

Act Number	Session	Bill Number	Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages
PA 71-183		8699	8	1	1
<u>Committee Pages:</u> <ul style="list-style-type: none"> • <i>Public Health & Safety</i> 822 • <i>Public Health & Safety</i> 829-831 • <i>Public Health & Safety</i> 836 • <i>Public Health & Safety</i> 847-850 				<u>House Pages:</u> <ul style="list-style-type: none"> • 1761(<i>consent</i>) 	<u>Senate Pages:</u> <ul style="list-style-type: none"> • 1523

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
1971**

**VOL. 14
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Wednesday, April 28, 1971 11.

MBS

On page 2, Calendar No. 482, House Bill No. 5163, An Act Concerning Actions for Partition or Sale of Property, file number 403.

Calendar No. 483, Substitute for House Bill No. 5165, An Act Concerning Record of Discharge of Mechanic's and Judgment Liens, file number 414.

Calendar No. 484, Substitute for House Bill No. 5283, An Act Concerning the Rendering of Professional Services Through a Professional Service Corporation by Psychologists, file number 413.

Calendar No. 488, Substitute for House Bill No. 8026, An Act Concerning the Return Day for Appeals in Civil Actions, file number 407.

Calendar No. 490, Substitute for House Bill No. 8010. An Act Concerning Copies of Files and Testimony in Criminal Cases, file number 406.

Calendar No. 498, Substitute for House Bill No. 6136, An Act Concerning the Definition of Annual Salary for Teacher Retirement Purposes, file number 448.

Calendar No. 502, Substitute for House Bill No. 7955, An Act Concerning Election of Retirement Benefits by New State Employees, file number 455.

On page 3, Calendar No. 506, Substitute for House Bill No. 8699, An Act Concerning Municipal Public Health Directors, file number 463.

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**CONNECTICUT
GENERAL ASSEMBLY**

SENATE

**PROCEEDINGS
1971**

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SENATOR DOWD:

Mr. President, I move adoption of the committee s favorable report and passage of the bill, in concurrence with the House. This bill requires that appeals be returned between 12 and 30days after service of writ. Appeals must be filed within 15 days after decision.

THE CHAIR:

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

THE CHAIR:

CAL. NO. 485. File No. 463. Favorable report of the joint committee on Public Health and Safety. Substitute House Bill 8699. An Act Concerning Municipal Public Health Directors.

SENATOR PAC:

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill. This bill would expand the qualifications for the local Director of Health. In lieu of the present requirement that they be licensed physicians with a degree in public health any individual having the Masters Degree in Public Health would be eligible. There is a definite shortage of Physicians, that are ready to accept this job. But more positive I think it would bring a new insight into the job. And perhaps add a new dimension in imagination. I do feel that there's a positive aspect to this bill.

THE CHAIR:

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

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 2
492-901**

1971

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Dr. Eric Gordon: I'm the newly-appointed Director of Health of the City of Middletown. And since I have just arrived on the scene in Connecticut from New York City, I brought a curriculum vitae with me which I, if you wish, would leave with you to establish my credentials for this testimony, any further testimony.

I want to address myself to six bills. First to bill 8699 (AN ACT CONCERNING MUNICIPAL PUBLIC HEALTH DIRECTORS) whose purpose is to provide that municipal directors of health need not be doctors of medicine but must allow hold the masters degree in public health. Rightly or wrongly there exists a pervasive state of anxiety, apprehension and suspicion by the private sector of organized medicine of all publicly administered preventive care programs. Of course in my opinion there's no basis of fact for this damaging dichotomy. Nevertheless it does exist. Creation of positions of full-time directors of health without formal medical education would, tends to further widen this gap. The eight months of attendance required by all schools of public health for attainment of the M.P.H. degree is woefully inadequate as preparation for full-time directors of health. And I do know what I am speaking of because I went through that eight months of public health indoctrination myself.

