

Act Number	Session	Bill Number	Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages
PA 71-717		1224	12	14	7
<u>Committee Pages:</u> <ul style="list-style-type: none"> • <i>Public Health & Safety</i> 772-779 • <i>Public Health & Safety</i> 767-769 • <i>Public Health & Safety</i> 791 				<u>House Pages:</u> <ul style="list-style-type: none"> • 5232 • 5401-5413 	<u>Senate Pages:</u> <ul style="list-style-type: none"> • 2465-2467 • 2843-2846

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
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**VOL. 14
PART 12
5163-5554**

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Mr. Speaker, this bill adds nature paths to those professional persons whose records may be admissable when they're disabled and provides a much needed procedure for the admission of medical records or professional records from those professional persons who are disabled and cannot come to court to testify. This will aid in our improvement of our judicial procedure and I urge passage of the bill.

THE SPEAKER:

Further remarks on the bill? If not, all those in favor indicate by saying aye. Opposed? The bill is PASSED.

THE CLERK:

Page 23, on page 23, Calendar No. 1539, substitute for S. B. No. 1224, An Act Concerning Assistants to Physicians and Surgeons, as amended by Senate Amendments Schedule "A", "B" and "C".

MR. COHEN (41st):

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

THE SPEAKER:

Will you remark?

MR. COHEN (41st):

I believe the Clerk has three Senate amendments.

THE SPEAKER:

Will the Clerk call Senate Amendment Schedule "A"?

MR. COHEN (41st):

Mr. Speaker, could I make a suggestion about the amendments?

THE SPEAKER:

The Clerk would welcome a suggestion which would involve outlining

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THE SPEAKER:

THE BILL AS AMENDED IS PASSED.

Representative Cohen of the 59th.

MR. COHEN: (59th)

Mr. Speaker, I move for suspension of the rules for immediate transmittal to the Senate.

THE SPEAKER:

Is there objection. Hearing none the rules are suspended and the budget as amended is transmitted to the Senate.

MR. AJELLO: (118th)

I would ask the Clerk to turn to Page 23, Cal. 1539, an item on which we suspended action. I would ask the Clerk to return to that item at this time. SB 1224

THE SPEAKER:

The records here indicate we suspended action after Amendments A and B were adopted. The gentleman from the 41st had moved adoption of Senate Amendment Schedule C at which time it was passed, temporarily.

Clerk will call again Senate Amendment Schedule C.

THE CLERK:

Senate Amendment Schedule C, adopted by the Senate on June 3.

MR. AJELLO: (118th)

Mr. Speaker, might I interrupt the Clerk to ask that those members who have matters assigned to be reported out on the Calendar, please remain in attendance. We do not intend to

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chase you all over the building and there may be some problems with your bills if you don't stock around.

THE SPEAKER:

Dr. Cohen for the purpose of moving adoption of Senate Amendment C and outlining it since it is one and one-half pages long.

MR. COHEN: (41st)

This amendment is intended to take care of nurses who work in schools and who will be able to examine the eyes of children who otherwise under this bill would not be able to do so. There are provisions made so that they will be able to test the visual acuity but not do anything in the area of selecting lenses, etc.

THE SPEAKER:

Question is on adoption of Senate Amendment Schedule C. Will you remark further. Rep. Nevas.

MR. NEVAS: (144th)

Through you, Mr. Speaker, a question to Mr. Cohen. The question is - as I understand it, the amendment talks about the definition of optometry as contained in a certain chapter in the General Statutes, Chapter 380, I believe. It is my understanding that that chapter defines the practice of optometry as the rendering of certain tests and the prescribing of certain equipment. It is my understanding that nurses and assistants will be able to perform the tests but not prescribe the equipment and thus not be within the definition of optometry. Is that correct.

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MR. COHEN: (41st)

That is exactly correct, through you, Mr. Speaker.

THE SPEAKER:

Thank you, Dr. Cohen. Further remarks on Schedule C. If not, all those in favor indicate by saying AYE. Opposed. The AMENDMENT C IS ADOPTED. The gentleman from the 41st.

MR. COHEN: (41st)

Mr. Speaker, I move passage of the bill as amended.

THE SPEAKER:

Question is on acceptance and passage as amended by Senate Amendment A, B. and C. Will you remark further.

MR. COHEN: (41st)

Mr. Speaker, this bill is part of the farsighted program of legislation proposed by the Public Health and Safety Committee, with respect to increasing the efficiency and controlling the costs of health deliveries for the residents of the State of Connecticut. This is enabling legislation which provides for para-medical assistance to be able to render medical services under the supervision and control and responsibility of physicians; which means that doctors will be able to train their assistants to help them and the doctors will be responsible for what they do. And this will allow physicians to spend more time on their patients and in this way it will reduce the cost of health care. This proposed legislation will not only allow for returning servicemen to be trained and be able to function but will also allow nurses to assume added

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responsibility and rules with proper training to become nurse clinicians and nurse practitioners. This is one of the more forward looking and far reaching manpower proposals in this country and is in complete conformity with the national recommendations on delegations of functions by both the medical associations and the hospital associations. I move passage of this bill.

THE SPEAKER:

Will you remark further on the bill as amended. Mr. Bigos.

MR. BIGOS: (45th)

Mr. Speaker, The Clerk has an amendment.

THE SPEAKER:

The Clerk will call House Amendment Schedule A.

THE CLERK:

House Amendment Schedule A, offered by Mr. Bigos of the 45th. after line 85, insert the following: notwithstanding the aforementioned, nothing in this section shall preclude such assistants from collecting for the physician such as data, information on the patient which will assist such physician in the diagnosis and treatment of disease.

THE SPEAKER:

Question is on adoption of House Amendment Schedule A.

Will you remark.

