

Act Number	Session	Bill Number	Total Number of Committee Pages	Total Number of House Pages	Total Number of Senate Pages
PA 71-859		6511	19	4	8
<u>Committee Pages:</u> <ul style="list-style-type: none"> • <i>Public Health & Safety</i> 136 • <i>Public Health & Safety</i> 160-178 				<u>House Pages:</u> <ul style="list-style-type: none"> • 3280 • 6121- 6123 	<u>Senate Pages:</u> <ul style="list-style-type: none"> • 2964 • 3259- 3265 • 3271

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
1971**

**VOL. 14
PART 7
3011-3376**

Thursday, May 20, 1971

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EFH

adopted. It's ruled technical. Further remarks on the Bill as twice amended.

MARILYN PEARSON:

Thank you, Mr. Speaker. There have been many violations where pharmacies have sold hypodermic needles and syringes to people who really weren't using them for medical purposes. In Fairfield County we've had many violations, and our Fairfield County Undercover Squad is very much in favor of this Bill, as our many of the local police forces in our particular County. I had a similar Bill in. I think it's an excellent Bill, and I do hope that it has unanimous support from the House. Thank you.

MR. SPEAKER:

Will you remark further. If not, all those in favor indicate by saying "aye". Opposed. The Bill is passed. At this time I'd like to invite to the rostrum to preside a good friend of all of us. He will host us next week at his farm. The gentleman who is known for his wit and his charm but above all, someone who is beloved by all in this House, Representative Hogan, from the 177th.

REPRESENTATIVE HOGAN IN THE CHAIR

THE SPEAKER:

I just looked around to see who he was talking about.

THE CLERK:

On Page 7, second item, Calendar No. 999, Substitute for H.B. No. 6511, an Act concerning the definition of podiatry.

RICHARD J. YEDZINIAK:

Mr. Speaker, I move acceptance of the Committee's Joint

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

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5555-6226**

Wednesday, June 9, 1971 113A.

MR. SPEAKER:

All those in favor indicate by saying "aye". Opposed.
The Bill is passed.

CARL R. AJELLO, JR.:

Mr. Speaker, at this time I'd like to move on Page 11, Calendar No. 1601, Substitute for H.B. No. 5962. I move suspension of the rules for immediate transmittal of this item to the Senate.

MR. SPEAKER:

Would the gentleman call it again for the benefit of the Clerks, please?

CARL R. AJELLO, JR.:

Yes, sir. On Page 11, that's all of the fingers on both hands and one more. Calendar No. 1601, fourth from the top, Substitute for H.B. No. 5962. The motion is for immediate transmittal to the Senate.

MR. SPEAKER:

Is there objection to suspension of the rules? Hearing none, the rules are suspended. Is there objection to transmittal? Hearing none, the Bill indicated is transmitted to the Senate.

CARL R. AJELLO, JR.:

Mr. Speaker, directing the Clerk now to Page 18, Disagreeing Actions. Calendar No. 999, Substitute for H.B. No. 6511.

THE CLERK:

Calendar No. 999, Substitute for H.B. No. 6511, an Act concerning the definition of podiatry. As amended by Senate Amendment Schedule "A".

CARL R. AJELLO, JR.:

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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 Senate Amendment "A".

MR. SPEAKER:

The Clerk will call Senate Amendment Schedule "A".

THE CLERK:

Senate Amendment Schedule "A" adopted by the Senate on June 5th. In Line 9, after the word "feet" and before the comma, insert the following: "including all structures of the forefoot, the forward of the tarsal bones but excluding operations on the bones of the tarsus."

MR. SPEAKER:

Question's on adoption of Senate "A".

CARL R. AJELLO, JR.:

Mr. Speaker, speaking in favor of adoption of Senate Amendment "A". This is a technical Amendment to the Bill which was agreed upon among the medical doctors and the podiatrists. It satisfies all parties quite well, and I recommend passage of the Amendment.

MR. SPEAKER:

Further remarks on the Amendment. If not, all those in favor indicate by saying "aye". Opposed. Senate "A" is adopted.

CARL R. AJELLO, JR.:

Thank you, sir. I move acceptance of the Bill as

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amended by Senate Amendment Schedule "A".

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MR. SPEAKER:

Further remarks.

CARL R. AJELLO, JR.:

I think my remarks are self-explanatory as to the Bill itself, Mr. Speaker.

MR. SPEAKER:

Further remarks. If not, all those in favor indicate by saying "aye". Opposed. The Bill is passed.

JOHN F. PAPANDREA:

Mr. Speaker, I move for suspension of the rules for immediate consideration of a Resolution which concerns the anniversary of one of our members. I would yield for this purpose to the distinguished Chairman of the Committee on Education.

MR. SPEAKER:

The Resolution apparently is not in possession of the Clerk.

JOHN F. PAPANDREA:

Mr. Speaker, while we're waiting may we turn to Page 7, second from the bottom.

MR. SPEAKER:

Would the gentleman call that again, please.

JOHN F. PAPANDREA:

Calendar No. 1544, the second item from the bottom on Page 7. It's a matter that was recommitted a short time ago.

MR. SPEAKER:

Please proceed.

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Education in each public school system, appoint a coordinator of group relations in human relations. It is an important area. It will go a long way to help aid solving the problems that we're facing in many of our communities. It's a progressive bill. It's a necessary bill and I urge adoption.

THE CHAIR:

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

THE CLERK:

CAL. NO. 925. File 1070. Favorable report of the joint committee on Public Health and Safety. Substitute House Bill 6511. An Act Concerning the Definition of Podiatry.

SENATOR PAC:

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

THE CLERK:

In line 9, after the word feet and before the comma insert the following: including all structures of the forefoot forward of the tarsal bones, but excluding operations on the bones of the tarsus.

SENATOR PAC:

Mr. President, Podiatrists may presently perform minor surgery and upon and including the phalagus but limited to the structures of the foot that are superficial to the inner facia. Which means, it can go no deeper than the outer skin, than the tissue that's underneath the outer skin.

This bill would permit them to exxpand their area of surgery a little further. It would permit them to perform minor surgery on the forefoot, for-

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THE CLERK:

The Clerk will now proceed with the Calendar as marked. Page 1 please, bottom of the page. Cal. 925, File 1070 Favorable report joint standing committee on Public Health and Safety Substitute H.B. 6511 An Act Concerning the Definition of Podiatry.

THE CHAIR:

Senator Pac.

SENATOR PAC:

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

THE CHAIR:

Did I hear you correctly? You want to accept the report. Get the matter before the house. And You've moved to reject the bill?

SENATOR PAC:

Correct sir.

THE CHAIR:

Will you remark?

