

Legislative History for Connecticut Act

HB 5602	PA 305	1974
Pub. Health: 15, 16, 38, 139, 477, 483, 484		
Senate: 2402-2414		
House: 4312-4352, 4767-4771		
Total: 669		

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JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC HEALTH
AND SAFETY &
WELFARE &
HUMANE INST.

AMBULANCE
HEARINGS
PART 1
1-375

1974

PUBLIC HEALTH AND SAFETY AND CORRECTIONS, WELFARE AND HUMANE INSTITUTIONS

ATTY. HALPERIN: Are you saying that, what you call the money evil has affected the delivery of service?

MR. MCGILLICUDDY: No, I'm not saying that. They still do it. As I said many years ago when I became involved in a program which I do nationally. I said these people have got to be crazy or dedicated. And I haven't found, really anyone, that is crazy yet, but I found a tremendous amount of dedicated people in this business. I'm saying they do what they are supposed to do. They don't say that, I have never found, where ambulance operators would say to a person, and I did see that, or hear that particular thing, but I don't know these two individuals that you are referring to in the respect that I know many other people. That I've never seen anyone that would walk up to a patient who was laying there and ask them did they have insurance coverage before they made the removal, not the remove, because that is an undertaker's position. I mean a transfer to the hospital.

ATTY. HALPERIN: Do you feel that there is a difference in service depending upon the area of Connecticut that we are talking about, urban versus rural, or in just the different sections in Connecticut?

MR. MCGILLICUDDY: You are talking about outlying districts, where perhaps the....no I don't think so.

ATTY. HALPERIN: Did you find that was true when you were on the Ambulance Commission?

MR. MCGILLICUDDY: No, because you see primarily on the Ambulance Commission, all we dealt with again was with the commercial operator. So if you are talking about rural areas, and there's got to be two services, there's got to be volunteer and there's got to be the commercial. Because, for example, it wouldn't be very profitable for any commercial operator, for example, to go out to Simsbury to Miss Connolly's town or probably Farmington to Representative King, or to Doctor Cohen in said Town of Bloomfield while he is better off; he is in the Metropolitan Area of the City of Hartford. But, you've got to have those services.

ATTY. HALPERIN: Just as a final question, would you have any recommendations for legislation that you feel the Committee could keep in mind for the future.

MR. MCGILLICUDDY: Yes, as I said before, I would strengthen the Commission. I would give the Commission some money with which to operate and, by the way, I did discover the other day that there is a bill before the House, and that is Raised Committee Bill #5602, where I see where they are talking three hundred thousand, five hundred thousand people, and this is nothing more than a communications bill. This is going to do anything more for better ambulance service. I am not here to criticize this Bill but after reading it I can't see where it is going to increase better service.

It will probably dispatch cars faster. And they are talking about training, and they are talking about government funds. And we get back to the same old thing again. You know, you train a man today, and he is gone tomorrow. And, you know, where does all the money come from? And in the commercial line, there is very little turnover, because these people are earning two fifty--two sixty a week and they are dedicated people.

In fact, I was must reading, I cut this out of the Hartford Courant yesterday. The area doctors are ignoring a new trained, for new training aids. So I don't think you need any more bills. You know you are talking a half million dollars. To do what? To put on eleven directors, an executive secretary. I think if you give the Commission some strength; give him some money with which to operate with and if anybody gets out of line, you bring him in and you have a hearing, and if you suspend their license, they have a right to go the Court of Common Pleas. It's right here in this Bill and the law that we are now operating under.

ATTY: HALPERIN: Do you find a problem, or did you find a problem in the area of dispatching service?

MR. MCGILLICUDDY: No.

ATTY: HALPERIN: Could you get us the copies of the different material that you said that you would give to the Committee?

MR. MCGILLICUDDY: Yes mam. By the way, here is the patient handling book that was put together for the Department of Transportation by all of the commercial operators in this Country, so they are doing what they are supposed to do and perhaps more.

REP. WILBER: Yes certainly, just give them to us afterwards.

I just want to get back to a couple of things. The first one is the procedure on violations or complaints. You indicated that you didn't have too many, but what procedure occurs if there was a violation or a complaint? How was it filed? Where does it go from the fining? Just give us the outline of how that-----

MR. MCGILLICUDDY: I'd be happy to. As I said, none of them were very serious. In fact I can't recall one that was really serious. We did have the operator in and many times, the operator came in with his attorney; we heard all of the charges and counter-charges and the Commission in those days as I said, we would sit and we would talk about it after it was over. It might be postponed over to the next meeting. As I said, we met once a month, I believe at one o'clock, and many days were there until five o'clock. And if they--none of them did warrant--we did have one case, this was many years ago, where we had a public hearing. There was some misunderstanding between some of the towns and we did have a public hearing and we have the towns there who made

every ambulance company that had previously been registered.

REPRESENTATIVE KING: What was this inspection to include sir?

WILLARD B. CHAMBERLAIN: The vehicles, the number of vehicles, the office facilities, the record keeping, the number of employees, and whether or not they had met the qualifications of the commission.

REPRESENTATIVE KING: Did your inspection include ascertaining to the best of your knowledge whether or not those buildings complied with the state or local building codes?

WILLARD B. CHAMBERLAIN: No. I was only to make a report and submit it to the commission.

REPRESENTATIVE KING: Did that report include what communications equipment was available?

WILLARD B. CHAMBERLAIN: It did.

REPRESENTATIVE KING: How were you trained to recognize, identify and evaluate communications equipment sir?

WILLARD B. CHAMBERLAIN: Prior knowledge I guess from my own ambulance business.

REPRESENTATIVE KING: Would you say that your experience in the ambulance industry was sufficient that you would know in a particular area of the state how much communications capacity a particular ambulance company in a particular area would need?

WILLARD B. CHAMBERLAIN: No.

REPRESENTATIVE KING: So you, are you telling me then that you were not in a position to evaluate whether the communications capacity exceeded that which is necessary or was less than that was necessary in the area?

WILLARD B. CHAMBERLAIN: It was not my job.

REPRESENTATIVE KING: What was your job sir?

WILLARD B. CHAMBERLAIN: To ascertain whether they had equipment.

REPRESENTATIVE KING: Your job also involved a review of personnel, is that correct sir?

WILLARD B. CHAMBERLAIN: Yes.

REPRESENTATIVE KING: What were you required to inspect with regard to the personnel?

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MONDAY

MARCH 25, 1974

anyone can do a good job if somebody is picking up the tab and all I can see about the CMS is that as long as the taxpayer picks up the tab, you will have no problems.

ATTORNEY DAVID LOSEE: I am not sure I completely understand your testimony, sir. Are you saying that the Emergency Medical Services Act, in your opinion, would call for too great an expenditure to make it a workable program?

PETER TOPA: I believe so. I believe the cost would be too great. You would need too many ambulances and too many people and for the same thing that your local people are in business today in cooperation with the volunteers are getting the job done. They could get a little help and whatever help you could give them would be a great benefit to society in this area.

ATTORNEY DAVID LOSEE: Mr. Topa, do you feel that the training given to ambulance personnel or available to ambulance personnel is adequate?

PETER TOPA: Well, the training is not so readily for the ambulance personnel. I believe that they are spending this tremendous amount of money in training all these people that will not be participating in ambulance services. They will take this training and then just go their merry way. Many years ago, I recommended as a member of the Connecticut Ambulance Association that they form an academy of some sort on the line that the State Police have an academy where they can not only train them as far as the medical part of being an ambulance driver or attendant but also be able to train them how to drive an ambulance and also the other factors and facets of this business. And when a person came out of this sort of an academy, the general public would be proud of them as a doctor who graduates college and the para-medic who has spent many of his years in school to do this job. As it is now, they just spend this money at random and there is a spector behind all the ambulance owners today and that spector is that the EMT's are organized and there is always that fear that they are going to decide they don't want to work anymore and when that happens, not only the owners are in trouble but I think society is in trouble. And so if a person takes his time and goes through an academy and wants to make it his lifetime work and the compensation is going to be worthwhile, then it is going to benefit society like the doctor benefits society.

