

<b>Act Number</b>	<b>Session</b>	<b>Bill Number</b>	<b>Total Number of Committee Pages</b>	<b>Total Number of House Pages</b>	<b>Total Number of Senate Pages</b>
PA 71-296		6383	6	1	12
<u>Committee Pages:</u> <ul style="list-style-type: none"> <li>• <i>Public Health &amp; Safety</i> 145</li> <li>• <i>Public Health &amp; Safety</i> 155-160</li> </ul>				<u>House Pages:</u> <ul style="list-style-type: none"> <li>• 2282(<i>consent</i>)</li> </ul>	<u>Senate Pages:</u> <ul style="list-style-type: none"> <li>• 2535- 2546</li> </ul>

**H-112**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
1971**

**VOL. 14  
PART 5  
1968-2502**

Friday, May 7, 1971 12.

THE CLERK:

EFH

BUSINESS ON THE CALENDAR, on the Consent Calendar.

RONALD A. SARASIN:

Mr. Speaker, I move acceptance of the Joint Committees' favorable reports and passage of the two-starred items on today's Consent Calendar. Calendar No. 696, H.B. No. 6175, an Act concerning non-amortized loans by savings and loan associations, File No. 674. Calendar No. 697, Substitute for H.B. No. 6383, an Act concerning protection against rubella by immunization, File No. 673. Calendar No. 698, H.B. No. 7875, an Act concerning Tax Collectors' fees for issuing alias tax warrants, File No. 670. On Page 2, Calendar No. 701, H.B. No. 8117, an Act concerning the presence of police officers at elections, File No. 669. Calendar No. 708, Substitute for H.B. No. 5863, an Act concerning appeals in summary process cases, File No. 687. Calendar No. 719, Substitute for S.B. No. 1245, an Act concerning prohibiting the arbitrary cancellation of automobile insurance, File No. 542. I move the adoption and passage of these Bills.

MR. SPEAKER:

Does any individual Member object to passage of these Bills on the Consent Calendar? Hearing no individual objection, the question then is on acceptance and passage. All those in favor indicate by saying "aye". Those opposed. The Bills are passed. At this time are there any items to be placed on the Consent Calendar?

RONALD A. SARASIN:

**S-81  
CONNECTICUT  
GENERAL ASSEMBLY**

**SENATE**

**PROCEEDINGS  
1971**

**VOL. 14  
PART 6  
2436-2873**

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The Clerk;

Cal. 869, File 1254 Favorable report joint standing committee on General Law on Substitute H.B. 6483 An Act Concerning Prescribing of Drugs by Brand and Generic Names.

THE CHAIR:

Senator Zajac.

SENATOR ZAJAC:

Mr. President, under Rule 15 of the Rules governing the Senate, may the record show that I have requested leave of the chamber?

THE CHAIR:

Senator Strada.

SENATOR STRADA:

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

THE CHAIR:

Will you remark?

SENATOR STRADA:

Yes, Mr. President. I was originally convinced that debate on this bill was probably academic. And an exercise in futility. However, I thought the same of the Martin Luther King Bill quite frankly. And I am now convinced that possibly debate does move people who change their preconceived notions. In any event the...

THE CHAIR:

There will be no talking in the chamber. Will you please

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if you are ready to depart do so. As we have a great deal of business to discuss. This rule will be strickly enforced.

Pardon me Senator.

SENATOR STRADA:

Thank you Mr. President. I think most of us are familiar with the content of the bill. There has been quite a bit of information circulated in the halls in many weeks. On both sides. I think the heart of the bill is found in Sec. 2. Which states that any physician or surgeon who prescribes a drug by brand name, shall in each such prescription, oral or written include the generic name thereof. If any. Unless such physician in the exercise of his professional judgment specifically directs that the brand name drug and not the generic drug shall be used. With that also that the bill is amended, was amended in the House. In Sec. 3, the penalty provision originally called for a fine of not more than \$100. for the first offense. \$500 for a second offense. The amendment reduced this to not more than \$50 for a first offense. And \$100 for a second offense.

