HB 6123 PA 670 (Vetoed) 1971

Public Health and Safety 705-707, 718, 727-731, 744-745

House 5066

Senate 3402

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JOINT STANDING COMMITTEE HEARINGS

PUBLIC HEALTH AND SAFETY

PART 2
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of Bridgeport, Connecticut. I have a position paper to read.

The Conference of Women's Organizations, sponsored by the Council of Catholic Women, Church Women United of Fairfield, Church Women United of Greater Bridgeport, Greater Bridgeport Council of Negro Women, Women's Division of the United Jewish Council, and the Young Women's Christian Association of Greater Bridgeport, representing thousands of women, urge favorable action on Bill No. 6123 (AN ACT CONCERNING STATE GRANTS TO AID COMPREHENSIVE HEALTH PLANNING ON A AREA-WIDE BASIS), introduced by Representative Audrey P. Beck of the 50th Assembly District, and Senator Roger W. Eddy of the 9th Senatorial District. The Bill is concerned with areawide Comprehensive Health Planning.

We recognize that the health delivery system locally and nationally is unsatisfactory. There is lack of coordination. There are gaps, overlapping and fragmentation, and the cost of health care is too high. The need to hold down expenses is acknowledged by our group. We maintain, however, that if the provision of health delivery is coordinated, overlapping eliminated, and gaps bridged in health care, the result would be a saving of human resources and a concomitant ultimate saving of money.

Bill 6123 will authorize the State Public Health Council to establish area health planning agencies, adopt standards for area-wide comprehensive health planning, and appropriate funds for their use, which, together with local money, will be matched by federal funds.

Under the auspices of the United Community Services of Greater Bridgeport, a Comprehensive Health Planning Steering Committee has been established to serve as a planning agency for the Greater Bridgeport Health Planning Area, which includes the City of Bridgeport and the towns of Fairfield, Easton, Trumbull, Monroe and Stratford. This agency is a partnership of health facilities, health agencies, physicians, government and consumers from various economic groups. The Conference of Women's Organizations is represented on the Comprehensive Health Planning Steering Committee.

Favorable action on Bill 6123 will provide the seed money for implementation of the agency's program. Thank you.

Rep. Cohen: Any questions of Mrs. Rosenbluh? Thank you very much. William Appicelli.

William Appicelli: I am Staff Consultant to the United Community Services of Eastern Fairfield County's Comprehensive Health Planning Committee. This is a Committee representative of the hospitals, public health agencies, private health agencies,

planning agencies, local and county medical societies, the dental society, the labor council and the Conference of Women's Organizations, in the Greater Bridgeport Area. This Committee has the support of municipal officials from Bridgeport, Fairfield, Trumbull, Stratford, Easton, and Monroe.

On behalf of this Committee I urge that the Public Health and Safety Committee support Bill #6123, which provides State grants for Comprehensive Health Planning on an area-wide basis. Comprehensive Health Planning basically is a mechanism by which providers and consumers of health services in a given area develop priorities and make plans to meet objectives in the categories of health manpower, health facilities, and environmental health. This type of planning is unique in three ways: It requires consumer participation. It includes the entire range of health issues. And it involves both public and private health interests.

Comprehensive Health Planning is needed because the health delivery system lacks coordination, is fragmented and is overlapping. This is true not only in the Greater Bridgeport area, not only in the State of Connecticut, but throughout the nation. The result is the high cost of medical services and inadequate personal health services. This affects, in particular, the poor person who can neither afford the high price of medical care, nor demand the proper care which he requires.

I need not emphasize the point that some type of National Health Insurance program will become a reality within the near future. This will make medical service available to some people who have received little or none before. Many more people will utilize medical services and with more frequency. This will increase the demand for services. How will this increase be met? Comprehensive Health Planning can develop the framework to meet these needs by better coordination of the existing services, by minimizing the fragmentation, and by generally developing a more efficient system of health service delivery. Also, Comprehensive Health Planning can be the vehicle by which new and innovative programs can be implemented.

Comprehensive Health Planning programs throughout the state - both those which are fully functioning and those which are just being developed - need state financial assistance. The Federal funds for these programs must be matched by state or local monies. Given the relatively poor financial condition of many municipalities and the slumping economic status of the private sector, it is very difficult to raise the local money to attract the federal funds. Also, state grants will

provide a stable source of income, so that the valuable staff time of the health planner need not be spent fund raising.

I sincerely hope that this Committee will vote favorably on this bill.

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

Dr. Goldstein, Conn. State Medical Society: This is on 6773, an act concerning medical paraprofessionals, and we support the purpose of this act. And we are joined in this feeling by the Connecticut Hospital Association and the Connecticut Nurses' Association.