ATTORNEY DAVID LOSEE: Mr. Topa, does Trinity Ambulance Company have occasion to transport alcoholics to hospitals?

PETER TOPA: Yes sir.

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REP. SHEA continued: Do you think it should request additional funds for working it in the Law?

DR. BARRETT: In terms of what you asked first. I believe that the Commission has tried to serve the general public to the best of its ability, and this has been limited by the lack of funds and by the nature of the present Statutes.

REP. SHEA: Has the Commission asked for funds and been turned down?

DR. BARRETT: The Commission was not given the opportunity for asking for funds, in the present Commission. There have been basically three ambulance Commissions, and I'm not prepared to discuss from memory the details of the funding of the two previous commissions. I just do not have this command of history. I sorry...did I answer all of your questions?

REP. SHEA: I think so. Do you think that...in your opinion based on your experience, do you think the public interest is being served by the competitiveness of the ambulance companies... do you think they should have exclusive franchises as to areas or required performance by the State?

DR. BARRETT: That's an extremely complex question because there are through the areas that the Public Utilities Commission supervises. They can be given franchises through rate being set for given towns. The Laws and the Statutes under which the Ambulance Commission operates gives it no latitude to refuse or restrict a license. If a company comes in and makes the requirement, the Ambulance Commission must license them. So I feel that we are struggling with the problem in the Statutes rather than any other problem.

REP. SHEA: Has the Commission requested that Statute changes or that would...?

DR. BARRETT: We have taken part in providing information in connection with the present Bill, 5602.

REP. SHEA: I don't think you answered...you gave me the answer I was looking for. Right now, the commercial ambulance services come under the Ambulance Commission, and the volunteers and municipal come under the Department of Health. Is that correct?

DR. BARRETT; The volunteers and the municipal come under nobody, Sir.

REP. SHEA: Under nobody.

DR. BARRETT: Right. Other than that the municipals come under the control of the Municipality that operates them.

REP. SHEA: In other words, if they were all under one heading -- controlled by one group of people -- would be in the public interest, right?

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REP. KING: But you had Dr...Mr. Chamberlain.

DR. BARRETT: Not after November 30th, sir.

REP. KING: But from September to November.

DR. BARRETT: At a part of that time, he had submitted a resignation and I had to sit down with him and talk with him and convince him that he should continue to work. And this took a considerable a...period of time and in effect, left us with not the investigative staff or the caliber of investigation that we were to ...would consider...

REP. KING: Well, I'm concerned with the fact between September 22nd and November 30th, he did not investigate one single thing. And he offers, and Mr. Raikowski offers -- both of them do -- as a reason that they couldn't do it until you directed them to and you allowed them to gather dust on your desk.

DR. BARRETT: Mr. Raikowski is not an ambulance investigator.

REP. KING: Is he investigating now?

DR. BARRETT: He has checked certain things with respect to business practices and so on because we were forced into this, but he is not regularly a part of the investigative staff. And we have attempted to replace him. We further had complaints against Mr. Chamberlain alleging that he was favoring certain services, and this was why he was told not to investigate any service until he was specifically authorized to investigate it. We further had complaints that he was using his assigned State car for home to office travel, and we had to take time to investigate this type of allegation.

REP. KING: Are you saying that Mr. Chamberlain then was held on the payroll from September or prior to that actually, until he left, knowing you weren't going to use him?

DR. BARRETT: No, I am saying that these events transpired along the road, and we attempted to direct his activities into the most constructive work that he could do at the time.

REP. WILBER: Dr. Cohen?

DR. COHEN: Dr. Cohen, the 17th. Mr. Barrett, I'm going to ask you only one question. I'm going to make a brief statement so that perhaps you can make a simple answer. The present Legislature has introduced legislation to establish a State-wide emergency medical service which will encompass and attempt to correct the problems and inadequacies of the system. These inadequacies have been revealed by the so-called ambulance scandal and by this present investigation. Are you familiar with this EMS plan that we have introduced?

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DR. BARRETT: Yes, sir.

DR. COHEN: Do approve of this plan?

DR. BARRETT: With certain minor reservations, I approve of the Bill as I have seen it.

DR. COHEN: Do you think it will clear up and attempt to correct all these problems and inadequacies that do exist today?

DR. BARRETT: I think it will be a better decent legislation and allow a better job to be done than is being done today.

DR. COHEN: Thank you.

REP. WILBER: Dr. Gunther?

SENATOR GUNTHER: Senator Gunther, the 21st. Dr. Barrett, it appears that most of our...the questioning here is relative to complaints, and your Commission promulgated 20-394, didn't it and felt that this is the section relative to complaints? Under the Administrative Policy Act. It won't be in the Act; it will be in the Regulations, themselves.

DR. BARRETT: I don't identify it by that number, but we do have and I have the Regulations before me so...Would you give it to me again please.

SENATOR GUNTHER: 20-394 is the procedures for complaints, and the disposition of it.

DR. BARRETT: All right. Yes.

SENATOR GUNTHER: All right. In...in other words, this is your own Commission's recommendations, and there's been no attempt to change this as far as procedure, is there?...to-date?

DR. BARRETT: This specific one, no.

SENATOR GUNTHER: All right. Now, in that it's quite succinct that everything is compulsory, that the procedure...who may issue a complaint in writing, on receipt of the complaint shall fix the time and place of the hearing, shall give notice to parties interested, shall make further investigation, etc. and etc. so the whole procedure is rather a compulsory type procedure. Now, I'm rather curious...

DR. BARRETT: May I interrupt you, sir?

SENATOR GUNTHER: Okay.

DR. BARRETT: 20-394 is actually a section of the Statutes..

SENATOR GUNTHER: All right, well...

DR. BARRETT: ..and is not promulgated by our Commission, and I'm sorry, I was trying to keep up with you...

SENATOR GUNTHER: All right.

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SENATOR DENARDIS:

Mr. President, I said limitation, limitation

SENATOR WILBUR SMITH:

Senator Fauliso and I both misunderstood the word.

THE CHAIR:

May I make a suggestion, could be pass retain, perhaps you and Senator DeNardis could get together and get to an agreement on this and then the Senate can proceed. Will the Clerk please call the next bill.

THE CLERK:

On Page 5 of the Calendar, Calendar No. 656, File No. 406, 594, Substitute for House Bill No. 5602. AN ACT ADOPTING THE EMERGENCY MEDICAL SERVICES ACT OF 1974. (As amended by House Amendment Schedules A, B, C, D, E, F, and G) with a favorable report of the Committee on Appropriations and the Clerk has an amendment.

THE CHAIR:

Senator Berry

SENATOR BERRY:

Mr. President I move acceptance of the committee's favorable report and passage of the bill as amended by the House.

THE CHAIR:

Will you remark?

SENATOR BERRY:

Yes, Mr. President, I believe there is an amendment, I would yield to the sponsor of that amendment if it is appropriate at this time.

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THE CHAIR:

Who is the sponsor? Senator Smith, do you have an amendment to this bill? Calendar 656, Page 5 of the Calendar, Emergency Services Act. Please call the amendment.

THE CLERK:

Senate Amendment Schedule A, offered by Senator Smith of the 2nd to Substitute House Bill 5602, File No. 406, the LCO number is 2842.

SENATOR WILBUR SMITH:

Mr. President, I am withdrawing that amendment and I had wanted to make some extensive remarks on the bill itself and perhaps what we ought to do is again I hope pass retain it because I think my remarks would go into the time that we said we were going to dinner.

THE CHAIR:

So ordered, I haven't heard of an indication of a recess.

