

Act Number	Session	Bill Number	Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages
PA 71-834		592	2	2	1
<u>Committee Pages:</u> <ul style="list-style-type: none"> • <i>Public Health & Safety</i> 225-226 • <i>Judiciary</i> 640-644 • <i>Judiciary</i> 673-677 				<u>House Pages:</u> <ul style="list-style-type: none"> • 5899-5900(<i>Consent</i>) 	<u>Senate Pages:</u> <ul style="list-style-type: none"> • 2966(<i>consent</i>)

H-120

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
1971**

**VOL. 14
PART 13
5555-6226**

Wednesday, June 9, 1971

3

Before we begin formal business, I indicate that last nights and last days being as they will, it's going to be our intention this evening that no one except members and staff be on the floor. I would hope that individuals would not come at that time relating to exceptions concerning family or friends or children. As much as I might like to have them as our guests, I would hope that that could be reserved until the Joint Session which will come at the end of the evening. I think our first order of business must be to complete the business of this House. So, please, I'll announce it again when we have a full House, please do not expect exceptions can be made at that time. The only way we can complete our business in an orderly fashion is to have only members and staff and, of course, our friends from the Laurel Club on the floor.

djh

Is the gentleman from the 114th ready to proceed with the consent calendar?

MR. SARASIN (95th):

Mr. Speaker, I move adoption of the Joint Committee's favorable reports and the items on today's consent calendar which are as follows: Calendar No. 1546, substitute for H.B. No. 9097, An Act Concerning the Provision of a Courthouse in New London County, File 1716; Calendar No. 1619, substitute for S.B. No. 0337, An Act Concerning a Summer Employment Program for Teenagers, File No. 1704; Calendar No. 1621, substitute for S.B. No. 0527, An Act Concerning Substitution of Securities for Retainage Under Construction Contracts with Political Subdivisions of the State, File No. 1084; Calendar on page 2, Calendar No. 624, substitute for S.B. No. 0592, An Act Concerning the Rights of the Mentally Disordered, File 1691; Calendar No. 1626, substitute for S.B. No. 0608, An Act Concerning Clarification of Certain Aspects

Wednesday, June 9, 1971

4

of the Parole Process, File No. 1650; Calendar No. 1629, substitute for S.B. No. 0821, An Act Concerning the Disclaimer of Property, File No. 1604; Calendar No. 1630, substitute for S.B. No. 0839, An Act Concerning the Escheat of Ownership Interests in Business Associations, File No. 1693; Mr. Speaker, in as much as this is the last consent calendar we'll have the privilege to bring before the House, I would now yield to Rep. Gilles from Middletown.

MR. GILLIES (75th):

Mr. Speaker, I move the following items be placed on consent, Calendar No. 1631, substitute for S.B. No. 0910, File No. 1590, An Act Concerning Rates Charged by Municipalities; Calendar No. 1632, substitute for S.B. No. 0988, An Act Concerning Persons Exempt from Registration as Professional Engineers and Land Surveyors, File No. 1054; Calendar No. 1633, substitute for S.B. No. 1017, An Act Concerning Full Disclosure of Property, Wages or Indebtedness on all Support Cases to the Circuit Court Family Relations Division, File No. 1605; Calendar No. 1636, substitute for S.B. No. 1187, An Act Concerning the Admissions, Dues and Cabaret Tax, File No. 1645; Calendar No. 1644, S.B. No. 1787, An Act Concerning Parole or Conditional Discharge of Persons to a Residential Community Center, File No. 1692; Calendar No. 1645, S.B. No. 1828, An Act Concerning Medical Internships, File No. 966; Calendar No. 1646, S.B. No. 1836, An Act Extending the Time for Filing Biennial Reports of the Norwalk Town Union of the King's Daughters and Sons, Incorporated, File No. 1714. I move that these items be passed on the consent calendar.

THE SPEAKER:

Is there objection to any of these items being adopted on the consent calendar? If not, the question is on acceptance and passage. All those in favor indicate by saying aye. Opposed? The bills indicated are PASSED.

