former patients of institutions of the Department of Mental Health.

Thursday, April 29, 1971 35.

MURIEL T. YACAVONE:

EFH

Mr. Speaker, I move acceptance of the Joint Committee's favorable report.

MR. SPEAKER:

Question is on acceptance of the Joint Committee's favorable report and passage of the Bill. Will you remark.

MURIEL T. YACAVONE:

Yes, under this Bill the Commissioner of Mental Health may contract with the Public Health nurse...nursing agency for after-care of former patients of the Department's institutions. The after-care includes tests, out-patient service, examinations, and so on. The Public Health nursing agencies are willing and highly capable to perform this service. I urge passage of the Bill.

MR. SPEAKER:

Will you remark further. If not, all those in favor will indicate by saying "aye". All those opposed. The Bill is passed.

THE CLERK:

Calendar No. 521, H.B. No. 7263, an Act concerning requiring hearings for all liquor permit applications when there is a remonstrance.

ALBERT PROVENZANO:

Mr. Speaker, I move the Joint Committee's favorable report and passage of the Bill.

MR. SPEAKER:

Question is on acceptance of the Joint Committee's

**S-78
CONNECTICUT
GENERAL ASSEMBLY**

SENATE

**PROCEEDINGS
1971**

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

April 20, 1971

Page 11

legislatively control what we are doing right now.

THE CHAIR:

Question is on passage of the bill. Will you remark further? If not, all those in favor signify by saying, "aye". Opposed, "nay". The ayes have it; the bill is passed.

THE CLERK:

CAL. NO. 214. File No. 231. Favorable report of the joint committee on State and Urban Development. Senate Bill no. 366. An Act Concerning Extending the Time to File Subdivision Plans.

SENATOR LIEBERMAN:

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

This allows local commissions to extend the 90 day period during which developers have to file subdivision plans. I gather there have been problems in communities with regard to the difficulty that some developers have in obtaining necessary road bonds and this allows the planning commissioner at its discretion to extend the period to file the plans. I move adoption.

THE CHAIR:

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

THE CLERK:

CAL. NO. 216. File No. 230. Favorable report of the joint committee on Public Health and Safety. Substitute for Senate Bill No. 812. An Act Concerning to Provide Nursing After Care to Former Patients of Institutions of the Department of Mental Health.

April 20, 1971

Page 12

SENATOR PAC:

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

This is a companion bill to the previous one. It will permit the Commissioner of Mental Health to enter into contract with the public health agencies. He's currently doing this and if you look at the files, you will see that he can actually do it. Only this will cover some legal problems that have arisen in this area. It doesn't call for any new funding either.

THE CHAIR:

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

THE CLERK:

CAL. NO. 217 File No. 239. Favorable report of the joint committee on State and Urban Development. Substitute for Senate Bill No. 2205. An Act Concerning Right of Public to See Records of Housing Code Inspections.

SENATOR LIEBERMAN:

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

I would call this piece of legislation a clarification of the existing right to know law on our State. Clarifying simply that the public has a right to know. Records of housing code enforcement and health agencies with regard to buildings that they've inspected. I move passage of the bill.

THE CHAIR:

Will you remark further? If not, all those in favor of passage of the bill signify by saying, "aye". Opposed, "nay". The bill is passed.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 1
1-491**

**1971
Index**

PUBLIC HEALTH AND SAFETY

TUESDAY

MARCH 9, 1971

Senator Stanley J. Pac
and
Rep. Morris N. Cohen,
presiding

Members Present: Senators: Pac, Crafts, Gunther
Representatives: Cohen, Auger, Clark, Clarke,
Connolly, Lyons, Yacavone, Rose, Iwanicki,
Stroffolino, Miller, Bigos

The transcribing machine did not record the first two tapes of this hearing and one tape in the middle of the hearing. Commissioner Barbara Dunn spoke to a number of bills. Senator Joseph Lieberman spoke in support of 1368, 1369, 1370 and 1371. Rep. Pugliese of the 33rd District spoke to HB 7552.