SENATOR BERRY:

Mr. President, may I ask you to reconsider you decision on pass retention for this reason, there have been people in the chamber since ten o'clock this morning waiting for this bill to be brought up.

THE CHAIR:

We'll take the bill. Senator Smith has withdrawn his amendment. Therefore, Senator Berry if you would remark on the bill as amended by the House and then Senator Smith.

SENATOR BERRY:

Yes, Mr. President, this bill establishes a state coordinated

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regional system for the delivery of emergency medical services throughout the entire state. It empowers the commission on hospitals and healthcare to plan, coordinate, and administer this system. It creates within the commission the position of deputy director of emergency medical services who would act as state coordinator for the system. It also establishes an advisory committee composed of representatives from a number of groups involved in all aspects of emergency services which would advise and assist the commission in its function.

The bill abolishes the present ambulance commission and creates in its place an office of emergency medical services within the health department with the power to license, certify, and inspect specific aspects of the E & S system and act as the enforcing agents for the standards established by the commission.

On a regional level the bill designates the comprehensive health planning agency as the planning and coordinating agency for the area and requires that this agency develop a plan for the delivery of emergency medical services in the area. It establishes a regional E & S council in each region composed of representatives of groups involved in the emergency medical services system which would advise the planning agency on the policy and regional priority. Review the area plan and review funding and contract applications with the planning agency. In addition, the position of regional coordinator would aid the E & S council and planning agency and develop a plan, while developing their plan, would implement the plan and would monitor and evaluate regional services and would inventory E & S resources within the region.

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I am not going into all the sections of the bill, each member of this circle has had a summary, a complete summary of the bill on his and her desk for the last week and a half, therefore, I do not feel it is necessary at this time to go into detail in terms of the content of the bill.

However, I do wish to speak to the Appropriations of the bill. It requires an appropriation of \$50,000 for the office of emergency medical services of the Health Department for the enforcement aspect of the bill. It adds \$225,000 for the commission on Hospitals and Health Care to be used for personnel, office equipment, and supplies in order to implement the E & S system. Under the federal emergency medical service system act of 1973, 185 million dollars in federal aid is set aside to be distributed among the states which have established comprehensive regional E & S structures.

I think it is important for us to realize that that funding part of that funding is available to the state of Connecticut once we have our own state plan in operation. I might add in terms of the House Amendments, that the important one for us to consider is House Amendment G, which adds the responsibility for adopting regulations regarding the complaint procedures for the public or any E M S organization to those already enumerated in the bill to the Director of the Office of E M S and indicates that any present regulations in this regard are to be continued in force until new ones are adopted. This is the concern which Senator Smith of the 2nd has registered and will register in his comments I am confident. Therefore, I wish you to know at this

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time that House Amendment G has already spoken to this problem. C.G.C.

We have before us this evening landmark legislation in the field of emergency medical service. By passage of this bill, we will provide Connecticut with the finest emergency medical service system in the entire country. We will make this state eligible for federal dollars for initial implementation and improvements of emergency medical service and most important we will save hundreds of lives.

This bill has the enthusiastic support of concerned citizens and organizations throughout this state. I do not wish to take the time of the Senate to enumerate these organizations but we have many, many organizations and people who have testified in support of this bill, none who have testified against the bill.

This bill represents the culmination and the final enabling step to afford many groups the opportunities to work together in EMS delivery and before I complete my remarks, I would just like to give public recognition to two young staff members of the public health and safety committee which we have had the benefit of having with us in the development of this bill from the citizens conference on state legislatures. I would just like to give public recognition to Ronald Schmidt and Jim Galleyegos who have worked with us for the past six months in the development of this bill.

I would like to urge passage to the Consent Calendar. I do not know whether that is going to be considered or not.

THE CHAIR:

Motion is to the Consent Calendar, Senator Wilbur Smith.

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SENATOR WILBUR SMITH:

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Yes, Mr. President, I rise in support of the bill and most certainly not in opposition to it, mostly going to consent. I do wish we had a more opportune time to present this bill because as Senator Berry has pointed out, it is landmark legislation. Bringing to the circle's attention the fact that most certainly no one who was asked the question either before or during or even after the investigation and I would submit the same issue before the members who are left here at the circle that we were indeed dealing with an issue of life and death.

Now, we've pointed out the people of Connecticut have the right to expect quality emergency medical service and we feel that it is the duty of this General Assembly to provide this workable program which will ensure this right.

Now, in the past few months the joint sub-committee of the committee's on Corrections, Welfare and Humane Institutions and Public Health and Safety have discovered that the present system has been woefully inadequate in dealing with what can be classified as nothing less than a life and death issue of which I spoke.

Now, Mr. President, and Members of the Circle, I cannot assume how much you might have heard about the ambulance industry at present, nor can I assume that the members of the circle are aware of the television series that was done by WTIC TV in a so-called series called scandal rides the ambulance. But, even in that show in which we verified during the investigation that we found that numerous people who were or had been involved with

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various ambulance companies, and as I said in subsequent testimony before the sub-committee chaired by Representative Wilbur charges were made that bribes of liquor and meat are given to operators of convalescent homes and to managers of hotels which ensure that the ambulance company dispensing such guests receive all the calls emanating from the various institutions to which the guests were sent.

Now, Mr. President, and members of this circle, the only position that was offered to us as a reason for giving these gifts for this business was not that it was to solicit business but that it was done to say primarily thank you. And, despite the horrible kinds of atmosphere surrounding that kind of situation, we were simply told well there is no law against it.

Now, we found out, however, that a lot of these occurred most often with establishments that serve a large number of welfare recipients. And, often an ambulance is called when one is not really needed and the company was then billing either the city or the city welfare, state or city welfare department. Now, in cases where a doctor's signature was necessary to certify that an ambulance was required, a doctor's name is often forged on the appropriate form and it was in this way that we found that fraud was being perpetuated on the welfare department and on the taxpayers of Connecticut.

Now, Mr. President, and members of the circle, it had been offered to argue that the bill which you have before you initially came out of a study committee of the legislature for a six-month period. I can assure you that the sub-committee and the committees

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on health, public health and safety and of Corrections and Welfare realized enough to the extent after the investigation that more was needed.

I think that Senator Berry has pointed out to you that there was some certain amendments to the bill which had initially been offered and as I heard her I think she explained that enough. I do want to point out something to you though Mr. President and members of this circle, the committee could not recommend legislation on, because in effect legislation already exists. But, I feel it is my duty and my responsibility to report to this circle that particularly in those instances where these companies who allegedly now in criminal court being charged with criminal violation of the law. There is something like 1,300 counts of fraud being alleged and if those 1,300 or 1,400 counts of fraud are proved, it represents a total amount of \$64,000 and that comes out of a total appropriation of emergency medical service of \$600,000 for the state. Now that \$64,000 out of the \$600,000 only represents the fraud alleged to have occurred in the City of Hartford alone. It does not include New Haven which the investigators are now going into to try and ascertain what has happened there. Nor, does it include Bridgeport, or Waterbury and most certainly we would have to assume that fraud was only being perpetrated in the City of Hartford. If we wanted to simply restrict our view to the total amount of the \$64,000.

We also, members of the circle, received testimony which meant that people were actually dying in this state because of lack of proper care. I'd like to mention a very sobering statistic

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it was stated by the 1973 national safety council last year and C.G.C. I quote "it is estimated that of 13,343 deaths in Connecticut last year from heart disease, motor vehicle and all other accidents, 3,226 were preventable with an improved emergency medical services system. So

So when Senator Berry says to you or if I say to you or anybody else says to you how important this legislation is, then if in fact these statistics are true then we would have to say that if we had this two years ago or a year ago even, 3,000 citizens might have most certainly been saved.