S-82
CONNECTICUT
GENERAL ASSEMBLY

SENATE

PROCEEDINGS
1971

VOL. 14
PART 7
2874-3413

June 5, 1971

Page 5

SENATOR CALDWELL:

On page 1, Cal. 1134, 568; on page 5, C L. 1047; on page 6, Cal. 1067; on page 7, Cal. 1110, 1116; on page 8, Cal. 1131, 1133; on page 11, Cal. 1159 page 12, Cal. 1160, 1164, 1165, 1168, 1169; I might point out that that Calendar is currently marked Banks and should be the Liquor Committee; on page 13, Cal. 1170, 1171, 1179; page 14, Cal. 1182; on page 17, Cal. 1208; on page 23, Cal. 919, on page 26, Cal. 327; on page 28, Cal 491; on page 30 Cal. 664; on page 31, Cal. 733; on page 14, I omitted one, that we might take up, Mr. President, and that is Cal. 1181. SB1017, SB808, SB1187, SB1837, SB584, SB839, SB1787, SB592, SB890, SB337, SB1836, HB5190, SB1588, SB31, SB1828, SB988, SB1139

THE CHAIR: SB1836, HB5190, SB1588, SB31, SB1828, SB988, SB1139

Is there any objection to the motions recommended by the Majority Leader for suspension of the rules on any single starred or no starred items and for the passage of all bills, as described by him? If not, the motions are granted, said bills are declared passed.

SENATOR CALDWELL:

Mr. President, I had a request from the Chairman of the General Law Committee, to remove one of those that I had placed on the Consent Motion, so I withdraw my motion with respect to that particular matter, it's on page 28, top of the page, Cal. No. 491.

THE CHAIR:

I don't think it's necessary to go through the proceeding of reconsideration. The motion is to withdraw the approval of that bill from the consnt list, if there is no objection. So ordered. That bill is not passed.

SENATOR CALDWELL:

Now, may we take up the following matters? On page 2, Cal. 665, recomit 765, take up 788; on page 3, take up Cal. 851, 858, 865, 925, and 929; on

**JOINT
STANDING
COMMITTEE
HEARINGS**

JUDICIARY

**PART 2
393-688**

1971

the availability of drugs, then it is imperative that financial support be given for the increased manpower and effort that will be required. The finding amount of \$300,000 requested in this Bill for the entire State, roughly equals our local governments present financial commitment to the Capitol Region Crime Squad.

As an elected official, I feel that the citizens of Connecticut would support this piece of legislation and are looking to the Legislature for its passage. I sincerely urge you, for your support for S.B. #787. Thanks very much.

Sen. Rome: Do I recognize you as the distinguished Mayor of Enfield, the "All American City" - is that correct?

Mr. Mancuso: And I recognize you as the Senator from Bloomfield for the "All American City". Thank you, very much.

Sen. Rome: Congratulations.

Mr. Mancuso: Congratulations to Bloomfield.

Sen. Jackson: Would you be good enough to leave your...

Mr. Mancuso: Yes, I will.

Sen. Jackson: Samuel Goldstein to be followed by Chief Rush.

Mr. Goldstein: Mr. Chairman, Gentlemen of the Committee, I was to be the second part of a two part presentation, but Margaret Wilson of Norwich, she is President of the Connecticut Association of Mental Health. She is busy upstairs on another Bill relating to Mental Health but I have her statement and I will read portions of it because it leads into my comments and will submit her statement and mine for the Committee's appraisal at some other time.

We are here to talk about S.B. #592.

Sen. Jackson: For the record, could you please identify yourself.

Mr. Goldstein: Yes, sir. I am speaking as a past president of the Connecticut Association for Mental Health. My name is Samuel S. Goldstein, I am a resident of West Hartford and an attorney practicing in Hartford.

S.B. #592 - AN ACT CONCERNING THE RIGHTS OF THE MENTALLY DISORDERED.

The Bill, #592, is part of a package. There are four Bills in total. This one relates basically to Civil Rights and the Bills before the result of a six months' study by the Institute of Public Administration of New York, a non-profit educational corporation responsible for major mental health legislation in New York and other states including, I might point out, Georgia - which adopted the proposes of the Institute. The group was contracted for and paid by our Association so that we could obtain hopefully, an impartial overview of the Connecticut Mental Health Laws and to recommend any changes.