MR. BIGOS: (45th)

Mr. Speaker, without the amendment which has just been read, the effect of the bill would be that an opthalmologist

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could not have the benefit of the services of a nurse or a technician in rendering nonprofessional, nontechnical services. The kind of services I am talking about - visual acuity which means nothing more than being able to tell whether or not a person can see certain letters of certain size at a certain distance. It means whether or not a person has depth perception. It means whether or not a person is color-blind. It means whether or not a person has peripheral vision. These are almost clerical, ministerial duties and they do help a doctor to dispose of many cases which could not be handled otherwise and it also helps keep the costs down. It seems unreasonable that a medical man can have a nurse who takes the blood pressure, take respiration and take the temperature but an ophthalmologist, also an M.D. cannot have similar aid from a nurse or technician. It is going to handicap our men tremendously especially when you realize, you must hire an optometrist to help him. Therefore, I suggest that the bill be adopted with this amendment.

THE SPEAKER:

Can I ask now regrettably that the messengers close the doors. The House will stand at ease until this is done. I regret that we have to do it but some of the registered lobbyists won't see fit to stay out even at the edge of the Hall so we will have to close the doors.

Question is on adoption of House Amendment Schedule A. Will you remark further. Rep. Leary from the 43rd.

MR. LEARY: (43rd)

Mr. Speaker, very briefly I rise to support the amend-

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ment. I think the functions which will be performed by these assistants as outlined in Rep. Bigos' presentation certainly makes a lot of sense. These are functions that can be handled very adequately by these medical assistants with no danger to the patient certainly and it would be of great assistance to the medical people.

THE SPEAKER:

Representative Griswold.

MRS. GRISWOLD: (9th)

Mr. Speaker, I rise also very briefly to support this amendment. I think it will very much help our ophthalmologists who are desperately in need of such help.

THE SPEAKER:

Representative Ritter.

MR. RITTER: (6th)

Mr. Speaker, I have checked out this amendment as well and I have checked it out with my own eye doctor, Dr. Brewster. He has advised me that if this amendment does not go through that in the caseload of a ophthalmologists who may have 6,000 patients a year, he would have to cut it back to approximately 3,000. The reality is this that at this time every ophthalmologist is as busy as he can possibly be. If you were to adopt the proposal without this amendment, it would cut back the ability of eye doctors to help their patients almost 50 percent and the only reason this would be done would be to help some optometrist to get business which they would otherwise not get.

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THE SPEAKER:

Dr. Cohen.

MR. COHEN: (41st)

I am opposed to this amendment for two reasons. First this bill originally was written by the Public Health and Safety Committee to create more para-medics in every area of medicine. These other amendments were later tacked on to this bill. This amendment, if adopted now, will kill the entire bill because this amendment would now have to go back.

THE SPEAKER:

Will the House stand at ease. Will the door please be closed and if I have to, I will order the police to remove some people. Enough is enough. Ladies and gentlemen I respect the fact that you have guests and friends but I do not respect the fact that lobbyists are attempting to come on the floor. If I have to ask that they be removed from the hall on the second floor, I will do so. Would that door please be closed. There are lobbyists who are directly interested in the bill and the amendments pending before us and if they can't respect our Body there is no reason why we, as an institution, must respect them. I would ask that the doors be kept closed. The gentleman from the 41st.

MR. COHEN: (41st)

Mr. Speaker, I am opposed to this amendment. First, this bill came before us, our committee as a very serious bill to help control health costs in the State of Connecticut. This bill

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would create a great number of para-medics in every branch of medicine to help the doctors in their work so that they can speed up and reduce the cost of health care. These different amendments were later added on and if this amendment is passed now, once this bill has come back from the Senate, it would have to go back to the Senate, come back here and would kill the entire bill. As to the merits of the problems of the ophthalmologists, I am not so sure they did not appear before our Committee at any time but I would urge defeat of this amendment so that the main bill which is the creation of para-medics should be passed. I oppose this amendment.

THE SPEAKER:

Further remarks on House Amendment Schedule A. Rep. Nevas of the 144th.

MR. NEVAS: (144th)

I oppose the amendment. The purpose of the amendment is to protect the ophthalmologists but the ophthalmologists were protected by the adoption of Senate Amendment Schedule C and by the question I asked Dr. Cohen for purposes of legislative intent. If you will recall, Amendment C says that these people, physician's assistants, nurses and licensed practical nurses, could not practice optometry as defined by Chapter 380. And I asked Dr. Cohen whether or not the definition of optometry, under Chapter 380 did not in fact include two elements. One the taking of the test and two, the prescribing of glasses or whatever other equipment would be necessary to correct whatever

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impairment of vision was discovered. Therefore, the ophthalmologists if in fact they needed protection aren't that protected by House Amendment Schedule (should be Senate Amendment) C and by Dr. Cohen's answer in response to my question. I echo Dr. Cohen's comments in that if this amendment is adopted and this bill goes back to the Senate, we have in fact practically killed the passage of a very, very important measure, that is the provision for medical para-professionals. I don't think it is the intention of this Body to do that. I urge everyone to vote against this amendment.

THE SPEAKER:

The gentleman from the 94th.

MR. AVCOLLIE: (94th)

Mr. Speaker, if I am not mistaken I think Dr. Cohen has misstated the sequence of events this bill would follow and perhaps the Chair would clarify. It is my feeling that if we pass House Amendment that is before us, it goes to the Senate and if the Senate takes final action, the bill would not come back here. Is that not correct, sir.

THE SPEAKER:

The fate of the bill would depend upon Senate action on House Amendment Schedule A, if it were adopted. I don't know whether or not there are further amendments on the Clerk's desk.

MR. AVCOLLIE: (94th)

If the Senate passes this House Amendment, it would not come back to this body. I submit you, therefore, that the bill

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would not come back to this Body, I would submit you, therefore, that the bill can very well be alive and stay alive in the Senate. I would urge passage of the House Amendment before us.

THE SPEAKER:

Will you remark further on Amendment A. Rep. Ajello.