I believe the intent of bill 8699 is to relieve the apparent shortage of well-qualified directors of health in the State of Connecticut. That shortage of course exists nationwide. To remedy this situation I would like to make a proposal. I would encourage the formation of eight county health departments and stipulate that all cities with populations of 100,000 or more, as they do now, would be required to have their own full-time directors of health. In this fashion you would create administrative units of ideal and manageable dimensions and would use the state's needs for qualified, full-time directors of health to possibly fifteen individuals or less.

Another suggestion that I have is if the salary range would more reflect the realistic wage scales that are being paid nationwide, somewhere between \$30,000 and \$35,000, I don't believe that there'd be any shortage of well-qualified directors of health. Any questions?

Rep. Cohen: Any questions of the doctor?

Dr. Gordon: The next bill is 8670 (AN ACT CONCERNING STATE AID TO LOCAL HEALTH DEPARTMENTS), and the purpose of that bill is to provide a state grant to local health departments to encourage and support maternal and child health programs. Since I hold the main thrust of all health departments should be the practice of preventive medicine, it is obvious that the greatest effort in budgetary and personnel commitment

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Rep. Cohen: Mr. Hotchkiss, Mr. Hotchkiss, in the first section 1, says all records of vital statistics including births, marriages and deaths. Is that included in your bill? To be open to your organization?

Mr. Hotchkiss: Yes, sir.

Rep. Cohen: And deaths (not clear)

Mr. Hotchkiss: Well, deaths, deaths and, deaths and marriages are now open anyway I believe.

Rep. Cohen: But they're not open, be open to your organization.

Mr. Hotchkiss: No, the birth, the births would be the ones that are not open presently. I don't think it states in here but from my understanding marriages and deaths are open to the public.

Sen. Pac: Any other questions? Thank you, sir. Please let's have a little quiet. It's difficult to record the testimony. Michael P. Deasy? And Josephine L. Misi next.

Michael P. Deasy: I'm from the Town of Branford. I am the CDAP co-ordinator for the town. I'm speaking in behalf of the Town of Branford as well as the task force organized under the CDAP programs to speak and to plan for health and social services. I'm addressing myself to bills 8699, 8700 and 8707.

As an introduction I'd like to indicate that the Town of Branford is currently engaged in a survey with four other towns in the East Shore district, east of New Haven, to consider the establishment of a regional health district. And insofar as these data are not in yet but the town stands a likelihood of at least establishing such a district, the three bills I've indicated would be of some assistance to the Town of Branford as well as the other towns in the area.

First of all with regard to bill 8699. This bill will make it possible for a person properly trained in public health with a Master's degree in Public Health, to become a municipal health director. It is well known that standard medical education includes little or no public health study or experience. The physician shortage is already severe and private practice is much more lucrative than public health physicians. Many towns cannot afford a full-time physician-director if these salaries range from \$30-\$40, 000 a year. This is certainly true of the town I represent. A large portion of health director's responsibilities have to do with environmental matters for which most practicing physicians have few qualifications. Environmental matters are a significant part of the public health work. Those actual medical services a

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town might require however, such as examinations of school children or well-child conferences etc. could be provided on a fee-for-service basis purchased from a local physician. The duties of a public health officer lie well within the capabilities of a well-trained public health school graduate.

With regard to the other two bills, first 8701, until such time as a governmental instrument such as a regional government or county might be re-established in the State of Conn., we in Branford are convinced that our own environmental health problems are, do not lie within the strict boundaries of the town, and that some comprehensive instrument such as a regional health district or a comprehensive health planning agency would be necessary for us to conduct an ordinary and very necessary activities of environmental health.

Secondly, with regard to bill 8707, this bill will become quite necessary I think for our town and the other four towns to, in order for us to establish the necessary financial requisites for a regional health district. I would like to add however the proviso, as was indicated by one of the other speakers, that the bill includes some provision to have towns not reduce their actual dollar per capita expenditures which they expend now on health. I refer to line 30 in the bill.

So in summary, insofar as our town and some of our neighboring towns are considering such a district, these three bills will act in support and give the necessary financial assistance for our town. Thank you.

Sen. Pac: Any question?