I'm going to conclude my remarks Mr. President and members of the circle with this one point: Again, a duty which I feel a responsibility to bring and for which we have legislation for it but we could not offer any. We found and we are able to prove through that sub-committee investigation that neglect existed within the welfare department, that if the rules established, rules and regulations had been followed, as a matter of fact, followed as of the rules and procedures that were set up that were revised December of 1973 to become effective in January 4, 1974 that if those written procedures for payment of bills had been followed, by the person and persons responsible, then there would not have been nearly the 1,300 amounts of fraud and that the reason why and this was admitted by the public official who was testifying before the committee, that if those people knew they were being checked on, that they would not have been simply putting Hartford Police Department on their bill expecting ready payment without ascertaining the validity of the payments.

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That information, Mr. President and members of the circle, will most certainly be turned over to Welfare Commissioner Norton for his action and most certainly I'm not going to stand here to assume Mr. Norton is not going to take action because we all know publicly how he feels about fraud committed by anyone against the Welfare Department.

C.G.C.

I withdrew the amendment because there was an agreement in the House to at least put into that bill which the bill itself had left out and which we had so many problems with, and that is the bill did not have number one.

SENATOR ROME:

Senator would you yield to me for just a moment please?

Could the clerks please read in some executive nominations so that we can refer to the committee and send notice please.

THE CLERK:

Mr. President, the Clerk has two communications from the Governor the first is to the Hon. Senate pursuant to Substitute Senate Bill 462 of 1974 General Assembly, Section 162 of the Conn. General Statutes it is my honor to nominate with your advice and consent appoint Gerald J. McCann of Bristol, a member of the Public Utilities Commission, for a term of five years from July 1, 1974 and until a successor is appointed and has qualified., Thomas Meskill, Governor.

The second is pursuant to Substitute Bill 462 of the 1974 General Assembly, the Section 16-2 of the Connecticut General Statutes, it is my honor to nominate and with your advice and consent appoint, Richard R. Steward of West Hartford, a member of

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the Public Utilities Commission for the term of four years from C.G.C. July 1, 1974 and until a successor is appointed and has qualified. Thomas Meskill, Governor.

Senator Odegard in the Chair

THE CHAIR:

Refer to Executive Nominations. Senator Smith proceed.

SENATOR WILBUR SMITH:

Thank you Mr. President, by way of explanation Mr President, and the present law for example which created led to the present ambulance commission, the present law called for a hearing on every complaint that was made, a good point, a good position was offered an explanation was offered by the commissioners, the chairman of that commission on the fact that they would at least have to try to ascertain the validity of complaints despite the fact the law called for a hearing to be held on every complaint.

The defect that we had discovered fortunately in the present bill that we have before us that has since been amended, did not have a complaint procedure at all.

I withdrew that amendment which adopted 31-126 of the General Statutes which is already in law and has set up a complaint procedure without any problems that has been tried and tested by law. But, because, reportedly because it was too wordy the House wanted to reject it, but they did put in the bill that the responsibility of receiving complaints from citizens and ambulance companies concerning any violation of the act, what it does do Mr. President and members of the circle is put the burden upon the hospital cost commission and the office of emergency medical services to

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adopt regulations setting up the procedures which we already have in law and so I have no objections to that but I do believe we are going to have to stay on top of these people to make sure that there is an adequate system which exists for the adjudication of citizens and other persons on complaints.

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I'll reserve the rest of my comments for the newspapers.

THE CHAIR:

Thank you Senator, are there further remarks? Senator Ciarlone.

SENATOR CIARLONE:

Thank you very much Mr. President. Very, very brief, I just want to stand to compliment and applaud Senator Berry and her committee for bringing out this fine piece of legislation. It certainly was needed and I'm certain it will be a step in the right direction to correct a lot of the abuses in the ambulance industry.

THE CHAIR:

Senator Page

SENATOR PAGE:

Merely to associate myself with the remarks of the distinguished Senator from New Haven.

THE CHAIR:

Are there further remarks? Senator Smith

SENATOR WILBUR SMITH:

Mr President, this quite quickly, I wanted to follow along and add to what Senator Berry has said, she mentioned the two staff members who most certainly did a marvelous job on this ambulance legislation and I think I would be remiss in not mentioning at

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least the Attorney Halbrin, and the legislative commissioner's office who most certainly worked overtime on this bill in addition to her job in legislative commissioner's office and most certainly I want to point out that Attorney D'Agromello who volunteered her services to Attorney Halbrin and Attorney Loce who is also hired to assist the committee as committee council and most certainly I cannot forget Mike Kindal who is standing back there who is my legislative aid and who most certainly attended all of the hearings, did a lot of research and helped tremendously in bringing forth the ideas and the thoughts that came out of the committee. Thank you Mr President.

THE CHAIR:

Thank you Senator. Are there further remarks? There being none the Question is on transfer to the Consent Calendar of substitute for House Bill No. 5602 as amended. Are there any objections? There being none, it is so ordered.

THE CLERK:

Mr. President I have been asked to return to Page 2 of the Calendar and call all the bills that have been pass retained.

THE CHAIR:

Mr. Clerk could I see you for a moment?

THE CLERK:

Mr. President, on Page 13 of the Calendar, Calendar No. 432, which was earlier passed by the Senate, I understand that there is a motion to suspend the rules and send it to the House.

THE CHAIR:

Is there a motion to suspend the rules on Calendar, Senator

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THE SPEAKER:

Is there objection to the Majority Leader's motion to pass retain the item. Without objection, it is passed retaining its place on the Calendar. The Chamber please change its tune. The Clerk call the next item.

THE CLERK:

Page 5 of your Calendar, Calendar No. 553, File 406, Substitute for House Bill 5602, An Act Adopting Emergency Medical Services Act of 1974, Favorable Report of the Committee on Appropriations.

THE SPEAKER:

The lady from the 16th.

REP. CONNOLLY(16th):

Mr. Speaker, I would move acceptance of the Joint Committee's Favorable Report and adoption of the bill.

THE SPEAKER:

Acceptance and passage. Will you remark.

REP. CONNOLLY:

Yes. The Clerk has an amendment.

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THE SPEAKER:

The Clerk please call House Amendment A.

THE CLERK:

The Clerk is in possession of a number of amendments.

THE SPEAKER:

Will the lady from the 16th call the LCO number for the amendments.

REP. CONNOLLY:

I don't have the LCO number here. It's the only one in my name.

THE CLERK:

House Amendment Schedule A. It's LCO No. 2927. In line 190, delete the word "assistant" and insert in lieu thereof the word "deputy".

REP. CONNOLLY:

Thank you.

THE SPEAKER:

The lady from the 16th.

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REP. CONNOLLY:

I would move adoption of the amendment. It's purely a technical correction. On a previous page the language says deputy commissioner. Here it is changed to assistant commissioner. We're changing it back to deputy commissioner to make it conform. I would move passage of the amendment.

THE SPEAKER:

Will you remark further on adoption of House A. If not, all those in favor of adoption indicate by saying "aye". Those opposed. The amendment's ADOPTED. The Chair will rule the amendment technical. The Clerk is in possession of additional amendments.

REP. CONNOLLY:

Mr. Speaker, with your permission, may I address myself to the bill and later defer to Representative Wilber who will bring out the further amendments.

THE SPEAKER:

The lady from the 16th.

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REP. CONNOLLY:

Also with your permission, Mr. Speaker, would the record note that Representative McHugh has absented himself from the House because of illness.

THE SPEAKER:

The appropriate notation will be made in the Journal.

The lady from the 16th.