Elizabeth A. Wilson, Executive Director of the Association of Community Health Service Agencies, Inc., a statewide organization of nonprofit home health agencies (visiting nurses or public health nursing associations): The Association has 78 agencies members throughout the State, including more than 600 full-time and part-time nurses and 800 lay Board members who are health-minded community leaders.

I am speaking for our 78 home health agencies on behalf of Senate bills 644, 812, 813, 832, 884, 1368, 1370 and 1371. We are approaching a financial crisis in home health care. Some immediate steps must be taken if the aging, sick and mothers of babies and young children are to receive needed nursing care in the communities of the State.

Home health agencies (public health nursing agencies) are in serious financial need because of inadequate funding by cities and towns, cuts in Medicare payments and steadily rising costs. In a survey taken in January, two-thirds of the larger agencies reported a curtailment of staff and services despite appeals to cities and towns, or the United Fund for additional money.

During 1970 home health agencies provided nursing services for more than 76,000 persons in their own homes. In many cases it was necessary for the agency to absorb the cost since no payment was made by the patient or other agency. During 1970 staff nurses of these agencies visited more than 36,000 mothers to give assistance and advice before and after their babies were born. During 1971 it is expected that about 2,200 patients who have suffered from mental illness will be discharged from institutions throughout the State. Each will require an average of six nursing visits and, for most of these visits, agencies will not be reimbursed. It is obvious that our home health agencies cannot continue to meet the needs of the sick, aging and mentally ill in the State unless the cost of these services can be met. These bills, which we urge you to report favorably, will help to assure the continuance of this essential care.

In summary, we ask that you work toward the passage of these bills since:

- 1) Our non-profit home health agencies throughout the State are in serious financial need. Lack of essential funding will cause curtailment of nursing service to the sick and aging, and to mothers and babies since staff and services must inevitably be reduced.
- 2) Preventive and remedial health care should be available to every Connecticut citizen - in every age group and at every economic level. If such care cannot be provided in the home, patients will have to remain in hospitals or other institutions for a longer period at much greater cost to the State and to the individual. Hospitals and nursing homes, already overburdened, will be under further pressures to care for many who might well receive skilled nursing care in their own homes.
- 3) If the services of visiting nurse associations are reduced or eliminated, the well-being of our aging population will be seriously affected; the mentally ill will be deprived of the professional guidance necessary to help them adjust to home life and there may be increased risk of infant mortality. The public health nurse brings her nursing and health guidance skills into the home at minimum cost.
- 4) The public health nurse, in her familiar blue uniform, is all too frequently the first contact with health services which a family has. When a child reaches school age other programs become important. But for new mothers, the mentally ill and the aging, the lady in blue, out in our neighborhoods every day, is the person who brings understanding and skill and uses her knowledge and experience to help the

PUBLIC HEALTH AND SAFETY

TUESDAY

MARCH 9, 1971

whole family. No one else can take her place. Curtailing the number of nurses and the many health services nurses provide in our communities is not in the best interest of the citizens of Connecticut.

Thank you for making it possible for us to present this evidence to you. We urge the passage of these bills.

Rep. Clark of the 101st: Mrs. Wilson, do you have any figures that would show the drop in the number of visits and the service provided that occurred back in November of 1969 when the Medicare and Medicaid cut back?

Mrs. Wilson: I don't happen to have those exact figures with me but it was a very severe drop. The agencies because of their concern for the aging and chronically ill have continued to visit those patients and in spite of the fact that there is very little source of revenue now, the Medicare they interpret it that when a person is chronically ill and cannot help to be improved that there is no compensation for that. But the agencies you will see from some of these statements have continued to make those visits and absorb the cost.

Rep. Clark: One more question. Isn't it true that a lot of the patients refuse to continue after Medicare reimbursement stops because they are too proud and they don't want to be considered, you know, charity and if they feel they can't pay the full cost they drop off?

Mrs. Wilson: Yes, I might answer that. I think that's absolutely true. Also the agencies have a sliding scale of costs, of charges so that patients who cannot pay the full cost of the visit can pay less than that. And that still means that the VNAs run into a deficit.

Sen. Pac: Any other questions? Thank you. Commissioner Shepherd.

