

Act Number	Session	Bill Number	Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages
PA 71-811		989	3	4	2
<u>Committee Pages:</u> <ul style="list-style-type: none"> • <i>General Law</i> 534-536 • <i>Public Health & Safety</i> 102 • <i>Public Health & Safety</i> 106 				<u>House Pages:</u> <ul style="list-style-type: none"> • 4110-4113 	<u>Senate Pages:</u> <ul style="list-style-type: none"> • 1142 • 3401

H-116

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
1971**

**VOL. 14
PART 9
3878-4343**

Friday, May 28, 1971

111

minds.

MR. SPEAKER:

I'm sure he missed Memorial Day speech.

~~XXXXXXXXXXXXXXXXXXXX~~ CARL R. AJELLO, JR.:

I'm sure he must have been referring to Mr. Ajello. I did think he was half right, Mr. Speaker.

MR. SPEAKER:

Are there any more half-truths? Will the Members please be seated. Question's on reconsideration. If in favor of reconsideration vote "yes". If you're opposed to reconsideration vote "no". The machine will be opened. Has every Member voted? Is your vote recorded in the fashion you wish? Mr. Morano?

MICHAEL L. MORANO:

Mr. Speaker, I don't want to change.

MR. SPEAKER:

Sorry about that. The machine will be locked. The Clerk will take a tally.

THE CLERK:

Total number voting 147. Necessary for reconsideration 74. Yea 72. Nay 75. Absent and not voting 30.

MR. SPEAKER:

The consideration is lost. The Clerk will continue with the call of the Calendar.

THE CLERK:

Page 6 of the Calendar, second from the bottom, Calendar No. 560, S.B. No. 989, an Act concerning confidentiality of records concerning morbidity and mortality.

EFH

Friday, May 28, 1971 112.

MR. SPEAKER:

The gentleman from the 118th on the subject of morbidity and mortality.

CARL R. AJELLO, JR.:

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

MR. SPEAKER:

Will you remark.

CARL R. AJELLO, JR.:

Mr. Speaker, the Clerk has an Amendment.

MR. SPEAKER:

The Clerk will call House Amendment Schedule "A".

THE CLERK:

House Amendment Schedule "A" offered by Mr. Ajello, of the 118th. In Line 39, delete the words "accepted practices". In Line 40, delete the word "concerning". In Line 41, after the period, add the following language, "made in accordance with a regular notation of the care and treatment of any patient, but only records or notations made...but only records or notations by such staff committees pursuant to its work".

CARL R. AJELLO, JR.:

Mr. Speaker, I move adoption of House Amendment Schedule "A".

MR. SPEAKER:

Will you remark on Schedule "A".

CARL R. AJELLO, JR.:

Yes. Mr. Speaker, the Amendment simply clarifies the

EFH

Friday, May 28, 1971 113.

intent of the Bill, which is to protect certain kinds of records, and yet to make available what always has traditionally been available to supoena or other proper authority.

EFH

MR. SPEAKER:

Further remarks on Amendment Schedule "A". If not, all those in favor indicate by saying "aye". Opposed. "A" is adopted and ruled technical.

CARL R. AJELLO, JR.:

Mr. Speaker, this is a Bill which is designed to allow greater facility to hospitals primarily in keeping records of the performances of members of their staff...primarily doctors. I'm informed by people at our local hospital that because of the sensitivity and the possibility of written records of the post-audit, if you will, performances of physicians being open to public scrutiny and subject to supoena, often many of these records are either not properly kept in a documented form or are not attempted at all where there would be any permanent record, and the Committees on Morbidity and Mortality are concerned primarily with studying the performance in particular of surgery, medication, the overall operations of patient care and determining whether or not sufficiently high standards have been met. It's a very serious problem in policing the conduct of the physicians who operate in the hospitals. I know in my own...in the case of our own local hospital that there was at least one instance where this kind of work by the Committee on Morbidity and Mortality resulted in the suspension of some very improper practices which might otherwise gone on to the detriment of patients. It's the kind of thing.

Friday, May 28, 1971 114.

There is no intention in this Bill, and it is our legislative intention to specifically continue to maintain the availability of proper records to subpoenas, in the case of court proceedings or to other proper authority. The notes of surgical performances and the operating room procedures...all of which has formerly been available...will continue to be available, but there will be records done in the course of auditing these performances, and they may now be kept with some degree of safety. And the hospital people tell me that it's very essential for their maintenance of high standards of patient care.

MR. SPEAKER:

Further remarks on the Bill as amended. If not, all those in favor indicate by saying "aye". Opposed. Bill is passed.

THE CLERK:

Bottom of Page 10, Calendar No. 1146, S.B. No. 1795, an Act concerning allocation of fund to the constituent units of State System of Higher Education. Amended by Senate Amendment Schedule "A".