And, however, we feel that such qualified persons may already be licensed in their own fields, for example nurses, pharmacists, and so forth. And some of these people are already certified in their field, such as medical and x-ray technicians. And some of these people have no legal status at present, so called, physicians assistants. We feel it is the licensed physician who should be authorized to use their varying competencies and for medical services performed under his supervision or at his direction be putatively responsible for their performance. In other words, we feel that these people should really extend the arm of the doctor, the purpose being to help us to overcome two of the major problems in the delivery of medical care. One is the shortage of doctors which is not as acute in Connecticut as it is in some other states. But we do have a serious problem in Connecticut with maldistribution of doctors. We have, some counties for example have one doctor to every 750 to 800 people. We have other counties where there's only one doctor to every 2200 people. And we feel that by having these people help us, we can help deliver some medical care to these geographicalareas right now that don't have it. And for this purpose, the State Medical Society offers the following amendment to the Medical Practice Act as a substitute for H.B. 6773 and all similar bills: "Nothing in this section shall be construed as prohibiting a licensed physician or surgeon from delegating the performance of certain acts, tasks or functions required for the care of patients to an assistant whose qualifications to perform such acts, tasks or functions have previously been determined by such physician or surgeon, providing that the acts, tasks or functions are performed under the direction and supervision of such physician or surgeon. The qualification of an assistant to a licensed physician or surgeon to perform such delegated acts, tasks or function shall be conclusively presumed if such assistant has previously been licensed under the provisions of any state law in an allied service field of patient care including the acts, tasks or functions delegated

Rep. Cohen: (not clear) deal with the Superintendent of the hospital, and if they can't convince the Superintendent to give some of the things that should be done, who can? Certainly the patient can't.

Dr. Granoff: You have a Board of Trustees who determine the policies of the hospital, not the doctors.

Rep. Cohen: The medical profession are closer to that Board than anybody else.

Dr. Granoff: They are completely divorced from that Board and have absolutely no influence on that Board.

Rep. Cohen: That I agree. You don't have any influence. They should force an influence (not clear) because without doctors you can't run hospitals. With their power and their force they could controltthe hospital.

Dr. Granoff: Well, they are trying to. We're going to organize a union and make you a bargaining agent.

Rep. Cohen: Any further questions?

Dr. Granoff: We have not taken a position, we have not taken a position on several other bills, but I would like to offer some comments if you would, if they're brief.

On S.B. 1560. I think the purpose of this, I'm speaking now as an individual, I, I

Rep. Cohen: Transferred to insurance.

Dr. Granoff: It's not with you any more. All right, then. On H.B. 6123, locally in the New Haven area, and New Haven County, the comprehensive health planning is partic- is using the facilities of practicing physicians in their deliberations. These physicians report that their experiences are favorable and I look forward to a more meaningful participation by physicians in comprehensive health planning, and I as a practicing physician in New Haven would support that bill.

On S.B. 68, you heard Dr. Gallo and I think he even quoted me. There's a dire need for primary physicians, both family practitioners, pediatricians, internists, and Section 1 of this bill would encourage that.

On H.B. 6124 (AN ACT CONCERNING THE POWERS OF THE COMMISSIONER OF HEALTH), the Society has no position.

Rep. Cohen: I can't let you leave without saying one more thing. The anesthesiologists in the hospitals have complete control over what they want to do in that hospital. And the hospital can't exist without the anesthesiologists because they got together and said, this is what we want you to do. They do it. Why couldn't the rest of the profession do the same thing?

A second specific change sought after by the Hamden Mental Health Commission has to do with the direction of the clinic. It is our understanding that as a matter of practice a number of child guidance clinics in this state do not employ a psychiatrist as executive director. The reasons are simple. Given the salary a psychiatrist can command, to require that every clinic employ a psychiatrist as its director places a very considerable financial burden on the clinic. And in any event, psychiatrists prefer to use their time, and are best equipped to use their time, in patient treatment, not managerial functions. This reasoning has led to the introduction of legislation elsewhere that would no longer require that hospitals and other installations of the Connecticut Department of Mental Health be administered by a psychiatrist. The bill before you will remove this unnecessary restriction from local mental health clinics.

It is our understanding that the psychiatric community as a whole favors a provision such as this. It should be pointed out, at the same time, that, wherever feasible, psychiatric time should be available to clinics and clinics should regularly employ a psychiatrist as a staff member. Our concern is simply that the growth of mental health services not be impeded by the inappropriate and wasteful use of medical personnel.

