

HB 6586

PA 613 (Vetoed)

1971

Public Health & Safety 182-190, 295-297, 357

House 4250-4255

Senate 3206-3210

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**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 1
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1. The American National Red Cross and its Chapters in Connecticut enthusiastically endorse this bill.
 2. Requirement for parental consent for donors between the ages of 18 and 21 is a deterrent to the involvement of the youth of Connecticut in this positive contribution to the health needs of the people of Connecticut.
 3. The parents are supportive of youth donors to the Red Cross Blood Program as evidenced by the fact that they gave consent to 7000 youth donors during the past year.
 4. There is precedent for this legislation which has been enacted in former years in New York, Massachusetts, Pennsylvania, Ohio, Maryland, Virginia and Illinois, and so forth.
- Finally I would like to leave for the committee endorsements from twenty-seven communities in the state of Connecticut which we have received in writing.

Sen. Pae; Any questions? Thank you. Anyone else wishing to speak on this or any other bill before us today.

Dr. Philip Shelton, Hartford, wearing the right hat: I'm an ophthalmologist and Chairman of the Legislative Committee, Eye Section, and representing the Conn. State Medical Society on bill 6515 and 6586 AN ACT CONCERNING OPTOMETRISTS AS MEMBERS OF CERTAIN COMMITTEES ON VISION CARE and 6586 (Rep. Simons of the 139th.) AN ACT PROVIDING OPTOMETRIC SERVICES BY MEDICAL SERVICE CORPORATIONS, both of which the medical society opposes.

Now we oppose bill 6515 which provides an expanded definition for those committees which optometrists are required to serve on. It expands the definition to boards and clinics and further expands it to regional health centers and any, of any political subdivision of the state. We are against this because optometrists are not physicians. They are not suited by education, training or experience to advise on health matters. They are trained and licensed only to measure the optical power of the human eye and to adapt glasses for the correction thereof. They will contribute their opinion on these statements, but they do not bring medical, they do not bring expertise in a scientific way to those items other than refraction and therefore they would contribute nothing to their position on these boards.

For example, there's a board proposed as medical examiners board for the Department of Transportation which I appeared against yesterday which includes an optometrist. Now optometry could just as well be on that board as podiatry because a man could have a foot drop and he could have his

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foot drop strapped by a podiatrist and then be able to work the brake pedal, but it might be due to a neurological problem. So the argument is given that well, if he gets his glasses from the optometrist and now sees better than 20/40, the optometrist should be on the medical advisory board for vision standards. Well, likewise so should a podiatrist, so should a physio-therapist, so should multiple people having to do with parts of the body having to do with driving for example. If this would be the case then it would not be a medical advisory board. I object to the word medical, having to do with optometrists because they are not physicians.

Now, bill 6586 again optometrists do not provide like services as medical doctors specializing in diseases of the eye. They only do refractions. This is what their license in the state of Connecticut provides that they can do. This is what their education and background provides that they can do. Therefore, they provide approximately 20% of the examination which the ophthalmologists do. This is recognized by Medicare which carves out the refractive portion of our eye examination at a ratio of 20%. This has also been recognized by the former Secretary of the Department of Health, Education and Welfare who stated that optometrists are only trained to provide refractive examinations although they have had some training in ocular pathology. They're not qualified to diagnose or detect ocular disease or ocular manifestations of systemic disease. Therefore they do not provide a comparable service to the ophthalmologist who may prescribe and refract for glasses but who also does a diagnostic work-up.

Rep. Rose: On 6586, I'm not familiar with 20-130 as it's referred in the amendment, not in this bill but I assume that 6586, the amendment says optometrists legally licensed under section 20-130.

Dr. Shelton: Oh, yes, well that's their section number. The statement of their license is as follows: Optometry is defined as the measurement of the power of vision by any means other than drugs or surgery and the adaptation of lenses for the aid thereof. That is the entire definition.

Rep. Rose: Is it your contention that this service should not be allowed by clinics serving the public when they are allowed outside of clinics, serving the public?

Dr. Shelton: I'm sorry. I don't understand your question.

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Rep. Rose: Well, an optometrist is allowed to practice.

Dr. Shelton: No question about it. They do a valuable job.

Rep. Rose: But I'm not concerned about that comment. I'm concerned about his being limited to not serve in a clinic where general public health service is being administered.

Dr. Shelton: Oh, he can indeed serve in a clinic. They serve now in the medical schools doing refractions. They also serve in the Newington Veterans Hospital doing refractions. They serve in many ways doing these services, but they do not serve on medical advisory boards. That's the point.

Rep. Rose: I don't understand this to be a medical advisory board.