I think a legitimate question to be asked in the Chamber is why the people in the State of Connecticut need a Generic Drug prescription bill. I believe that one short report might shed some light in the area. It was presented in the U.S. Senate by U. S. Senator Gaylord Nelson, who has conducted an extensive investigation into the drug industry. Senator Nelson noted that Carter Wallace mainatins a monopoly on the drug neprovinate. Carter Wallace buys this drug in bulk on the world market at 87¢ a pound.

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He then sells the drug to domestic companies at \$23.20 a pound. For 500 tablets, which is less than a pound, druggists pay \$31.20. That is 2000% of what the veteran pays overseas. Which is \$1.55. The consumer then pays \$52. for this drug, which is widely known by the trade name Milltown or Equinil. This Mr. President is 3300% of what the veteran pays overseas.

I am sure members in the circle here are familiar with people suffering from heart disease. From high blood pressure, kidney disease or arthiritis. Someone with a cardio-vascular disease or a nervous condition. A substantial portion of their yearly income must go for prescription drugs. And the Task Force on Drugs of the Department of Health, Education and Welfare has listed 63 drug products obtainable from multiple suppliers at cost distinctly lower than that of the brand name product actually dispensed. This information was obtained in a special study done by the Task Force. The Task Force found that the savings these patients could have realized, but did not if projected nationally would mean savings to the American people of 5% to 8% on their prescriptions costs. The savings would be much greater to patients with chronic illness whose drug needs are often ~~the most~~ burdensome. The savings could be 20% or more for patients who have drugs prescribed for long term use. Low costs chemical equivalents can thus yield important savings to people who can least afford the soaring prices of trade name drugs. I believe that the people of Connecticut should be en-

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titled to such savings.

Mr. President, the prescribing of drugs by their Generic as well as their trade name, as this bill proposes is not just a matter of savings to the hard pressed consumer. It is also a matter of safety. All of us are sadly familiar with the drug thaladmidate, Dr. Helen Tossic, was an authority on pharmaceuticals testified before Senator Gaylord Nelson's sub-committee about the problems caused because thaladmidate was not known by all physicians, by both its generic and its trade name. Dr. Tossic testified and even after it was known world wide that thaladmidate caused difficulties in babies, it was still being used. Thaladmidate was distributed under approximately 50 different trade names. And despite the horrible disclosures of the drugs effects, thaladmidate was still being used in countries all over the world. It continued to be used said Dr. Tossic because it was often listed under a name that the prescribing doctor did not recognize as thaladmidate.

In my judgment again the people of Connecticut have a right to safety in prescriptions. Mr. President, much time and effort was extended by myself personally and by the committee in an attempt to sit down with the parties on all sides. To give them the courtesy of hearing the objections and the reasons in favor of the bill. I would just like to say that again I realize this is an exercise in futility. But the committee felt that this was an important issue. We want to bring it before you for your

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consideration. And I would urge adoption of the bill.

THE CHAIR:

Will you remark further? Senator Fauliso.

SENATOR FAULISO:

Mr. President, I oppose this bill. And I don't consider this a consumer protection bill at all. Although it has been labeled and hailed as a consumer bill. I take the position that it is not. I have talked with doctors. And I have talked with pharmacists. And I have talked to as many people as I can to be enlightened on this bill. I have received also communications from the Conn. State Medical Society. And from other people who are going to be affected by this kind of legislation. I concur that we have discussed this in length in caucus. It comes as no surprise to Senator Strada what the feeling is, at least my feeling. I happen to have a son who is a doctor. I have numerous friends who are in the medical field. And who are pharmacists. And of course I represent also the people at large of my constituency who has to be assured that this will be a savings to them as patients and as customers.

Now Mr. President, what we are all interested in is good health care. We are concerned also with the practice of excellent medicine. This would in fact impede health care. And it would impede the practice of good medicine. Historically the doctors of our community and the state of Connecticut have prescribed medicines which they deem are beneficial to their patients.