Dignity and privacy are two fundamental rights that are often overlooked in public institutions and mental hospitals are no exception. It is axiomatic that administrative convenience and hospital routine mean that patients are treated often rudely by hospital staff members - that little provision is made for privacy in bath or toilet facilities. Patients are not afforded the chance to be alone, or given a place to store personal possessions. These routines contribute to the dehumanizing aspects of hospitalization.

In other branches of medicine, it is assumed that the patient must give consent before treatment but for some reason, State Hospitals have seemed to be an exception. This Bill attempts to cover that problem.

Voluntary patients are fully capable of making decisions about receiving medication or treatment. Since they have to recognize the fact of their illness to go into the hospital and therefore, this Bill provides for a consent for voluntary patients - consent by the patients.

Involuntary patients, on the other hand, may not be able to give informed consent. If a person is unwilling to or unable to apply for voluntary hospitalization, it is evident per se that he is too ill to do so and this Bill provides for procedures whereby consent can be given for treatment just as provisions are made for nonpsychiatric medical emergencies or if the patient refuses to give consent - the blood cases, I think would be - a Jehovah Witness for example of how the law does provide consent.

Another violation, we think ought to be corrected by this Bill, is the problems arising from the use of the State Hospitals as Teaching Hospitals. Where without the consent of the patient, his case is discussed with the various people in the teaching team. Now a patient in a General Hospital must give his consent before a class of medical students can watch his appendix operation for example and we feel likewise, a patient in a mental hospital - in a State Mental Hospital should be able to give his consent before a class can watch a psychiatric interview. There seems to us, to be little distinction.

A basic part of every patient's hospital treatment should be periodic physical and psychiatric examinations, and this Bill clearly sets a timetable for an examination for physical and psychiatric evaluation.

Fundamental to every patient's rights should be send and receive mail, make and receive telephone calls and except in rare circumstances, no restrictions should be placed upon these rights. There have been occasions when these rights have not been available to patients in Connecticut hospitals.

Occasionally, it may be necessary to restrict a patient's rights to receive mail. The Bill recognizes this and provides that that be done - that the file be appropriately noted and the same procedures are available to control obscene telephone calls.

This Bill requires that there be regular visiting hours set and clearly known to the community. Clergymen, lawyers and physicians should be allowed to visit at any reasonable time. Now to the extent that it is necessary for the psychiatric health of the patient that there be a restriction on visitation, the Bill provides adequate safeguards. There is special treatment for drug abuse patients because the problems of security and for the problems of smuggling drugs.

The only justification for restricting these rights which are available to everyone; mail, telephone or visits should be restricted only on the basis of the medical needs of the patient not because of some arbitrary rule and they should be clearly noted in the file so that there is an explanation as to why the patient was deprived.

Now this Connecticut Rights of the Mentally Disordered Act of 1971 is designed to assure that no citizen will be denied basic civil and human rights merely because he is mentally disordered. We need a Statutory Bill of Rights. We ought not to depend on the regulations of the department or the regulations of the individual State Hospitals. If they have regulations that duplicate the Bill, so much the better but if they don't, at least we will have a uniform procedure.

There are further provisions in the Bill that I would like to briefly call your attention to. Connecticut, although among the most enlightened of the States in its concern for the mentally disordered, it still has provisions - some provisions that discriminate against mentally ill citizens. Mentally ill persons are not allowed to vote, for example - under Section 9-12, but a mentally ill person, for example, even though a conservator even though in a State Hospital, they may be able to execute a valid will. The restriction about _____ relates to some thought that mentally disordered persons are unable to think at any time and can exercise no reasonable functioning of the brain which is now, I think medical nonsense.

Another deprivation of basic rights concerns property. Connecticut has a statutory procedure for appointing conservators to handle the affairs of the persons who are found incapable of managing their business activities. However, Section 4-68g of this Statute provides for the appointment of conservators for mentally ill or mentally retarded persons supported by the State. And so if you don't have over \$5,000 of property or income of that amount- without court proceedings, simply because you are poor and you are mentally ill; simply of those two combinations, the Commissioner of Finance and Control becomes the conservator able to compromise your property, release claims, demand payments, etc. This seems to be a fatality and unconstitutional law in that we have a constitution that provides that no person shall be deprived of life, liberty, or property without due process of law.