MR. AJELLO; (118th)

Mr. Speaker, it seems to me that we have been almost adequately informed that in effect to adopt this amendment would kill the bill and I submit by virtue of the fact that it would not be sent to the Senate until tomorrow and will arrive there with no stars on Wednesday that's a credible statement. In addition, it seems to me the two distinguished gentlemen who have explained the amendment feel with much more information at their disposal than the rest of us, at least than I have that it is a bad amendment and it does violence to the concept of the bill. I think the bill is very important and we should adopt it and I would not like to see us adopt an amendment of questionable value which might in effect ruin the bill. So, I would oppose it.

THE SPEAKER:

Further remarks on House Amendment Schedule A. Rep. Ritter of the 6th.

MR. RITTER: (6th)

Mr. Speaker, through you, a question to Dr. Cohen, if he should care to reply. Dr. Cohen, could you tell us what the objection is to the amendment as introduced by Mr. Bigos. In

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what way does that adversely affect the rights of any patient or in what way does that detract from medical ability of the ophthalmologists to render proper professional aid to his patients.

MR. COHEN: (41st)

Through you, Mr. Speaker, the bill as amended by Senate Amendment C allows the very thing that the ophthalmologists will allow his nurses to do. If the ophthalmologist wants his nurses to practice optometry, they cannot and I don't think they were intended to practice optometry because they have to take an exam and have a license to practice optometry. So the ophthalmologists' assistant can do everything he is doing now under Amendment C in the Senate. And the second reason is that the bill may die if we don't pass it and I assure you that our Public Health and Safety Committee wants this bill badly. We have three bills which we think may bring down the cost of health care in the State and this is tremendously important as you know to the people in the State.

THE SPEAKER:

Further remarks on House Amendment A. Rep. Morris of the 32nd.

MR. MORRIS: (32nd)

Mr. Speaker, I rise in favor of this amendment. We are all as legislators very conscious of the ever increasing cost of medical services. This bill, without this amendment, will be the same thing as I originally experienced with an electrician in my home. I put in a garbage disposal. I purchased it at

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Sears Roebuck and brought it home. I called an electrician to come over to put it in. So he came over and I took my old one out and all he did was loosen the wire. Now he said you are going to have to call a plumber to get the nuts and bolts loose. I called the plumber, he took the nuts and bolts loose and he said now you are going to have to call the electrician to connect this thing up. The point is, Mr. Speaker, I think there is a time and place for everything and certainly there is room in Connecticut for both the optometrist and the ophthalmologist. But when we try to limit the staff in the ophthalmologist's office from assisting him, certainly the medical services are going to increase in cost. I feel that to do this is wrong. If this amendment will kill this bill then it is a bad bill and I hope you will vote for this amendment.

THE SPEAKER:

Further remarks on House A. Rep. Healey.

MR. HEALEY: (87th)

Mr. Speaker, I must rise in opposition to this amendment. What it really amounts to is that the para-medical may report to the doctor whatever information that para-medical finds. I cannot conceive of the possibility that legislation is necessary for a para-medical to report to the medical person this information. No one needs this amendment.

THE SPEAKER:

Further remarks on this amendment. If not, all those in favor will indicate by saying AYE. Opposed. HOUSE A IS LOST.

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Question is on acceptance and passage as amended by Senate Amendments Schedule A, B. and C. Will you remark further. If not, all those in favor will indicate by saying Aye. Opposed.

THE BILL IS PASSED.

THE CLERK:

On Page 3 of the Calendar. Cal. 105, House Bill 6299.

AN ACT CONCERNING PENSIONS FOR SURVIVING SPOUSES OF JUDGES.

THE SPEAKER:

The gentleman from the 81st.

MR. CARROZZELLA: (81st)

I move for acceptance of the Joint Committee's favorable report and passage of the bill.

THE SPEAKER:

Will you remark.

MR. CARROZZELLA: (81st)

Mr. Speaker, this bill removes a discrepancy in the present law that applies to pensions for the spouses of judges. As the present law now stands, it refers to a widow. As we all know we have judges who are women. This would change the wording of the existing law so as to take into account their spouses as well. I move acceptance and passage.

DEPUTY SPEAKER:

Will you remark further on the bill. The gentleman from the 122nd.

MR. STEVENS: (122nd)

Mr. Speaker, I rise in opposition to this bill. I

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SENATOR DINIELLI:

Mr. President, may that be passed retaining its place? An amendment is being prepared.

THE CHIAR:

There being no objection, it is so ordered.

THE CLERK

Page 7, Calendar 807, File No. 1159, Favorable report of the Committee on Public Health and Safety on Sub SB 1224, An Act concerning Assistants to Physicians and Surgeons.

SENATOR PAC:

Mr. President, I move acceptance of the Joint Committee's favorable report and passage of the bill. The Clerk has an amendment.

THE CLERK:

Senate Amendment Schedule "a" offered by Senator Pac: Delete lines 54 to 63, inclusive. In line 53, after the word "TO" insert the following words: "Any person rendering service as a physician's trained assistant, a registered nurse, or a licensed practical nurse if such service is rendered under the supervision, control and responsibility of a licensed physician. Nothing in". In line 67, after the word "law" insert the words "or established by custom."

SENATOR PAC:

I move adoption of the amendment, Mr. President. This amendment would permit the use of physician's assistants to perform some of the routine tasks and thus relieve the physician for more pressing duties so that they can better utilize their time and abilities. The problem with the bill as it is written is that it called for approval by the medical examining boards.

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optometry. This would protect the field of optometrists.

THE CHAIR:

Will you remark further on adoption of Senate Amendment Schedule "B"? If not, all those in favor of adoption of Senate Amendment Schedule "B" signify by saying Aye. Those opposed, nay? The Ayes have it. Senate Amendment Schedule "B" is adopted and ruled technical.

SENATOR PAC:

Mr. President, I now move passage of the bill as amendment by Senate Amendment Schedules "A" and "B". It is an inescapable fact that the quality of service in this country is bound to decline with the need for more physicians. We are short something like 50,000 physicians, these are the figures that have been thrown around, and the only way we can alleviate this problem is by going into the para medical field. The physician's assistants are a step in this direction. We are trying to tap the field of medical corpsmen who are returning to civilian life or the one hundred odd courses that have been introduced in universities throughout the country--at Yale, at Duke--these courses would prepare individuals for entrance into this field of assistants. I think this is a bill that will be a step in the right direction to provide better health care for the people of this country.