SENATOR PAC:

As you all know this bill would expand the area of permissible surgery for Podiatrists. Presently a podiatrist may perform minor surgery but this is limited to the phalanges and to the inner fascia underlying the skin. Under this bill he would be permitted to perform surgery beyond the inner area. He would be allowed to go deep down into the skin. And it would expand the frontal area to include the whole fore foot forward of the torso bones. Now I think that at this point in time I don't think that we know enough about the whole areas of surgery to really vote and really decide on this kind of an issue. So what I'm really saying is that in the absence of any real evidence. I think we should leave it alone. This is a problem for medicine to decide. And not for legislators. I think ladies and gentle-

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menmen before you vote on this issue. I know you all want to be well liked, this is a human tendency and a thing that is common to us all. We want to be liked and there are an awful lot of nice lobbyists out there. But when you vote on this think of what you are doing to health care and medicine in this state. I am not demeaning the podiatrists when I say this. But we must go by I think by the people who are most qualified to guide us. And the Connecticut Medical Society along with doctors throughout the state are unalterably opposed to this extension in the surgery of a podiatrist. I think we consider ourselves an enlightened society. And we continually uphold higher and higher standards. And greater and more restricted regulations to be met. In doing this I think we are going in the opposite direction. We are permitting people who graduate from school that do not meet the minimal requirement of medical schools to engage in practices that I think are beyond their scope.

THE CHAIR:

Senator, it is my understanding that you reported the bill out to get it on the floor. And it is your wish that it be defeated?

SENATOR PAC:

Yes sir.

THE CHAIR:

So we will have the usual yes, no on the vote. Will you remark further? Senator Gunther.

SENATOR GUNTHER:

Mr. President, I rise to support this bill. I think that for anybody that spent the past three sessions on the Public Health and Safety Committee, I think that we can well go back and review the almost five years of testimony that we've heard from the podiatry field as to their credentials. And their background. I think with every one of these committees we've been very impressed with the fact that these men are thoroughly educated. They are not educated merely in the foot itself. But do spend

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considerable time on the entire body. And for the limitation of the license that these people have. I think they are probably the most over educated of all the professional people. The present license in the state of Connecticut permits the performance of minor surgery on the foot. But limited to the toes. When this bill passed the Public Health and Safety Committee and came out of the committee that both Senator Pac and I now serve on, the bill would have allowed minor surgery on the entire foot. And this was put out by the entire committee. I heard of no real strong objection in that committee. Based on the testimony that we received, I think that some of the testimony there. I can remember one orthopedic surgeon who had great respect for these men who has been pressed in fact with some of the testimony by the podiatrists that they were so well educated. And he himself said he was amazed at the education that these people had.

Right now the bill that we have before us has been watered down to the point that frankly in my opinion this bill will do nothing but give these people the right to practice what they are doing right now. But do it legally. We talk about the inner layer of the fascia. And what we're talking is the superficial fascia, which is that layer of tissue immediately under the skin. Now you don't need to be real professional man to know that the immediately under the skin is something that probably everyone of these podiatrists violate everyday. That they practice. And the reason that I say that any deep seeded corn plant or wort, ingrown toenail. I cango on with many many common conditions of the foot. That these men probably do penetrate that superficial fascia. Now this is a real watered down bill the way we have it right now. Frankly I was in support of the bill as it originally was let out of committee. And certainly we didn't counsel on this thing to water it down to the point it is right now. Forty other states out of the fifty United States give a much more liberal practice to podiatry. And we're talking about total health care in our state. I say that these people are well ed-

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ucated. They are well qualified to take and perform under the bill that we have here before us. And I'll say that this is nothing but a pittance in comparison to the original bill that was passed out of the committee that served in this past session. And I think it deserves to take and be passed favorably.

THE CHAIR:

The question is on passage. Will you remark further?

Senator Dinielli.

SENATOR DINIELLI:

Mr. President, I rise to support the bill. And to associate my remarks with those of Senator Gunther. And I would like to reiterate in his comments in that in 47 other states no such limitation as now exists in Connecticut is imposed. We stand alone with Alabama and New Hampshire in limiting the exercise of the podiatrist competence. I think this amendment, this bill has been amended so that we're really not talking about much of an improvement in the exercise of a podiatrists business. I think that its a fair bill. I think the people are competent. They are licensed by the state of Connecticut. I support it.

THE CHAIR:

Will you remark further? The Question is on passage.

Senator Power.

SENATOR POWER:

Mr. President, I really don't know the difference between a fascia and a phalanges but I do know that a foot doctor in my district called me and said that he thought this would be a good bill. And it should pass.

THE CHAIR:

Will you remark further? Senator Pac.

SENATOR PAC:

Mr. President, I would like to correct what I believe is a misconception on the part of Senator Gunther. Senator Gunther mentioned the fact that this would permit surgery on the inner fascia underlying the surface. Well thats correct. This is what

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they were previously allowed to do. But we have this passage deleted. So now they are permitted to go deeper. They can go down into deeper tissues and into the muscle. So at that point they are doing what I consider major surgery. Secondly the Senator, the good Senator made mention of the wonderful training they have received and the tremendous schools they have gone through. I would like and present this as a question. Would the Senator mention some of the schools they have graduated?

THE CHAIR:

Senator Gunther. If you wish.

SENATOR GUNTHER:

Mr. President, I'm certainly sure that I couldn't list all the schools that license, in the state of Connecticut for podiatry. But I will say this. The state of Connecticut has a rigid licensing law in every profession. If you want to name one, I happen to have a very good friend of mine who went to Temple University. I know that there are several in Chicago that I know of. But certainly I am not the person to ask what particular school they go to. I'll say this. That the only place that the public can get the health care that's given to them in the field of podiatry. Is at a podiatrist.. An orthopedic surgeon cannot take and fulfill the entire obligation and the needs of the people in the state of Connecticut and the type of treatment. And much of this is preventative treatment. I'll say that many of these men work on more or less of a prothesis approach to things in correcting foot conditions before they get to the point that we require orthopedic surgical intervention.

As far as penetrating the superficial fascia being major surgery. I think that you'll find out the definition of major surgery is penetrating the parathyroid cavity. And couldn't conceivably be considered to be major surgery. When your limiting it to the forward part of the foot. So we won't use technical terms, and you'll understand what I'm talking about. From the ball of the foot forward is all we are doing. Actually all we're

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doing is extending their field about one inch on the average person. It could not conceivably be major surgery. I think that these people are over educated for this type of limitation. I think they should be given the right to practice their field. As they are taught to practice and the competently can practice. And this would be back at the original definition that was in this bill. Which would give them the total foot. To do minor surgery on. I think this is a water downed bill. Its a good bill. These people should have the right to do this. And I strongly support this particular measure.