Dr. Shelton: All that 6586 does is that it equates their - it's a non-discrimination bill. It says that medical service corporations have to pay for optometrists doing this service but the contract of the medical service corporation does not provide for this. This is really a contractual matter between the subscriber and the insurance company. All that I'm here to say is that they don't provide like services. If an insurance company wants to insure for optometric services, that's fine. But then the insurance company has to make a contract with the subscriber saying you are going to be covered for optometric services, not for eye care. That's the point.

Rep. Lyons: Doctor, I can see your point on 6515. Now you're representing the Conn. Medical Association in relation to 6586? In opposition?

Dr. Shelton: Yes, in opposition, only because this bill would equate the services of optometry and ophthalmology. We have no objection if the insurance company wants to insure optometric services.

Rep. Lyons: Well, I don't see, I just don't follow the connection. This would allow CMS to make payments to optometrists legally licensed under section 2130.

Dr. Shelton: Yes, but for what services? That's the question.

Rep. Lyons: Well, what are they licensed to perform? They're not licensed to perform the services Dr. Shelton that you can perform. This is what the payment would be made on, on the basis of what these people are legally licensed to perform.

Dr. Shelton: Right.

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Rep. Lyons: And the only difference in my opinion, you can straighten me out, between yourself and them in this area, is that they are restricted to a very minor portion of your work. And we're talking about that minor portion being paid by CMS.

Dr. Shelton: That is correct. We have absolutely no objection to this. This is a matter of contractual arrangement between CMS and its subscribers.

Rep. Lyons: Why do you object to the bill?

Dr. Shelton: I object to the bill because it would require CMS under the present way to pay for optometric services when they are not providing it in their contract.

Rep. Lyons: Optometric services only that these people can legally do in the state of Connecticut.

Dr. Shelton: Well, it would be - I would agree with that. I mean, I'll go back. The only thing we want to point out is the difference in care. That's all. But I have no objection to CMS paying for optometrists service. That would be up to CMS if they want to write such a paper. You know, if they want to write such a contract. But their current contract does not allow for this because it's a medical service contract. If CMA wants to write a contract, it's fine.

Rep. Lyons: All right, I understand.

Rep. Miller: You object then, doctor, to including optometrists under the word medical?

Dr. Shelton: Correct. That is absolutely correct.

Sen. Pac: Any other questions? Thank you. Anyone else wishing to speak?

Dr. William Brewster, practicing ophthalmologist in Hartford, Chairman of the Department of Ophthalmology at Hartford Hospital and President of the Eye Section of the Conn. State Medical Society: I think Dr. Shelton has covered the question of a CMS bill quite well. I'd like to speak primarily to 6515 which broadens, which makes it mandatory that optometrists be on boards and clinics practically anywhere that they are set up, and on any board or any clinic the bill says which has to do with eye care, I believe. If this were interpreted as it's written, it means that the outpatient department that we're setting up at the Hartford Hospital, which is purely a medical outpatient department, would have to take an optometrist on the board to tell us

or help us to run the eye clinic. Now I don't think that they belong. Again, they are not doctors. You've heard this a few times in the last couple of days. I don't feel that they belong by legislation on the board. I repeat as Dr. Shelton did that their services might be used but they would be used on either a contractual basis or a voluntary basis but not to have a say in the governing of how this clinic shall be run. This is the Hartford Hospital. It concerns any department that's set up. This says any state department or regional health center or regional or municipal department in any political subdivision, and then it goes down, the appointing authority shall include, as a member of such committee, council, board, clinic or any other such body, a person licensed under the provisions of this chapter, which is the section that licenses optometrists.

Rep. Cohen: Doctor, isn't there a tendency in America today to have lay people on all boards? Aren't your hospitals run by laymen also? Do you only have doctors on your boards? If you don't you should have lay people.

Dr. Brewster: Lay people do not control. We have a board of directors composed primarily of lay people. They make decisions. (Transcript not clear).

Dr. O'Rourke, Professor of Ophthalmology, U. of Conn, Conn. State Medical Society: Other laws point to the separateness of dentistry from medicine or of law from medicine, and it would confuse the public to now at the level of organizing and staffing various groups, centers and committees to effect a merger. And I think the confusion of the public would work to the patient's disadvantage. I believe there's a need for further public education in this matter of the separateness of the areas and of the reasons for the separateness. The relationship of the eye to diseases of the brain, to poisoning, various toxins which may claim the vision, to diabetes, to leukemia, to cancer and a long list of diseases which if found to be present in the eye must be intelligently followed by specific xray studies, specific blood studies and a long list of purely medical procedures means that it would further blur in the public mind the difference between these fields. If you enlarge the opportunity for the public who may have medical eye disease to come broadly under the care of a non-medical field, and I'm concerned principally about the confusion in the public mind or the delay in the public getting needed medical care in these instances.