SENATOR HAMMER:

Mr. President, I rise to support this bill most wholeheartedly. I've had a good bit of experience of information in this field. I think it's a field that we must go into. I've talked with experts from the northwestern states which are already implementing such programs and have some of these physician assistants actually in the field and they have met with great success. I'm so glad the committee has brought out this bill. I think we

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must move in this direction and I warmly support it.

SENATOR DOWD:

Mr. President, I rise also to support this bill. I was very pleased to have sponsored legislation very similar to this and see that much of it is incorporated in this bill. There are five western states currently expanding the numbers of persons available to deliver health care to our people. I think this is an important one to the State of Connecticut. But it's also important for another reason in my judgment: much of the thrust and information on this very program, which I have every reason to believe will be beneficial to our people, came from a much maligned legislative trip to our legislative conference in Utah.

SENATOR LIEBERMAN:

Mr. President, I rise to support the bill. I think this is probably one of the most significant pieces of legislation coming forward in this session, even from Senator Pac's committee which has produced many significant pieces of legislation already. I believe it is important not only in the promise it holds for better health care but what it means as a potential new source of employment for people in the state, and particularly for the returning veteran from the Vietnam War, particularly those who have served as medical corpsmen. It opens up opportunities for employment that never existed before, opportunities at excellent wages. I congratulate Senator Pac for bringing the bill forward and I am proud to support it.

THE CHAIR:

Will you remark further? Hearing none, the question is on passage of the bill as amended by Senate Amendment Schedules "A" and "B". All those in favor, signify by saying Aye. Opposed, nay? The Ayes have it. The bill as amended is passed.

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THE CHAIR:

There's very little difference. It appears that the latter turns out to be the more lengthy procedure.

SENATOR DUPONT:

With your permission, I would like to respond that some of these matters were marked ready, I think after the Consent Calendar was prepared. I think ordinarily, they would have been on it, had they been marked earlier in the day.

THE CHAIR:

Certainly, there's no problem that I see here. We all understand the situation. This is passed retaining, Mr. Clerk.

THE CLERK:

Under the heading, Reconsideration:

CAL. NO. 807. File No. 1159. Favorable report of the joint committee on Public Health and Safety. Substitute Senate Bill 1224. An Act Concerning Assistants to Physicians and Surgeons. Amended by Senate Amendment Schedule A, and B.

SENATOR PAC:

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill, as amended by Senate Amendments A and B.

SENATOR LIEBERMAN:

Mr. President, the Clerk has an amendment. I move adoption of the amendment and ask that we waive the reading of it.

THE CHAIR:

If there is no objection, the reading will be waived.

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SENATOR LIEBERMAN:

Mr. President, you may recall and the members of the circle will recall, that this was the very important physicians' assistants bill. The amendment that I offer today, merely makes it clear that the purpose of the bill is not contorted. In other words, the bill is aimed at fulfilling manpower needs in the area of health care that are not being fulfilled now. And not to overlap or be redundant with existing professions. What the bill simply says, is that, while allowing physicians trained assistants, we are not allowing anyone to practice optometry as defined currently in the General Statutes.

Basically, I believe the amendment would protect the status quo, in this sense and still allow this very important bill to serve its real purpose.

THE CHAIR:

QUESTION is on the amendment. Will you remark Senator Pac?

SENATOR PAC:

Mr. President, I support the amendment. And, I do it with some miss-givings. As you all know, this thing has evolved into a jurisdictional battle between the Optomologist and the Optomotrists. Except in this instance, the baby and namely, that's the health care of the needs of the people of this State doesn't have the solicitous mother that the biblical character had. And, I've been a little put out by the attitude of both sides. It seems that it is impossible to come up with some language that would passify either of these sides in this whole issue. And so, I don't think the English language was broad enough. However, in looking at the definition of a optomotry as contained in our statutes, it says specifically, the practice of optomotry is defined to be the employment of any means other than drugs, for the measurement of the power of vision and the adaptation of lenses for the aid thereof.

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So, as I read it, they can measure your power of vision and adapt lenses for your vision. On the other hand, optomologist, as I see it can use an assistant and this assistant can measure your power of vision, provided its measured for the purpose of treating your eye disorders for organic or the petolcgy of the eye.

So, it's in line with this, that I go along with this amendment. And I feel that the courts will uphold my reading of this particular measure.

THE CHAIR:

Question is on the amendment. Will you remark further?

SENATOR CASHMAN:

Mr. President, through you, a question to Senator Pac. If this amendment passes, will it in any way, change the practice of an Optomologist, as it is conducted today?

SENATOR PAC:

I don't believe it will, Mr. President, through you. This is why I was quoting the statutes. And, as I read them, I feel that the assistants can help the Optomologists in more or less the same manner that they have in the past. Because, they'll have to change the definition of Optomotry, in order to do what they really want it to do. So, I don't think it will do that. They'll continue doing just what they are.

THE CHAIR:

Will you remark further? If not, all those in favor of passage of the amendment, signify by saying, "aye". Opposed, "nay". The amendment is adopted. Senator Pac, you may proceed with the bill, as amended.

SENATOR PAC:

Mr. President, I now move passage of the bill, as amended.

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We all know what this bill is about. It provides for the physician assistants for overstressed and overworked physicians. I have some glowing reports from the State's that have passed such a law and long after we have forgotten some of this monumental legislation, we've passed in this session we'll come back and look with delight on this little piece of legislation.

THE CHAIR:

Question is on passage. Will you remark further?

SENATOR CIARLONE:

Mr. President, I rise to support this bill with the amendments, now. I believe the amendments are a clear compromise and it makes it a good bill and I urge its passage.