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It isn't fair that we give them the alternative because then it will invite the patient to shop around. And also he would be a fit subject, certainly a victim of the pharmacist who could certainly exercise some kind of influence over the patient in making a decision that he perhaps should buy one that is more expensive. Now what we're concerned here with are three things that are of paramount importance. And the most important being the welfare and the well being of the patient. And necessarily it follows that we must have good doctors who are interested primarily in the concern and the well being of the patient. And necessarily in this particular tribod is included the pharmacist. Now I think that the Connecticut Medical Society in their correspondence, at least, I am certain that most of us have it. Make out a case when they say that the Federal Food and Drug Administration has stated that the chemical equivalency of drugs is no guarantee of their therapeutic equivalency. And yet this bill proposes to encourage a trusting but totally uninformed patient to shop in quotations for his medicines. The substitute bill for H.B. 6483 is not only a bill without a true purpose. It is also a potentially dangerous bill. Many Physicians already prescribe generically on a selective basis. But are secure in the knowledge that no substitute can be made when they specify a trade name. No purpose would be served by fining them if in either case they failed to include the generic name in the prescription orders. For patients the implications

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of such a bill are much more serious. Its passage in effect will mean that the General Assembly assures the public that the "just as good" theory of drug equivalency is valid. And that the professional advice of physicians and pharmacists may state we be ignored by patients.

Now what will it do. It will place the responsibility of selecting the most effective and safest medication on the public and the pharmacist. Instead of on the doctor where it belongs. Because the doctor now under this substitute would label or prescribe on the alternative. We encourage the doctor to abandon his important professional function of continually evaluating new trade products. And to see that his patients have the most up dated and most effective treatment. We eliminate the initiative drug manufacturers now have to continue research and to improve their products. And forster them in the interest of economy to produce only minimum standard products.

Mr. President, it seems to me that we are concerned here with the well being again, I repeat, of the pateient and the consuming public. Now I am not going to be one that is going to be brain washed because this has a consumer label. And I know that the labor segment has labeled this as such. But I am not going to dismiss from my intellect all of the literature, all of the learning that I have acquired from speaking with different individuals. What we as legislatures are concerned with is the central issue, will this in fact be beneficial to

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the public? To the patient? And will it in fact save them money? It will do neither, Mr. President. And for those reasons I do have the audacity, as some people would say in the labor circle, of opposing this bill. Because I certainly don't feel I am a captive of either labor, of the pharmacists, or the doctor. But I am a captive of the little people of the state of Connecticut.

THE CHAIR:

Will you remark further? Fellow captives. Senator Ciarlone.

SENATOR CIARLONE:

Mr. President, members of the circle. The intent and the principal of this bill is certainly in keeping with my views on legislating for people. If this bill does what I think it should do. It will give the doctors the option to prescribe the drug that they think best. And naturally if the brand name is equal to the generic drug, it is my opinion that then the cost will be lowered. And for this bill I am supporting this bill for my people.

THE CHAIR:

The question is on passage. Will you remark further? Senator Lieberman.

SENATOR LIEBERMAN:

Mr. President, I rise to support the bill. Mr. President as often happens in the circle. We have differences about what

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the little people would like to see happen with the bill. Its my feeling that this is the little people's bill. I know that the doctors are opposed to it. The drug manufacturers are opposed to it. And some of the pharmacists are opposed to it. Although I am pleased to say that my own is not. But it seems to me that what the bill does is open up the option for dramatic savings in the cost of essentials. In the cost of drugs to people in this state regardless of their income level. But I think , we think particularly of older people who have their large needs for medication. I am convinced that we are not offering economy at the price of quality. From everything I've read about this busject it seems to me that Senator Strada and his committee are to be congratulated for handling this difficult subject in a most ingenuous and protective way. And I am going to be very happy to vote for the bill and I hope that it passes.

THE CHAIR:

The question is on passage of the bill. Will you remark further? Senator Strada.