THE CHAIR:

Will you remark further? Senator Smith.

SENATOR SMITH:

Mr. President, I rise in support of this bill. But if the past is any indication of the present. My remarks might lead to its defeat.

Having spent three years in the Armed Forces I can justly say the Army ruined my feet.

THE CHAIR:

The record will so note. The record will note that your feet were ruined by the Army. We will stop there.

SENATOR SMITH:

I say that Mr. President because when I went in I was very tender all over. But in any event, and uninjured. In any event after a couple of months of basic training I began to develop what is known as corns. On my feet. And each medical doctor I went to. I don't know whether it was an Army doctor or civilian or difference or not. But in any event they couldn't help me. When I got out of the service I still had the pains. And I went to medical doctors and none of them helped me. I went finally to a podiatrist. And I can stand here today on my two feet without even feeling what the Army had done to me. Therefore I support this bill. If only for that reason alone.

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THE CHAIR:

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

Senator Pac.

SENATOR PAC:

I would ask that the vote be taken by a standing vote.

THE CHAIR:

All those in favor please rise? The Lt. Gubernatorial ears have not failed. I almost said Gubernatorial which was a slip of the tongue. Please be seated. Against, please rise? 24 ayes, 8 nays. The bill is passed.

SENATOR GUNTHER:

Mr. President, I move for immediate reconsideration.

THE CHAIR:

Will you remark on the motion?

SENATOR GUNTHER:

I'm moving for immediate reconsideration and I hope that the reconsideration fails.

THE CHAIR:

Will you remark further? If not all those in favor of a reconsideration signify by saying aye. AYE. Opposed nay? The nays have it the bill will not be reconsidered.

THE CLERK:

Page 2 please. Third item. Cal. 972, File 1012 Favorable report joint standing committee on Education Substitute H.B.7728. An Act Concerning the Establishment of a Community College in the Meriden-Wallingford Area.

THE CHAIR:

Senator Mondani.

SENATOR MONDANI:

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

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House of the previous bill. Cal. 925, File 1070 Substitute for H.B. 6511.

THE CHAIR:

Is there any objection. If not it is so ordered. Senator Crafts.

SENATOR CRAFTS:

Mr. President, I don't understand that motion. This is a substitute for a house bill which indicates to me it has been acted on in the house.

THE CHAIR:

Senator Gunther.

SENATOR GUNTHER:

Mr. President, I might clarify Senator Crafts. The bill was amended here. Its not printed in the file. Consequently it will require House action before approval before going to the Governor.

THE CHAIR:

Correct. There's no way you could tell that Senator Crafts. The Clerk called it to my attention.

No objection it is so ordered.

THE CLERK:

Page 3, Cal. 1138, File 1344 FAVORABLE report of the joint standing committee on Government Administration and Policy H.B. 5849 An Act Concerning Designation of a Sewer Authority by a Municipality.

THE CHAIR:

Senator Sullivan is temporarily out of the chamber.

Senator Murphy.

SENATOR MURPHY:

In Senator Sullivan's absence, Mr. President I'll move for the acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Will you remark?

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
AND
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**PART 1
1-491**

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PUBLIC HEALTH AND SAFETY

THURSDAY

FEBRUARY 25, 1971

Senator Stanley J. Pac,
presiding

Members present: Senators: Pac, Crafts, Gunther
Representatives: M. Cohen, Auger, Clark, Clarke,
Connolly, DiMeo, LaRosa, Lyons, Martin, Miller,
Rose, Stroffolino

Rep. Cohen: Rep. Yedziniak, did you want to speak on a bill? Go right ahead.

Richard Yedziniak, 5th District, Hartford: Mr. Chairman, Ladies and Gentlemen of the Committee, I speak to House Bill 6511. (Rep. Yedziniak of the 5th.) AN ACT CONCERNING THE DEFINITION OF PODIATRY.

I submitted HB 6511 for consideration this session in the earnest belief that our state's podiatrists should be accorded the right to practice their profession to the level of their competence and skill - and not limited to an archaic and shopworn restriction...

The experience with this profession is laudatory. In the 1969 session I submitted a bill which this committee favorably acted upon which clarified the statutory authority allowing the use of drugs. The handling of this privilege has been responsible.

Under my bill this year, podiatrists would be permitted to do that for which they were schooled and trained - give care and treatment to the foot as their fellow professionals do in forty seven other states.

I suggest two changes. First, the deletion of the word minor because it is vague and really meaningless. The second deletion is called for because it places an improper restriction upon ability to offer that for which they were trained, their education, and from which they've gained in experience.

PUBLIC HEALTH AND SAFETY

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Dr. Hart: Right.

Sen. Gunther: Well, then you're talking about this bill being involved in six to nine towns.

Dr. Hart: No, no, no. I'm saying that in each town you never get 100%.

Sen. Gunther: But they are still participating in the program.

Dr. Hart: Yes, but the requirement would require that each child be immunized so that the other 28% would be taken care of, you see, in each town.

Rep. Cohen: They are participating but not fully.

Dr. Hart: Right

Sen. Gunther: Well, they are participating but they are not following up apparently. On the 28%.

Dr. Hart: Well merely because they cannot require this you see and if a parent refuses, if a child is sick that particular day or week, you can't get it done. This is the point

Sen. Gunther: Incidentally you said all the vaccine is available for nothing even to the private physicians?

Dr. Hart: Yes, the federal, the rubella vaccine. At this time it is.

Sen. Gunther: Do you have any idea, do they charge for visits? I would imagine for this.

Dr. Hart: Well, the one condition that's given a private doctor, by the way we have really not given up to private doctors, this is done by the local director of health, but the condition is that he not charge for the vaccine. He may charge for his service but not the vaccine.

Sen. Pac: Any other questions? Anyone else in favor of 6383? Anyone opposed? We'll move on to H.B. 6384 (Rep. Griswold of the 109th.) AN ACT CONCERNING CONSENT FOR AUTOPSIES. Anyone in favor? Anyone opposed to 6384? We'll move on to H.P. 6505 (Rep. Cohen of the 41st.) TO 6511 (Rep. Yedziniak of the 5th.) AN ACT CONCERNING THE DEFINITION OF PODIATRY.

Peter Kelly representing the Conn. Podiatry Association in favor of H.B. 6511. Two years ago as Rep. Yedziniak earlier said this committee and the general assembly recognized the propriety and the necessity of ensuring the podiatrist's right to prescribe and administer drugs in the practice of his

profession. The soundness of your judgment in clarifying the statutory ambiguity cannot be questioned.