THE CHAIR:

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

THE CLERK:

CAL. NO. 860. File No. 1215. Favorable report of the joint committee on Finance. Substitute for Senate Bill 452. An Act Concerning Development Bonds.

SENATOR CUTILLO:

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill. The clerk has an amendment. I move the waiving of the reading of the amendment.

THE CHAIR:

If there is no objection, the reading will be waived.

SENATOR CUTILLO:

Mr. President, members of the circle, this amendment is very technical in nature. It is substantial to the bill and all parties agreed that it makes

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APRIL 1, 1971

THURSDAY

the optometrist could do, and that the ophthalmologist could do. But the physician's assistant, in the ophthalmologist's office, is, could well refract the eye and present the physician with that set of data which he would then interpret, and either prescribe the lenses or not, as the case may be. This goes for many other functions. Similarly a nurse, or even a technician trained by a doctor could take a blood pressure. Would not interpret the blood pressure findings but she could well do it. Now this is the same thing and we therefore urge that if you want to have efficient practice in ophthalmology that you delete section 3.

I would point out that Rep. Cohen in bill 8694, Senator Pac and Rep. Cohen, have asked to, it's just a statement of purpose bill, but it says, in order to utilize the potential of those persons who have received training in medical and health matters but are not holders of any professional licenses a way should be sought to permit these people to be employed to carry out those routine activities. We heartily endorse this, 8694. But we feel that if you go along with a bill such as 1488, which sets up a classification, a licensing of a group of people as physician's assistants, the inference is then made that those assistants who do not hold a license are in some way inferior, or not as well trained. And this may well not be the case if this individual has been trained by the physician and has not, just works within a limited scope. So, in bil 1224, which Sen. Pac has introduced (1224 AN ACT CONCERNING ASSISTANTS TO PHYSICIANS), we have a small amendment to the last seven lines which would incorporate both those assistants that have licensure or those assistants that have had special training, and those assistants that have been trained by the physician, which incidentally is a much more economical way of spending the taxpayers' money, to let the physician train the assistant himself.

Sen. Pac: Any questions?

Rep. Miller, 156th: I'd like to ask Dr. Shelton a question about (not clear).

Dr. Shelton: Not really because Doctors. Well, obviously it would. But then doctors would be doing those tasks which are not necessarily utilizing their abilities to the fullest extent. We cannot quickly enlarge the number of physicians practicing today.

Rep. Miller: But we do need more physicians.

Dr. Shelton: Oh, there's no question that we need more physicians.

Rep. Miller: (not clear)

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Dr. Shelton: That's another problem, enlarging medical schools. I agree.

Sen. Pac: Any other questions? Thank you, sir. Dr. Brewster. And Dr. R. Vernlund next.

Dr. Shelton: They're not here.

Sen. Pac: Neither of them.

Dr. Shelton: No, not yet.

Sen. Pac: Raymond C. Lyddy.

Raymond Lyddy of Bridgeport, representing the Connecticut State Medical Society in addition to Dr. Shelton: The two doctors you just called are, will be here shortly, and I hope that they will be able to address themselves to these bills as well.

I want to endorse the remarks of Dr. Shelton as to bill 1488, but I would also address my remarks to Senator Pac's bill, 1224 and remind Sen. Pac that I did give him, and this was a while back, a suggested amendment by the Conn. State Medical Society, and I do have a copy of it here which I would be glad to again leave with the Committee.

And basically to answer the Representative's question in another way, we need, the doctors need, the public needs, more help to doctors to perform some of the tasks as the doctor said that they cannot usually perform. No one is against assistance, but what the doctors want to point out is that they are training, are willing to train, want to train these assistants in the specific specialties with no cost to the state. Cost to the doctor. And then, and it's to Sen. Pac's bill it's aimed at I think, and what the amendment that we put in is aimed at, is putting the responsibility for these assistants directly under that doctor, make the doctor responsible for the acts of that assistant. No one else. Don't let this go wandering anywhere else. Put the onus where it should be, on the doctor himself. The doctors have said this in their amendment. They want to do this. So I ask that that amendment be added to Sen. Pac's bill and that this Committee act favorably upon it.

I would also appreciate the opportunity to address myself to the various bills today having to do with health care centers. There are at least three that I see, which have to do with establishing non-profit health care centers. And may I present the position briefly of the Conn. State Medical Society as to these. And the strongest argument that could be made in favor of extending this authority to form health care centers to permit any number of such corporations to be formed throughout the state would be to point with pride to the proven accomplishments of the pilot plan that was authorized for

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New Haven in 1967 - to such things as the number of people that are being benefitted and how satisfied they are with the plan. Or with the high quality of the services being rendered, the moderateness of the enrollment charges, and the cost economies that have been realized.

However, and unfortunately, the only publicly known accomplishments of the New Haven Health Care Plan, after nearly four years in being, are: the receipt of upwards of a million dollars in Federal tax dollars for planning and development, purchasing a site on which to construct a clinic building and making a start on the construction of said building. In short, neither the public nor the medical profession nor the members of the General Assembly have any factual basis on which to conclude that the New Haven Health Care Center has proven anything of consequence thus far to indicate whether such experimental plans will turn out to be smashing successes or colossal failures.

In 1967, the professional arguments of the Conn. State Medical Society in opposition to the passage of enabling legislation for this New Haven Health Plan were shouted down by its proponents as self-serving and inconsequential. There is no purpose to be served in repeating these objections at this occasion. However, with the financial crises that faces government at all levels, taxpayers at all levels, and being matters of grave public concern in 1971, it is the opinion of the Conn. State Medical Society that our legislators should insist on receiving and studying carefully the substantive accomplishments of the pilot Health Care Center Plan in New Haven before permitting the creation of additional plans, each of which would also turn to government for many millions of tax dollars for initial funding.

For these reasons, the Connecticut State Medical Society urges the Committee on Public Health and Safety to not report favorably on SB 1226, HB 5486, HB 7572 or any bills of similar intent, obviously until there are facts, there is factual information to indicate what good these plans will do. And we have nothing to go on at the present time from the New Haven Health Care Plan. And until such time as they are able to prove something, then we might and we should think about it possibly.