SENATOR STRADA:

Mr. President, just for the information of the chamber. I just wanted to point out that the original bill made it mandatory upon the prescribing physician to prescribe by the generic as well as the brand name. It was really a tough bill. However, again on the interest of compromise. In the interest of the people. And without forsaking the people's interest, we produced

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this piece of legislation before you now. And I would say that its purely discretionary with the prescribing physician and I am sure that no physician in his professional judgement will prescribe a generic drug if he doesn't think that its either therapeutically or chemically equivalent to the brand name. So I fail to see who can be hurt by the bill. Except possibly many low income and people on fixed income, elderly people might be able to save quite a bit of money for drugs that are equivalent. Thats the whole point.

THE CHAIR:

Will you remark further? Senator Ives.

SENATOR IVES:

Mr. President, very briefly, I concur with the gentleman from the First, and oppose this bill. And when the vote is taken I ask for a roll call vote.

THE CHAIR:

Senator Crafts.

SENATOR CRAFTS:

Mr. President, very briefly I too wish to concur with the Distinguished Senator from the First District. And point out to the members of the circle that if a doctor were to conform to this bill. It would make it necessary for him to review his calendar or his catalogue and find the exact duplicate of the drug that is needed. And the doctors just don't have this much time on their hands. I'm referring to a catalogue, ladies and

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gentlemen that might very well be as thick as the one I have in my hand. I don't believe that we could logically expect a busy doctor who is seeing hundreds of patients a day to prose through all his literature to find a drug that would not only be safe but would be equal in the effect.

THE CHAIR:

Will you remark further? Senator Eddy.

SENATOR EDDY:

Mr. President, I rise to oppose this bill. Not to add anything I concur on the remarks of those who have opposed it. I just wish to stress that what worries me most of all, is I think it will open up the field to the back-yard drug manufacturer. Who feels that he can merely mix up some generic ingredients and produce a drug as effective as those which are put out by the highly controlled, highly efficient major drug companies. And I think this is enough of a danger so while I had an open mind on it. This is enough of a danger to me to vote against the bill.

THE CHAIR:

Will you remark further? Senator Strada.

SENATOR STRADA:

Mr. President, if I may for the third and last time. Just to address myself very briefly to Senator Crafts remarks. This is exactly one of the reasons why I am going to vote for the bill. Because doctors will have to take a look at the formulary. I

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don't care how big it is. To find out what the drug is. If they had done this with thaladmid. They might not have prescribed it when it had 52 different brand names.

THE CHAIR:

Will you remark further? If not all those in favor of passage of the bill. A roll call has been moved. All those in favor of a roll call signify by saying aye. AYE. Opposed nay? The ayes have it. More than 20% having voted for a roll call an immediate roll call vote is ordered in the Senate.

THE CLERK:

Will all Senators please return to the chamber? An immediate roll call will be taken.

THE CHAIR:

Results of the roll call vote on H.B. 6483.

Whole number voting 33

Necessary for passage 17

Those voting yea 12

Those voting nay 21

Those absent and not voting 3

The bill is defeated.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
AND  
SAFETY**

**PART 1  
1-491**

**1971  
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## PUBLIC HEALTH AND SAFETY

THURSDAY

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Dr. Estelle Siker, Director of the Community Health Division in the State Department of Health: The State Department of Health wishes to support H.B. 5725. Accident is the most common cause of death in children and we would like to do everything we can to close all the loopholes and make our state safer for our children.

Sen. Pac: Thank you. Anyone else speaking in favor? Anyone opposed to H.B. 5725? If not we'll move on to H.B. 6221 (Rep. Duda of the 58th) AN ACT CONCERNING THE EXAMINATION OF BIRTH RECORDS. Now we have around four or five bills on this. Anyone wishing to speak on any one of these, in favor? These are H.B. 6382, 6383, 6505, 6508, 6509. Anyone in favor? No one in favor. Anyone opposed?

Harold Burder, State Department of Health Public Health Statistics: I'd like to speak against H.B. 6221. The other bills you mentioned aren't directly related to this one particular one, I take it indirectly related. One of the problems we've had in administering the vital record program is precisely who may have access to a vital record and as you mentioned there are bills to this effect. 6221 would put a definite time limit as to who may at what time and period would you finally scrutinize this record. In other words, a hundred year level. And I would object to this. I think this is legislation that would initiate a point where we could repeal it later on to provide full access to a birth record. The Department of Health takes the position that vital records are not public records due to situations that may happen concerning illegitimacy, death records which may reflect suicide, death from alcoholism. This really is concerning only the individual and not the public. Enough said on 6221.

