

Legislative History for Connecticut Act

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JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
& SAFETY
PART 2
498 - 977

1975

PUBLIC HEALTH AND SAFETY COMMITTEE

GEORGE WESTON: Mr. Chairman, I'm George Weston from the town of Litchfield, the Fire Commissioner in that town and I wish to address just the portion of the EMSB transfer from the Hospital Commission to the Health Department if I may. Mr. Chairman and members of the Public Health and Safety Committee, my name is George Weston and I'm Fire Commissioner for the town of Litchfield, and Second Vice Chairman of the EMS Advisory Council of Northwestern Connecticut and I am representing the EMS Planning Committee of the Community Council of Northwestern Connecticut. We wish to indicate that we strongly support the EMS concept as set up under Public Act 74-305..EMS. Act of 1974. This existing regionally orientated structure includes in each of the 11 health planning areas in the state, the funded EMS Planning Agency and psid EMS Co-ordinator and a regional EMS Advisory Council. The system is presently designed provides an easily accessible in-put vehicle in the form of these regional EMS Co-ordinators , Advisory Councils and the State Advisory Council

With the proposed legislation to place EMS wholly within the State Department of Health is a reduction \$137,000 the budget of the fivision of EMS of the Commission of Hospitals and Health Care and the madates of the National Health Planning and Resources Act of 1974 in regard to re-designation of Health Planning Area. There seems to be growing a growing emphasis to endanger our regions ability to have an effective voice and means to determine and implement that manner in which we may best render service to our somewhat unique rural area. Therefore the EMS Planning Committee of the Community Council of Northwest Connecticut wishes to go on record in strong support of 1. the maintainence of the existing regionally EMS structures set up by PA 74-305 because they are so important to the success of the state EMS system. 2. The re-instate-ment of full state funding for Emergency Medical Services in order to insure the above. 3. The maintainence of the small health planning areas such as the 11 existing EMS regions. When Dr. Adams re-designates the state under the new federal legislation. And speaking personally for myself, I'm reluctant to see a change in EMS structure at this point in time. I feel that this would only necessitate further delay in implementing a viable set of regulations which are now ready to be adopted and further delay can only hurt the ultimate delivery of Emergency Medical Service. Thank you for your consideration.

REPRESENTATIVE COHEN: Thank you very much. Anybody opposed to any of the Firemen Bills? If you have a written statement there would you be kind enough to leave it with our secretary it would make it a little easier when we're typing our transcript. We'll now hear bill 8026. No one row back further Dr. Knox.
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A.E.HERTZLER KNOX: Thank you. My name is A.E.Hertzler Knox, M.D. I'm presently the Vice-Chairman of the Connecticut Advisory Committee on Emergency Medical Services. Former Chairman of the Ad-Hoc Committee on Emergency Medical Services for the State of Connecticut. I'm speaking in regard to the proposed bill LCO#8026. The EMS Bill P.A.74-305 passed by the Connecticut Legislature last year was a culmination of 5 years of in-tensive study and compilation of knowledge available about this hereto-fore ignored area of health care. The AdHoc Advisory Committee on Emergency Medical Services of which I was privileged to be the chairman during 1973 and 1974 was brought into existence through the efforts of the Yale Trauma Study Program. This purely voluntary committee met at least one night monthly for 5 years to determin:ε the very best approach

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to emergency medical services for the State of Connecticut. P.A. 74-305 was originally conceived as an idealistic structure which would give the State of Connecticut the best possibility for improved emergency medical services in the United States. Unfortunately, due to the fragmentation of State Health Service in Connecticut and particularly the lack of staff or budget available to the State Health Department it was necessary to create a division of the originally conceived structure between the State Health Department and the Commission on Hospital and Health Care. Since the legislature recognized the complexity of this concept of a state wide emergency medical services system it spent one entire year of this committees time to learn about and to understand emergency medical services in order to put into statutory language the necessary concepts to give the citizens of Connecticut the privilege of having a functioning emergency medical service system which they for the first time realized did not exist.

The intent of your committee's long hours of work was not simply to put in place a new program, I would remind you, it was to save lives and to prevent further damage to the sick and injured. The development of a system requires planning and coordination of all parts that make up that system. This process was instituted as conceived by the legislature and this committee. Unfortunately too many people involved in the system at all levels forgot the intent of PA 74-305, which was intended to improve the quality of emergency medical care and to save lives. And they began to seek real or imagined threats to their own person power structure or way of doing things. These people comprised a minority of the dedicated people in the emergency medical services system, but the cry of this minority was magnified by failure of both the Commission on Hospital and Health Care and the State Health Department to understand the needs of these elements which make up the Emergency Medical Services system in their method of promulgation of regulations.