I would only make one further remark, if the Chairman would allow, H.B. 8345 (AN ACT CONCERNING THE ADVERTISING OF PRESCRIPTION DRUGS). This was addressed to, this general area was addressed to as the members of the Committee will possibly remember, about a week or two ago, when Room 419 was jammed. And it was asked at that time that the remarks that applied at that time to a similar bill, apply to this bill as well so that the Committee does not have to hear the same arguments. But I think at least, there is probably at least one, possibly

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its effort to learn more and to effect controls on unnecessary expenditures in hospitals. I would respectfully suggest, however, that since the Council on Hospitals has been established this might well be the proper body to look into this since they are already looking into hospital costs and they're doing so as best they can without funds, so that any support that they could get would be much appreciated. This then is to speak in support of the general principle of this bill.

I'd like to speak as well, Mr. Chairman, in support of Bill 1143, Sen. Hammer's bill, concerning a grant to the Connecticut Institute for Health Manpower Resources. For many years many organizations in Connecticut have been doing what they can to help educate people for the health professions and to help provide true career ladders for people who are in those health professions. Our efforts to combine these various groups have met with limited success despite the good intentions of everyone, and as a result of this on the recommendation of many some time ago, the Conn. Institute for Health Manpower Resources was set up by the late Governor Dempsey. This organization would combine the many efforts to help educate people for careers and thus to help patients, and therefore I would speak in support of, financial support to get this new institute going. Thank you, sir.

Sen. Pac: Thank you, sir. William R. Baldwin. Blair Sadler next.

William R. Baldwin, OD, PhD: I'm an optometric educator currently President of the Massachusetts College of Optometry which serves New England: I speak in behalf of the Conn. Optometric Society in opposition to S.B. 1224, and in favor of S.B. 1488.

There isn't any question but that we must train more people to engage in health delivery, Not only is there a great need now, but the demand is going to be much greater when new national plans are instituted, and they're imminent. We favor physician's assistants. We are also in favor of adding optometric assistants and optometric technicians. In fact a number of institutions have developed optometric technicians programs around the country, some twenty new ones in the last three years. We have some concern that in S.B. 1224 the ophthalmologists would use the provision for training assistants to do the kind of work that optometrists are now licensed to do. Optometrists are also highly educated to do this work. Their education is substantial. Virtually every graduate of our college now has eight years of collegiate work, four of that, four years of that period is in optometric education, approximately half of that in visual science. We fear that abrogation of responsibility to physician's assistants in the field of, measurement of visual functions and through that wide range which optometrists are now educated and licensed to serve would not be in the public interest.

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Bills similar to this have been introduced in approximately twenty-four legislatures. The bills have passed in four state legislatures, and California, in Arkansas, in West Virginia and in Michigan. And in every one of those states the bills that have passed have included the exclusions that are in S.B. 1488. Thank you.

Sen. Pac: Thank you, sir. Blair L. Sadler. Irene O. Smith next.

Blair Sadler: Sir, this may be a little irregular, but is it possible for Mr. Paul Moson who is on the list directly ahead of me to testify briefly first and -

Sen. Pac: Yes, if the subject is interrelated and, I think you can bring them out together.

Mr. Sadler: Thank you, sir.

Paul Moson: I'm here to support bill 1224. I'm on the faculty of Yale University School of Medicine as an Executive Director for Surgical Associates Program, which is a physician's assistant program, as well as I am consultant to the Department of HEW in Washington on evaluation of physician's assistants, and most important of all, I am a physician's assistant.

With the consumer of the health care industry demanding better health care delivery, there is a lot of attention being given to the ways and means of improving our health care services, both on a qualitative and a quantitative basis. We have seen passage of the Medicare and Medicaid legislation, and many other local, state and federal health programs. We have also seen research bring forth more diagnostic and therapeutic measures by which to treat patients. We are involved in a war that produces casualties and we also experience an increased amount of home and highway injuries. Who will supply all the services needed for this increased amount of health care, such as all the services that have been made available by legislation and by the existing and more to come health programs?

Throughout this country we are finding that the physician/patient ratio in many areas is such that quality and quantity of health care are depreciating. The reasons may be poor distribution of physicians, a lack of willingness to practice medicine in certain rural and city ghetto areas, or a shortage of physicians in the entire state. We are facing a demand for physicians' services from millions of people, who in the past saw a doctor only in case of emergency or grave illness, or often not at all. This places a strain on the supply of physicians far beyond our present or future capacity to handle. We have an expanding population, which has added to

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it an increase of health care service, and the situation is becoming impossible.

It has been predicted that within the next ten years we should be producing over 20,000 physicians per year. At present we are producing 8,200 per year and an increase in this area will be minimal. In 1968 a survey by the Department of Health, Education and Welfare reported an unmet immediate need for 20,000 practicing physicians, and over 10,000 interns and residents just to fill vacancies.

I'm going to cut this short. I have this thing sort of prepared to go on, but as I mentioned in the beginning, I'm here in support of 1224. And the reason being that physician's assistants is a new person who's coming on to the allied health team. There are more than a hundred programs either in the planning or developmental stages today, or programs that are now going on in this country. They range from three month programs on up to four year programs. Some of them are baccalaureate and some of them will be master degree programs. I think we have to look at a delegation amendment or a law that would be quite flexible to allow these programs to experiment and find out what really a physician's assistant should be and what he should be doing. As a physician's assistant and trained at the Duke University Physician Assistant Program, we do take course right within the Medical School and we are in competition right with the med students within our first few years. Part of our clinical rotation, we do many of the diagnostic and therapeutic procedures that are now performed by physicians today in hopes that we can alleviate physician's time so that he can involve himself with more continuing education as well as involve himself with more of the critically ill patients.