REP. CONNOLLY:

Thank you, Mr. Speaker. In relation to the bill, this bill is a very important bill coming out of Public Health and Safety, and in order to put the House in proper perspective, I would like to just review a little bit briefly for you the genesis of this bill and some of the historical background which brings us to where we are with this bill today. In 1970 an ad hoc committee on emergency medical services was formed to begin work toward improvements in emergency medical services. The ad hoc committee, which had become the Connecticut Advisory Committee on EMS as an initial undertaking approved a thirty thousand dollar grant in the

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Department of Transportation funds to train EMTs and requested the Yale Trauma Program in May of 1971 to conduct a state-wide study of emergency medical services to identify the deficiencies in the emergency care system, determine the steps necessary to remedy these deficiencies, project the cost of such steps, establish priorities, and schedules to achieve the identified goals, and establish a system for program review, evaluation, and accountability. The advisory committee accepted the reports general conclusions in 1972 and the outcome of many of these recommendations are currently embodied in this bill. Trauma is one of the most neglected health problems. Even the limited statistics available tell the tragic tale of death and disability which result from traumatic injury. Trauma kills children. It is the leading cause of death. Trauma maims the young, productive adults and deprives them of a livelihood. Trauma also incapacitates the elderly and dooms them to remaining years of inactivity. Trauma victims use approximately twenty five million hospital days annually. This is more than

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all patients with heart disease, and four times the number needed by cancer patients. Adequately trained surgeons can treat most traumatic defects, if the accident victim is rapidly delivered to them and satisfactorily resuscitated.

THE SPEAKER:

The Chamber please quiet down and direct your attention to the lady from the 16th.

REP. CONNOLLY:

Thank you, Mr. Speaker. Competent nurses in intensive care settings can provide specialized care necessary to survival of the critically injured. However, there is a major gap between what is possible and what is done--between what we know to be morally right and what we have allowed to exist. The gap, and it is a major one, exists because of lack of coordination in our emergency medical system, coordination that requires that the injured patient must have easy access to the system. Two, central coordination of communications will make it possible that

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the nearest available emergency vehicle be dispatched without unnecessary delay. And, three, that coordinated training will assure us of the availability of sufficient numbers of emergency medical technicians skilled in rendering on the spot resuscitation for life threatening emergencies, such as airways, bleeding, and cardiac arrest. The ABC's of emergency care. Four, coordinated communication and categorization of emergency room facilities will insure the stabilized patient will be transported to the nearest facility equipped and staffed to handle this type of emergency. The injured patient may be best served if the nearest emergency room is bypassed in favor of a facility prepared to offer comprehensive care. House Bill 5602, entitled an Act Adopting the Emergency Medical Services Act of 1974 has the enthusiastic support of concerned citizens and organizations across the state. The Connecticut Volunteer Ambulance Association, The Southern Connecticut Ambulance Alliance, a professional association, the Connecticut Chapter of the American College of Surgeons,

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the Emergency Medical Technicians of Connecticut, the Yale Trauma Program, the Connecticut Motor Club AAA, to mention only a few. I feel that this bill represents the culmination, the final enabling step to the efforts of many groups over these last few years. Such efforts may well come to naught or have to be painfully retraced if the coordination provided by this landmark legislation is not available. The timing of House Bill 5602 is particularly critical. Supplementary private and federal sources of financial support are imminently available, perhaps unavailable a year from now. Finally, and most importantly, with every passing hour lives are needlessly lost or wasted. The Emergency Medical Services Act of 1974 introduced into this General Assembly embodies all the elements of legislative leadership in the field of public health and safety. This bill will not only impact the State of Connecticut in a positive and constructive manner, but will serve as model legislation for the rest of the country. Even a cursory review of the bill should

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leave no doubt in your minds that the depth and scope of this legislation is to be applauded as the most appropriate and head on solution to the problems currently visible in the ambulance industry. I say this because our state has a long history of citizen involvement at the local and regional level in Connecticut and a good example is our volunteer ambulance services. In conclusion it should be noted that swift passage of this bill will save hundreds of lives lost through death and disability because of inadequate or non-existent emergency medical services. This bill will give the state of Connecticut both the structure and substance to deal with the forgotten element in the health delivery care system, emergency medical services. With you permission, Mr. Speaker, I would like to defer to Representative Eleanor Wilbur who has been our very competent sub-committee chairman. Thank you.

THE SPEAKER:

The lady from the 133rd.

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either licensure or certification, provided until such time as such regulations are promulgated the following shall be the required limits for licensure:".

REP. WILBER:

Thank you very much. Mr. Speaker, this amendment follows a suggestion by the Commissioner of Insurance who felt that particularly in the areas of medical insurance, malpractice insurance, there should be some flexibility in the bill. We have designated figures for that, but he felt that we should expand the flexibility. I move passage of the amendment.

THE SPEAKER:

Will you remark further on adoption of House Amendment Schedule B. If not, all those in favor of adoption indicate by saying "aye". Those opposed. The amendment's ADOPTED. The Chair will rule the amendment technical. The Clerk call the next amendment.

THE CLERK:

House Amendment Schedule C, offered by Representative

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Wilber of the 133rd. LCO no. 1674. In line 325 after the word "license" add the following: "In the conduct of any investigation by the office of emergency medical services of alleged violations of the standards or regulations promulgated under the provisions of this act, the director of such office may issue subpoenas requiring the attendance of witnesses and the production by any medical services organization or person of reports, records, tapes or other documents which concern the allegations under investigation."

THE SPEAKER:

Lady from the 133rd.

REP. WILBER:

Thank you, Mr. Speaker. I move adoption of the amendment.

THE SPEAKER:

Will you remark on adoption of House Amendment Schedule C.

REP. WILBER:

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Yes, Mr. Speaker. The sub-committee which undertook the investigation of commercial ambulances this year has recommended this amendment to the Assembly because they feel that the office in the Department of Health would not have sufficient means to get information on violations of ambulance regulation and law.

THE SPEAKER:

Will you remark further on adoption of House C. If not, all those in favor of adoption indicate by saying "aye". Those opposed. The amendment's ADOPTED. The Chair will rule it technical. The Clerk please call House D.

THE CLERK:

House Amendment Schedule D. LCO no. 1676 to File 406.

Would you like the amendment read.

REP. WILBER:

No. With the Speaker's permission I will summarize.

THE SPEAKER:

Is there objection to the lady summarizing House D.

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Without objection, please proceed with the summary.

REP. WILBER:

Thank you. This is a fairly long amendment. It permits a fine of two hundred and fifty dollars or imprisonment of not more than three months for violations of regulation and law by ambulance companies, and particularly for making a false statement issuing deceptive advertising or failing to comply with regulations of the office of emergency medical services.

THE SPEAKER:

Will you remark further on adoption of House Amendment Schedule D. The lady from the 16th.

REP. CONNOLLY:

Yes, Mr. Speaker. May I just remark that these amendments were all submitted to the Public Health and Safety Committee, and it's with their full support that the amendments are submitted. Thank you.

THE SPEAKER:

Will you remark further on the adoption of House Amend-

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ment Schedule D. If not, all those in favor of adoption indicate by saying "aye". Those opposed. The Amendment's ADOPTED. The Chair will rule the amendment technical.

REP. WILBER:

Thank you, Mr. Speaker.

THE SPEAKER:

The lady from the 133rd.