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I feel in regard to bill 6586.

Rep. Lyons: Mr. Chairman, if I may I'd like to question Dr. O'Rourke on 6515 before before we get to the other one.

Sen. Pac: Yes, you may.

Rep. Lyons: Thank you, Mr. Chairman. Dr. O'Rourke, and I might add that that's a fine name, you should be proud of it, I think you're confusing the point here. We're not trying to, or this bill is not trying to make the optometrist a doctor nor is this bill suggesting that an optometrist is going to perform the services which you people are qualified to perform. What we're talking about is putting them on appointed boards, clinics and so forth to advise. Now Doctor, I think you will agree that this representative does not have to have a baby to be able to advise people how you do it. And I think this bill merely puts a person on a board in an advisory capacity to suggest and certainly not to operate on eyes or anything of that nature, to give the public perhaps the feeling that there are others on these boards than doctors and yet not relating to the competency of the medical profession. I think you people are getting very concerned that the legislature is trying to take away your professional rights and we are not trying to do that in any way.

Dr. O'Rourke: Mr. Lyon, my understanding of the bill is that it includes boards, clinics and health centers, but a board as was discussed with Rep. Cohen by the last witness blurs the distinction between a board of trustees who have guiding powers and a board who may have actual policy making or disciplinary powers over the professionals administering the care. And the bill fails to define the nature of the boards and includes the word clinics and health centers and regional plans.

Rep. Cohen: Doctor, apparently there's a difference of opinion here. Two of your colleagues at the University of Conn. Medical-Dental School, Dr. Jerge and Dr. Fox, the Dean and the former dean, at a hearing that we had last week stated that they wanted lay people even to the extent of being on the board of examiners, of dental examiners. Now this would be completely in opposition to what you are saying. They feel that there's more than just the technical knowledge necessary by a man to practice, there are other attitudes that are important to our society today. They're looking forward to this sort of thing, and here you don't want to let an optometrist act on a board where he isn't going to do anything except act to help advise.

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Dr. O'Rourke: Yes. If he's going to advise on patient care, that's my concern.

Rep. Cohen: Well, he has some knowledge - if a layman that doesn't even know anything about eyes can act on such a board, why can't an optometrist? Are you trying to be completely exclusive in this sort of thing?

Dr. O'Rourke: No, I'm referring to boards where I would not want laymen on them. I believe in contradistinction to dentistry we're handling fatal disease or potentially fatal disease and the precedent for including lay review on such boards should properly begin with dentistry or non-fatal disease areas until the public and the legislature can become familiar with the risks of this.

Rep. Cohen: You mean dental problems can't be fatalities? (transcript not clear) You can get septicemia from a bad tooth extraction as easily as you can get it from stabbing yourself with a surgeon's knife.

Dr. O'Rourke: My question is with which frequency? What is the death rate from dental - I'm talking about public risk and public safety.

Sen. Gunther: Doctor, do you mean that actually you want to exclude these people because they have nothing to contribute to the operation of a board or a clinic, nothing even in the expertise?

Dr. O'Rourke: Now, a board or a clinic. Are we talking about a board or the operation of a clinic?

Sen. Gunther: I am thinking of the broadness of the bill.

Dr. O'Rourke: It says boards and clinics. We've been discussing boards.

Sen. Gunther: All right. I know. But I'm saying the whole ball game. Do you mean that they contribute nothing and it may not be an advantage to have people with this expertise, the optometric field being represented here?

Dr. O'Rourke: One may have an optometrist employed in such a clinic administering health care. Are we talking about boards or clinics or day to day operation of clinics in making policy for the clinic?

Sen. Gunther: Again, either one of them I would say do you feel -

Dr. O'Rourke: Well, it's yes to one and no to the other.

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Sen. Gunther: Well, all right. In other words you say all right to the board but not the clinic. Is that true? Now do you mean to tell me also that the board or the clinic, we're not talking about the full board of optometrists now, we're talking about a membership which you'd have more than sufficient balance on most all of these and the other fields you're talking about such as ophthalmology and that sort of thing.

Dr. O'Rourke: I would say that any board that could include laymen could include optometrists, as a layman or as an optometrist but I'm making a distinction between such boards as boards of trustees of a hospital which may have laymen, may have a variety of professions represented, law and so forth and purely medical boards in which patient's safety is the factor.

Sen. Gunther: Again I would say that they've narrowed this down to those knowledgeable in matters pertaining to vision care so I think again we've isolated it to a specialty.

Dr. O'Rourke: And to care. I don't want lawyer, I don't want laymen making judgment on principles of care.