Rep. Lyons, 149th: Yes. In relation to 8699, in, in the Town of Norwich the Health Director is a medical doctor who took the, whatever you have to take in order to be a director of health. You know, the public health. Now he administers drugs, he supervises clinics that are in action, you know during the day for instance a rubella vaccination, he and other physicians who volunteer their times, gave the injections along with the nurses. Seems to me that a health director more almost than any other type of a, of a health person should be a doctor and, you know, we keep, because of the necessity of shortages we keep, you know, eliminating somebody rather than creating more of what we're short of. You don't find any problem with the health director of a town not being a physician?

Mr. Deasy: I certainly feel that with large cities and towns perhaps you can set a maximum or minimum figure of 50 or 60,000, that it would be good if the health director did have qualifications and training in the medical field and had an M.D. I feel that in towns our size, that is ranging in the 10-20,000 population range that, if I can use the experience that we have in our town and other towns like it, that the health director is not

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concerned with most of his time actually supervising vaccinations and so on. These kinds of health services I feel can be purchased as I indicated in the statement on the fee-for-service basis. Some of the preventive health requirements and requirements for environmental health I think do not necessarily have to be handled through the agency of a full-time health director who has an M.D. I feel that a person who's trained in statistics, who's trained in epidemiology, can do an equally as competent a job.

Rep. Lyons: Thank you.

Sen. Pac: Josephine Misi. Mr. Peck next.

Josephine Miser: I'm speaking to bill 500 (AN ACT CONCERNING CLARIFYING THE DEFINITION OF DAY CARE CENTERS TO EXCLUDE PRIVATE AS WELL AS PUBLIC SCHOOLS). I'm a day care program specialist with the licensing staff of the Maternal And Child Health section of the State Department of Health. There seems to be a discrepancy between the statement of purpose which was printed earlier, and the statement in the text of S.B. 500. Clarification one way or the other needs to be made concerning the grade levels in private schools to be excluded from licensing. In working out the final text of regulations governing day care centers, the promulgation of which is the responsibility of the Conn. Child Day Care Council, health department staff members worked with Senator Hammer in the statement of definition of child day care center. As approved in the regulations, by the regulations review committee last fall, child day care center is defined as not including "services to children enrolled in any non-public school in kindergarten through 12th grade, which school complies with the provisions of Section 10-188 of the General Statutes". We understand that the intent of S.B. 500 to be not to exclude pre-kindergarten programs in non-public schools from licensing by the state. And we feel that a statement specifying the grade levels should be included in the bill.

Sen. Pac: Any questions?

Rep. Cohen: Have you been associated with any state-owned, state-controlled day care center?

Miss Miser: We, yes, we license some of them.

Rep. Cohen: You do have some. Have you any idea of the cost per pupil or per child per year?

Miss Miser: There are, have been cost studies done by the Day Care Task Force and the amount varies from between \$2,000 - \$2,500 to \$3,000 per year.

Rep. Cohen: Per child.

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Haven which are also interested in the feasibility of a district health department.

Increased interest and financial support from the state would do a great deal to speed the formation of district departments of health in our south central region.

Rep. Cohen: Questions? Thank you very much, Mrs. Lerman.

Sen. Pac: Robert A. Daulski. Benjamin P. Richardson next.

Robert A. Radulski, Assistant Professor of Earth Sciences at Southern Connecticut State College, and also a member of CDAP in the Town of Branford, Connecticut: I'd like to speak today on three bills, numbers 8699, 8704, and 8701. 8701 I have a letter which I will submit, a letter from the Rev. Laird Stuart, and that will also cover my feelings on the matter. Shan't have to read it.

Now on bill 8699 concerning municipal public health directors, I, one, am in favor of this bill for a number of reasons. One we all realize there is a shortage of trained physicians in this country. And secondly, with the municipal public health director being primarily an executive director and organizer, I feel that this would be a better expenditure both of the, both of money and of a person's talent. We should try if possible to save physicians for active health services.

Now I realize that in some cases we won't, it would be difficult to get a doctor, and in this, in these cases I'd feel having known many people in public health, that a person with a masters in public health would be able to organize and direct the activities of the health boards at least as effectively as most physicians.