SB 1606 This situation applied not only to the threats perceived by volunteer ambulance units, fire units and the commercial providers of such care. It applied to the attitude of the Commission on Hospital and Health Care which completely ignored and by-passed all advice given to it by the Connecticut Advisory Committee on Emergency Medical Services until the hue and cry became so great that they were forced to take notice. Now, efforts to repair the effects of that hue and cry have resulted in the proposed legislation before you as LCO# 8026. This bill places the planning of statewide emergency medical services, a most complex problem, in the Commission of Hospital and Health Care. It removes any expert staff from the Commission and puts in its place the good services of the Connecticut Advisory Committee to accomplish a series of tasks of a monumental nature.

LCO# 8062 places all other activities and requirements under the State Health Department who is also given the services of the constantly mentioned group known as the Connecticut Advisory Committee on Emergency Medical Services. Why suddenly this dependency on a group which neither the State Health Department or Commission on Hospitals and Health Care has previously seen fit to consult. As a matter of fact, with due deference to those legislators responsible for the drafting of LCO# 8026, I have been unable to find a single member of the Connecticut Advisory Committee on Emergency Medical Services who despite the massive fund of expertise they represent in emergency medical services, has even been consulted in the drafting of this legislation proposed here today.

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Let me ask, where is the funding to come from in the State Health Department to operate the Office of Emergency Medical Services on a level which will provide the needed expertise and to fund the regional coordinator? Where will the funds for the volunteer units to upgrade their services come from when the seriously crippled budgets for EMS on a state level result in loss of federal funds which will be cut correspondingly or in their entirety. What is to be the reaction of the State Health Department when it gets its planning from the Commission on Hospitals and Health Care, its advice from the Connecticut Advisory Committee on EMS and its every regulation must be subject to approval by the Public Health Council. And all of this in a State Health Department known to be inadequately staffed or funded for the purposes of its mandate under P.A.74-305. Let alone the demands to be made upon it by LCO#8026. Where is the funding for proper staffing of the meetings of the Connecticut Advisory Committee on EMS who in LCO#8026 are now to be subject to the whims and demands of two commissioners neither of whom previously saw fit to pay attention to its advice which would have made this new bill unnecessary.

P.A.74-305 has been in existence 8 months. Much has been accomplished. People of Connecticut are now moving in all areas to improve emergency medical services. Is it truly wise to move at this time in reaction to a minority outcry? Are you creating a piece of Legislation which will need to be rewritten as a result of the effect of the Federal Law on Health Planning and Resources

REPRESENTATIVE COHEN: Dr. Knox will you tell us whether you are for or against the bill and then leave....

DR. A.E.HERTZLER KNOX: Yes sir, I'd be glad to say that in its present form I am against this bill .

REPRESENTATIVE COHEN: Any questions of Dr. Knox?

REPRESENTATIVE WALSH: Dr. Knox, Representative Walsh. My understanding is that when the committee directed that a bill be drafted there was no stipulation to the planning facet would be left to one department rather that everything would be brought under one unit of State Government. Were this bill to be altered and were the planning phenomenon brought under the Department of Health as well with the EMS unit, the Department of Health would you then be favorably disposed to this bill?

DR. A.E.HERTZLER KNOX: you would then be going back to the original legislation that the Connecticut, the AdHoc Committee on Advisory back in 1973, at which time we envisioned such a structure located entirely in the State Health Department with an Advisory Council sitting outside directing the Office of the Emergency Medical Services but also responsible for advice to the Governor of the State of Connecticut. This does not seem to work at this particular time. I would certainly approve that if there were some form of liasion with the Governors Office with the Advisory Committee sitting outside the State Health Department.

REPRESENTATIVE WALSH: Thank you very much doctor.

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DR. A.E.HERTZLER KNOX: I would like to add if I may that the current funding of the State Health Department and particularly the funding of the Office of Emergency Medical Services would not permit any reasonable approach to the Emergency Medical Services on a statewide at the present time.

REPRESENTATIVE WALSH: I'm entirely in agreement with that, thank you.

REPRESENTATIVE COHEN: Any other questions of Dr. Knox by the committee? If not thank you very much Dr. Knox. Does anyone else want to speak on, for or against the bill ?

MAXWELL KAGAN: I am Maxwell Kagan, Fire Marshall from the town of Goshen also connected with the EMS Advisory ,....on the local level. For 25 years as a volunteer fireman we are very sympathetic to the intent of 74-305 and we have never voiced strong opposition to it. The main opposition that has been voiced to 74-305 and the reason why we support this piece of legislation 8026 in the fire service is that we feel that in all respects there should be enough concern to the group of people who have in the past and will in the future be devoting the biggest percentage of in-put into emergency medical services in the past fire services have not had a strong enough voice. We are not against it. We are in favor of the change.