At the same time there have been time/motion studies that have been performed by the graduates of the Duke Physician's Assistant Program which have proved that patients have more time spent on them by the physician and the physician's assistant, have a better quality of health care, as well as allowing the physician more time and there is also an increase of, shall we say, remuneration coming in to the actual practice of the physician's assistant, is working in. That's all I have to say, sir. Thank you.

Rep. Yacavone: Are there any questions from the Committee?

Rep. Lyons, 149th: I'd like to have your opinion about physician's assistants being trained by physicians in a specialty, not licensed. Would you agree with my concept that a guy like that sort of would be like a little slave.

Mr. Moson: Yes, sir, I do.

Rep. Lyons: He hasn't got much place to go -

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Mr. Moson: Yes, as far as I'm concerned, if a person is trained by one physician, he has a very myopic view of what medical practice is like. I think they should be taught within the medical schools themselves if they're going to be trained at all.

Rep. Lyons: That's a pretty limited scope of a job as well, I would imagine.

Mr. Moson: It's, well, I think if someone chooses to work for a specialist it's all right, sir. It may be fairly limited. It all depends on how much the physician wants to delegate to his assistant. Or what the assistant's interests are. But as far as the training goes, I think that one should have a broad based training within an institution of education of some sort.

Rep. Lyons: I'd like to see some training in the line of physician's assistant to be taken in the field in areas where, I've got to say this very cleverly or I'll get defeated next time, in areas where angels fear to tread, I would like to see in the field training for young people such as yourself, in those areas where medical assistance has not been available in any great -

Mr. Moson: Talking about the various rural and ghetto areas in this country.

Rep. Lyons: Right.

Mr. Moson: Another point I'd like to make, since you're asking that question is that we have over 30,000 military corpsmen and medics coming out of the service each year. We allow these people to do things such as tracheotomies and amputations in Vietnam. When they come back to this country into civilian life they're not allowed to do anything but push a stretcher up a hall at a buck sixty-five an hour. I think with this education added on, they're at least allowed to come into the health profession which so badly needs them.

Rep. Yacavone: If there are no more questions, the next speaker is Irene Smith. Oh, I'm sorry. Rep. Miller.

Rep. Miller: (Question almost entirely inaudible, but he asked about the difference between a physician's assistant and a registered nurse)

Mr. Moson: Well, you hit a hot subject, sir. I'd rather tell you more about the degree programs. There are various levels of entry into the physician's assistant programs per se. There are some that accept students straight from high school, some that require some medical experience, some that require two years of college, and some that are being talked about requiring four years of college, and then they go through the physician's assistant program.

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The difference that I can say to you right now is that registered nurses are licensed to do nursing within a state. A physician's assistant is being trained to have delegated to him those tasks which a physician feels he is capable of handling. And those tasks are primarily physician oriented tasks, and physicians services as I've previously stated, such as doing a complete history and physical, a lumbar puncture, a small bowel biopsy, whatever the case may be.

Rep. Miller: (inaudible - refers to practice on his own)

Mr. Moson: No, absolutely not. No.

Rep. Yacavone: Any more questions?

Blair Sadler: Can I get back on my list? You'd called on me a minute ago.

Rep. Yacavone: You were called before?

Mr. Sadler: Yeah.

Rep. Yacavone: Go ahead.

Mr. Sadler: I am a lawyer, also a member of the Yale Faculty, and co-director of the Yale Trauma Program which is concerned with traumatic injury and emergency care, and also I'm a consultant to HEW on licensure and certification of health personnel.

I'd like to speak more directly to the bills before us, 1224 specifically, and support its enactment. I would agree that the question of licensure of health personnel is a very complex one, and that automatically licensing, and yet another group of health personnel in this state would probably be self-defeating and archaic, and is not necessarily the way we want to go. Therefore I would oppose strongly licensing physician's assistants at this time. All the major groups, including the official report of the American Medical Association approved by its House of Delegates in December of 1970, in addition the year-long study performed by the American Hospital Association, as well as several outside consulting firms for HEW, have all included, concluded that licensure of health personnel has not been adequate to: 1. represent the public. It doesn't have any guarantee or requirement of continuing competence or continuing education and is often very restrictive and stifling. It does not encourage innovation. In Connecticut we've had specific statements by the Connecticut Hospital Association to that concur that licensure of health personnel is not in the public interest. And both the AMA and the AHA, as well as the Connecticut representatives of those groups, have declared a moratorium on licensure of future personnel.

One of the things that's, I therefore think any alternative

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that is so nice about 1224 is that it is not a licensure bill. And has been said by the physicians earlier this morning, is a delegation approach. And this is the official language recommended by the AMA report on licensure. It's very simple. It's the kind of language that's being introduced throughout the country. And I think is very clear and it makes it possible to have registered nurses and licensed practical nurses delegated tasks which they've been doing for some time, but which the legal situation was not clear. And also which they're not specifically licensed to do.

In addition, it allows innovation and experimentation in the area of training physician assistants such as the program at Yale University.

And replying to two or three points that have been mentioned earlier this morning. The question about optometry I would disagree that the amendment of 1224 would authorize the practice of optometry in this state by people who were not optometrists. And I would also add for the record that at least four statutes that I know of, in four states, Colorado, Kansas, Alabama, and Missouri have all passed delegation amendments, and none of them have prohibited the optometrists and none of them have referred to the optometry question. And I think it's a straw issue and one that we need not be concerned with as part of this bill.

I would also go on record as strongly favoring the need for physician assistants to be dependent personnel and not be able to practice on their own independently. That's very important.

Finally I would say that I don't think that this type of bill authorizes a new class of personnel that will be in competition with nurses, either RNs or LPNs. That the need for additional health manpower in this state is so great that I don't think we're going to be competing with the nurses in any way.

So in conclusion I think that it's in the best interests of the state to adopt the bill as it stands, which is the officially AMA recommended language and which is being considered throughout the country. Thank you very much.

Rep. Yacavone: Thank you. Any questions?

Rep. Lyons, 149th: I'd be interested because of one of your statements if you could give the committee a percentage of the practicing physicians who continue their educations today?