On the other bills 6508, 6509, 6505, 6, 6383 and 6513 concerning the determination of parentage. This once again is a bill the State Health Department has proposed. We have a problem in those cases, those birth records which involve legitimacy. We'd have one statute, statute 750 which indicates you can't put a father down on the birth record without his express written consent. Now what'll happen is, the mother may take this fellow to court and the court will adjudge him the father. Yet we still cannot correct that birth record until we get his express written consent. And this legislation is to allow the courts to provide us with that written consent. And hopefully it will make our job just a little bit easier. We're speaking for the other bills. Yes. The only one we're in opposition to is 6221.

Rep. Cohen: 6513, you approve of that.

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The other bills I've been discussing the Hospital Association would be in favor.

Sen. Gunther: On the bill that you last spoke of, apparently your organization is aware of the situation up there. Don't you police your own ranks?

Mr. Tillson: Well, we have no authority over it and I don't know who is right and who is wrong on the situation. Perhaps there's a little bit of rightness and wrongness on both parts. This same bill or a similar one was in at the last session of the legislature and I had hoped that there'd been discussion since then. The situation had quieted down. I'm sorry to hear that what I thought was the case apparently in Mr. Partridge's view has not taken place. But we did make the hospital aware that there was a feeling in that particular town that they were getting cases reported to them, as I say to take care of this five day notice requirement that we really can't help, but that the hospital perhaps ought to be more careful and not submit as many cases to the town as were being submitted. This didn't mean that the town had to pay them but it did mean there was some investigating work that had to be done.

Rep. Lyons: You brought up a very interesting point that wasn't brought up in prior testimony and that is that in fact whether the hospital reports it incorrectly or correctly the town still has to make the investigation. Is that correct?

Mr. Tillson: That is correct.

Rep. Cohen: Thank you very much. Any more to speak on H.B. 6293? For or against? If not we'll consider the hearing closed and go on to H.B. 6379. Any proponents? Any opposition? If not, we'll consider the hearing closed on that bill. H.B. 6383 (Rep. Tudon of the 42nd.) AN ACT CONCERNING PROTECTION AGAINST MEASLES AND RUBELLA BY IMMUNIZATION.

Ann Switzer, Conn. Association for Retarded Children: I couldn't help but notice the number of hearing aids Rep. Klebanoff mentioned. I think he said thirteen hundred and something needed for hearing impaired children in Conn. And I thought that he played right into my hands this morning because if the children were protected or the parents protected against the cause of the handicap, perhaps you wouldn't be asked for any financial aid this morning for hearing aids. However I'd like to say to you that two years ago we came before this committee with the same bill and a compromise bill came out of the last assembly making the immunization against measles and rubella permissive. In spite of that and all the assurances we had

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that people would flock to their doctors to be immunized, we have only about 69% of pre-school age children immunized and according to a recent editorial in the Hartford Courant it was estimated and I assume the editorial writer got his information from the Commissioner of Health or somebody reputable to answer this question, that in the New Britain-Hartford area, there are about 32,000 children who should be immunized. I think I'm saying to you, Mr. Chairman and members of the committee that our association so often comes to you for money for programs for retarded children, a lot of money and you've been extremely generous, we're asking you today to consider the prevention of mental retardation and other birth defects. And I know that Rep. Tudan is deeply committed to this bill. He has a lot of information that he can share with you. The National Association for Retarded Children and United Cerebral Palsy have done a magnificent job of education, and I don't think I need to take your time.

I want to remind you that the last major German Measles or Rubella epidemic was in 1964, and it was estimated at that time that about 20,000 or 30,000 infants were born with severe defects. We expect these epidemics about every six years, and since we know how to prevent them, my association feels that it is morally wrong not to do something about this. So I urge you to support H.R. 6383, and I'll leave this material with the committee.