Comm. Shepherd of the Department of Mental Health: Mr. Chairman, members of the Committee, it is the committee's wish that we address, that I address myself to various bills at this time which the department is interested in or just 812 and 813?

Sen. Pac: Talk on any of them that you're interested in.

Comm. Shepherd: Thank you. First is Senate Bill 812 (AN ACT TO PROVIDE NURSING AFTER-CARE TO FORMER PATIENTS OF INSTITUTIONS OF THE DEPARTMENT OF MENTAL HEALTH), which has been commented on

By preceding speakers, the Department wishes to indicate its support for 812. The amendment or the act as proposed would make more specific and increase the authority of the Commissioner of Mental Health to contract for what we call a pre-treatment and post-treatment services, of which the Visiting Nurses Associations of the state are major providers. The Department at the present has significant contracts and awards or grants to and with the Visiting Nurses Associations and Agencies to provide this kind of service. And we have found it enormously helpful and productive as we are dealing with a certain number of service needs which relate to the care of chronically ill people who can function relatively well if they have certain kinds of supportive services in the community when they are back in their homes or are back with their family in some way.

To 813 my attention is now directed, (AN ACT PROVIDING FOR POST-HOSPITALIZATION NURSING CARE OF MENTALLY ILL, AND TO MAKE EXISTING ORGANIZATIONS ELIGIBLE FOR GRANTS IN AID), and it would amend 17-26b which is commonly referred to as our 716 money which was the Public Act number. And this has to do with the authorization of the department to make awards and to contract what is broadly called mental health services. The 813 bill makes specific what the department is now doing and about which there have been technical and legal questions raised, but not any service objections ever given to us. So we have here the legislative manifestation of what we call development of a system of services, mental health services to the state, as these are provided by many community agencies other than those which the department itself funds and directs. There is a very serious basic question. We do not have the answer to this question even though the department is saying to the committee, we hope you see fit to approve these two proposals. The question is a profound policy question which has to do: 1. with a government department leading directly towards community services of the same kinds that it might be expected to provide directly. We have no answer on this except a tentative one. And the second basic issue is the one that Sen. (sic) Rose raised as to what extent is government at any level expected to fund these services. And at the present time the proposals for federal health insurance are rather unpromising in the kind of funding support or payment for services that they could provide us. Nevertheless, these questions, even though they require the searching, scrutiny and discussion of all of us, does not change the previous intent that's been expressed in the other legislation which we now apply through our mental health services through our Community Services Division. And we could put before you the statistics which have to do with the increased uses of our

TUESDAY

MARCH 9, 1971

that both the state and the hospitals can be saved money by having a single inspection rather than a duplicate inspection. The two departments, Consumer Protection and Health, have tried to cooperate, but the fact of the matter is that we are being subject to an extra inspection that we didn't have. And traditionally we have urged that all of our inspection be put in the Department of Health. For instance, the hospitals that have mental health beds in the hospital, you'd think they'd be inspected by the Department of Mental Health for those beds. Not at all. The Department of Health inspects us for those beds, and we think the same thing should be true with respect to pharmacies. The Department of Consumer Protection I know is trying to do a good job, but they are oriented toward the retail drug store, not really oriented toward the problems that are special to a, to hospital pharmacies. And we think that you should definitely go over this again and that the Department of Health is the logical spot to be performing all inspections of hospitals and that we should not be broken down any more than is absolutely essential with respect to other departments.

Just in closing I would like to say that the Association has gone on record in favor of the bills in connection with VNA services discussed by Senator Lieberman earlier, and in favor of the similar bills that are on your list for today.

Sen. Pac: Any questions?

Rep. Yacavone: Is there any requirement as to age for working in the hospital pharmacies or access to the drugs? Are there 18 year olds or younger or aides, people of that kind working in the pharmacies? Or who have access to drugs?

Mr. Tilson: If there are, there are very few. There are no age limits so far as I know as to who can work in a pharmacy but we do not as a rule or intentionally have people under the age of 21 in a position to handle these. In any event, this is a matter which the Department of Health could deal with I think just as well as the other department.