Now, on, I'm also concerned about, so, let me put, I am in favor of bill 8699.

This morning I noticed bill 8704, an act concerning part-time health directors, to which I am opposed, because the question came to my mind about what does a town do, what does a town do if no practicing regional health district exists. So I feel that this bill is perhaps a bit premature. And we should perhaps wait until we do have functioning regional health cent, regional health districts operating throughout the state before we do pass a bill such as 8704, because even a part-time health director in a small town, no matter how little time he can direct to his duties, is still better than nothing at all. This would be the case in many of our 169 towns if a 8704 did pass.

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I oppose Bill #8699. That's an act concerning municipal public health directors, whose purpose is to repeal the requirement that municipal directors of health be doctors of medicine and substitute a lesser requirement, for a master's degree in public health. Adoption of this bill would be a giant step backwards, away from the goals I cited above.

Public health is a medical specialty, like orthopedics, surgery or pediatrics. Public health is defined, and I'm quoting C.E.A. Winslow, as "the art and science of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts." Just as a clinician has to guide his individual patient in the organization of his personal resources towards his future health, so does the director of health, "through organized community efforts", guide his patient towards the prevention of disease, the prolonging of life, and the promoting of physical and mental health and efficiency. This is surely a task for a physician.

The director of health is the administrator of an organization created by his patient: the community. He is paid to make it healthy and keep it healthy. The director of health must anticipate future health dangers and make medical plans to meet them which are sound and workable. This is the essence of his job, and can only be handled adequately by a physician trained in public health and at the same time having a working knowledge of health agency administration.

The director of health should have both medical and public health training so that he can both diagnose the community's health problems and prescribe effective treatment for them. In a small health department, he may even have to practice some clinical medicine. Thus both medical education and special training in public health are essential in the health officer's background. That he also needs a working knowledge of health agency administration does not change this requirement.

The director of health is the family doctor of the community practicing his art and science for the benefit of his patient in a way that can be compared with that of the private doctor in diagnosing and treating individual patients. The director of health's job, his image, and his ethics are analogous to the job, the image, and the ethics of a private physician serving an individual patient.

As a physician, the director of health is a member of his local medical society and an active member of the Public Health section of his State Medical Association. This is

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normal to him as a physician: active participation in these societies' affairs is a part of his job. He is a specialist in a field that has been recognized as a specialty by his professional colleagues nationally, and in the normal conduct of his professional life he educates and leads his local medical colleagues towards an understanding of their role as part of the community's health resources, which must work together for maximum benefit of the community.

Bill # 8699, which allows employment of individuals who are not physicians but who hold Master's degrees in public health as local directors of health should be overwhelmingly defeated. Passage of this bill would present serious dangers to public health programs throughout the State. It would reduce the flexibility, expertise, and professional standing of directors of health, and thus weaken the Department of Health. If public health in the State of Connecticut is to improve and expand, this bill must not be passed. Thank you.

Rep. Cohen: Doctor, what would it cost to have a physician today? What do physicians charge for being doctors in a community?

Dr. Bohan: Well, unfortunately in the State of Connecticut we're very much underpaid. But a physician does cost money. But he does also the work.

Rep. Cohen: How much? I'm interested.

Dr. Bohan: Well, I think it varies of the size of the cities and the size of its population. Now I think the trouble in the State of Connecticut is that we have lots of little towns and I can see that those little towns cannot always have full time directors of health.

And the solution is the ones I have supported that several of these towns should join together and hire themselves a health officer. This is the answer. Not to replace a physician who is involved in medical problems by someone who has just a master of public health and is masters of really no special specialty. I think this would be defeating the purpose. The towns should be joined together either in a region or a district and then you're able to afford to hire a doctor to take care of this. This is what really the problem is.

Rep. Cohen: And the town itself should pay for this? Or come to the state?