REPRESENTATIVE COHEN: Thank you very much. We will now go on to Senate Bill 229- Prohibition of Advertising of Abortion Services. How many people want to speak on this bill, so we'll get an idea? Please raise your hands. O.K. will you go to the microphone? Anybody else? All speakers go to the microphone, either the left or the right to expedite matters.

GROVER REES: Representative Cohen, we have been told that 262 is going to be considered before 229 . Has that been changed again?

REPRESENTATIVE COHEN: Yes, we've just changed it as of this moment. Give your full name.

CAROLYN GABLE ALLEN: My name is Carolyn Gable Allen and I'm Chair of the Task Force on Reproductive Freedom for the Connecticut Women's Political Caucus. In reference to Senate Bill 229 - Prohibiting Advertising of Abortion Services is not only violating the basic right of access to information and a free press but also seems unbelievably counter-productive to the anti-abortion efforts. Studies have shown that 70% of all abortions would have been performed regardless of the legal or medical conditions of abortions. Thus limiting information will not deter women from this decision. By restricting information on abortion services women who seek abortions only would be encouraged to delay that decision and thus placing more abortions in the second trimester rather than the first when the medical procedure is simpler and safer. Another effect of this bill would be to discriminate against those who are not in touch with medical services, mainly the poor, minority and young women. So the caucus is in opposition to Senate Bill 229 for the above reasons.

REPRESENTATIVE COHEN: I didn't quite get it are you for or against this bill?

CAROLYN GABLE ALLEN: I said it 2 times, we're in opposition to Senate Bill 229- Restricting information through advertising of abortions.....We would hope that if anything that would be an encouragement and further education al, access of educational information about abortions so that we would have more abortions, when women choose abortion in the first trimester,

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GEN. ASSEMBLY
SENATE

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Wednesday, April 23, 1975

46.

Cal. 303, File 235. Favorable report of the joint standing committee on Public Health and Safety, Sub. S.B. 1606, AN ACT CONCERNING THE TRANSFER OF ALL EMERGENCY MEDICAL SERVICE AUTHORITY FROM THE COMMISSION ON HOSPITALS AND HEALTH CARE TO THE DEPARTMENT OF HEALTH.

THE PRESIDENT:

Senator Ciarlone.

SENATOR CIARLONE: (11th)

Mr. President, I move acceptance and passage of this bill, as reported out of committee.

THE PRESIDENT:

Will you remark?

SENATOR CIARLONE:

Mr. President, I'll summarize my previous remarks. This bill merely consolidates the entire EMS Authority to the Department of Health. We urge adoption.

THE PRESIDENT:

Will you remark further? Senator Ciarlone.

SENATOR CIARLONE:

If there is no objection, I move that this bill be placed on the Consent Calendar.

THE PRESIDENT:

If there is no objection, so ordered.

THE CLERK:

Cal. 304, File 239, Favorable report of the joint standing committee on Judiciary, S.B. 964, AN ACT CONCERNING NONLIABILITY

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REP. MORTON (129th):

I move adoption of it..of the Amendment.

THE SPEAKER:

Remark further on adoption of Senate "A"? If not, the question is on its adoption? All those in favor will indicate by saying Aye. Opposed? Senate "A" is adopted. The Chair rules it as technical. Will you remark further on the Bill as amended? The lady from the 129th.

REP. MORTON (129th):

Mr. Speaker, the Committee feels that this is a simple change and the sex neutralization of the Bill and we support its passage.

THE SPEAKER:

Will you remark further on the Bill as amended? Will you remark? If not, the...will Members please be seated and the staff come to the well. The machine will be open. Have all the Members voted? Have all the Members voted? The machine will be closed. The Clerk will take a tally.

THE ASSISTANT CLERK:

Total Number Voting.....	142
Necessary for Passage.....	72
Those Voting Yea.....	140
Those Voting Nay.....	2
Those absent and not Voting....	9

THE SPEAKER:

The Bill as amended is passed.

THE CLERK:

Calendar 634. Substitute for Senate Bill 1606 AN ACT CONCERNING THE TRANSFER OF ALL EMERGENCY MEDICAL SERVICE AUTHORITY FROM THE COMMISSION ON HOSPITALS AND HEALTH CARE TO THE DEPARTMENT OF HEALTH.

THE SPEAKER:

The gentleman from the 53rd, Representative Robert Walsh.

REP. WALSH (53rd):

Mr. Speaker, I move approval of the Joint Committee's Favorable Report and passage of the Bill.

THE SPEAKER:

Question is on acceptance and passage in concurrence. Will you remark sir?

REP. WALSH (53rd):

Yes I will Mr. Speaker.

THE SPEAKER:

The gentleman from the 53rd.