One correction to the bill should be made. In lines 49 and 50 the phrase "of service provided to children under sicteen years of age" has been deleted. We now believe this to be in error, since it is important that children's mental health services be separately identified. We would suggest that this phrase be reinstated.

The other provisions of the bill relate in a broader way to modern concepts of community mental health. That is, they provide more encouragement for innovation while also stressing the need for careful evaluation.

One final comment. There is nothing in this bill that would require any child guidance clinic to operate differently from the way it does now. What the bill does is to encourage communities such as Hamden to continue to develop local clinics that will most effectively serve local needs.

The Hamden Mental Health Commission has unanimously supported this bill. I commend it to you. Favorable consideration is important to the growth of local, and locally funded, mental health services in our communities.

Rep. Cohen: Any questions of the speaker? Will you leave a copy of that with us? Thank you very much. Stephen Dworkin, Rosalyn Fishman and Richard - bill 6123. You're from the same organization I take it. Are you going to have one spokesman or?

Stephen Dworkin, Mental Health Planner for the South Central Conn. Regional Mental Health Planning Council: I'm here today representing the Legislative Task Force of the fourteen Regional Mental Health Planning Councils which are citizen-based voluntary organizations constituted under Connecticut's Public Act 716 to study, coordinate and plan for the development of comprehensive community-based mental health services for all the people of Connecticut.

The Legislative Task Force of the fourteen Mental Health Councils asked me to appear here today to urge that you support legislation. H.B. 6123, to provide State funds to supplement Federal and local funds for area-wide Comprehensive Health Planning.

Mental health programs developed in isolation from the rest of the health care system denies the fact that people have both emotional as well as physical needs which must be met in order to maintain a decent level of well-being. In planning and coordinating mental health services throughout the State of Connecticut, the fourteen Mental Health Councils need to work hand in hand with comprehensive health planning agencies to assure every person in Connecticut adequate health care services.

Adequate State support to comprehensive health planning will enable the Mental Health Councils and the Comprehensive Health Planning Agencies to eliminate unnecessary fragmentation and ensure the most efficient coordination of all health services and more efficient use of the taxpayer's money.

If I am, unless there are questions on this, I'd like to comment on a previous bill also that has been spoken about. I wanted to just briefly comment on H.B. 8225 that both Mr. Prosser and Dr. Chandler commented on concerning state assistance to community mental health facilities, and one aspect of it which is that, speaking as an individual, that I think that it would be, that I would strongly support and urge that the part of that bill that would amend and remove the restriction presently requiring a psychiatrist to direct child guidance clinics would allow for local citizen participation through the local municipalities. One because of the cost that it takes to hire a psychiatrist, and secondly for the reason that Dr. Chandler was outlining, that psychiatrists for the most part in many instances can be better used utilizing their skills in providing direct treatment for people. I just must say incidentally that the Mental Health Council in the South Central Region supported very strongly the development of the Hamden Mental Health Commission. And for that reason I'm sure that my Council would be very supportive of removing this restriction. It would make more flexible the development of locally based mental health

facilities not restricting them to psychiatrists, but also allowing for other mental health personnel to be directors of such facilities. Thank you very much.

Rep. Cohen: Any questions of the speaker? Thank you. Now there were two other people on that same bill that, perhaps that way -

Richard Graves: I think Mrs. Fishman is going to speak on two other bills. I'm addressing myself to 6123. My name is Richard Grave and I'm a cigar manufacturer in New Haven, Connecticut. and I'm speaking on behalf of bill 6123.

My capacity with Comprehensive Health Planning is that I am Chairman of the South Central Comprehensive Health Planning Agency which is a B agency and one of two existing agencies in the state of Connecticut. The problems of high medical costs and inadequate care of environmental pollution are growing more critical every day. We believe that these problems create threatening conditions which require a comprehensive approach with all concerned, those who are in need, the consumer, and those who provide. For the first time such a mechanism for working on these problems exists, and that's comprehensive health planning.

We are only, we have only been operational since June. We are doing basic studies to found, find out what are the priority needs, what is the public health structure we should have, what health care facilities we need, and where, to ensure equal access to health for all. We are paying special attention to those who have greatest needs: the young, the elderly, the poor. Our goal is to improve and maintain health in a healthy environment.

This will not be an easy job and it will not happen quickly. But if the state does not enter into the partnership, it will not happen at all. We think it must be done. We can no longer afford to spend such large sums for incomplete and fragmented care; to support unnecessary duplication in some places and total absence in other places.

We can no longer afford to keep on producing more environmental hazards. We are starting, consumers and providers working together, to do something about it.