There has been discussion in the past about the right to treatment. There are cases in Washington and other locations where treatment is not forthcoming, the patient can be released from the institution. There was a case in New York, for example where a claim for damages was made because the patient was kept in the hospital without treatment.

THURSDAY

JUDICIARY COMMITTEE

MARCH 4, 1971

No one should be hospitalized for mental disorder and afforded mere custodial care. We ought to have a provision for adequate treatment including diagnosis, a plan of treatment for the individual patient. The hospital should not stress rapid discharge if this means only alleviation of the patient's immediate symptoms, with no regard for his long-range condition - to alleviate the problem of in - out, in - out simply to move the patient through your statistics.

The stigma of mental illness does not leave a patient when he is discharged from a hospital. He may be denied, as a matter of course, civil service ranking, certain licenses or permits; including motor vehicle operator's license, employment, housing and other basic rights.

This discrimination is harmful and it is self-defeating in its purpose. With modern treatment and concepts of mental illness, the fact that a patient has been mentally ill, even the fact that he is currently being treated for a mental disorder, does not in itself mean that he is incapable of holding certain jobs, or exercising certain privileges, or practicing certain professions. The person or agency denying employment, license or permit or whatever it may be, should have the burden of proving that mental illness per se makes the applicant unsuitable.

Now if the Legislature should decide, for reasons of public safety and strong public policy, that certain permits or privileges should be denied all presently or formerly mentally disordered persons, it can enact specific statutes to restrict this. For example, in the discussion of gun control, it almost goes together - gun control and the mentally ill.

I don't want to digress from the problems involved in this particular Bill, but the assumption that any one who is mentally ill is violent and therefore would be a risk with a gun may not be warranted, it is probably not warranted and in fact, it is not warranted but however, if there is provision for gun legislation, adequate safeguards could be built in to prevent undesirable people from having guns - some of them may be mentally ill or former mental patients, some of them may not be mentally ill but may be anti-social.

Merely specifying the rights to which a mentally disordered person is entitled is not enough to assure that they are being respected. Remedies must be provided for the person and the two basic remedies that are available are noted in this Bill. If he is hospitalized, he should be entitled to a writ of habeas corpus and provisions made in S.B. #593 which is another one of the 4 in the package which has been referred to the Public Health and Safety Committee. If the person is no longer hospitalized, he should be able to bring a civil action against the offending person or appropriate compensatory and punitive damages.

The Department of Mental Health, we believe, should establish regulations to assure compliance with these basic rights but under the blanket of the Statute.

Experience from the Federal Civil Rights Legislation shows that discrimination and violation of basic rights, cannot be eradicated by legislation.

However, a strong statutory delineation of basic rights can be helpful in forming public policy and bringing about changes in attitude toward the mentally ill. We urge you to vote favorably on S. B. #592 and the others in the package. I apologize for taking so long but I was summarizing the whole presentation of the Connecticut Association on Mental Health.

Sen. Jackson: Thank you very much. Chief Rush to be followed by Walter Kozloski.

Mr. Rush: Mr. Chairman, Members of the Committee I am William P. Rush, Chief of Police in West Hartford, Connecticut and also Chairman of the Advisory Board for the Capitol Region Crime Squad.

I am here to give support to S. B. #787 on behalf of the 27 Chiefs of Police in the Greater Hartford area.

S.B. #787 - AN ACT CONCERNING STATE FINANCIAL ASSISTANCE TO REGIONAL CRIME OR NARCOTICS SQUADS.

These organized police departments and other 11 towns in our area have been participating in a regional crime squad since January 1970 in order to more effectively pool their resources in combatting the illegal trafficking of drugs and other interrelated criminal activity associated with the drug abuse problem.

As Chiefs of Police we feel that the success of the Squad in its first year of operation is more than sufficient justification for State financial assistance to support our efforts. The concept of a regional strike force for enforcement of drug laws grew out of the needs of our local police departments. We created the regional squad in order that we could be as mobile in our enforcement efforts as the drug pusher is in his ability to freely cross jurisdictional boundaries to spread the perils of drug abuse and addiction among our young people in Connecticut. Initially formed in a 29 town area, the Squad expanded its coverage to 36 towns as we became aware of the patterns and channels of illegal drug trafficking.