Sen. Pac: Any questions? Thank you. Hammett Olofson? I can't quite pronounce the last name. Hammett is the first name, I'm sure. Association for Connecticut Health Service Agencies. Jan Stolzenberg, Or Jean Stolzenberg.

Jean Stolzenberg from West Hartford: I support the following bills:
644, 812, 813, 832, 884, 1368, 1369, 1370, 1371.

PUBLIC HEALTH AND SAFETY

TUESDAY

MARCH 9, 1971

Sen. Pac: Any questions? Thank you, sir. Jean Mahoney?

Jean Mahoney: Mr. Chairman and members of the Public Health and Safety Committee, I am speaking today in support of bills 644, 812, 813, 884, 832, 1368, 1369, 1370, 1371. I represent, as Acting Director, The Danbury Visiting Nurse Association, a voluntary public health nursing agency, serving the towns of Danbury, Brookfield, Newtown, and Redding, with a combined population of 89,992.

With a staff of ten nurses, far below the recommended ratio of one nurse per 5,000 population, we have in the past three years, consistent with our aim to prevent illness and promote health, increased our maternal and child health visits to 32% of our total visits. Approximately two thirds of the 3,581 visits were made to children between the ages of 0-5. In addition, almost 150 children are seen monthly at our seven Well Child Conferences. We are currently providing consultation to five Day Care Centers, seeing over 100 preschool children, ages 3-5. By reaching children at such early stages of development, we have been able to detect in many situations, defects and developmental problems that with proper referral and counseling were corrected prior to school age, at a considerable saving to the educational system.

With earlier discharges of mothers and infants from the hospital, we are requested by hospitals to perform P.K.U. testing in the home since it is required by state law.

The increased incidence of child abuse in our society has increased the demands for anticipatory guidance from public health nursing. As I sit here today, one of my staff is in court to testify that a mother to whom she has given health guidance, by court order, on a weekly basis for six months, is now able to cope with her children in a healthy manner.

In the area of mental health, the concept of returning mentally ill patients to the community as soon as possible, will mean an expansion of referrals to public health nursing agencies for supervision. In the Danbury area alone, it is estimated that about 350 patients are discharged from Fairfield Hills Hospital annually. Planning, coordination, and inservice education related to this is currently in progress. Expansion of staff will be necessary.

All of these described services are essential to the health of the community, are provided to meet a defined need, but are not financially reimbursible to the agency, because we are a voluntary health agency and lack a full time health department.

PUBLIC HEALTH AND SAFETY

TUESDAY

MARCH 9, 1971

In any court competency hearing, not only should the one on trial have an honest lawyer and be so informed. In addition, an official court reporter should always be present at any of the above hearings with the mandatory requirement that there be no deletions, and the committing judge should certify that he has carefully checked this record.

In Section 4 (a) Hospitalization by Probate Court Order: The application only requires it be written when it should be by affidavit only. Give the prospective patient some protection. Section 4 (b) Commitment requirements are one psychiatrist and one doctor. It should be two psychiatrists. It costs more but its worth it. He might be there for life. Section 4 (g) viciously furthers star chamber proceedings by making it mandatory that all persons not connected with the commitment be excluded. Why don't they want witnesses? Are they afraid they will hurt the so called prospective patients feelings? Again in Section 4 (g), it wrongfully requires that all records must be impounded by the court and only released on a court order showing good cause. I declare those above records, which I again declare should be in black ink on white paper, black ink is legal ink and takes a beautiful photostate, should be available to his attorney on a simple declaration. Also they should be available to the so called patient if he can't obtain a suitable attorney and is capable of representing himself.

Because of all the above I declare that any mental health bills should be gone over with a fine tooth comb by several expert attorneys and psychiatrists of the utmost integrity. Thank you gentlemen.

Rep. Cohen: Thank you very much. Rev. Hoyt.

Rev. Charles Hoyt, member of the Sprague Public Health Nursing Association and a member of the Axer Executive Committee; I am here to voice my support of bills #644, 812, 813, 832, 884 and bills 1368, 1369, 1370 and 1371.