Dr. Bohan: Well, I think you already have a law that says that if several towns join together that they will match dollar to dollar. I think each town should participate in it. For example a little town of 5,000 would never have a good public

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department, but if she joins with another one who has 10,000, another one and they can pay per person per capita, and the state also assists a little bit just like you have in the law, you will have good district health departments.

Sen. Gunther: I didn't hear how much they were making? What range, Doctor?

Dr. Bohan: Well, of which one? Full-time or part-time?

Sen. Gunther: What is the average full-time?

Dr. Bohan: The average full-time, I think they start about \$17-\$18,000 and I think the one who is paid the most, Greenwich, which has paid \$28,000. They average between \$20 to \$23, \$24,000.

Sen. Gunther: What is the average public health, master degree individual

Dr. Bohan: Well again that depends. Is it in nursing? Is it environmental health? Or is it health education?

Sen. Gunther: (inaudible)

Dr. Bohan: We have no such discipline.

Sen. Gunther: But other states do, don't they?

Dr. Bohan: Like what? Like what states?

Sen. Gunther: Well, I don't know of any (inaudible)

Dr. Bohan: Well, those states make the same thing - \$17-\$18 - \$20,000 too. You are not (not clear) the responsibility is right there. You are going to pay the same thing but you are going to get less for what you pay. Someone who has (not clear) responsibility naturally is going to be paid for the responsibility, but you are getting somebody who is not qualified to do the work, so your wasting your money.

Sen. Pac: Any other questions?

Rep. Rose: I think the main, we want to know whether we would get better service by a man trained specifically as a director rather than as a doctor. We all recognize the great abilities of medical men, but is there talent along the lines of being an administrator-director of a situation rather than one who's trained in that area as well as in public health.

Dr. Bohan: The trouble with the health department is you cannot divorce the administration and the medicine by itself. It's going to cost you lots of money. There is no reason why you cannot hire an administrator to work under a doctor, director of health and some cities have done that. Yes there is a disadvantage because as I explained those areas, the doctors have

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to make medical decisions and an administrator will not make so what is he going to do? He's going to turn right around and hire a doctor as a consultant, and you know what the consultant costs, to assist him in setting up the program. And he will administer it. So it'll be cheaper to have a doctor who has had some administrative training, and we are having some marvelous ones coming out of the Army, and (not clear) hospitals and combining the two, you will have both because the plain administrator is still going to turn around and get himself a doctor because he's not going to be able to run those medical programs.

Rep. Fred Miller of the 156th: Perhaps you would care to comment on this, Doctor. It seems to me the problem is not so much the fact that we have small towns but that we have a shortage of doctors, and in my experience even when you have very attractive salaries to offer, it's difficult to get medical doctors to take these jobs, and even more difficult to find people with both an M.D. and a masters in public health. And I think that's probably the philosophy behind this bill. We just can't get enough doctors to take these.

Dr. Bohan: Well, let me just make about your not getting enough doctors. Of course if you pay a doctor \$17-\$18,000, you're getting female doctors who are not the breadwinners or you're getting retired doctors who have a nice pension. But the salaries have to be updated. And I can assure you, sir, that if you get (not clear) administrator, they might start low and end up by doing more and we have as examples hospital administrators who are making more money than medical administrators. So it will climb. Now counting that we don't have enough doctors and they, they (not clear) if we have the money they don't come, I tell you why what happened. Your budgets of the health department become to operate a proper health department are so low it's like hiring a first class carpenter and not giving him the tools to work with. Then you surround him with people who are not equipped to assist him. And this is where the problem is. But by replacing an M.D. officer I think you are making another difficulty for yourself. I think the towns should join together as districts and they should have some type of standard for budget and they should spend so much per person (not clear) of the population. If you're going to attract doctors. And I have news for you. The public health schools now are full of young doctors who are eager to come up and go into this field of public health. Till now public health was not fashionable. But public health now is the answer for medical (not clear) and you're going to be able to have manpower available, if you pay them well and if you also provide them with good physical facilities and also the manpower that they need.

Rep. Miller: Thank you.

Sen. Pac: Any other questions? Thank you, Doctor. Paul W. Prindle?