Mr. Sadler: Well, I'm not quite sure how you define continuing educations. I mean, going to one course a year, or going to lectures or -

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Rep. Lyons: Well, you know, learning the new modern methods that a student has when he comes out of medical school. How many physicians are actually, you know, in effect, once they hang up their shingle, I wonder just how many have ever gone back to school to brush up on the new methods. You bring this up as one of your arguments, and I know from personal experience physicians who have hung out their plaque and I think the nearest they've ever come to furthering their education since that time is reading some books on it in their own office. Now what, just what do you mean by continuing education. Are you inferring that the medical profession today is always continually educating itself?

Mr. Sadler: What I meant to imply was that it's just the reverse in terms of licensure, a person is licensed as a physician once in his life and there's never any review ever after that of continuing competence.

Rep. Lyons: Right.

Mr. Sadler: So, I'm simply suggesting that as one of the many arguments and the AMA included, has made against licensure itself, and therefore licensing another group of health professionals, is that licensure as we know it has not built in any assurance of continuing competence, and therefore, instead of further licensure of other personnel, I would suggest this delegation approach and an intensive study during the next year to see what other ways we can build into the law some kind of guarantee of minimum competence to protect the public.

Rep. Lyons: But this, would this be built in for the present licensed physicians as well?

Mr. Sadler: I think it could be.

Rep. Lyons: (not clear) keep their license, you know, their area of competence at that point when they first hung out their shingle.

Mr. Sadler: I think it certainly should be. I don't have any specific legislation or alternatives to recommend in this area. I don't think anyone does. There are some national task forces that are trying to devise ways that this can be done. But I do think that to further license people in the automatic way well it's time to license them, they're a new profession, automatically, is not the route to go, at this time.

Rep. Yacavone: Any more questions? Rep. Miller.

Rep. Miller: (inaudible)

Mr. Sadler: Well, the point I think is that we must remember, if you're worried about abuse, I think that's a very fair question. That I think very few physicians are going to delegate tasks

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to assistants of any kind who are not competent to do so because first of all it's not in the best interest of the patients, and secondly, they're legally responsible for any negligent acts performed by an assistant of any kind under their supervision and control. And the amendment 1224 as it now reads specifically says not only supervision and control but responsibility for the licensed physician. So I think there's a very strong incentive and deterrent against haphazard hiring of assistants who are not competent to perform these tasks. I would also suggest that this is purely an interim measure. This allows innovation. It allows some experimentation. And is consistent with the joint statement on delegation of functions made two years ago when the joint committee of the Hospital Association and the Medical Society and the Nurses Association of the state. I think that in another year or two, hopefully we'd have much more specific proposals of how to handle all these new emerging health personnel.

Rep. Yacavone: Irene Smith.

Irene Smith, a Health Planner on the staff of Comprehensive Health Planning of South Central Connecticut. I am here to testify in behalf of H.B. 6122 and H.B. 8488, which call for more state aid to district health departments and single health departments with full-time health directors.

I won't go into the health problems that the communities are having. I think you're well aware of those. Some of the small towns, or most of the small towns, are unable to pay for full-time, health, Public Health service. And the district health concept is one way that they can do this. The bill 6122 calls for \$2 coming from the state in exchange for \$2 per capita yearly from the towns. I would like to suggest that the \$2 from the towns be changed to \$1 because I think this would defeat the purpose of the bill which is to get towns to join together in a district. Thank you.

Sen. Pac: Thank you, ma'am. Dr. Vermlund - is called earlier. And Dr. Spaulding next.

Dr. R. Vermlund: The section, the section 3 on this bill is the one I'm specifically interested in because I'm a practicing ophthalmologist here in Hartford. And one of the biggest problems that we have had, and will continue to have, is to offer service to the public. And I have had a girl now for eight years working for me, and she helps me in the office, testing vision, taking histories, answering the phone, and generally helping in the practice of ophthalmology. If I didn't have her, I would practically have to retire. In other words, the running of an office and the care of the patient is getting more difficult because now we do many more tests than we did ten years ago, and we do have to have

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with respect to the development of the Plan, someone else could. Let me mention briefly some of these services: Marketing services - selling the plan; administrative services - keeping records, billing subscribers, providing actuarial services to price the plan etc.; and also risk-taking services - perhaps providing hospital insurance in conjunction with the plan, insuring the risk that subscribers might need services outside the plan area and relieving the plan itself from having to deal with doctors and others around the country.

The bills as I read them with the exception of 6294 would prevent such a plan from, for example, contracting with the Aetna or another company to take care of the plan subscribers who need medical services around the country or indeed around the world. We think the bill should not prohibit such permissive contracts on the part of the plan itself.

Let me conclude by saying that it is not our interest necessarily to run such plans, but I wish the Committee to realize that under the bills as I read them, plans would be prevented from contracting for a lot of services in which we have expertise. Thank you very much.

Sen. Pac: Any question? Thank you, sir. John Q. Tilson. And the Rev. Ensign next.

John Q. Tilson, speaking as counsel for the Conn. Hospital Association on a number of the bills that you have before you this morning: First, 1143, the Hospital Association supports this bill. You've just heard from your representative of State Labor Council urging the grant of \$25,000 to the Conn. Institute for Health Manpower Resources. The Hospital Association agrees that this agency is in need of the support and strongly hopes that your Committee will see fit to see that this appropriation is adopted.

The second group of bills deal with the subject of physician's assistants, about which you heard a good deal of testimony this morning. The Hospital Association supports the concept of the physician assistant. We would be very unhappy with a law which applied rigid standards or which required licensing of this group of people. We think that, as an earlier speaker has said, that now is a good time for there to be a moratorium on licensing of health personnel. On the other hand we do feel that the physician assistant concept has substantial value and that we ought to be permitted to experiment with it. And our feeling is that the two bills which are before you today, 1224 is the preferable bill. It's short. It's flexible. And we feel that it will give this program a chance to prove itself over the next two years. Then if we need more stringent requirements either of inclusion or exclusion, the Assembly can consider it two years from now.