I would just briefly like to state a few of the reasons why I feel we should support these bills. First, the support of agencies that have ten or more service personnel and serve a population of 40,000 or more. We did find that the largest agencies were having the most problems and several of them were having to release many of their staff, by that, five, six, seven or eight staff members which we, means they will have to curtail many of their essential services. And we felt that this was the place to start giving some support. And the smaller towns, such as my town of Sprague, of course

PUBLIC HEALTH AND SAFETY

TUESDAY

MARCH 9, 1971

Mrs. Wegel: No, I would not approve of drivers licenses.

Rep. Cohen: Thank you very much. Audrey Casiteveoux? Francis Cole.

Francis Cole, Executive Secretary of the Connecticut Pharmaceutical Association: There are three bills on which I want to register support for, and that S.B. 1011, 1012 and 1014. I think the reasons are obvious and Commissioner Dunn earlier in the morning gave some very good explanations to the need for this type of legislation.

I want to appear in opposition to House Bill 6588. At the present time very effective inspections are going on under the auspices of the Pharmacy Commission. And I believe that they're doing a tremendous job in this area and should continue. Incidentally, as a point of information, all state institutions have been under the inspection guidance of the Pharmacy Commission for more than twenty years now. And before that there was nobody doing this job. And I would like to appear in opposition to this bill. The present plan is working very well. I think it should continue.

Rep. Cohen: For my information now. Who's doing the inspections now?

Mr. Cole: The Pharmacy Commission.

Rep. Cohen: Only. Only.

Mr. Cole: They have a divided responsibility.

Rep. Cohen: In other words both departments are.

Mr. Cole: They don't inspect the same operation.

Rep. Cohen: But they're both inspecting? Now if there had to be one, instead of two because obviously there's duplication, which should it be?

Mr. Cole: I think the Pharmacy Commission always have done a better job than the Health Department.

Rep. Cohen: Anyone else who wishes to speak? Let the lady come first to speak. We're very patient here.

Claire Adiletta, Chairman of the Committee on Community Health Issues of the Association of Community Health Service Agencies Inc. and President of the Thompson Public Health Nursing Association: I am speaking in support of Senate Bills 1368, 1369, 1370, 1371, 812, 813, 884, and 644.

MARCH 9, 1971

TUESDAY

Home Health Agencies or Public Health Nursing Agencies have been the mainstay in bringing skilled Nursing Care into the home for all the citizens in Connecticut. Newborn babies, mothers, the elderly, the sick, the mentally ill person, are the ones relying on the nursing visit. However the local agencies are finding it increasingly difficult to keep up with their case load because of funding problems.

When a patient comes home from a mental institution to go back to the community, both the patient and his family need help in understanding the adjustments that must be made. The Public Health Nurse has been the professional involved in providing this help. However, as case load increases and these cases are among the most time consuming in home visits, the local agency finds it must either hire more nurses or reduce case load. If the agencies keep their status quo, or slip backwards, or disintegrate entirely it is the people who will suffer. Can we afford to let this happen?

To summarize, we ask that you work toward the passage of these bills as one of the means to help the patient who is mentally ill, but who is not hospitalized.

Additional funds will assure us that babies will not be deprived of good health care with resultant possible loss of normal growth.

And finally, there is no more civilized and economical way to distribute public funds for all citizens than through Public Health Nursing Agencies.

I wish to thank you sincerely for this opportunity to speak to you today.

Rep. Cohen: Any questions of the speaker? Thank you very much.

Mrs. Frances Schneider, a registered nurse with a master's degree in psychiatric-mental health nursing, currently Executive Director of the Waterbury Visiting Nurse Association serving Waterbury, Wolcott, Prospect, Woodbury and Middlebury: I come to support bills 644, 812, 813, 832, 844, 1368, 1369, 1370, and 1371. to support maternal-child health programs, psychiatric patient followup and related community health programs.

The fiscal state of the Waterbury VNA is not good. Health care costs have increased immensely as you know. Miss Keeler carefully explained the problems as related to New Haven.

TUESDAY

MARCH 9, 1971

A similar situation exists in Waterbury. We are facing a crisis. We are told by the State Health Department the infant mortality of black infants is twice that of white babies born in Waterbury. For these indigent black families the neighborhood Child Health Conference is their only contact with a nurse and a doctor. This is a public responsibility, but the city of Waterbury has been unable to cover the cost. The VNA also works with teenage unwed mothers, preventively, a high risk group, and if ill this group requires costly hospital treatment. And I heard a previous statement indicate the risks involved in that particular age group.