Now we need state support, financial support. We are asking you to report favorably on aid to Comprehensive Health Planning Agencies, and to provide at least enough funds for the next year to carry us. The maximum cost to the state if there were ten agencies, which is projected, is $200,000. At present there are only two operational out of those ten. We believe Connecticut in the long run will gain by this type of planning with provider and consumer.

I have statements from many people who could not be here. And I would just like to tell you who they are so you'd get some idea of the range of people involved. Mr. Joseph Roberts who's President of Edgecomb Steel in Milford. Mr. Ed Worfolk who is comptroller of B. F. Goodrich Company in Shelton. Mr. Macus McCraven show is Treasurer of South Central Connecticut Comprehensive Health Planning and also Director of Environmental Engineering for the United Illuminating Company. Mr. Harry Jefferys who is a supervisor of a small sheet metal work shop in New Haven. Mr. Charles Sabatino who is Executive Director of the Fair Haven Project. Dr. Russell Fuldner who has been a mainstay in cooperating with us through, as a representative of the medical society and involving consumers in the planning process particularly in the New Haven area. Mr. Harold N. Willard, M.D., Director of Continuing Care Program, Yale-New Haven Hospital. A. H. Novack, Director of the Hill Health Center. And Roger W. Everson, who is Executive Director of the Hill Neighborhood Corporation of New Haven. Calvin D. Haseltine, a high school biology teacher in Hamden. Susan Steinberg is, well let's see, a member of the Comprehensive Health Planning, Inc. and President of the Dwight Area Association of New Haven. Mr. Jerold Girard who was formerly with the Connecticut Hospital Planning Commission and now speaking as a citizen and as a tax assessor for the Tri-State Beach Association in Milford. Mr. Ralph Abercrombie who is a consulting engineer in Milford and also Chairman of the Milford-Orange Comprehensive Health Planning Component Area Committee. And Mr. John B. Atwater, Health Director of the City of New Haven. Raymond J. Higgins, Health Administrator, City of Milford. And David A. Pearson, Ph.D., Assistant Professor of Public Health and Coordinator for Regional Medical Program Activities, Department of Epidemiology and Public Health, Yale University. And rather than read all those letter, I'd like to submit them because I know there are people waiting.

Rep. Cohen: Any questions of the speaker? Thank you very much. You're still on 6123?

Rosalyn Fishman, Executive Director of the South Central Comprehensive Health Planning Agency: Briefly on 6123 I would just like to point out that the sum that is dated there, $300,000, is when, it was prepared as a biennium bill. That is not what it would be. Secondly I'd like to point out that there is a precedent in the State of Connecticut for this kind of funding to regional, voluntary, quasi-governmental bodies in Public Act 716, the act which provided funds for regional Mental Health Councils.

I'd like to speak in favor of Bills 6124 regarding the powers of the Commissioner of Health which makes explicit the ability of the Commissioner to enforce public regulations of a public health code and general statutes when they are not being done by a local health department if it is a hazard to the health of the people.

I'd also like to speak on, in favor of 8617 (AN ACT CONCERNING RESTAURANT INSPECTOR), just to say that all restaurants shall be inspected the bill says by the local Director of Public Health at least four times annually. I think it's implicit in there but I would like to say that where there is not a local Director of Health, it should be by the District Director of Health or the Regional Health Department, or an employee under such direction. We think that that is a very important and very basic bill in terms of our public health and safety. Thank you.

Rep. Cohen: Thank you very much. Representative Beck.

Rep. Beck: Mr. Chairman, I want to apologize for coming in to the public portion when I know you have people who want to have time to express their opinions. I did want to say on behalf of 6123, 6124, that this is a bi-partisan bill, that it has been developed with widespread support and that I personally feel on the basis of my own local experience, that we must have comprehensive health planning in order to avoid the kind of duplication, the kinds of not well planned in terms of cost programs that we have set up in the past in a number of cases. And I see this as a possibility for, in the long run, saving money as well as having better programs.

The second act, or the second bill, powers of the Commissioner of Health, we have had experience in some of our local areas with inability to carry out some of the legislation effectively. And I personally feel that strengthening the Commissioner does help to strengthen our health services.

I would like to make the final point on 8617 that in many of the smaller towns, as they change in character and move into more commercial enterprises, they very often don't have the, the facilities to do the inspecting. And I would most strongly support the comments made earlier on this bill that surely it need not be confined to the local authority. And I would certainly agree with that proposal to either amend or charge the bill if it's necessary. I have responded to a number of requests on the restaurant inspection. Ther've been a lot of people who feel that we're not able toccarry out our responsibilities without putting this into explicit law. And I've been amazed at the support for it. I hadn't, hadn't realized how much of a problem it seems to be, and I do appreciate the time you gave me to appear before you.