During the past two years podiatrists have used drugs both prior to and following surgery with appropriate care and restraint. Not one complaint concerning the prescription or administration of drugs by this profession's members has been made by the hundreds of thousands of patients Conn. podiatrists treat each year.

Although the podiatrist, as we expressed to you then, is carefully schooled and trained in the use and contra-indicated uses of drugs, he and his professional society have since sponsored a series of scientific seminars on drugs, and two separate pharmaceutical refresher courses with the University of Conn's School of Pharmacology.

I repeat this record to you not because it relates to this bill today but because it underlines that this is a profession which is both competent and cautious in its practice.

Today HB 6511 contains two additional changes in the statute purporting to define the current practice of podiatry. It's the elimination of two words or two phrases which will help put to bed historical but not longer relevant limitations long ago imposed on the podiatric profession here.

Simply, the bill proposes two changes:

1. Elimination of the word "minor" as it applies to surgery. This is because the word minor standing alone is too ambiguous to have any kind of meaning and really has no place in a statute dealing with surgery because surgery is never minor.
2. Elimination of the restrictive phrase "superficial to the inner layer of the facia" because this too is vague, this too is subject to varying interpretation and is no longer relevant when one considers the competency of a podiatrist.

These magic words, I think it's appropriate for us to consider where they came from because this indicates the extent of their value. In 1935, this general assembly recognized that the podiatrist, by his special skill, ability and training, was competent to perform delicate and complicated surgery involving the phalanges, or toes. But in expressing that finding, the 1935 general assembly

lifted those limiting words, "superficial to the inner layer of the facia" from the then New York statutory definition of podiatry. Shortly thereafter the Pennsylvania legislature lifted those same words from our definition of podiatry. It's appropriate to see where those two statutory limitations are now. In New York the limitation was discarded over twenty years ago. In Pennsylvania, these words were discarded last year and now their statute goes far beyond what we suggest and will permit surgery by a podiatrist on the anatomical structures of the leg governing the functions of the foot.

Now as the law stands in this country, Connecticut stands in the company of only two other states so limiting surgery. And those are the great states of Alabama and New Hampshire. Forty-seven other states, Puerto Rico and the District of Columbia have not permitted such limitations to stand.

Let's consider the definitions used in just the three states which neighbor Conn. New York simply states a podiatrist may practice surgery upon the feet. Rhode Island permits the palliative, medical, surgical, manipulative, electrical and mechanical treatment of the feet. Massachusetts allows the podiatrist to diagnose and treat the foot by medical, surgical, mechanical, manipulative and electrical means. None but Alabama and New Hampshire impose such unnecessary or restrictive clauses as the one contained in our existing statutes.

Dr. Irving Yale, past president of the American Podiatry Association, will offer testimony today which will well support the competence of today's podiatrist. I suggest to you that we in Conn. who now face a serious and deplorable shortage of physicians and other skilled practitioners cannot allow the skills and talent of this profession to be so limited. We should permit them to do their utmost in their practice.

There are many podiatrists here today and by the leave of the chair, just to show the concern that they have for this in enabling them to practice their skill, I would ask that the podiatrists present be allowed to stand.

We wanted them to stand so when we leave you're not going to have to listen to all the speakers.

Dr. Yale is present and Dr. Walker, who as a matter of fact is I think the only one in this building who was around when that 1935 bill was passed, is also present.

THURSDAY

FEBRUARY 25, 1971

Irving Yale, Doctor of Podiatric Medicine, Past President of the American Podiatry Association and a practicing podiatrist in Ansonia, Conn, author of two text books, past chairman of the Council on Education, the recognized accrediting agency for the Colleges of podiatric medicine, and elected fellow of the American Public Health Association, and a member of two federal government task forces: Mr. Chairman, I would like you to know that I took your advice and half bluepenciled through my testimony.

Podiatry is recognized by the federal government as one of the four autonomous professions licensed to independently diagnose and treat medically and surgically. Its Council on Podiatry Education is the accrediting agency for the colleges of podiatric medicine, and is so recognized by HEW, Department of Labor and the National Commission on Accrediting, the same agency that accredits the other learned medical professions. Over 65% of our student hold a bachelor's degree or better. 90% have three or more years of college. This is followed by four years of intensive study and training at a college of podiatric medicine and their associated clinics and hospitals. Many of our recent licensees in Conn. have had an additional year or more of experience as interns at joint commission accredited hospitals and as commissioned podiatric officers in the armed forces.

The Joint Commission on Accreditation of Hospitals has written podiatry into their standards in the same manner as oral surgeons. The change requested in the statutory definition of podiatry is consistent with that of our neighboring states. Forty-seven states use the term surgical or surgery. This is quote surgical unquote or quote surgery unquote of the human foot. Plus the District of Columbia and Puerto Rico.

Podiatrists in Conn. have been performing bone surgery since 1955 under a limiting statute. The limitations we seek to remove "including all structures of the phalanges but limited to those structures of the foot superficial to the inner layer of fascia of the foot" are unrealistic. We have been forced to live with this for many years. As a matter of fact the limitation referring to the fascia is at least thirty-six years old, and completely out of tune with the acceptable definition of podiatry today. It breeds confusion among insurance carriers, diminishes the quality of care and markedly increases the cost of foot treatment for the elderly, Medicaid and Medicare patients, and the community.

An explanation of the necessity for the proposed changes may be expressed by the following illustrations: podiatrists treat callouses on the soles of the feet medically and surgically. The causes vary but the skilled podiatrist may have to perform a service requiring a surgical incision that falls below the inner layer of fascia. Complications of corns and callouses such as infections or ulcers may penetrate the fascia. Present podiatry law provides for the use of anti-biotics and pain relieving drugs, yet limits the very necessary incision and drainage required to eliminate the infection from the deeper plains of the foot. Yet this acceptable treatment of incision perhaps only one quarter of an inch away from the inner or deeper layers of the fascia of the foot may be unacceptable and unrestricted approach to treatment.

Another illustration, a neuroma, a growth on a nerve causing excruciating pain in the foot may be removed by an incision on the sole of the foot. By strict definition the nerve at this site may be superficial to the inner layer of fascia and legally acceptable. Good judgment would dictate however the removal of this lesion from an incision on top of the foot to prevent development of a painful scar on the sole of the foot. This approach is the most acceptable textbook technique but because of the present antiquated facial restriction one must violate the law to perform good surgery. Ironically if the neuroma is on the nerve between the bases of the opposing phalanges, the toe bones, it can be removed legally. If it falls one eighth of an inch or more behind the phalanges, it is construed to be illegal.