Sen. Gunther: Well, that's your opinion.

Sen. Pac: Any other questions? Thank you. We're you going to speak on another bill also?

Dr. O'Rourke: Yes. 6586. I would say is inadvisable again in the area of public awareness of the difference between optometrists and medical eye care. And I feel to include it in a listing of services available under a CMS let's say, a medical program, further confuses in the public mind the distinction between the fields of ophthalmology and optometry which blurring of distinction already I feel works to the public disadvantage. There's a vast area of public need for optometric eye care which if properly met, I think, would be very much in the public interest. But when the disciplines are separate all down the line from the enabling legislation to practice through the area of peer review of discipline, of licensure, why bring them together either in the operation of clinics or in the area of fee coverage? I think this is a disservice to the public and they will be led perhaps unwittingly with medical eye disease to seek optometric care because that happens to be covered under their insurance plan.

Sen. Gunther: Do you realize that this bill does limit to the practice under section 20-130, which means that it doesn't give them greater latitude. They merely practice the profession that they are licensed in the state of Conn., so that regardless

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of what you did with them, you don't make a horse or a cow. The man is an optometrist and he would be more than under the state enabling act practicing his field. So that regardless of whether you cover the fees he couldn't invade your practice because by law he wouldn't be allowed to enter your field.

Dr. O'Rourke: I'm concerned with the way the public would interpret this.

Sen. Gunther: We're talking public interpretation and we're talking about law. We license these various fields and we set them up so we have very definite, in fact Conn. is very severe in their limiting of the various professions and para-medical and that type of thing, so that we aren't talking about allowing them greater latitude. You're talking about public image.

Dr. O'Rourke: Correct.

Sen. Gunther: And you feel this -

Dr. O'Rourke: The law separates them and the coverage of fees includes them. And I feel this would confuse the public.

Sen. Pac: Any other questions? Thank you. Anyone else wishing to be heard on any of the bills?

Dr. John Thayer, representing the State Medical Society: I would like to talk to bill 6909 which is an act concerning permitting persons eighteen years of age to donate blood without parental permission in certain instances.

I do not wish to talk the bill to death and this statement and the statement on the S.B. 885 An act concerning blood and tissue as a medical service which has been referred to previously this morning, I believe both of these statements have been given to your secretary, and I would like to just reinforce the fact that they have been here and that they are before your committee.

Sen. Pac: Any questions?

Sen. Lyons: Mr. Chairman, will the doctor indicate whether he is opposed or in favor?

Dr. Thayer: I am in favor of passage of both bills.

Sen. Pac: Thank you. Anyone else wishing to speak on any bill? If not the hearing is ended.

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Rep. Clarke: Excuse me, what was the number of that bill?

Dr. Warren: 6515.

Rep. Clarke: Thank you.

Dr. Warren: I'd like to speak on the next on the agenda, this bill 6586 (AN ACT PROVIDING OPTOMETRIC SERVICES BY MEDICAL SERVICE CORPORATIONS), and again as a representative of organized optometry and the Conn. Optometric Society and as a private citizen.

And this is asking for some discrimination here in the use of the new CMS contracts. Last year, 1970, and I think this has all been probably discussed before in other bills, I'd like to present this viewpoint as briefly as possible. Last year in February, June and December of 1970 we met, the President of the Connecticut Optometric Society met with the CMS and asked for a review and change and there was no action forthcoming. And since there was no request for change was made at the review of the contract at the end of the year, I assume that no further action will be taken. Also the society had seen the insurance commissioner for two visits, but the office was in a state of flux and there had been two commissioners at that time and so far as we know no action has been taken.

So I'd like to ask for approval of this bill, 6586 for these reasons. First of all I think the present bill restricts freedom of choice for the public. And secondly I think there is discrimination against optometrists for optometric service which are rendered. They're not medical but they are rendered. And this is not by specific statute nor law but by interpretation. If you look at it I don't think you'll find anything specifically in there which talks about the thing that I'm concerned about.

Now in rendering dual care, the present law states that only an ophthalmologist may render care to the public. And this is because I feel there is always a question of pathology. However optometrists are able, and through the fifty states do this daily, refer pathology or abnormality that they find. What the general public is going to be needing here is for the middle class person, the lower income and the higher incomes will not be using CMS, but for the fellow who has a family and is trying to pay his bills and do things, keep his head above water, this is the type of contract that he needs. And we're not speaking against the bill itself or the law itself but just this discriminatory practice that is going on now. Pathology in the general public is not a large thing, ocular pathology. Maybe 5% of the things, you might say. If you poll your own family or your own community or your own friends, how many people do you find who have ocular pathology? I would say probably 5%, maybe one in

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twenty. So that for nineteen people who will not need this service, and let's say the general run might be this, the examination of eyes for glasses where they are needed, contact lenses, college health records, insurance forms for motor vehicle operation, industrial requirements for safety division - these certainly don't need the eye surgeon to fulfill these services. And at the present time this is the thing that we are getting at because they are asking that all cases be sent to an ophthalmologist.