John Q. Tilson, speaking as counsel for the Connecticut Hospital Association on a number of the bills that are before you today: First is 1529 which would discontinue the operation of McCook Hospital. I can't really believe that you will give serious attention to this bill, but if by any chance you are, we would like to register our strong objection and opposition to closing of the hospital at this time. The Hospital Association

Morton Helfer, Director of Childrens Center in Hamden: Actually I'm a substitute speaker for a Mr. Blair Smith who was going to represent the thirteen child caring agencies of the state. But unfortunately he had a death in his family and I prepared this statement which indicates that the present system of establishing cost and paying for services for children is chaotic and inadequate. And every Commissioner we've dealt with has supported the concept of cost of care and each one in two years I've dealt with three who have all said they agree with it, but no one has made any move. We have no system of adequately getting paid for services for children, that makes any sense. We have to sort of go hat-in-hand to the Commissioner of Welfare, beg him for money, and usually it's based on a budget that's three years old, because the figure, what we're receiving today is really the amount based on our 1968 budget. And what's happening is the agencies are going to curtail services, close, transfer children back to the State. It just cannot go on.

Actually, one of the reports says we have fourteen agencies. One is already closed. Our Lady of Rose Hill closed, and others are in danger. So I just submit this - two statements.

Carl Matthews: I'm substitute speaker for Rev. Monkman from Torrington who was to have spoken to this group and he did not arrive. But Rev. Monkman is the President of the Community Council of Northwestern Connecticut, an organization that represents seventeen towns of that area, and it was formed two years ago and one of the aspects of the organization is a Health Committee that has been functioning now for almost the entire period. That Health Committee is apparently putting together an application for Federal funding for comprehensive health planning. And although the cash need is large, unless some help is forthcoming, we believe that our area will have great difficulty in really meeting the Federal requirements.

You're aware of the fact that our area is primarily rural with scattered medical facilities and the health division of the Community Council has enlisted the support of a great number of physicians, hospital administrators, regional planning agency groups. We work with the Mental Health and social workers, others to study the problems that seem to be very unique to our area.

Now the Federal grant provides 50% of the financial needs for the organization that maintain them, our comprehensive health program. The other 50% must come from the area. And half of this can come in kind, but the other half must come in cash. And this is where the real difficulty comes. For instance, we may need somewhere up to $10,000 per year as the cash contribution to this program. And the seed money from funding through bill 6123 would greatly assist this primarily rural area.

I just read recently a report from the Comprehensive Health Program Activities in the small state of New Mexico. And I was amazed at the things that state was doing, as compared to some of the things we're doing in our large state where we're supposed to have a great deal of money. They're performing the functions that were envisioned by those who drafted the Federal legislation on Comprehensive Health Planning.

Also I just recently read the Sheaffer Report that indicated that Comprehensive Health Planning in Connecticut had really been dragging its feet. And it has been slow in organization. And I think this is true in some respect because at the moment we only have two B agencies in the entire state - one in Hartford and one in New Haven. And all the other areas, even though many of us have been working toward this, we have not been able to actually become funded B agency. And this bill, 6123, will permit our State to begin to act as perhaps we should for the past two years. Thank you so much.

Sen. Pac: Any questions? Thank you, sir. Anyone else wishing to speak? Please come forward. I didn't know you wanted to speak.

Sally Hirakis: Oh, that's all right. I wanted to wait till the very end. My name is Sally Hirakis and I'm speaking for the Connecticut State Department of Health, on bill, House Bill 6124. We favor this bill which would increase the authority of the Commissioner of Health in the enforcement of any statute or regulation when he determines it is not being enforced effectively by local health departments. At present the enforcement of many statutes and regulations is up to local health departments, and the Commissioner is authorized to assist and advice the local Directors of Health in the performance of their duties. But it is often difficult or cumbersome to require enforcement of the public health statutes and regulations. The Commissioner already has the authority in certain fields, such as air pollution control, municipal refuse disposal, public water supplies and public sewage treatment plants and public swimming pools. But other statutes and regulations giving enforcement authority directly to the local Director of Health.

This modification would still leave the major enforcement with the local officials, but would allow the Commissioner to act if necessary to protect public health.

In addition I would like to speak on H.B. 8617. an act concerning the restaurant inspection for the bill requires inspection at least four times a year. The Advisory Council of the State Comprehensive Health Planning Unit studied the whole problem of hospital inspection and the need of having

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