Twenty million elderly patients in the United States are covered for podiatric services under federal Medicare. Elderly men and women in Conn. are being deprived of the scientific and modern services provided in other progressive states. A favorable consideration of this bill will rectify this inequity. It should be noted also that the military dependents medical care plan which covers 6.3 million individuals in the United States recognizes the participation of podiatrists to its fullest extent. In Conn. on the other hand, military dependents do not have the same degree of protection. And yet the general public need only go across the state line to New York, Massachusetts and Rhode Island to receive complete treatment and protection by podiatrists. Mr. Chairman, ladies and gentlemen of the committee, the public and the profession look to you to adjudicate this untenable situation. I urge you to favorably consider the changes to the act regulating the practice of podiatry in Conn. consistent with similar laws in most of the states in our country. Approval will not only provide citizens of Conn. with a modern and scientific

service, but will also enable the profession to recruit men with extensive post-graduate training and special skills to practice in our state.

On a personal note, my own son is a Captain in the U.S. Army serving his country and his profession as a podiatry officer. His background of ten years of training is such that there is a question about his returning to Conn. to practice. He is licensed in other states where he is free to practice to the best of his ability. As a native son he should be here.

Podiatry is an essential profession. The federal government is providing assistance to podiatry education amounting to millions of dollars. We have justified this trust by on a national basis and ask for your support so that we in Conn. can practice our profession skillfully in the public's interest.

I want to thank you for your many courtesies to me in the past and look forward to a pleasant association, cooperation with you as you deliberate this legislation. Thank you.

Sen. Pac: Any questions?

Rep. Clarke, 158th: Two definitions, I'll show my ignorance. What is the facia and the phalanges of the foot?

Dr. Yale: In the 1955 legislature we used the word phalanges to make it pretty clear and specific that we were dealing with the bones in the toes. The phalanges are the bones, as against just saying toes. It wasn't too clear and we were hung up on that for many years. As far as the facia is concerned the facia envelopes the entire body and actually it lies directly under the skin, that would be the superficial facia. The deeper layers, or as we have them in our particular present statute, refer to the inner layers of the facia and this is known anatomically, actually it's a misnomer altogether, as the deep facia. And the deep facia is much deeper, envelopes the musculature and digs down between the muscles. You've seen them on a pretty good steak, this is typical of the facia but not in the human. I'm sorry. But this is basically what we're talking about. It's the set that comes around and between the muscles.

Sen. Gunther: I think you ought to tell them that's the part you trim off the good steak. I'm wondering if its possible for you to give a thumbnail capsul description of the extent of the surgical education that you have in lay terms. How is that a big order for you?

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Dr. Yale: No. Let's place this on the present basis. Our requirements I think I've pointed out to you. Our minimum requirements for podiatry education are two years of a college of liberal arts and sciences with certain required subjects. Over 90% of our students have three years or better, 85% have their bachelor degree or they matriculate at a college of podiatry. Now the training at a college of podiatry is not unlike that of dentistry and medicine. Basically it consists of the usual two years of basic sciences which would encompass anatomy and physiology, biochemistry, pharmacology and all the subjects that you would need for preparation, followed by what are called the clinical years, with the clinical subjects involving surgery, internal medicine, radiology, and the various other subjects that we would be involved in as a specialized technique that applies to podiatry itself.

Now beyond this, in Conn. we do not require an internship. But many states in the country do require an internship beyond that period. Now during their period of education, in the second and third years as in dentistry and as medicine has encompassed now, which they didn't do several years ago but they're doing now, they're coming back to our particular approach, the students are placed in the clinics and they rotate through the various clinics and gradually develop the skills and we always say that podiatrists are pretty much born with a scalpel in their hands because this is the very nature of our work. We're using cutting instruments all the time. They also rotate through their surgery department and they are required to have a minimum requirement of of surgical experience from basically serving as an assistant or even as a circulating nurse at times, in order to develop the skills and the proper protocol.

They then go out and have to take their National Boards and their state boards in order to indicate their qualifications for that service. Now beyond this they may have an additional year of internship and at this point I would say about 65 to 70% of our students are able to get these internships. And they are opening up all over the country. Conn. is a little bit lax. That's another story, in that respect. But these internships are available, our students spend one year in rotating internships like any medical intern. They rotate through all the departments, and in many of the hospitals the emphasis has been on the surgical skills in podiatry.

Beyond that there are post-graduate courses and so on. I mean we can go on and on and on. And I will say this, that podiatrists are unique in that they seem to have an ongoing thirst for education and this is just great. We're very proud of our people.

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Sen. Pac: Does this answer your question, senator?

Sen. Gunther: I wanted you to do it, talk about a real running talk there which was very good. I mean in the surgical techniques themselves, for instance, in your professional training, what type of surgical techniques that are deeper than the fascia, and I don't mean related to -

Dr. Yale: All right. Let's assume a patient develops a callous. A callous is a thickening of the skin. Let's assume its on the sole of the foot, underneath and behind the second toe. Now our present law provides for surgical treatment of the toe bone, and if necessary if there happens to be a bony enlargement or any underlying problem that needs attention, we do take care of these things at the present time. But unfortunately, the law does not provide for doing a surgical technique on the metatarsal heads which are directly behind the toes, only a quarter of an inch or an eighth of an inch behind where we are allowed to tread, because of this limiting section in the law which has to do with, limited to those structures superficial to the inner layer of fascia in the foot. Now in order to help this patient we're limited in that we can use all the techniques we know including the surgical techniques which we are not allowed to perform, therefore we're stymied, to correct this problem, and if you enable us to remove this thirty-six year old limiting phrase, we then could perform a better service for our patients by just treading one quarter of an inch behind and removing the bony enlargement

Sen. Gunther: In other words you do have training and you do have, the average podiatrist has training in bone surgery and muscle techniques. I'm trying to stay on a layman's level.

Dr. Yale: Yes this is true. I just had an interesting experience at being present at one of our colleges for three days. But in this particular institution where they see 50 to 75,00 patients visit annually, in Chicago, the surgical clinics are working all the time. The majority of the surgical techniques involve bone surgery.

Sen. Gunther: Does some of your training go as far as amputations, and that sort of thing? (Transcript not clear)

Dr. Yale: No. This is why we specifically exclude I think and I don't have the bill in front of me, but exclude the amputation of the foot or toes. This I think has been a pretty, it's been a standard approach through the years and -

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Rep. Lyons: In view of the fact that either the committee or the public is going to kill me for asking a question, I think I ought to anyway. I'm not sure I'll get out of the room alive. Doctor, you indicated that the older people are deprived of the service of surgery on the feet in this state where they are not in others by members of your profession. But aren't you really saying that members of your profession are deprived of treating things that relate to older people in relation to operations of the feet rather than the older people being deprived because the older people can go to surgeons who are medical doctors and have this treated. Isn't that correct? So that deprivity is really not the patient but your profession.