Sen. Gunther: Mrs. Switzer, nobody is denied immunization. We do have the free program right now don't we in the state?

Mrs. Switzer: Well, I don't know the answer to that. If we have a free program, either our educational job hasn't been good. We don't operate clinics near enough where people in the

cities can get at them easily. I've been working in the inner city here in Hartford in mental retardation and I find that parents do not always have the opportunity to go to the nearest clinic due to the need for baby sitters or transportation or one thing or the other. I have a feeling that we would have more clinics, I think we would be a better educational job, if this were mandatory for school admission.

Se. Gunther: You've partially answered my next question. I think that again it behooves the group to take and educate the people because we constantly find government going in and telling people how to do things and what's good for them. And I think this is another area where every time we go into compulsion and telling people what they have to do, I find

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at times it makes the program even less effective ultimately because you're talking about 69% now. What was the percent before the bill in the last session, do you know?

Mrs. Switzer: No, I don't

Sen. Gunther: You don't know how effective this program has been even on a voluntary basis within the past two years.

Mrs. Switzer: No, but I think we could easily find out. There may be some people here from the state Health Department who will testify here. I think we also found out this in relation to the PKU testing which is a serious cause of mental retardation, and the committee at that time was skeptical about the mandatory bill asking that all hospitals see that babies were examined within the first forty-eight hours of life for this deficiency, it's a protein deficiency in the blood. And I think that even Dr. Foote at that time was skeptical. But after we prepared some very good testimony and had people who had retarded children due to his condition and had a very dramatic presentation from a young girl who had a baby saved because this was detected early, in spite of the fact the hospitals said they would do this and cooperate, we were terribly afraid that when mental retardation as a subject matter was no longer popular, hospitals might not be this interested. So we have saved through this mandatory legislation, we have saved the state of Conn., Senator Gunther, a lot of money because of detection, something which would have caused severe handicap, probably involving institutionalization. I thought this bill perhaps would interest you because it doesn't really call for a lot of money and nobody wants to mention money. It's more a philosophy than it is money.

Sen. Gunther: The only difference between the parallel you draw with the PKU is one is a diagnostic test and the other is the application of immunization.

Mrs. Switzer: Yes, but they're both prevention and I think the point I want to leave with you is that our organization feels that not enough effort has been put on prevention. We spend too much money after the deed is done. I think this is our feeling.

Sen. Gunther: Well I might cite that maybe not enough is put on education to have the program implemented rather than demanding by law that it be mandatory. Could be that side.

Rep. Cohen: Any other questions?

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Dr. James Hart, State Department of Health: Dr. Foote and the department are in favor of this bill which I think will aid us in our immunization program. It's a modification of a bill already on the books which would permit local boards of education to protect against measles and polio. And I might say, listening to Miss Switzer's testimony that this present law has helped us a great deal by permitting local boards to require immunization against these two diseases. The same thing is true with smallpox vaccination and so on which is a different law. From our information over the years about two thirds or three fourths of the local towns do pass this requirement and see that children are immunized against these diseases before they enter school. I think the proof of the pudding really is what are the results of this immunization program, and what good effect can we show? Well I can say that polio has really been almost eradicated from the United States. In 1969 there were only nineteen cases in the whole United States and not a single death. We haven't had a death from polio since 1960. And I think we've had only one case in five years. So that the immunization program whether it's compulsory or voluntary or what has seen very good results.

With regard to measles, we have in a three year period with the measles vaccine, seen a decrease from many thousands of cases a year, with some deaths and complications of course, including encephalitis and retardation and the other bad effects, the number of cases have decreased remarkably. Last year, in 1970, there were only 117 cases reported to us for the whole state for the whole year which was one of the lowest incidences in the United States. And we have had very few if any serious complications from measles. There certainly have been no deaths.