REP. WILBER:

Mrs. Connolly has given you a background of the bill as it developed. My first association with it was as the chairman of the interim committee which began work last summer. At that time we began consulting with all those people in the state who had an interest in emergency services. We, the committee, consulted with physicians, hospital personnel, ambulance drivers, owners, volunteer and municipally run ambulance services, police, state police firemen, state firemen, insurance people, welfare, mental health, and the state mental health department, and many others. This bill represents the distillation of the think-

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ing of all these people. It is a compromise bill in the best sense of the word. It is a bill which I believe will offer needed assistance and support to all contributors of EMS. This bill also fully meets the requirements laid out by federal legislation on EMS, legislation which will in the next three years provide a total of one hundred and eighty million dollars to only those states which have developed a comprehensive system and a plan to deal with it. Connecticut should be able to take full advantage of that federal money to upgrade many components of its system.. And system is what this bill will provide--a systematic approach to what is at present an entirely fragmented delivery of service. The list of problems is long and includes among other things lack of supervision at any level over all ambulance services except commercial, a lack of 911 number, lack of central dispatching, a shortage of training, inadequate ambulances improperly supplied, and almost no communication between ambulance and hospital. This last factor, for example, deprives the ambulance

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attendant of advice from doctors in the Emergency Room and conversely deprives the hospital of time to prepare for the incoming patient. But all the elements which I have listed deprive the patient of the best emergency care. In our consultation with medical personnel we have heard many terrible tales of death and damage, tales which I will spare this Assembly because I know that you all have very good imaginations. However, I will suggest that there are probably few of you who do not know at least one paraplegic who was paralyzed as the result of an accident. And I think that there are probably very few in this room who have not wondered whether that paralysis might not have been prevented by better handling of a damaged back. The terrible cost in suffering in these cases is almost matched by the cost in dollars. A conservative estimate of a lifetime care and medical attention for such persons would be around three hundred thousand dollars. Outlines of the bill have been supplied to members by the staff of the Public Health and Safety Com-

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mittee as well legislative research has provided a full summary. So I will not detail the bill for you but simply refer to some areas which may cause confusion. One of the questions which I have frequently been asked is why the bill does not detail standards and regulations for all aspects of emergency services, particularly ambulances. There are a number of reasons. In particular, the changing and rapidly developing research and knowledge of the care needed for an emergent patient. In only five years emergency care has developed from a catch as catch can kind of affair to a recognized professional discipline. That trend is certainly expected to continue and we would make a mistake to legislate standards which are changing so fast. Another point which may cause confusion is the distinction between licensure and certification for ambulance services. I would like to make it very clear that licensure, which involves a fee, includes only commercial services. Volunteer and municipal services will fall under the certification provisions of the bill. And

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before standards are set out for certification there will be input and consultation from representatives of these groups both on the regional level and the state level through advisory committees. I believe that one of the most important, philosophically, statements to be found in the bill is to be found in lines 390 to 392 of the file copy. It says there when speaking of regional planning, quote, special emphasis in such plan shall be placed upon coordinating existing services into a comprehensive system. It is in no way the intention of this legislation to put anyone out of business. Connecticut is fortunate compared to many other states to have many of the components of good emergency care. We have good hospitals, well spaced around the state. We have good ambulance services, volunteer, municipal, and commercial. And we have other who know they need upgrading but they need help and funding to achieve that. We have many willing and skillful people who are anxious to contribute time and professionalism to advisory boards. What we truly

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need is the glue to bind all these elements together into a system. This bill would provide the glue. It is estimated that we could save twenty per cent of those people who presently die of heart attacks and injuries, not to mention the prevention of permanent damage and suffering if we can put our present knowledge of emergency care to work. Mr. Speaker, I hope we will do that.

THE SPEAKER:

Gentleman from the 14th.

REP. WESTBROOK(14th):

Mr. Speaker, it's a distinct pleasure for me to be one of the many many people who are responsible for bringing this bill before the House today. I'm only sorry that Dr. Cohen could not be here when we brought the bill out. He wanted to say something on it. He's worked very hard for it. Long before the sensational revelations of our ambulance service problems came before us this bill was being worked on by a special committee that came out of the Yale Medical School Trauma Study. The federal

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government has recognized the importance of emergency medical service, and has set aside one hundred and eighty five million dollars that we may not be eligible for without this bill. Ladies and gentlemen of the House, for the first time emergency medical services in the state of Connecticut will have a measure of accountability. They'll have to account to somebody for their emergency medical services. The citizens will be able to participate because of Citizen Regional Advisory Committees. For the first time there will be a single emergency number for every person in this state to call to get emergency service. Some parts of the state already have 911. But under this bill, and after this bill is in service for a while we'll all have one single emergency medical number. For the first time we'll have a public education program in preliminary lifesaving technique where the first person on the scene will do something to save the life of the person in shock. On television and in the newspapers we'll have preliminary lifesaving techniques so everybody can

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save a life. This trauma study brought out the fact that ten or twenty per cent more lives can be saved. Child deaths can be greatly reduced. This is a people's bill. Every single person in this state will benefit by this bill. This bill doesn't deal in hours. It doesn't deal in half hours. It deals in minutes. And sometimes seconds. It focuses in on the crucial period after shock before the ambulance arrives. The crucial period during the ambulance ride to the hospital. Mr. Speaker, this is one of the most important pieces of legislation in this session of the Legislature. I certainly know everyone is going to pass it. I hope it's unanimous, and I know the people--all the people of the state will benefit. Thank you.

THE SPEAKER:

The Clerk is in possession of an additional amendment. Will the Clerk please call House Amendment Schedule E.

THE CLERK:

House Amendment Schedule E offered by Representative

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Dice, Representative Kennelly, I'm sorry, Representative Connolly. It's LCO no. 3027. Would you like the amendment read.

THE SPEAKER:

Gentleman from the 89th.

REP DICE.

Mr. Speaker, It's unnecessary. What this--if I could summarize.

THE SPEAKER:

Is there objection to the gentleman summarizing House E. Without objection, please proceed with your summary.

REP. DICE.

Mr. Speaker, what House E is indicates where the appropriated funds come from. It comes from the Finance Advisory Committee, Section one of Substitute House Bill 5709, which is reserved for legislation affecting agency budgets. And all it is is indicating where the money is to come from from our budget that has been previously pas-

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sed as we have in every act that requires expenses. I
move its passage.

THE SPEAKER:

Will you remark further on adoption of House E. If
not, all those in favor of adoption indicate by saying
"aye". Those opposed. The amendment's ADOPTED. The
Chair will rule the amendment technical. The question
is now on acceptance and passage of the bill as amended
by House A, B, C, D, and E. Gentleman from the 92nd.

REP. WEBBER:

Thank you, Mr. Speaker. I certainly support the
bill and I think the recent reminder from the National
Safety Council is very revelent at this point. It shows
the very grim number of persons killed and injured in ac-
cidents as well as the hundreds of thousands who die or
are permanently disabled due to sudden medical emergencies
such as heart attacks and strokes and poisonings and as-
phyxiation and on and on and on. And, briefly, the 1973
National Safety Council reports that accidental injury

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and acute illness generate a staggering demand on ambulance and rescue services, allied health personnel, physicians, and hospitals for the delivery of emergency medical services. Accidental injury is the leading cause of death among all persons age one to thirty eight. I might point out that several voluntary citizen sub-committees have already been formed in the New Haven area, and I'm proud to identify myself as a member of one of those sub-committees known as the Consumer Sub-Committee to assist in the not only the passage, but of the implementation of this measure. This bill, Mr. Speaker, is a long overdue measure. All we hope to do here actually is save lives. The bill is designed as an exemplary product of the General Assembly's concern for all the interests and welfare of our citizens. It can well serve as a model for the rest of the country, providing it receives our support. And I'm sure I have no doubt in my mind that everyone in this room will support this measure. Thank you, Mr. Speaker.

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THE SPEAKER:

The gentleman from the 29th.

REP. KABLIK(29th):

Mr. Speaker, obviously I, too, support the bill. I have just a few specific questions to Representative Wilber for the benefit of the legis----- My questions relate to what many towns have which is a dial a ride type of set up for elderly senior citizens. And my concern, particularly for those senior citizens who may be physically handicapped in some fashion, permanently handicapped, who are utilizing the dial a ride system to, for instance, go to a regularly scheduled doctor's appointment or what have you. First, through you, Mr. Speaker, to Representative Wilber, would the assistance indicated in line 13 obviously be a medical assistance.

REP. WILBER:

Yes. I would say absolutely a medical assistance.

REP. KABLIK:

And through you, Mr. Speaker. Would an individual

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who happened to be a patient as defined in line 12 as perhaps a physically handicapped individual requiring assistance and transportation, be someone if coming from their personal residence a person who needed emergency assistance.

REP WILBER:

Would you say that again.

REP. KABLIK:

If a person who was physically handicapped was leaving their personal residence, and needed medical assistance i.e., for instance, a doctor, a doctor's regularly scheduled doctor's appointment. A non emergency situation. That this would not be covered by the definition. Is that correct.

REP WILBER:

That's correct.

REP. KABLIK:

And, lastly, Mr. Speaker, is that it would also cover in those lines a perhaps regularly scheduled medical ap-

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pointment for an individual who might be physically handicapped who would not be at home but would be going from a convalescent home and, obviously, going through a health carrier that would be covered. Would that be correct.

REP WILBER:

If a person was being transported by a dial a ride, and it was felt that they did not need medical assistance I believe they would not come under this bill.

REP. KABLIK:

Thank you, Mr. Speaker.

REP. MCGILL(40th):

Thank you, Mr. Speaker. A question to the proponent of the bill.

THE SPEAKER:

Please state your question.

REP. MCGILL:

In section 12 of the bill as I understand it, I think that we could get representation from the various hospital associations and the various hospitals. I would like to

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ask Representative Connolly if this is, in fact, true.

THE SPEAKER:

The lady from the 16th care to respond.

REP. CONNOLLY:

Through you, Mr. Speaker. That is correct. We have not spelled out individuals, but with the broad representation on the council they could well be represented, yes.

REP. MCGILL:

Thank you, Mr. Speaker. Mr. Speaker,---

THE SPEAKER:

Gentleman from the 53rd.

REP. BRAINARD(53rd):

Thank you, Mr. Speaker. I'd like to ask the lady from Fairfield, through you, a question.

THE SPEAKER:

Please state your question.

REP. BRAINARD:

Yes, through you, Mr. Speaker. I believe, Ms Wilber

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you said that volunteer organizations such as a volunteer fire department that might maintain an ambulance would not be required to pay the hundred dollar fee annually. Is that correct.

REP. WILBER:

Through you, Mr. Speaker, yes, that is correct. A volunteer service would come under the certification provisions rather than the licensure provisions of the bill.

REP. BRAINARD:

Thank you, Mr. Speaker. I would just call the lady's attention to the fact that at least on my readings the lines 277 down through perhaps line 286 does not come up in exact focus. It reads to me as though the volunteer organization conceivably would be required to pay the hundred dollar fee annually. But for purposes of legislative intent I am satisfied with her answer. Thank you.

THE SPEAKER:

The gentleman from the 21st.

REP. KING(21st):

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Mr. Speaker, I rise in support of this bill. But I want to point out what I believe is a gross deficiency that has been overlooked. Ever since about Friday this deficiency was recognized as lacking in the bill. An amendment was expected to be forthcoming today to correct it. The amendment has been prepared and it seems to be felt, and I agree, that it is deficient and the problem is whether there's time now to prepare a substitute amendment to correct this admitted deficiency. The deficiency of which I speak is the very fact that the bill contains no procedure for complaints or grievances on an administrative level. Now it's traditional in this type of legislation to provide that an ambulance company, a member of the public, or etc.. whoever has a grievance or complaint, should have some administrative procedure to which we can take that complaint and get an investigation and determine whether further action is warranted. This contains no such provision. I would call to your attention that one of the problems in the greater Hart-

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ford area, which has recently has become known, is the fact that the grievance procedure used by the current ambulance commission has not been followed primarily because of lack of staff and lack of funds. But I submit that this bill without any provision for such procedure at all is going to create real problems. I think it's apparent that the bill will have to be amended and I just hate to see it have to go for another year before an amendment can be obtained. Therefore, I would move this matter be passed temporarily. I have a start on an amendment. I didn't prepare it, but I would hope that an amendment could be prepared today and we could get this back and still have time to act on it.

THE SPEAKER:

The gentleman has moved to pass the item temporarily.

Will you remark. Gentleman from the 119th.

REP. STEVENS(119th):

Mr. Speaker, I rise in opposition to the motion, for several reasons. First of all, I'm a little surprised at

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the motion. The gentleman was just here and asked me a question and I'm looking up the answer and I hear a motion on the floor to pass temporarily.

REP. KING:

May I apologize to you. I--Gerry, I didn't realize that. Mr. Speaker, I didn't realize that. I'm sure an apology is in order. There's nothing intended by it.

REP. STEVENS:

Through you, Mr. Speaker, I would request that the gentleman would withdraw his motion because I think we may have an answer to his question.

REP. KING:

I will be happy to withdraw my motion.

THE SPEAKER:

The motion to pass the item temporarily has been withdrawn. Will you remark further. The gentleman from the 122nd.

REP BEVACQUA(122nd):

Mr. Speaker, I rise in support of this bill, and I

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applaud the efforts of Mrs. Wilber for her diligence, her tireless energy and great personal concern over proper drafting of this bill, which, in my judgment, is perfectly here before us. This legislation will go a long way to avert many of the tragedies of the unfortunate who need the services provided by this bill. This bill provides specific services and facilities for those who need them and yet it provides great flexibility to the responsible agencies to improve and perfect the emergency medical services for Connecticut citizens. This is a fine bill, and I urge its passage unanimously.

THE SPEAKER:

Gentleman from the 58th.

REP. MORRISON(58th):

Mr. Speaker, before Dr. Cohen lands in Israel, which will be very shortly the way we're going on this bill, he has asked me to say a few words on his behalf, and naturally, I might want to say a few words on my own behalf. Dr. Cohen and I were both members of the sub-committee

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on emergency medical services, and we've heard all kinds of testimony from numerous doctors, hospital associations, state police, ambulance associations, all testifying to the fact that the citizens of Connecticut are not getting the emergency medical services that they deserve. And that a comprehensive state plan was definitely needed to insure that they do. I believe that this bill will make this possible. Dr. Cohen and I also realize that this bill doesn't completely solve all of the problems of EMS overnight. But it does take a very important step forward, and I and Dr. Cohen are very confident that the letter "E" in Emergency Medical Services will also stand someday for Excellent Medical Services with the passage of this bill. And I, therefore, urge its adoption. Thank you.

THE SPEAKER:

The lady from the 9th.

REP. YACAVONE(9th):

If you saw the Channel 3 presentation on the Hartford area ambulance services, and you saw documented the

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abuses by these local companies, you may remember the case of an East Hartford heart attack victim who was not saved because the closest ambulance was not dispatched to serve him and to initiate immediate treatment. This was a result of the so called stacking of calls. In East Hartford today, as a result of these revelations, about the indifferent emergency response the citizens and their elected officials are very uneasy about their safety. One commercial firm has just announced the termination of its activities, leaving to two companies to serve the area. Both of these two remaining companies were also figured in the recent investigation. The East Hartford Town Council is now studying and planning to establish as quickly as they can a voluntary ambulance service for the town. East Hartford supports this bill. I wholeheartedly support this bill. I think it's very commendable legislation. I think the committee worked very hard, and I think Representative Wilber did a marvelous job. I think this legislation is badly needed. Again, I say I support it most

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wholeheartedly.

THE SPEAKER:

The Clerk please announce an immediate roll call.
If all members would take their seats. Non members come
to the well. The gentleman from the 97th.

REP. CANALI(97th):

Yes, Mr. Speaker, thank you. Mr. Speaker, I would
also like to add my plaudits to Representative Wilber's
efforts. I think any member of the Public Health and
Safety Committee who attended the many public hearings
that we held throughout the state and heard the pleas of
the various people who are involved in this type of service
for some kind of comprehensive regulation and leadership
they would realize how important this bill is to the
state. I think that our chairman Connolly and Eleanor
Wilber have done an excellent job on this bill.

THE SPEAKER:

If all members would take their seats. Non members
come to the well. The question is on acceptance and pas-

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sage of Substitute for House Bill 5602 as amended by House Amendments Schedules A,B,C,D, and E. The gentleman from the 21st.

REP. KING(21st):

Mr. Speaker, I rise reluctantly again to move that this matter be passed retaining because of the fact that I don't believe it contains a complete procedure for complaint and handling of grievances on an administrative level as to any person who might want to initiate such complaint. We've gone over this with the Majority Leader. He's going over it now. There are many provisions in here which refer to this, but I think what is lacking is a clear cut procedure to take this to an administrative tribunal that is, take a complaint and be assured that action is taken on that complaint. Various agencies have rule making and regulation making authority. They have power to revoke licenses, and to do a variety of things of that nature. But in nowhere in here can I find, or has anyone able to point to me to show me where specifically an individual

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can say here is my complaint. I'm handing it to you. You investigate it and find out whether further investigation and action is warranted. So because of that I, at least for the record, I must move that the matter be passed retained in order that they we can give a quick look at this and I think whip up an appropriate amendment in very short order. So I do make that motion.

THE SPEAKER:

The lady from the 16th.

REP. CONNOLLY(16th):

Mr. Speaker, I would oppose passing retain because the Emergenc Medical Services, planning coordinating, and the administrative procedure will come under the Commission on Hospital ad Health Care. They have subpoena powers and under administrative powers the power to investigate complaints and I think this would take care of it adequately.

THE SPEAKER:

The question's on a motion by the gentleman from the

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21st to pass retain the item. The gentleman from the 14th.

REP. WESTBROOK(14th):

Mr. Speaker, I oppose pass retaining. This commission under the Department of Health will have plenty of teeth--plenty of teeth to set down regulations that will apply to the procedures that the gentleman from the 21st is talking about. I don't see any reason to amend this bill.

THE SPEAKER:

Question is on the motion to pass retain. All those in favor of the motion indicate by saying "aye". Those opposed. The motion is lost. Question is now on acceptance and passage of the bill as amended by House Amendments Schedules A,B,C,D, and E. If the members would take their seats. Non members come to the well. The Clerk announce an immediate roll call. The machine will be opened. Has everyone voted. The machine will be closed and the Clerk please take a tally.

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THE CLERK:

Total Number Voting.....135
Necessary for Passage..... '68
Those voting Yea.....135
Those voting Nay..... 0
Absent and Not Voting..... 16

THE SPEAKER:

The Joint Committee's Favorable Report is accepted
and the bill is PASSED, Gentleman from the 87th.

REP. CRETELLA(87th):

Mr. Speaker, I'd like to propose eight items eight
bills for the Consent Calendar.

THE SPEAKER:

The gentleman call the bills.

REP. CRETELLA:

Page 14 of today's Calendar, bottom of the page, Cal-
endar 680, Substitute for House Bill 5444; page 15, Calen-
dar 681, 682, 683, and 686; page 16, top of the page, Cal-
endar 695; page 17, second from the bottom, Calendar 705;
page 18, top of the page, Calendar 707. Thank you, Mr.
Speaker.

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MR. SPEAKER:

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Members would take their seats...non-Members come to the well. The question is on acceptance and passage of H.B. 5086 as amended by House Amendment Schedules "A" and "B". The machine will be opened. Has everyone voted? Has everyone voted? The machine will be closed, and the Clerk please take a tally.

The following is the result of the vote:

Total number voting	137
Necessary for passage	69
Those voting Yea	137
Those voting Nay	0
Those absent and not voting	14

MR. SPEAKER:

Joint Committee's favorable report is accepted, and the bill as amended is passed.

VIRGINIA M. CONNOLLY:

Yes, Mr. Speaker. I would like to move for reconsideration of a bill which we considered yesterday, on yesterday's Calendar, Page 5, Calendar No. 553, Substitute for H.B. 5602, File No. 406. I was in the prevailing side.

MR. SPEAKER:

Lady has moved reconsideration of M.B. 5602 and indicated she was on the prevailing side, and would you remark on the motion for reconsideration?

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VIRGINIA M. CONNOLLY:

efr

Thank you, Mr. Speaker. I would move acceptance of the Joint Committee's favorable report and passage of the bill.

MR. SPEAKER:

Question is on reconsideration.

VIRGINIA M. CONNOLLY:

Oh, I'm sorry.

MR. SPEAKER:

Would you remark on reconsideration?

VIRGINIA M. CONNOLLY:

For the purpose of two miniscule amendments.

MR. SPEAKER:

Will you remark further on the motion for reconsideration? If not, all those in favor of reconsideration indicate by saying "aye". Those opposed. Reconsideration...the bill is reconsidered.

VIRGINIA M. CONNOLLY:

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

MR. SPEAKER:

Will you remark on acceptance and passage?

VIRGINIA M. CONNOLLY:

Yes. The Clerk has an amendment.

THE CLERK:

House Amendment Schedule "F", offered by Representative Connolly. L.C.O. No. 2927. Would you like the amendment read?

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VIRGINIA M. CONNOLLY:

efr

Would you, please.

THE CLERK:

In line...to your File 406...in line 190, delete the word "assistant" and insert in lieu thereof the word "deputy". In line 192, delete the word "assistant" and insert in lieu thereof the word "deputy".

MR. SPEAKER:

Will you remark on adoption of House Amendment Schedule "F"?

VIRGINIA M. CONNOLLY:

Yes, Mr. Speaker. This is purely a technical amendment to get conformity of language. We found two more errors where it said "assistant director" in lieu of "deputy director", so we are changing that to conform the language. I would move acceptance of the amendment.

MR. SPEAKER:

Would you remark further on adoption of House Amendment Schedule "F"? If not, all those in favor of adoption indicate by saying "aye". Those opposed. The amendment's adopted. The Chair will rule the amendment technical. The Clerk is in possession of additional amendment.

THE CLERK:

The Clerk is in possession of House Amendment Schedule "G", offered by Representative Ajello, of the 104th, Representative Connolly. It's L.C.O. No. 3302. Would you like the amendment read?

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VIRGINIA M. CONNOLLY:

efr

Would you, please.

MR. SPEAKER:

Please read the amendment.

THE CLERK:

In line 224, delete the period after the word "act" and insert the following: "and regulations regarding complaint procedures for the public and any emergency medical service organization." In line 235, after the word "act" insert the following: "and regulations regarding complaint procedures for the public and any emergency medical service organization".

VIRGINIA M. CONNOLLY:

Yes, Mr. Speaker. Thank you. I'm grateful to Representative Ajello for solving this problem. The emergency medical system is so delicately balanced between the hospital and the Health Care Commission and the Health Department that some of the powers are not interchangeable. In searching the statutes yesterday, we discovered that it did... the bill did need regulations regarding complaint procedures for the public and any emergency medical services organization, and with this very simple amendment, I think it clarifies the situation, and I move...I would move adoption of the amendment.

MR. SPEAKER:

Will you remark further on adoption of House "G"? If not, all those in favor of adoption indicate by saying "aye". Those opposed. The amendment's adopted. The Chair

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will rule the amendment technical. The question is now on acceptance and passage of the bill as amended by House Amendment "A", "B", "C", "D", "E", "F" and "G". If all Members would take their seats, the Clerk announce an immediate roll call. H.B. 5602 as amended. The machine will be opened. Has everyone voted? The machine will be closed, and the Clerk please take a tally.

The following is the result of the vote:

Total number voting	138
Necessary for passage	70
Those voting Yea	138
Those voting Nay	0
Those absent and not voting	13

MR. SPEAKER:

Joint Committee's favorable report is accepted, and the bill as amended is passed.

VIRGINIA M. CONNOLLY:

Mr. Speaker, I had authorization for this at 11:30 this morning. If it's still valid, I would like to move suspension of the rules for transmittal to the Senate...immediately.

MR. SPEAKER:

Is there objection to suspension of the rules for immediate transmittal to the Senate of the bill just acted upon? Without objection, the rules are suspended, and the bill will