Dr. Yale: You know it works both ways. There is no question what you say is correct. By the same token, what we were talking about was the cost of medical care, I think in this instance and it's been established quite well that, let's assume that an elderly patient comes to a podiatrist's office and unfortunately had a callous that had become infected and this had burrowed down into the inner layers of the fascia of the foot, which is conceivable. Now the techniques that a podiatrist uses, which are highly specialized as the techniques in dentistry and as the techniques will be in other specialties, we would handle this particular situation in our way. However, it's conceivable that this same patient may have to be referred out for other types of treatment in view of the fact that we have this limiting facial problem. And I'm sure that all podiatrists try to be honest in their interpretation of these things. I might point out also that we have an excellent liaison and co-operation with the medical doctors and in the last session of the legislature you probably recall I presented some testimony to that effect where referrals are back and forth to the various specialties.

Rep. Lyons: In the last session I was with the bankers, not the doctors. If what you're saying is true, then the cost of the services is a factor. The service does not have to be a factor. It can be performed by others.

Dr. Yale: No, not necessarily. He can perform the service but not to the degree that the podiatry would perform this service and I'll tell you why.

Rep. Lyons: That's all right, doctor.

Sen. Gunther: There is a difference between podiatry techniques, surgical techniques and medical-surgical.

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- Dr. Yale: Not only that. There is a difference in the anatomy in the foot. We people are working with feet day in and day out and our training of four years at the college of podiatric medicine just emphasizes the highly specialized fascia in this instance as against fascia that might be seen.
- Rep. Lyons: Doctor, I think you're trying to get a foot in the door.
- Rep. Cohen: Would you for the benefit of our committee send a statement as to what conditions, diseases, pathology you would be able to treat if this bill is passed that you can't treat at present so we can understand exactly what you want to receive.
- Rep. Connolly: Do I infer from your last statement that you feel that the podiatrists are better qualified to handle problems of the feet than the orthopedic? The orthopedic doctor?
- Dr. Yale: In our particular sphere of influence, yes. We're administering total foot care. For example I would not expect an orthopedic surgeon to be treating on ulceration on the foot. I would not expect him to treat a corn or a callous or an ingrown toenail. He would not certainly take care of any of the dermatologic lesions or the shoe - he may, yes, take care of some of the shoe problems, but we're dealing with this with practically every one of our patients.
- Rep. Connolly: I just want to make a correction there. The orthopedic doctor does take care of ingrown toenails.
- Dr. Yale: Well -
- Rep. Cohen: But you're more experienced, that's what you're trying to say.
- Dr. Yale: I would say that.
- Sen. Pac: Any other questions? Thank you, doctor. Anyone else speaking in favor? Of 6511?
- Dr. John D. Walker, podiatrist, President of the State Board of Examiners in Podiatry: I've been on the board for thirty-one years. I am not going to be making any more statements. I think the field has been covered amply except to say that when a professional man is first authorized to practice his profession, he finally develops a competency and a specialty you might say for certain procedures that he can do faster. And the individual practitioner, as a rule will limit himself to those procedures and activities that he is fully competent to do and will refer to others

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those cases that he might not feel the competency for. And I believe, I know for that matter, that Connecticut podiatrists have a strong, strict code of ethics. The Board of Examiners has cooperated with the state society on policing our own ranks. We hope to continue to do so in the best interests of the people of Conn. And thank you very much.

Sen. Pac: Any questions? Thank you, doctor. Any other proponents? Anyone opposed to the bill?

Dr. Philip Shelton, physician of Hartford, representing the Conn. State Medical Society, member of the committee on state legislation: I would add that the orthopedist who was supposed to be here wasn't so I can answer most of the questions but perhaps not all of them.

Basically, the Conn. State Medical Society opposes this bill because the bill proposes to delete the word minor with respect to surgery. When you delete the word minor this is a clear implication that major surgery on the foot is authorized. The bill proposes that the limitation of depth at the moment be removed. And therefore they would be authorized to invade all of the tissues of the feet. Deletion is clearly being sought to indicate that authorization to perform major surgery is being sought for. Now the medical society acknowledges that podiatrists make valuable contributions for the relief of and cure of minor, superficial ailments of the feet. However, this bill would permit podiatrists to perform surgery today openly in hospitals which have been scrutinized by the credentials committees of the hospitals, by who have had advanced training in orthopedics. Today in hospitals there are many general surgeons who cannot perform the type of surgery that this bill would authorize the podiatrists to perform.

In addition, this type of surgery is performed today in hospitals and the new bill would allow this surgery to be performed in offices, which or may not be technically sound. Now it's the society's position that podiatrists have not had such training that would qualify them to do this and it would be contrary to the interests of the public health to authorize them to perform procedures for which they're not qualified, because it would equate them with an orthopedic surgeon. Now several of the remarks that I heard before by the next preceding speaker to last, for example he quoted the caller invading the metatarsal head. Now this is the smallest

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example where they are stopped. But it does not say the major things that they would be permitted to do. It doesn't mention tendon work. No one mentioned tendons. Now I'm not an orthopedic surgeon but there are tendons in the feet. I doubt very - I don't know whether the training includes tendon transplants. But they would be able to do it under the provisions of this law.

By removing the limitations it allows them to do all of the things that are not stated. And that's the reason the state medical society is opposed.

Sen. Pac: Any questions?

Sen. Gunther: How do you account for forty-seven other states in the United States - How can you account that Connecticut is one of the few states?

Rep. LaRosa: What abuses have you had from these states, if any?

Dr. Shelton: Well, first of all I would say that Connecticut is lucky that the legislature in its wisdom has seen to it to limit practice in this way. That's number one. Number two, I would say that the reason forty-seven other states have such laws is simply because there is an aggressive legislative body, rather there is an aggressive legislative attitude on the part of podiatry and this is present in other fields of medicine, paramedical if you will, such as optometry, where there is a definite, legislative action to legislate into the practice of medicine those people that are not qualified by training to practice medicine. Orthopedic surgeons do not treat solely feet. They are certainly qualified to do anything that a podiatrist can do. I think the lady that was sitting here brought that point out. But the fact that podiatrists work only on the feet does not make them more qualified on the feet than an orthopedic surgeon. I think that that is just wrong. For the same reason optometrists will say that they do only refractions and they may be better in refractions but that is not true. The fact that one limits himself to one segment does not mean that he can recognize diseases of the whole body and treat diseases of the whole body, which are reflected in that segment. And certainly diseases can be reflected in the foot that are present elsewhere.

Sen. Gunther: Would you say there are techniques that the orthopedic surgeon will not perform that are performed by the podiatrists that are surgical and could well come within the province of this bill?