Now, I live in Woodbury and we're sixteen, seventeen miles from an ophthalmologist. Means that people there have to travel all the way to Waterbury and sit for long hours because they are busy there, they're busy men, and, for simple things which could be rendered very easily in our own community. So on that basis I feel that we should be, this should be reviewed.

Now, if there's only about say one in twenty who need pathology help, then nineteen people are being locked into this who really don't need it. Now they may say that optometry does not recognize abnormalities. Well they do. And this is a matter of record through the whole fifty states. It seems, and what always bothers me is that in the service the optometrist and the ophthalmologist worked hand in hand. They do the refraction and refer. When they get on the outside they say it can't be done. This seems to be a little bit strange that the same people on the outside can't do the job that they do on inside of service. And I've been in the service for three years.

Now, optometry is a profession that requires at least six years, two free optometry and four optometry in the school. But most people coming out now are either seven or eight years. They took four years for their college degree, then they go back four years more for their OD degree, and certainly over that period of time they must have acquired some knowledge and some background because out of four years in optometry, at least one quarter of the time is spent in physiology, pathology, and recognition of abnormalities. So all I'm saying is this - what choice does my family have if I should want to use CMS and I am a member of this? (transcript not clear) Now since the major portion of the service rendered would be non-medical, I feel the optometrist probably can do this as well as anybody. All we're asking you is this: that if it can be rendered properly, then either we be allowed to do the optometric part of the services that are being paid to the ophthalmologist or they be disallowed. I just feel that this is something that we have to have equal

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share of because we're both interested in the same thing. I just feel that this restricts the freedom of choice and I think it isn't democratic enough. I'd just like to ask you to approve this bill and I thank you for your kind attention.

Sen. Pac: Any questions?

Rep. Rose: (transcript did not record)

Dr. Warren: If a survey were taken, I think we could render the service that I speak of and you'd find the fees would be less. I have no figures to show since I didn't know I was going to be here until nine o'clock last night. However I can think that this can be proven and very easily by finding surveys were taken in the state.

Rep. Rose: Do you think that if this bill passes it would tend to bring the fees down?

Dr. Warren: I would think so because, well I'm not sur it would lower some of these fees but I think it can be done by others which would be less.

Sen. Pac: Any other questions? Thank you.

Dr. Warren: Thank you very much for your attention.

Sen. Pac: Any other legislators wishing to be heard? Sen. Power?

Sen. Power from the 30th District: Thank you, Mr. Chairman, members of the committee. Sorry I'm a little late but the snow up in the northwest section kind of help me up a little bit.

I would like to speak in favor of two bills. I understand they are not on the bulletin for today but it was my understanding that they would be heard today. Now one is Senate Bill 7444 introduced by myself and it concerns funds for the mentally retarded. And the statement of purpose briefly is to, excuse me, provide for the terms and conditions for payment by the state for services to cases referred by state agencies to day care and vocational training programs affiliated with the Conn. Association for Retarded Children, Inc. And this merely would empower the Hospital Cost Commission to prescribe uniform forms on which day care and vocational training programs shall report their costs. And I would like to go on record as being in favor of this.

And also S.B. 1545 introduced by Senator Ciarlone of the 10th District, also concerning funds for the mentally retarded.

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that the other group does not have. And they're the ones that are going to be objecting very strenuously to Mr. Karnosiewicz's program of indicated costs, and they're going to fight this.

Now one of the other things you may or may not realize is the fact that one of the accreditation point systems which is operated from the Public Health Department has to do with the accreditation, is that there are five rating, five points and I think it's a total of 105 or 115 point rating system for accreditation, which have to do with the services provided by program directors. Now this includes handicraft, arts and so on and so forth, but most importantly, in this five point system, is worship services on premises. The problem that we're faced with throughout the state of Connecticut today is that when there were originally, as Mr. Dellafera indicated, maybe forty or fifty homes in Connecticut, it was no problem securing clergy to come to these homes and provide the necessary weekly worship service, whether it was Protestant, Catholic, Jewish or what have you. Since the advent of these homes to the point where there are 220 of them currently in existence, they're competing with each other for clergy services and they cannot get them, because the clergy, being a mobile group, as we are a transient population, many times do not identify with a particular home, and the demands are too heavy and they can't furnish. I would like to, that you people would in some way make it possible to see that this portion is not deleted even though it may become a court test case, is not deleted from the scoring system so that there can continue to be worship services provided as a part of an accreditation program. Thank you for your time.