I want to emphasize to the Legislature, that this is a highly professional and sophisticated response by the Chiefs of Police to a growing and pressing social problem. Our Squad consists of dedicated and competent police officers who are daily risking their lives in the infiltration of major illegal drug distribution and related criminal activities.

Our overall goals have essentially been twofold. The first goal has been to reduce the availability of drugs at the street level and to prevent new persons from entering the illegal market of drug trafficking. This is being accomplished by arresting major drug sellers at the street level thus disrupting and frustrating the retail outlets and channels, and secondly by arresting the major drug wholesalers who provide the drugs for dispensing by retailers at the street level.

Our second goal has been to reduce the enormous social costs to society which result from widespread drug abuse. By applying constant pressure on drug sellers, we are making it increasingly difficult for large numbers of people to regularly obtain drugs illegally. We are inflating the cost

There was another Bill here, I think it was #6753 that dealt with payments to the State Treasurer by a Judge of Probate. I believe that the new Judge of Probate in Fairfield spoke on that. We have a Bill here that would allow a Judge of Probate to amend his estimate at any time during the year. As the Judge of Fairfield said, you have to now estimate your income at the beginning of the year and if you do not estimate it correctly, there is certain penalties.

We submit it ought to be like the Internal Revenue Service that we all have advantage of changing that estimate as your fees either go up or down. And with your permission, I would file a substitute Bill.

There is one more Bill that would provide the Statutes now and provide for the retirement of employees of a Probate Court after 30 years of service. This Bill would provide for retirement after 20 years of service. Thank you very much.

Sen. Jackson: Thank you. Mr. Voigt to be followed by Dr. Kenny.

Mr. Voigt: Mr. Chairman, Members of the Committee. I am Doctor Walter Voigt and I have been employed for the past four and half years in two of Connecticut's State Mental Hospitals as a Clinical Psychologist and today I would like to address you on behalf of the Middlesex Area Mental Health Council whose members of which strongly support S. B. #592.

S.B. #592 - AN ACT CONCERNING THE RIGHTS OF THE MENTALLY DISORDERED.

My observations during my employment experience in Connecticut's Mental Hospitals consistently lend credence to the notions that mental hospital patients are regularly exposed to various institutional policies and practices which deprive them of their basic human rights and which have a demoralizing and dehumanizing effect on the individual.

These practices and procedures fall within the realm of those which S.B. #592 seeks to modify and control. Despite certain express policies of some of our State Hospitals and well intended efforts at internal control - which purport to safeguard certain rights and privileges of patients institutionally confined.

There are enforcements and regulations as inconsistent and subject to the whims of hospital employees and administrators both from one institution to another and within the same institution. The incidents and outcome of the subsequent investigation at Fairfield Hills Hospital last year, is ample testimony to this fact. It seems imperative that these human rights of confined mental patients included in S. B. #592 be guaranteed through enactment into the laws of the State.

Such enactment would put the State of Connecticut closer to the progressive edge of mental health legislation that focuses upon the State's concern for the maintenance of the worth and dignity of the mentally disordered

individual and on behalf of the Middlesex Area Mental Health Council and in accordance with my own feelings as a Mental Health Professional, I strongly urge your favorable report on S. B. #592. Thank you.

Sen. Jackson: Thank you, Doctor. Doctor Kenny to be followed by Edward J. Tomkiel.

Mr. Kenny: My name is Doctor William Kenny, I am a practicing Psychiatrist at the Institute of Living in Hartford and Chairman of the Legislative Committee of the Connecticut Psychiatric Society. I appear here before you today on behalf of that Society which is made up of 350 members throughout the State of Connecticut.

I appear very briefly on one Bill, Bill #762 on confidentiality which we formally endorsed. It is merely to cover a loophole in the confidentiality Bill, the loophole which has to be covered in the interests of not the physician but of the patient.