REP. WALSH (53rd):

Mr. Speaker, this Bill brings together what is at the moment a kind of distended bureaucratic structure in so far as services in the emergency medical services are concerned. At this point, we have the CAT, an advisory council for the group; we have a unit that operates under emergency medical services in the Department of Health and we have a third unit that operates out of the Connecticut Hospitals and Health Care...Commission on Hospitals and Health Care, excuse me.

What this Bill purports to do is to bring those three units, three units into conjunction with each other to make for a more centralized operation. It's a good Bill, deserves every body's vote. It'll bring us even farther along the path of progress in the provision of volunteer services, particularly for emergency medical services.

THE SPEAKER:

Will you remark further on the Bill? The lady from the 16th, Representative Virginia Connolly.

REP. CONNOLLY (16th):

Thank you Mr. Speaker. I rise just briefly to express my disappointment that the Emergency Medical Services Bill, which was passed in 1974

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and hailed throughout the Nation as a model of good legislation is being tampered with so early before its really had a good testing ground. I feel that the concept engendered in the Emergency Medical Services Bill as it was originally written, forces State Agencies to work together and to talk together, which I think in itself is an innovative idea, instead of allowing a strong bureaucracy to build up in any one Agency.

I think we have been cognizant of the fact that Environment, Department of Health do not communicate and very often we have a proliferation of legislation which could be more economical and serve the people of Connecticut better if Departments were forced to communicate with one another.

I also feel that in the '74 legislation accountability was built in and I'm afraid in the enthusiasm of some Legislators this year, that they have confused the Public Act with implementation of regulations and I think we should await a test, a good testing of the regulations so that everybody can have a chance to see that they are satisfied with them.

Also, I think the change in the perspective on this Bill is the old timed because in light of the National Plan..Health Planning Act on the Federal level, specifically 93-641, I think we should await any change in the Emergency Medical Services Act, until we find out what the impact of this Federal Legislation is going to do. Thank you.

THE SPEAKER:

Will you remark further on the Bill? The lady from the 133rd, Representative Eleanor Wilber.

REP. WILBER (133rd):

Thank you Mr. Speaker. I also object to this change in..in the purview of Emergency Medical Services. The National Health Resources and Planning Act is certainly going to change health planning in the State of Connecticut. As of now, planning function resides in the Commission on Health and Hospitals and

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Health Care and Emergency Medical Services at the State level is primarily a planning function. By removing this to the Health Department, we are giving an entirely new life to emergency services, taking it, I think, somewhat also from the regional approach and putting it at the Health Department of the State level. Thank you Mr. Speaker.

THE SPEAKER:

Will you remark further on the Bill? The gentleman from the 53rd.

REP. WALSH (53rd):

For the second time, Mr. Speaker. Mr. Speaker, I'll admit that it was an excellent idea in its originally inceptive fashion except that it simply didn't work. There was not the kind of dialogue that was hoped for between the various Departments of the State and this is an attempt to create that dialogue, number one.

Number two, in terms of local input I most assuredly endorse the concept of localities having major say in the development thrust and direction of emergency medical services.

The new Emergency Medical Service Director is himself, the former president of a volunteer ambulance association in the Rocky Hill area and is particularly sensitive and sympathetic to these particular needs. There is no move within this Bill to eliminate or in any way diminish the input from the local groups that have thus far been so generous with their time and with their thinking on this matter.

I continue to support this Bill and still think it and strongly urge everyone else's support. Thank you.

THE SPEAKER:

Will you remark further on the Bill? If not, will the Members please be seated?

The gentleman from the 64th, Representative James Metro.

REP. METRO (64th):

Thank you Mr. Speaker. While this Bill is of a great deal of importance to the towns in the northwest section of this State, and while it still is subject to some dispute, I personally will be voting for it and I would like to make it known for the record that there have been certain representations made to me by certain individuals who will now be involved with the new regulations and my vote is based, my favorable vote will be based in a great part on these representations. Thank you Mr. Speaker.

THE SPEAKER:

Remark further? Members please be seated and staff come to the well. The machine will be open. Have all the Members voted? The machine will be closed. The Clerk will take a tally.

The gentleman from the 87th.

REP. De MENNATO (87th):

In the affirmative please.

THE SPEAKER:

Clerk please note.

THE ASSISTANT CLERK:

Total Number Voting.....	142
Necessary for Passage.....	72
Those Voting Yea.....	108
Those Voting Nay.....	34
Those absent and not Voting....	9

THE SPEAKER:

The Bill is passed.

THE CLERK:

Calendar 636. Substitute for House Bill 5930 AN ACT CONCERNING THE REPORTING OF INTEREST CREDITED TO ACCOUNTS HELD IN ESCROW BY MORTGAGEES, MORTGAGE SERVICING COMPANIES AND LESSORS.

THE SPEAKER: