

S-111

CONNECTICUT  
GEN. ASSEMBLY  
SENATE

PROCEEDINGS  
1975

VOL. 18  
PART 7  
3189-3690

Monday, June 2, 1975

97.

Cal. 1139, I would move Sub. for H.B. 8550 to the  
CONSENT CALENDAR.

roc

THE PRESIDENT:

Without objection, it is so ordered.

SENATOR LIEBERMAN:

Cal. 1140, I move Sub. for H.B. 8396 to the CONSENT  
CALENDAR.

THE PRESIDENT:

Hearing no objection, it is so ordered.

SENATOR LIEBERMAN:

Cal. 1141, I would move Sub. for H.B. 8286, as amended  
by House Amendment Schedule A, to the CONSENT CALENDAR.

THE PRESIDENT:

Hearing no objection, it is so ordered.

SENATOR LIEBERMAN:

Cal. 1142, I would move Sub. for H.B. 8296 to the CONSENT  
CALENDAR. I'm sorry, it has an amendment? I'll yield to Senator  
Baker to bring out the amendment.

THE PRESIDENT:

Senator Baker.

SENATOR BAKER: (24th)

Mr. President

THE CLERK:

The Clerk has Senate Amendment A offered by Senator Baker.

LCO 9921.

EE-169

CONNECTICUT  
GEN. ASSEMBLY  
HOUSE

PROCEEDINGS  
1975

VOL. 18  
PART 12  
5520-6009

## THE HOUSE

FRIDAY

MAY 30, 1975

197  
LFU

THE CLERK:

House Resolution 256, CONGRATULATING JOHN AND MARY OLA.

THE SPEAKER:

Table for the Calendar.

THE CLERK:

House Resolution 257, CONGRATULATING JOHN AND SARÀ ALESSI ON THE OCCASION OF THEIR 50TH WEDDING ANNIVERSARY.

THE SPEAKER:

Table for the Calendar.

THE CLERK:

No further business on the Clerk's desk. Correction. The Clerk has a communication from the Governor.

To the Honorable General Assembly,

Pursuant to Section 10-323 of the Connecticut General Statutes, I have the honor to nominate, and with your advice and consent, appoint WILLIAM JONES of New Haven, a member of the Commission for Higher Education, for the term of eight years from July 1, 1975, in succession to Sister Mary Theodore of West Hartford.

THE SPEAKER:

Refer to the Joint Committee on Executive Nominations.

THE CLERK:

Please turn to page seven of the Calendar. Page seven, with one star, Calendar 1250, Substitute for House Bill 8550, AN ACT CONCERNING OMNIBUS NURSING HOME LEGISLATION.

## THE HOUSE

FRIDAY

MAY 30, 1975

198  
LFU

THE SPEAKER:

The gentleman from the 17th.

REPRESENTATIVE COHEN (17th):

Mr. Speaker, I move for Suspension of the Rules for immediate consideration.

THE SPEAKER:

Is there objection? Hearing none, the Rules are Suspended. The gentleman from the 17th.

REPRESENTATIVE COHEN (17th):

I move acceptance and passage of the Joint Committee's Favorable Report.

THE SPEAKER:

Question is on acceptance and passage. Will you remark?

REPRESENTATIVE COHEN (17th):

The Clerk has an Amendment, LCO No. 7766.

THE SPEAKER:

Clerk please call LCO 7766, House Amendment, Schedule A.

REPRESENTATIVE COHEN (17th):

Will the Clerk please read?

THE CLERK:

House Amendment, Schedule A, offered by Mr. Cohen of the 17th. In Line 50, after the word "investigation" insert the words "or inspection".

## THE HOUSE

FRIDAY

MAY 30, 1975

199  
LFU

In Line 54, after the word "investigation" insert the words "or inspection". In Line 80, insert before the word "stain", the word "not". In Line 87, after the word "or" strike out the words "relative, guardian,". Delete Lines 88 and 89 and substitute the following in lieu thereof.

"If such patient is a minor or is incompetent the consent of a relative, guardian, conservator or a sponsoring agency."