S.B. #762 - AN ACT CONCERNING CONFIDENTIALITY OF COMMUNICATIONS AND RECORDS OF MENTAL PATIENTS.

The Connecticut Psychiatric Society recognizes the basic idealism expressed in the Bill #592 which tries to delineate the rights of the mentally ill, but it opposes the Bill on the basis that it is both ineffective and impractical.

S.B. #592 - AN ACT CONCERNING THE RIGHTS OF THE MENTALLY DISORDERED.

The Society is strongly opposed to Section 4a in particular and I quote very briefly: "No voluntary patient shall receive any course of medication or treatment without his written informed consent." This is a specification which is totally impractical. Perhaps the best way to illustrate this is to give clinical examples. Part of this, I think, has already been given by Doctor Donnelly when he mentioned about the actual effect of this is that aspirin. To get an order of aspirin, one would have to give a written informed consent - let me follow a little bit from this.

The inoperable nature of this is clearly evident, but it becomes even more clearly so when one considers the necessary urgent use of medications in emergency situations such as severe asthma or cardiac arrest. Severe infections like pneumonia or meningitis are even more complex since a toxic delirium can impair the patient's ability to give any type of informed consent, and thus make treatment under this particular subsection impossible.

Even if this subsection is clarified and amended to include only medications used routinely in psychiatric practice, it remains totally inoperable and I will give you very brief clinical examples. It is very nice to talk about idealism, but when you have to deal with the patient, it is another story. The first example is a very simple one and not an unusual one.

The man who has a long history of alcoholism stops drinking for a period to two or three days and voluntarily admits himself to a hospital in a sober state. A few days after admission, he develops delirium tremens with significant impairment of orientation, memory and judgment. Under Section 4a, the physician is unable to give him any medication even though the probability of death without it is about 10%.

Section B - point 2: A voluntary patient becomes increasingly disturbed and agitated, harming either himself or others on the ward. In this agitated and perhaps belligerent state, he is asked to give written informed consent for medication necessary to enable him to bring himself under control.

Section point C has also a department dealt with by Doctor Donnelly and again perhaps I might best deal with it by giving an example. A man is on the - I had an example like this last night. A lady has been in the hospital for 4 months and for the first time in her entire existence and at 6:00 PM asked for sleeping medication. Let's just transfer this to Hartford Hospital. There is a man on the psychiatric unit of Hartford Hospital with a diagnosis of anxiety state or depressive neurosis. There is a similar man on the medical unit and on the Psychiatric Unit the man asks for a simple sleeping medication and in order to get this, he has to provide his written informed consent which has to be taken, obviously, by a responsible person - his neighbor who may be on the medical unit just a few rooms away, does not have to have this imposition upon him.

I think that we have to see that there are times when we try to clarify rights, we can pose that we give impositions and we actually give stigma.

There are other aspects of this Bill with which the Society finds it is in disagreement, because of its concern as to how much they really protect the rights of those whom they are intended to protect. A particular example is Section 7f and again, it is quite brief so I will quote it.

"If the head of the hospital determines that it is medically harmful to a patient to make or receive telephone calls, this fact shall be explained in writing, signed by the head of the hospital and sent to the patient's family and to any persons who regularly make calls to or receive calls from the patient."

Sending such letters could well be seen as a breach of the Statute on confidentiality and privilege. Of more concern is to wonder whether a procedure which places written verification of an individual's hospitalization together with reasons for his not being permitted to receive phone calls, to place this type of letter in the hands of his business associates or people who several years from now may be his ex-friends. One has to wonder how much this can be seen as a protection of his rights.

Let me make one closing statement which applies to this Bill and I make it because I think this type of Bill will come up before your Committee again and I may not be here. The Connecticut Psychiatric Society - no, I will

eliminate that part, I am sorry - in the interest of time. We state, in conclusion, that there will always be final limitations as to how much statute law can improve the care of persons who are ill. The patient does have to be protected by law. This is why the writ of habeas corpus exists, why the right to release privileged information belongs to the patient and not to the psychiatrist and why, in the final analysis, the physician must be prepared to be sued for any act of negligence with which he is charged. This is the way it is and this is the way it should be.