Rep. Cohen: Thank you very much. Mr. Elliott?

Stephen K. Elliott, representing the Guild of Prescription Opticians: You'll be pleased to know that I'm only going to take a minute. I'm speaking on the same bills that Mr. Lyddy spoke on on behalf of the Medical Society just a moment ago. I think we've all agreed these bills were heard before, and the only thing I want to say that is on bill number 6515, the optometrists were going to be included on such committees, that certainly it would be most unfair not to include the opticians. And also with 6586, if you are going to include the optometrists under the medical service bill, then we say that it's only fair to put the opticians.

Dr. Cohen: Thank you. Rosebud David?

Rosebud Davis, 6 Rome Avenue, Bloomfield, Connecticut: I'm in support of H.B. 7435. As an interviewer in a Health Action Survey in

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quirements. I believe it is a good bill and I it should pass.

DEPUTY SPEAKER:

Will you remark further on the bill. If not, the question is on acceptance and passage. All those in favor will indicate by saying AYE. Opposed. THE BILL IS PASSED.

THE CLERK:

Cal. 1236, Sub. for H.B. 6586. AN ACT CONCERNING PROVIDING OPTOMETRIC SERVICES BY MEDICAL SERVICE CORPORATIONS.

DEPUTY SPEAKER:

The gentleman from the 74th.

MR. DZIALO: (74th)

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

DEPUTY SPEAKER:

Question is on acceptance and passage. Will you remark.

MR. DZIALO: (74th)

Mr. Speaker, the Clerk has an amendment.

THE CLERK:

house Amendment Schedule "A", offered by Mr. Palmieri of the 90th. In lines 25 and 26, delete July 1, 1971 and insert in lieu thereof January 1, 1972.

DEPUTY SPEAKER:

The gentleman from the 74th.

MR. DZIALO: (74th)

Mr. Speaker, the purpose of the amendment is to grant an extension of six months time. I submit it is a good amendment

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and I urge its passage, and adoption.

DEPUTY SPEAKER:

Question is on adoption of House Amendment Schedule A. Will you remark further. The gentleman from the 100th.

MR. ORCUTT: (100th)

Mr. Speaker, would the Clerk please reread the amendment. As I understood it, it was for one year.

DEPUTY SPEAKER:

Would the Clerk please re-read House Amendment "A".

THE CLERK:

House Amendment Schedule "A", offered by Mr. Palmieri of the 90th. In lines 25 and 26, delete July 1, 1971 and insert in lieu thereof January 1, 1972.

DEPUTY SPEAKER:

Is the gentleman satisfied. Will you remark further on House Amendment Schedule "A". If not, all those in favor will indicate by saying AYE. Opposed. THE AMENDMENT IS ADOPTED. It is ruled technical. Question is on the main motion. Will you remark further on the bill as amended. The gentleman of the 74th.

MR. DZIALO: (74th)

I wish to conserve the time of the members of the House. I just want to call to your attention that on your desks today were placed two letters and fact sheet concerning this matter. One of the letter was written by a gentleman from Fairfield and it describes the dilemma and burden placed upon Connecticut citizens who are subscribers to the CMS Century Plan Riders.

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Although eye examinations for glasses, refractions is the technical term, is a covered benefit, patients are denied reimbursement if they prefer an optometrist to supply the services rather than an ophthalmologist. The second letter from Dr. ?, President of the Connecticut Optometric Society describes his attempts to seek a voluntary agreement with the Connecticut Medical Services organization. This bill, if enacted, gives CMS the option of either, number 1 eliminating refraction as a covered benefit in the new Century Contract or No. 2 develop a fair, equitable new vision care program which would include refractions by both doctors of optometry and by doctors of medicine. And the bill, as amended, will offer CMS a delay effective date of January 1, 1972 for more gradual phase-out or phase-in of either of the two alternatives. Parenthetically I might add, Mr. Speaker, and ladies and gentlemen of the House, that the House just about two weeks ago passed a similar bill covering chiropractors. I submit it is a good bill and I urge its passage.

DEPUTY SPEAKER:

Will you remark further on the bill. The gentleman from the 177th.

MR. HOGAN: (177th)

Mr. Speaker, I'd like to speak on this bill for a moment, if I could. Various items have been appearing in the newspapers over the past few days and another has appeared today and it has sort of become an eyeopener for me and after reading some of the stories I thought perhaps I had better get a seeing eye dog and

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kind of see just what is going on. The more I eyeball the thing the more I get a little bit disturbed about it. This is the Hartford Times of today. This isn't a map by the way. Looks to me like there is quite a lot of shananagans going on here.