JAMES J. CLYNES:

Mr. Speaker, I move acceptance of the Joint Committee's favorable report and passage of the Bill in concurrence with the Senate, as amended by Schedule "A".

MR. SPEAKER:

Will you remark.

JAMES J. CLYNES:

Mr. Speaker, will the Clerk read the Amendment, please?

MR. SPEAKER:

**S-78
CONNECTICUT
GENERAL ASSEMBLY**

SENATE

**PROCEEDINGS
1971**

**VOL. 14
PART 3
957-1456**

April 21, 1971

Page 15

THE CLERK"

CAL. NO. 259. File No. 291. Favorable report of the joint committee on General Law. Senate Bill 989. An Act Concerning Confidentiality of Records of Morbidity and Mortality.

SENATOR CALDWELL:

Mr. President, I move the acceptance of the committee's favorable report and passage of the bill. This bill extends confidentiality of records pertaining to studies of morbidity and mortality. Those of staff committees and facilities accredited by the State Department of Health. The present law allows confidentiality only to records of the State Department of Health. This act also provides and broadens confidentiality to studies of all types of morbidity not just maternal or prenatal morbidity as in the existing law.

THE CHAIR:

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

THE CLERK:

CAL. NO. 260. File No. 292. Favorable report of the joint committee on Public Health and Safety. Senate Bill 2011. An Act Concerning the Keeping of Prescription Records by Pharmacies.

SENATOR PAC:

I move acceptance of the joint committee's favorable report and passage of the bill. This bill would permit pharmacists to record on the back of the original prescriptions the dates of any subsequent refills. And the reason is obvious. Actually when this law was passed in 1969, mandating that he keep this kind of record, this language was in it, but, somehow it got lost

S-82
CONNECTICUT
GENERAL ASSEMBLY

SENATE

PROCEEDINGS
1971

VOL. 14
PART 7
2874-3413

June 9, 1971

Page 72

THE SENATE AT 10:35 P.M., RECESSED

AFTER RECESS

The Senate was called to order at 10:58 P.M., Senator DeNardis in the Chair.

THE CHAIR:

If I may make this announcement, Senator Caldwell is about to list a long number of bills, by number. And it is extremely important that we have quiet in the Chamber, so there is no confusion as to the bills that he will list. I ask your cooperation.

SENATOR CALDWELL:

Mr. President, I have a list of bills by numbers, to read. I move that we accept the joint committees favorable reports and acceptance of the bills, as follows: Cal. No. 1326, House Bill 7455, File 1256; File No. 1327, House Bill 7686, File 1349; Cal 1328, House Bill 7710, File 820; Cal 1329, House Bill 7744, File 1573, Cal. 1331, House Bill 7903, File 1284; C l. 1332, House Bill 7959, File 1292; Cal 1333, House Bill 7974, File 1382; Cal 1334, House Bill 8033, File 931; Cal 1335, House Bill 8182, File 979; C^al. 1336, House Bill 8228, File 1294; Cal. 1337, House Bill 8284, File 899; C l 1338, House Bill 8683, File 591; CAL. 1340, House Bill 8931 File 123; CAL. 1341, House Bill 8936, File 832; Cal. 1342, House Bill 8967, File 1072; Cal. 1343, House Bill 9025, File 953; Cal. 1345, House Bill 9229, File 1576; Cal. 1346, House Bill 9231, File 1451; CAL. 1347, House Bill 9327; File 704; Cal. 1348, House Bill 9251, File 1574, Cal. 1349, Senate Bill 825; C₂l. 259, Senate Bill 989, File 291; Cal. 695, Senate Bill 1700, File 990; C l. 732, Senate Bill 458, File 1052; CAL. 139, House Bill 7447, File 104; CAL. 166, House Bill 6409, File 136; Cal. 1363, House Bill 9194, File 1634; C^al. 1364, House Bill 5231

**JOINT
STANDING
COMMITTEE
HEARINGS**

**GENERAL
LAW**

**PART 2
297-629**

1971

534

anyone. The question now is, you know, just how far do we go. We've discussed these things for so long that honestly.....all of the opposition and all of the.....

Mr. Lalley: Well, there is a projection of that right within our Fire Company. For example, time after time, I'm in charge of training for firemen, and I can't tell you how many times during periods when we've had made available to us advanced first aid training and this Cardio--Pulmonary Course, trying to emphasize to the membership of a volunteer company like that that even in their own homes it would have value beyond the little time they put in to take it, but sometimes it falls on deaf ears. There is one other suggestion I would like to make to you on page 1, I guess it would be line 37, the wording reads "invalid carrier service means an organization the purpose of which is transporting patients, ill, infirm, or injured, in invalid carriers." Might I suggest "that the purpose of which is transporting in invalid carriers patients ill, infirm, or injured. Thank you.