But when all is said and done, the dignity, rights and proper treatment for the ill depends critically on the personal consideration, dignity, humanity and basic ethical considerations of those whom the community charges with their care.

The Physician must never forget the legal rights of those whom he is treating. He has at the same time, side by side and within strict ethical bounds which can never be legislated, to remember their moral right to treatment. Within these additional bounds, he has to make decisions and give judgements which move the patient toward getting well.

For these reasons the Connecticut Psychiatric Society respectfully urges the Judiciary Committee to oppose S. B. #592.

Sen. Jackson: Thank you very much, Doctor. Mr. Tomkien to be followed by Seymour Alpert. Mr. Tomkien? Mr. Alpert? Mr. Alpert to be followed by Mary Parham.

Mr. Alpert: Mr. Chairman, Members of the Committee, I am Seymour Alpert, Chief Inheritance Tax Attorney for the State of Connecticut - speaking on behalf of the State Tax Commissioner. I would like to speak briefly on four Bills, the first one is S.B. #56.

S.B. #56 AN ACT CONCERNING DEDUCTION OF DEBTS OF THE TRANSFEROR IN DETERMINING APPLICATION OF THE ESTATE TRANSFER TAX.

The Tax Commissioner objects to this Bill on the grounds that it is unclear. There is no procedure set up for the operation of the provisions of this Bill and that it disturbs the sound case law on the subject and to the extent that deductions are enlarged in the field of non-probate property. The Bill is a revenue loser.

Rep. Smyth: A revenue loser?

Mr. Alpert: A loser, yes. The Commissioner is also opposed to Bill #6206.

H.B. #6206 - AN ACT CONCERNING LIABILITY OF REPRESENTATIVES OF ESTATES AND TRANSFEREES.

This Bill lacks clarity. It creates problems and it increases the burdens on the Tax Commissioner and there also is a possible loss of revenue involved.

With respect to H.B. #6570.

H.B. #6570 - AN ACT CONCERNING THE TAXATION OF THE ESTATES OF DECEASED PERSONS.

This Bill pertains to the informal filing of an account with the Probate Court by a statement under oath with a waiver by the heirs. The Tax Commissioner has no objection to the passage of this Bill, but he would suggest however, that if the Bill is enacted, it contain a provision that the Probate Judge require a final receipt from the Tax Commissioner that all State Succession Taxes are paid before the account is accepted. This of course would also be additional protection for the fiduciary. The final Bill is #6570.

H.B. #6570 - AN ACT CONCERNING THE TAXATION OF THE ESTATES OF DECEASED PERSONS.

This is merely a Statement of Purpose Bill and the Tax Commissioner can take no position on this Bill as yet, of course, until a detailed proposed Bill has been put forth and analyzed by him. However, the subject matter of this Bill is of the gravest concern to the Tax Commissioner as it would change the statutory law in the entire field of Succession Taxes which has been in existence since 1879.

Rep. Sullivan: The last Bill was #6570, Sir.

Mr. Alpert: #6570, yes.

Rep. Sullivan: The one before it, #544.

Mr. Alpert: No, yes, that is correct, #544. Thank you.

Sen. Jackson: Thank you very much. Mary Parham to be followed by Attorney Wynne.

Ms. Parham: Chairmen of the Committee and Members of the Committee, I am interested - I support Bill #592, #762 and do not support #6267. My concern with these Bills comes being committed in a mental hospital and being railroaded through Connecticut Mental Health.

S.B. #592 - AN ACT CONCERNING THE RIGHTS OF THE MENTALLY DISORDERED.

S.B. #762 - AN ACT CONCERNING CONFIDENTIALITY OF COMMUNICATIONS AND RECORDS OF MENTAL PATIENTS.

H.B. #6267 - AN ACT CONCERNING LENGTH OF COURT COMMITMENT OF MENTAL PATIENTS.

With reference to S.B. #592 - Section 4 (a) "No voluntary patient shall receive any course of medication or treatment without his written informed consent," Mary expressed, from her experience with the Connecticut Mental Health and having been a patient at the Connecticut Valley Hospital, her opposition to taking medicine or being forced to take medication as she claims all patients are given upon entrance to the hospital.