DEPUTY SPEAKER:

Does the gentleman have difficulty reading the paper?

MR. HOGAN: (177th)

I'm having some difficulty finding my place and I might have difficulty because I can't figure out how I got these glasses, if I get them from ophthalmologist, optometrist or I think it might have been from a pediatrician but it says here that this bill would certainly increase the rates for CMS in Connecticut from 24 to 27% for group policy and 21 to 24% for direct paying customers. I think many of the towns are now furnishing Blue Cross and CMS and insurance for their employees for their school teachers. We have our budgets made up, they are going to vote the budget in my town tonight, I hope, although it is going to cost like the deuce because we are going up 26 mills, but nevertheless, these problems that we are continually faced with, a little here, a little there and due to all the things it says here in this paper that the bill got an unfavorable report from the Insurance Committee and then came out some time that night with a favorable report. It was lost in the Commissioner's Office, it was found in a lobbyist's pocket. It says it got emergency certification sometime or other. It says a lot of things here and this looks to me like a smellavision

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DEPUTY SPEAKER:

Will you remark further on the bill as amended. The gentleman from the 118th.

MR. AJELLO: (118th)

Leaving aside the humor in this situation, I think it should be pointed out that the records which are contained in the records of the General Assembly indicate that the bill was favorably reported and although it might be nice to have articles in the paper saying somebody was running around with it in his pocket or something of that sort, it has come before us so far as we can tell from the record in an orderly way and I don't think that that really goes with the merits of the situation which seems to be that it is a bill which will offer greater service to the people of this State which would give them the opportunity to go to highly-trained people who are optometrists in lieu of going and as some of the letters I have received point out, waiting a long period of time to get an appointment with an ophthalmologist which they are not willing to do or perhaps want to have some eyeglasses replaced. So that I think it is for the convenience of people and I have had much more mail asking for this convenience than I have mailed being concerned about the rates of CMS or Blue Cross. I would favor the bill.

DEPUTY SPEAKER:

Will you remark further on the bill as amended. If not, the question is on acceptance and passage as amended by House

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Amendment Schedule A. All those in favor will indicate by saying roc
AYE. Opposed. THE BILL IS PASSED.

THE CLERK:

Cal. 1237, Sub. for H.B. 7260. AN ACT CONCERNING
LIMITATION OF PERMIT PREMISES WITHIN FIFTEEN HUNDRED FEET OF
LIKE PREMISES.

DEPUTY SPEAKER:

The gentleman from the 168th.

MR. ESPOSITO: (168th)

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

DEPUTY SPEAKER:

Question is on acceptance and passage. Will you remark.

MR. ESPOSITO: (168th)

Yes, Mr. Speaker, I yield to the gentleman from the
95th for the purpose of an amendment.

MR. SARASIN: (95th)

Mr. Speaker, The Clerk has an amendment. Mr. Speaker,
I would waive the reading of the amendment and summarize it.
It is rather lengthy.

DEPUTY SPEAKER:

If there is no objection, the gentleman from the 95th.

MR. SARASIN: (95th)

Mr. Speaker, House Amendment Schedule A that we have
offered starts out strike out everything after the enacting clause
but in essence it is a restatement of the bill which leaves out

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THE CHAIR:

An Act Concerning Designation for Sewer Authority By A Municipality?

SENATOR MURPHY:

Yes Mr. President.

THE CHAIR:

You were on the prevailing side, Senator Murphy?

SENATOR MURPHY:

Yes I was Mr. President.

THE CHAIR:

And You urge reconsideration?

SENATOR MURPHY

Yes I do Mr. President.

THE CHAIR:

Do you wish to comment on it Senator Cashman?

If not the motion is on reconsideration. All those in favor signify by saying Aye. AYE . Opposed Nay? The bill will be reconsidered. Do you wish to take it up at this time?

SENATOR MURPHY:

We desire that it be on the Calendar for today, being Tuesday Mr. President,

THE CHAIR:

So Ordered there being no objection. It will be passed retaining. Subject to reconsideration.

SENATOR DINIELLI:

I assume that its not necessary for the Clerk to read the bill again.

THE CHAIR:

May we please have quiet. I'd appreciate it.

No had we not called the bill at the top of page 6, Substitute for H.B. 6586. And you had stood and been recognized ready to move.

SENATOR DINIELLI:

Right.

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SENATOR DINIELLI:

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

THE CHAIR:

Will you remark?

SENATOR DINIELLI:

Mr. President, this bill merely provides that in those contracts in existence offered by medical corporations. Specifically CMS, that provide for refractory treatment that the patients, or the holdings of the contract be allowed to go to an optometrist for this service. The present time because of situations as I described in the previous bill it appears that refractory treatment is provided and paid for when it is provided by optomologist. But when the same service is provided by an optometrist, it is not being held part of the contract. I feel that this is a gross injustice. The Committee supports me in this stand. And I ask adoption of this bill.