Now rubella vaccine came along about a year and a half ago. We started in September 1969. And the objective is to immunize all the children between one year of age and puberty. And it was decided nationally and I might say that this vaccine is given to us now by the federal government, free, so that we are not buying any rubella vaccine, this is not costing the state any more money at this time. The objective was to immunize all the school children from kindergarten up to the fifth grade, from five to eleven years of age, because at that age, these are the children most apt to have it, most apt to spread the disease and therefore most apt to infect their mothers who if they may be pregnant, could come down with the disease and of course have a severely handicapped child. And this has been our national program. And at this point we're about half way into the program. We've immunized in the 1st year and a half

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about 250,000 children, school children in Connecticut and 160 towns out of 169 have already had school programs and we hope naturally by persuasion that we can get some of the others to do it. But if this law were passed it would see that every school system would have a program and would see that these children were protected.

There's one little correction that I think would have to be made in this bill and that is since we do not immunize children above puberty, twelve years of age, the limit we have set is under twelve because there's always the possibility that a child twelve and up could be pregnant and if they received the vaccine there's some question whether it might be harmful. And so I think that you have to insert in this law or this bill a phrase where it says protected against measles and, to put in each child under twelve years of age then against rubella, because we would not want to insist that children twelve or over be immunized with rubella vaccine.

There's another phrase in there that I don't think is essential but I don't think it's really a great harm and that is inserting the phrase: or a member of his immediate family. We don't think that is a necessary phrase in there but again if it's left in I don't think it's any great harm.

Well, I think this would be the only testimony. We feel that such a law of course will by persuading local boards of education to require this will help us in our immunization program because our objective is to try to get every child from five to eleven protected.

Sen. Gunther: How many towns are participating now?

Dr. Hart: We have about 160 out of 169 have participated and we have several more who are making plans at the moment, probably three or four so that all but half a dozen are in the school program. But I want to point out one thing. As you probably know when you put on a program, we have sent people in with jet guns and so forth and the local people have innoculated and it's been a tremendous effort. You never get 100% as you know in any program of this sort. And we estimate that at the moment, only about 72% of the school children, the eligible school children, are innoculated with rubella vaccine. Now this would include the towns that haven't had a program of course and also the children who for some reason or other, sometimes they're out with a cold that day you know, and for many reasons, and their parents didn't want them to go and be innoculated, so that we have not reached anywhere near 90 or 100%.

Sen. Gunther: But you're saying that 160 towns are participating in the program?

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Dr. Hart: Right.

Sen. Gunther: Well, then you're talking about this bill being involved in six to nine towns.

Dr. Hart: No, no, no. I'm saying that in each town you never get 100%.

Sen. Gunther: But they are still participating in the program.

Dr. Hart: Yes, but the requirement would require that each child be immunized so that the other 28% would be taken care of, you see, in each town.

Rep. Cohen: They are participating but not fully.

Dr. Hart: Right

Sen. Gunther: Well, they are participating but they are not following up apparently. On the 28%.

Dr. Hart: Well merely because they cannot require this you see and if a parent refuses, if a child is sick that particular day or week, you can't get it done. This is the point

Sen. Gunther: Incidentally you said all the vaccine is available for nothing even to the private physicians?

Dr. Hart: Yes, the federal, the rubella vaccine. At this time it is.

Sen. Gunther: Do you have any idea, do they charge for visits? I would imagine for this.

Dr. Hart: Well, the one condition that's given a private doctor, by the way we have really not given up to private doctors, this is done by the local director of health, but the condition is that he not charge for the vaccine. He may charge for his service but not the vaccine.

Sen. Pac: Any other questions? Anyone else in favor of 6383? Anyone opposed? We'll move on to H.B. 6384 (Rep. Griswold of the 109th.) AN ACT CONCERNING CONSENT FOR AUTOPSIES. Anyone in favor? Anyone opposed to 6384? We'll move on to H.P. 6505 (Rep. Cohen of the 41st.) TO 6511 (Rep. Yedziniak of the 5th.) AN ACT CONCERNING THE DEFINITION OF PODIATRY.

Peter Kelly representing the Conn. Podiatry Association in favor of H.B. 6511. Two years ago as Rep. Yedziniak earlier said this committee and the general assembly recognized the propriety and the necessity of ensuring the podiatrist's right to prescribe and administer drugs in the practice of his