She freely discussed her experience when she was on LSD and was then admitted to the Connecticut Valley Hospital. She felt that many of the drugs used in the hospitals are more toxic and more dangerous than what is used on the open street. She felt that medical doctors, not psychiatrists should treat physical illnesses of the mental patients and without written consent.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
SAFETY**

**PART 1
1-491**

**1971
Index**

PUBLIC HEALTH AND SAFETY

THURSDAY

MARCH 4, 1971

In many cases such facilities would provide the proper place for a child to be referred to in the first place, thus easing the strain on more expensive and massive hospital centers and yet improving the care at the same time. In short, the problems of emotionally disturbed children are multiple and diverse and they require equally varied facilities and services for their solution.

I therefore urge you to support H.B. 6380 which will allow voluntary, non-profit agencies in the State to play an active role in creating such new facilities and meeting the needs of our children. And 6510 promotes interdepartmental cooperation in the care of a special group of children, namely autistic children, between the Division of Mental Retardation in the Department of Health and the Department of Mental Health. It is also a principle I think we ought to promote in the care of children, and that is being able to coordinate many facilities instead of having fragmented services. So I would urge your approval of that too because it is a principle I think which we can well afford to support. That ends my statement. I'm not going to read this but I also have a statement which I will give the secretary, on behalf of Dr. Dr. Albert Solnit who is the Director of the Child Study Center and President-elect of The American Academy of Child Psychiatry supporting those same bills and also supporting S.B. 640 which will allow short term hospitalization of children in their own, or neighboring communities in general hospitals. Another part of the network of facilities I think we so desperately need.

Just one more statement which is that we're increasingly aware in pediatrics that the number of physical problems has decreased in the last few years, the use of bed usage for example, for the physical care of children in hospitals is decreasing. The mental health needs have been increasing. And I think it is therefore appropriate for us as pediatricians, and that's why we're here, Dr. Kramer and I, as well as psychiatrists, to speak in favor of these items. If we're really talking about helping children, we can't divide them up into different sections or kinds of diseases. We have to talk about the whole child. Thank you very much.

1
v Margaret Wilson, President of the Connecticut Association for Mental Health: I am speaking today in support of Senate Bill 594 concerning the establishment of regional mental health authorities, which is one of four bills submitted by our Association into this General Assembly.

This bill and the other measures we have submitted (S.B. 592, 593 and 630 introduced by Sens. Caldwell, Ives, Ciarlone and Resps. Curtis, Chagnon, Webber) are the result of a

PUBLIC HEALTH AND SAFETY

THURSDAY

MARCH 4, 1971

\$16,000 study financed by the Connecticut Association for Mental Health and conducted by the Institute of Public Administration of New York, a non-profit educational group responsible for major mental health legislation in New York, Georgia and other states.

The study conducted by the Institute of Public Administration covered a time period of over six months and in that period mental health groups and officials were brought into discussions about needed changes in mental health organization in Connecticut. Included among those persons were Acting Commissioner Ernest Shepherd, Dr. Jules Coleman, chairman, State Board of Mental Health, a representative from the mental health planning councils in the state, state mental hospital officials, and private citizens.

Senate Bill 594, briefly, does this: Establishes "regional authorities" for mental health as non-profit corporations with responsibility for: coordinating and evaluating mental health services; establishing demonstration programs; applying for, receiving and expending federal, state or local funds for community mental health programs.

Provides for a policy making board of directors and an executive director is provided to administer affairs of the authority. The board employs the executive director.

Affects only that part of the Mental Health Department structure and Budget relating to the Division of Community Services. By July 1, 1972 all present community granting programs phased out and lump sum grants will be made to regional authorities for distribution in the communities.

\$100,000 asked to begin the initial development of the regional authorities as of July 1, 1971.

I urge this committee to take a close look at this legislation - not to toss it aside or put it on a shelf for more study. I urge you to look seriously upon this bill and the others in our legislative package because: Connecticut is behind the times in its mental health structure and organization.

We are giving lip service to the concept of community based and operated mental health programs.

We are not getting all we could out of our mental health dollars in this state.

Our mental health funds are not "patient" oriented...we are not providing a way for mental health dollars to shift with the movement and needs of patients.