THE CHAIR:

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

SENATOR POWER:

Mr. President, I rise to oppose this bill. For the same reasons I opposed a previous bill earlier this evening, or last evening. Whichever it was. This particular bill would again according to figures that have been presented. There have been some conflicting figures presented on this bill also. But the initial figures I got were that this would increase the cost from 23 to 28%. Of the premium for this type of coverage. The last one increased the cost 10%. If we continue to provide these additional services in these plans. Nobody is going to be able to buy them. They won't be able to afford them. There is a definite difference. Between an Optomologist and Optometrist. Optomologist is a person who is able to diagnose different diseases of the eye. And do many additional services in addition

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to what an optometrist can offer. Again I have nothing against optometrists. But I think that this very very great increase in the premium cost will be prohibitive to a lot of people. You add 10% here and 23 to 25 to 28% there, the cost is going to be awfully high and I for this reason oppose this bill.

THE CHAIR:

Will you remark further? Senator Murphy.

SENATOR MURPHY:

Mr. President, I merely indicate that these so called increases are merely guesstimates. And for the sake of brevity I associate myself with the remarks of the Senate Chairman.

THE CHAIR:

Will you remark further? Senator Lieberman.

SENATOR LIEBERMAN:

Mr. President, I too rise to support the motion and associate myself with the remarks of Senator Dinielli. I think also that the estimates of increased costs are exaggerated. But even if the costs were increased somewhat, I think its for one good reason and that is that we're increasing the benefits granted to the public. I know that this should not effect my vote on this matter. And as a matter of fact I decided I would vote on it long ago. But I am tremendously moved by the fact that two of my constituents happen to be optometrists, Dr. Lew Ruben and Dr. Paul Taylor and are still with us at this unGodly hour.

THE CHAIR:

Senator Gunther, Ciarlone and Smith.

SENATOR GUNTHER:

Mr. President, I rise to support this bill. The coverage for refractive devices and that, I think will be possibly less than the optomologist would charge. And I don't see where this is going to be severe additional costs because this covers the same area that is presently being covered by the optomologist. So that again we have these figures being flopped around here and I question again the actuary that has been run. And by the

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people who have been running it. I think they are prejudice. And I think that this bill should pass.

THE CHAIR:

Senator Ciarlone.

SENATOR CIARLONE:

Mr. President, members of the circle, I too rise to support this bill here. I think the optometrist historically have performed a very vital service to the people in our community. They performed the same service as the optomologist in many areas. And in those areas where they do perform the same service. They perform it a lot cheaper rate. And for this reason I think they should certainly be given the privilege of being recognized by the Medical Services Corporations. I too agree with some of these estimates that are very often time given to us. I think that these are educated guess. And obviously I think they are grossly exaggerated. And I support this bill completely.

THE CHAIR:

Senator Smith.

SENATOR SMITH:

Mr. President, I rise early this morning, to support this bill. Simply apply the support of remarks made in support of H.B. 8809. Which was the payment by Medical Services Corporations for service to Chiropractors. And apply these remarks to this bill. I support its passage.

THE CHAIR:

Will you remark further? Senator Dinielli.

SENATOR DINIELLI:

Mr. President, just one more point in regard to Senator Powers remarks. I would like to point out that emphasis here is not the optomologist treatment of eye infectinn or surgery. But rather his reimbursement for optometRICT services. These are being paid for presently. I don't see how this could increase the cost if the same services are paid to optometrist.

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THE CHAIR:

Senator Rome.

SENATOR ROME:

Mr. President, I rise to support the bill and I would like to associate myself with the remarks of our very distinguished Chairman, Senator Dinielli.

THE CHAIR:

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

THE CHAIR:

Mr. President, on a point of privilege, I wonder if I could Lou and Paul to stop by the house and tell my wife that I really am still here?

THE CHAIR:

You might be taking a chance, Senator. Senator Power.

SENATOR POWER:

Mr. President, through you I would like to ask Senator Lieberman to extend an invitation to his two friends to come back tomorrow night. I am sure they would enjoy it.

THE CHAIR:

My glasses need fixing actually.

THE CLERK:

Cal. 1146, File 1332 Favorable substitute report of the joint standing committee on Government Administration and Policy. On Substitute H.B. 7405 An Act Concerning Inspection of State-Owned or Operated Facilities by Members of the General Assembly.

THE CHAIR:

Senator Sullivan.

SENATOR SULLIVAN:

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

THE CHAIR:

Will you remark?