A very important function of this service is finding early defects that can be treated more economically, and improve the quality of life for those babies involved. A chief service rendered is the immunization of these children against diphtheria, whooping cough, lockjaw, polio, measles, german measles, and smallpox. I would like you to give favorable consideration to these bills to maintain the thrust started by our voluntary agencies.

The Visiting Nurse from Waterbury sees the families of patients in Connecticut Valley Hospital. This helps early discharge and lowers the census and the cost of care at CVH. No one pays the VNA for these calls however, all of which are complicated and require considerable skilled nursing talent. To cope with the severity of the problems of the mentally ill, we have added to our staff a nurse fluent in Spanish, her salary only partially funded by PA 716.

The role of the voluntary agency is changing. The VNA is subjected to escalating costs of health care. No one questions the increase cost of hospital care, but some people are surprised to learn that the costs of community nursing services are increasing similarly. Patients are unable to meet these increased costs of VNA service with "out of pocket" dollars, while other forms of health care are covered by pre-paid insurance plans.

If additional information is needed by your committee, I offer the assistance of the dedicated volunteers who work as board members of the Waterbury VNA, who have considerable expertise and experience in the business management of community nursing services. I agree with all previous testimony and welcome the opportunity to meet with you. Thank you.

Wesley Shorts, Allen Drive, Vernon, Director of Pharmacy at Rockville General Hospital and President of the Connecticut Society of

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 2
492-901**

1971

PUBLIC HEALTH AND SAFETY

TUESDAY

MARCH 23, 1971

Dr. Zazzaro: You know I, I'm not here to talk on behalf of the medical profession. I don't know. They might even favor the bill, as far as I'm concerned. But I do know they objected to it four years ago and two years ago.

Sen. Pac: Any other questions? Thank you, Doctor. Mrs. Elizabeth Wilson? Ann Switzer next.

Elizabeth A. Wilson, Executive Director of the Association of Community Health Service Agencies, a state-wide organization of non-profit home health agencies, visiting nurses or public health nursing associations: Gentlemen, ladies. Ladies, and gentlemen I should say.

There are seventy eight agency members throughout the state, including more than 800 full time nurses and 1,000 Board members who are health-minded community leaders.

I'm speaking in support of Bills 1368 (AN ACT TO PROVIDE NURSING AFTER CARE TO FORMER PATIENTS OF INSTITUTIONS OF THE DEPARTMENT OF MENTAL HEALTH) 812, which are identical, introduced by Senators Lieberman and Eddy; 1369 (AN ACT PROVIDING FOR POST-HOSPITALIZATION NURSING CARE OF MENTALLY ILL AND TO MAKE EXISTING ORGANIZATIONS ELIGIBLE FOR GRANTS-IN-AID) and 813, which are identical; 1370 (AN ACT CONCERNING MATERNAL AND CHILD HEALTH NURSING SERVICES) 884 which are identical, introduced by the same two senators; and 644, 832 and 1371 (AN ACT PROVIDING FOR GRANTS FOR IMPROVING PUBLIC HEALTH NURSING SERVICES).

On March 9th, more than a dozen persons testified in favor of these bills. I don't intend to waste your time by repeating that because you have that testimony available to you. However I do have a substitute bill for bills 1371, 832, 644 which I will give you now. There was some slight difference in wording in these two bills, so we have combined what we consider the best features of both. I should explain to you again that Senators Lieberman and Eddy have introduced identical bills so that the numbers 832 and 1371 are the same.

The substitute bill is entitled, An Act Providing for Grants for Improving Public Health Nursing Services. It provides for a grant of fifty cents per capita rather than 50% of the amount appropriated by a town for the support of a public health nursing agency. The sum of \$750,000 is necessary for this purpose.

In addition, the Association wishes to suggest a sum, that a sum of \$300,000 be included in bill 1370 and 884. I believe that was omitted. 1370 and 884 are identical bills.