Rep. Yedziniak: Richard Marshall? Jules Lang?

Mr. Jules Lang: Mr. Chairman, members of the Committee, I represent Arthur Jaeger, Jr. on bill #7759. It's a bill to validate late notice given to the City of Norwalk. That's all it is.....no, it's not a statute of limitations, this is a fall down case, the notice wasn't given within 30 days. Mr. Jaeger was in the hospital for more than 30 days unconscious, he couldn't have given the notice, but the police did come to the scene and transport him to the hospital, so the City actually had notice. #7759 introduced by Rep. Brown. Suit has been instituted and has been help up pending the Session of the Legislature so that this bill could be introduced and acted on, so that the City wouldn't be permitted to raise a defense of late notice. This is what we're waiting for. It was brought within the one year period of time. I point out to the Committee that on line 22, I think it's a typographical error, the second from the last word is.... I think it should be "prosecute". Thank you.

Rep. Webber: Is there a Doctor here? Dr. Friedberg?

Dr. Isadore Friedberg representing the Connecticut State Medical Society: and speaking in support of bill #989, an ACT CONCERNING CONFIDENTIALITY OF RECORDS CONCERNING MORBIDITY AND MORTALITY. My Society strongly feels that this Committee is in a position to, by adopting this bill, to act very much in the public interest.

39
RSW
TUESDAY

GENERAL LAW

5:5
MARCH 16, 1971
10:30 A.M.

The passage of this bill can aid greatly in improving the quality of care rendered by the physicians and hospitals and related facilities for the people of Connecticut. At the present time there is a bill which provides confidentiality of records concerning maternal and prenatal morbidity and mortality. We propose to amend this bill providing the same sort of confidentiality to all hospital committees. May I simplify, Sir? This is an attempt to permit committees of hospitals and facilities accredited by the State Department of Health, which basically means extended care facilities, nursing homes and the like, so that these committees which are set up to carry on review and study of cases in these facilities, that these committees can function with confidentiality so that they can perform their tasks appropriately. At the present time without confidentiality, it requires from a practical point of view that much of this material is studied without written record and without specific notation of name. Although the work is being done nevertheless, if this confidentiality could be secured I am strongly of the opinion that the work of these committees could function better. If they could function better, the quality of medical care provided, both surgical and medical, in these institutions could conceivably greatly be improved because the peer review which we are interested in providing, and which the Federal Government is very much interested in, this peer review could be effective and could work. Peer review is something that is inherently necessary in any study of medical care and it is only in providing the opportunity for this to be performed effectively that this can secure the results desired. For that reason I think that this bill should be approved so that we can perform the proper medical care for the individual. Now, there might be some confusion as to whether or not this deprives the individual patient of rights. This is not the case because this has nothing to do whatsoever with the hospital record of individual cases, and if there be an improper act or an improper procedure performed on any individual, this material is inherent in the record and is not in any way governed by this bill. This bill only applies to the acts of the committees set up to supervise the quality of medical care provided by the staff, and as I say this does not in any way interfere with the rights of the individual to compensation for improper care. I have a statement which I would like to file with the Committee, and of course, I am anxious to answer questions.

Rep. Yedziniak: Thank you very much. John Tilson?

Mr. John Q. Tilson, speaking as Counsel for the Connecticut Hospital Association: in support of the same bill that Dr. Friedberg has just discussed, S.B. 989. The hospitals

40
RSW
TUESDAY

GENERAL LAW

MARCH 16, 1971
10:30 A.M.

are concerned with the question of confidentiality of the records of hospital staff committees that have been established to try to improve hospital care. There has been a recent case in New York holding that such records are confidential, there's been a case, I've been informed, in New Jersey holding the other way around, and we think before the issue gets raised in Connecticut, action should be taken along the lines suggested by the Medical Society's bill. We consider it important to the administration of good medical care that doctors be empowered to speak their mind and to be as frank as possible in the work that they are doing on these committees, and it is a very real fear that if what they say is not considered confidential, that they will not engage in a full and frank discussion and we think they should.

Rep. Webber: I assume that you are opposed to the bill?

Mr. Tilson: Not this one, I'm in favor of this one. I'm in support of the same position that Dr. Friedberg has taken. 1989. Just as a purely technical item, the State Health Department does not accredit any institutions, it licenses them, so that if the bill is passed, the word should be "licensed" instead of "accredited" in the underlined portion. Thank you.

Rep. Webber: I think that ends our list of those who have registered to be heard for the morning's bills. Now is there anyone here who wants to be heard on this morning's bills? We're not ready to start the afternoon bills yet.