Dr. Shelton: Not to my knowledge. There is no technique that an orthopedic surgeon would not do that a podiatrist

Sen. Gunther: I shouldn't say would but does.

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Dr. Shelton: Not to my knowledge.

Sen. Gunther: What is your particular field, doctor?

Dr. Shelton: I'm an ophthalmologist. I'm only here - that's far removed and I said at the beginning. I do not possess any expertise in the field of foot surgery.

Sen. Gunther: I don't think it would be fair for us to question you on foot diseases, not that you aren't a qualified general practitioner but I think it's unfair of us (transcript not clear)

Rep. LaRose: You said something in regard to aggressive legislation of the forty-seven states that maybe have aggressive organization or whatever you might call it. But on the other hand, if the legislation that has been passed in the other forty-seven states was detrimental to the interest of the people, do you think that that legislation would still be in the books, and I'm sure that they would rescind it their actions because they would have receive many complaints. Do you agree or don't you agree?

Dr. Shelton: In my opinion it's very difficult to get a law revoked once it's been passed - much more difficult to get it revoked than to get it passed. The key point is whether harm has been done. In other words if you allow them to do this, will harm be done? And how much harm will be done. Well the question if any harm is done at all that wouldn't have been done otherwise, then the bill is a bad one. If anyone is damaged, be it one person or ten people then the bill is probably bad.

Rep. LaRosa: Well, I'm sure if there'd been documentation of evidence that shows that these people were not being served as the bill said they would be served, I can't buy the idea that once a bill is on the books it doesn't go off because if you come to Connecticut we can put them on, and I'll tell you one thing, we can take them off, if we see there are some abuses. We're not here to legislate, you know, for convenience. We're here to legislate for the people of the state of Connecticut and we can make a mistake as well as anyone else and I'm the first one to admit it.

Dr. Shelton: I didn't mean to say that it could never be removed.

Rep. Lyons: Dr. Shelton, we certainly appreciate your appearing here on behalf of the medical society, but I'd like to just put it in the record as this state representative's statement that I am astonished that the Conn. Medical Association and the orthopedic surgeons who are members thereof apparently are so little concerned, in my opinion, in relation to this bill that they haven't even shown up here to

oppose it and I will certainly take that into consideration in my deliberations. Thank you.

Sen. Pac: Any other questions? Thank you, Doctor. Anyone else speaking against this bill?

Albert Atwood, Torrington, a physician of medicine - an orthopedic surgeon who has come here before this committee as an interested person who has the same vested interest as the ladies and gentlemen of the committee and the rest of us people in this room and that is the patient. Now I think that any changes that should be made in any law such as this should be in the best interest of the patient.

Patients now in the older age group, in the younger age group do have podiatral care. I'm very much in favor of it. I think that in my experience they give very good care. However, not knowing much about it I was very surprised to hear the lengthy background and the years and years of training. I think that they kept this in the dark. This should raise a question in everyone's mind that if this training is such that then perhaps they should be given their privileges or or more rights under the act to treat patients. However as I say I just raise the question.

There are several things that they mention. One of them being thirty-six years old isn't all bad so I don't think that's a reason to change it as was suggested by what someone had said. I don't think to throw out the term of a quarter of an inch means much as far as whether or not they should go below the deep fascia of the foot. I mean a quarter of an inch depending on where you are can mean the difference between life or death or walking or not walking. I don't quite understand if they have all this training and they're qualified to do these things, why do they draw the line at amputation? Certainly amputation is just getting through these very deep structures that they feel qualified to treat for everything else. And if you can figure out the qualifications or the indications for treating something deeper than the deep fascia, certainly you should be able to figure out the indications and reasons for doing an amputation. That should be included in the bill.

It's all well and good to concentrate on the foot but yet it is not at all uncommon to see people come into the office with pain in the toe, the big toe, pain in the heel and some of them get a little upset when you want to examine their back. But that is the source of their trouble, not in their foot. And these are many reasons why I think to

change the law to give them carte blanche procedures in the foot has to be very carefully examined. One of the differences, and this is personal opinion, between a podiatrist and an orthopedic surgeon is that we see people the orthopedic surgeon will see a patient with a foot condition and the approach is what can we do to improve the situation so that there is no condition present. And as opposed to taking care of a callous or a corn, many times a proper fitted shoe will get rid of the corn or the callous without any other treatment. Many times a change of pads or something, which podiatrists do, don't misunderstand me, but the idea is to try to correct the situation so that they no longer have a recurring, repeated problem.

I think that, as the gentleman here put it, that this law deprives podiatrists more of doing things that they want to do than it deprives the patient of their care. There are several things that are deep to the structures with the foot that require surgery. I have a fairly active practice and yet the actual operating I do in the foot, it is not busy every day operating. There's just not that much demand or that much need to do these procedures deep to the foot.

These are just some thoughts that I had as an individual but by virtue of being an orthopedist, I represent them and I'll be glad to try to answer any questions that you might have.

Sen. Gunther: Doctor, There are differences in techniques, surgical techniques between the orthopedic approach and the podiatry.

Dr. Atwood: I'm not qualified to answer that because I'm not that familiar with their techniques, senator.

Sen. Gunther: Would part of the reason you're not getting a lot of the foot surgery and that be that they do have the podiatry practiced in the state and corrective of defects that ultimately would be surgical if it weren't for podiatrists doing this corrective work?

Dr. Atwood: Some of them, yes.

Sen. Gunther: So we are getting total foot care from the podiatry field. In other words that they are not only doing preventive work but getting up to the point of surgical if it hadn't been done

Dr. Atwood: We're getting preventative work and care as well as active treatment, yes.

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Sen. Gunther: Wouldn't that indicate, let's say, a greater experience and background in that the diseases of the foot and their cause and possibly with four years being spent on the foot and the foot alone that would give them a much more extensive training and background in the treatment of diseases including surgical treatment.

Dr. Atwood: I think one must be careful about representing twenty years experience to be twenty individual years I think, if you get what I mean.

Sen. Gunther: I don't quite follow you.

Dr. Atwood: I forget how the saying goes but what I'm getting at is that the answer to your question is no. I don't think that by virtue of their concentrating on the foot that this automatically means that they are completely trained and qualified to do everything. Now if I may just say one thing because I don't want to be misinterpreted. I started off by saying that I was amazed and astounded by the lengthy recital of their training and if such is the case, and it checks out and is fully evaluated, then perhaps this bill should be passed. Because I was surprised at this length of training.

Sen. Pac: Thank you, doctor. Anyone else opposed?

Dr. Meade Looby, orthopedic surgeon: I heard the question asked as I walked in, why the orthopedists hadn't shown up. I've been looking for this room for the last fifteen minutes. So I feel like you people must feel when you walk into our sanctum sanctorums.