Corporal Arthur Woodend: This is relative to S.B. 491, Mr. Chairman. My name is Arthur Woodend. I am a Corporal with the State Police Department and I am here to represent Commissioner Mulcahy and Captain Mulligan who is a Deputy State Fire Marshal. I am here to speak in favor of Senate Bill 491. The reasoning behind the existing statute was that there was no construction code which applied to school houses on a state wide basis. The statute and sections of the fire safety code were written to fill the particular need of the time. Now we have a State mandatory building code and it is no longer necessary for this type of statutory language. The specifics for school house construction appear in the state basic building code which prohibits construction of school houses of more than one story unless of noncombustible construction throughout. This area of construction is also referred to in a current revision of the fire safety code. The passing of this legislation, as favorable from this Committee on this legislation, will remove anticipated conflicts relative to interpretation of existing legislation and the provisions of the pertinent codes.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 1
1-491**

**1971
Index**

PUBLIC HEALTH AND SAFETY

TUESDAY

FEBRUARY 23, 1971

would like to point out some of the following facts. I think for you to understand this bill you need to know how the committees now work and I will attempt to be brief. This bill will in no way interfere with the responsibility of the individual physician, hospital or nurse towards an individual person and it will in no way interfere with the accountability of that person in a court of law. We are not asking for this because we feel that this is the privilege and right of the individual to be protected. So that if a individual is wrongly treated he can retain an attorney who can then seek this information from the hospital records and proceed with malpractice suit or whatever you wish. This bill will not change that.

What it will hopefully change is this: there are all kinds of hospital committees studying the quality of medical care rendered to the patient. The gentleman stressed the problems relating to pediatrics and to obstetrics and gynecology. The state society is interested in providing that same sort of openness and frankness and opportunity to study to all committees studying all these problems through the hospital, so the orthopedic man can certify that the care rendered the orthopedic patients in that hospital will be of the highest quality. The general surgeons will be able to investigate their records for example on appendicitis or the cardiac surgeons can study the effects of their open heart surgery, or the medical men can study consecutive cases of coronary artery disease. These committees now meet. They deal with their cases purely in terms of initial in most cases. They do not keep written records because of the fact that if they do, this can be of grave, a program to their membership and it still, if you accept this bill, would not deprive the individual of the right of recourse in a court of law. I think it is tremendously important that you pass this bill for these reasons.

I would like to point out also that the state society has in a bill 989, which is to be heard in general law, which is practically identical to the bill you are now considering. And the variation between our bill 989 and this bill is that we broadened the facilities a little further in that we state, instead of that this be staff committees of state aided hospitals, we say that it should be staff committees of facilities accredited by the state department of health. So that this same type of study can be done rendering a service to the people of the state. Thank you.

Sen. Pac. Any question? Thank you.

They may not come to any decisions as far as the doctor is concerned. But it's quite clear, as I say, it has happened in other states, that if this kind of record is subject to subpoena, that the tissue committees are not going to be able to fulfill their function of giving real serious discussion and consideration to the care of the patients in the hospital.

Rep. DiMeo: The only fear I have is that the only really effective policing you have, the medical profession is amongst themselves through their own society. It might be well, and it should be that another physician be judged by another physician, or questioned by another physician. If there's some question of error or impropriety in medical decision, I know it raises all types of problems as far as everyone and his brother bringing suit against the physician because he may think some wrong had been committed, but there's also a danger I feel now that we may be too secretive with our records. This in itself can create too many problems by overly protecting a particular group.

Mr. Tillson: Well, the problem of who should judge malpractice cases is extremely complex, obviously. The trouble is physicians aren't being asked to judge physicians. What you're getting to is under the present system a lay jury being asked to use hindsight in malpractice cases. I don't represent doctors so I'm not particularly involved in the malpractice end of things but I do know it's a matter of great concern to the physicians and the premiums are rising to astronomical limits, and I might indicate that they're rising in hospitals too. My own hospital, where I'm on the board, our fee for malpractice cases rose from \$50,000 a year to \$325,000 a year in three years. And, you know, it's becoming a matter of major importance. But, I think that what we're concerned with here is not the record of the patient. That's clear and everyone admits the patient should be entitled to that. What we're talking about here is the record of the committee which are reviewing the care in an effort to improve it in the future. And I say, it's this kind of a record that we don't think will ever be made in the future if they become matters of public disclosure in the courts in a malpractice case.

Sen. Pac: Thank you, sir. Anyone else wishing to be heard on 131?

Dr. Mellins, State Health Department: Our department is responsible for the licensing of hospitals in Conn. I'd like to add my support and that of the health department for bill 131. I wasn't able to know of bill ~~808~~ before, but certainly as described, I'd lend my support to this bill because we feel that this will encourage better reporting and better educa-