Up until today, and my relations with podiatrists has been excellent, it probably will change. I have major respect for their opinions, for the competence with which they do their work. I do oppose the bill on the basis that in an uncontrolled circumstance, which is possible, as it has in the past in some branches of medicine, that surgery performed in an office under local anesthesia leaves the door open for almost anything. As an orthopedist I can set fractures. I can do major amputation and major soft tissue work using regional or local anesthesia. So I don't think that by definition the use of local anesthesia confines a procedure to a minor happenstance.

The other, as I read the bill and certainly, and the question was asked by the senator on my left about total foot care and the fact that four years of training as a podiatrist makes better qualified than a orthopedist or a surgeon and I think that Dr. Atwood answered quite well by so stating that feet as well as other things were attached by bones,

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muscles and tissues and they all lead back up to heart and lungs and to a whole person. So that the total patient care is an imperative part in your decision in surgery, injuries to the feet, residual contractures of the feet. Also was asked about pre-existing on a partial basis. Many of them have control mechanisms. Many of them have basic deficiencies, residual lobe poliomyelitis, they can have an active neurological problem. As the podiatrist knows seeing many diabetics feet for corns, the complications and implications with diabetes can be far more marked with even so called minor surgery than they can doing major surgery on other people. And I feel that as the present bill is proposed that with the implication depending on the person involved that it allows too much leeway and perhaps would not always work in the best interests of the patient.

Sen. Pac: Any questions?

Sen. Gunther: May I ask, do you have any suggestions as to some limiting verbage in here that might still allow them to do they'd like to do and what they're capable, and what they're trained to do without being involved with the extensiveness that you're talking about.

Dr. Looby: I think this basically comes down to control and I don't know how you write entirely into a law control. You would have to have controls in a governing board or a set body who could either do pure review or who could set definitions, and definitions is set now as a standard in the old law, although it is an old law, I feel that they do have sufficient leeway under it, at least some of the follow-up work I've seen, so that it almost includes what is being asked now. But at the present time under the law it does limit excessive surgery on (transcript not clear) circumstance. I don't know how you can control this best but there is a problem with office control with utilization in an office as there is in all things. I feel that as it is constituted at this moment under the revision of the law, that there would be too much leeway unless there were very definite governing regulations set up with peer review to check.

Rep. Lyons: Do orthopedic surgeons operate in the same area basically as podiatrists? Doctor, for the record, would you give us a brief rundown of your training?

Dr. Looby: Initially there are four years of college, four years of medical school, there is a year of internship, there is a year of surgical residency. When I took my training there were three years of orthopedics. There are now four years of orthopedic residency as the standard on the book.

Rep. Lyons: Thank you, doctor.

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Sen. Gunther: How much time would you say in your orthopedic training do you spend on the foot itself? And I mean I know it might be hard to put it down to hours.

Dr. Looby: No, I think this is important because it's almost impossible to set times on this. All patients that you see potentially are foot problems. Perhaps enlarging on this but problems involve not just with one part of the body or as in a back clinic. I heard Dr. Atwood refer to this. The majority of the complaints can also be involved: poor posture with feet, can involve back pains so you may see them for one complaint and it stems into another, so that it is always a continuing process. The specific study, the dissection, this would come in the period of time with your researcher six months research time and then it depends on your interest and your exposure as you go along. It's the volume of feet that you see.

Sen. Gunther: But again getting back to the patient, question, how much actual time, academic time is spent on the foot? In comparison to your general practice. In other words, the point -

Dr. Looby: You mean in my private practice, no.

Sen. Gunther: No I'm talking about education wise. Would it be fair to assume that they do spend four years primarily and not totally on the foot and consequently can get into a great deal more and a broader look at the foot itself as far as an area to treat?

Dr. Looby: It depends again, to make a point, of systemic manifestations of the foot is not isolated as a separate entity. There's no question that on a postural and stance basis that the exposure on a four year basis is greater, but in the volume and quality I don't always feel that, and again it may be on the limitations that have been posed to this date, stifling the ability perhaps to develop this more. But at least at this time I feel that the orthopedist on a surgical basis is more competent and qualified even on the basis of time spent within his training program because he spends it at a different level.

Sen. Gunther: You imply there that the training might be limited because of the limitation by law?

Dr. Looby: This is correct.

Sen. Gunther: Well the forty-seven states don't have this limitation.

Dr. Looby: Well I'm talking about their training in New York primarily with which I'd be familiar.

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Sen. Gunther: Well, New York is one of the states that allows them greater latitude than Connecticut.

Dr. Looby: Right. This I understand, but in their training program the dissection or the major surgery involved with the foot - you see, this isn't entirely in what you do. Many of us could do many things that other people do well right up to the nitty gritty when you get into trouble. And it's that where you really want an expert so called, in the last ten percent. You know this, Dr. Cohen. You're familiar with this too. That when big trouble comes you'd like to be able to control your own destiny and not do harm to your patient. But with the majority of the things that many of us do, they could be done by someone who had almost no time involved. But the ability to diagnose trouble, the ability to take care of something that would appear minor that is not minor, I feel that this encompasses all and that this then goes back on the depth of experience in the general total field.

Sen. Pac: Any other questions? Thank you, doctor. Will you sign? Anyone else opposed to 6511? If not we'll move on to H.B. 6512 (Rep. Rose of the 69th.) AN ACT APPROPRIATING FUNDS FOR THE EXPANSION OF THE EASTERN CONNECTICUT FIREMANS' TRAINING SCHOOL.

Andrew Flanagan, representing the Conn. State Firemen's Association and also Supervisor of fireman training for the State of Conn.: Speaking in favor of 6512 requesting an appropriation of \$25,000 for the expansion and additional improvements and maintenance at the Eastern Connecticut Firemans' Training School in Willimantic.

I would like to suggest, and I will provide you Mr. Rose and members of the committee with a change in this bill which will read: the comptroller shall draw his order on the treasurer in favor of the Conn. State Firemen's Association for additional improvements and new training facilities at the Eastern Conn. Training School in Willimantic in the amount of \$25,000. This is the way this has always been handled on this particular type of a bill. It's always drawn in favor of the Conn. State Firemen's Association, the same as at New Haven, Burrville and at Derby. And this is something in the growth of this type of a school in eastern Conn. that is drastically needed for the training of members of the Conn. fire service. And I do hope you will give it a favorable report and may I ask that this be referred to appropriations?

Sen. Pac: It very likely will be. Will you file a statement?

Mr. Flanagan: I will file a statement in the change and we will submit the change in the order that we feel is important the same as in previous bills.