REPRESENTATIVE COHEN (17th):

Mr. Speaker, this Amendment merely cleans up some of the language of the Bill. The word "not" was inadvertently omitted. The word "inspector" was added twice where needed and the Amendment spells out who can be the guardian of an incompetent patient. I move adoption of the Amendment.

THE SPEAKER:

Question is on adoption of House A. Will you remark further? If not, the question is on its adoption. All those in favor will indicate by saying aye. Opposed? House A is adopted. Will you remark further on the Bill as amended? The gentleman from the 17th.

REPRESENTATIVE COHEN (17th):

Mr. Speaker, I am pleased today to bring before the General Assembly the Omnibus Nursing Home Bill. As Chairman of the Public Health and Safety Committee, I recognized very early in this Session that there was a great need for an investigation of the nursing home industry in Connecticut.

## THE HOUSE

FRIDAY

MAY 30, 1975

200  
LEU

This was based upon my own first hand experience and knowledge. By a report by a group of college students, numerous calls and letters that I received from people whose parents and relatives were in nursing homes. At this time, reports of nursing home scandal broke out in the press and on television. Based on this, and with the support of my Committee, we launched a series of investigatory hearings into current practices and abuses in nursing homes. Our thirty member Committee visited nursing homes in their towns and interviewed many involved people.

Before we wrote this Legislation, we held seven public hearings and heard testimony from over fifty witnesses, representing consumers, providers and those who regulate the industry. In addition, our Committee visited New York City to consult with the Stein Investigatory Committee as well as the Moreland Commission who were writing Legislation in New York. We shared their experience with ours and they made many contributions to what we are doing today.

As a result of our hearings, we learned that a large proportion of the staff in nursing homes are untrained and insensitive to the needs of the elderly. We learned that patients suffer from emotional and physical abuse; that medical care is not systematically delivered; that the inspection process by the Health Department has become routine, rather than aggressive; that patients and employers are afraid to come forward and express their opinions for fear of reprisal and numerous other abuses. And

## THE HOUSE

FRIDAY

MAY 30, 1975

201  
LFU

that violations are currently common practice in our nursing homes. The Legislation which I bring before you today is the first step toward a complete overhaul of the nursing home industry. This Bill provides for injunctive powers for the Commissioner of Health. It provides protection for patients and employees seeking redress for abuses in nursing homes.

It supplies a patient's Bill of Rights and a system of patient advocates who will visit nursing homes to assure that patients are receiving the services to which they are entitled and for which the State is pending many millions of dollars annually. With this Legislation is the beginning step, I hope to continue our investigation during the interim and present to you again, next year, a further elaboration on this Legislation. I urge your swift passage of this Legislation to protect our elderly citizens. And if I may, I will make a quote from the Apocrypha. "Dishonor not the old. We shall all be numbered among them all too soon." At this point, Mr. Speaker, I would like to yield to Representative Connolly.

THE SPEAKER:

The lady from the 16th, Representative Virginia Connolly.

REPRESENTATIVE CONNOLLY (16th):

Thank you, Mr. Speaker. Thank you, Doctor Cohen. To set the stage for the few remarks that I have to make, I would like to assure you that Connecticut still has very, very fine nursing homes. This Bill will in no

## THE HOUSE

FRIDAY

MAY 30, 1975

202  
LFU

way hinder the good nursing homes and it will not be a threat to them. But we did, as Doctor Cohen mentioned, some very sub-standard nursing homes who were delivering less than quality nursing care and this Bill will address itself to a beginning regulation of the nursing home industry, particularly to bringing the sub-standard nursing homes up to standard. We recognize also that the specialty of medical geriatrics has lagged far behind in its application, particularly in the science of treatment of patients in nursing homes.

One of the greatest needs that we found in our investigation is being answered in this Bill in Section 11 and I would briefly like to address myself to that section. This section creates the patient advocate which is not controlled by the State or the nursing home administration which we felt was very necessary. He will actually be an independent individual. He will be an outside force to assure and oversee the operation of the home and, hopefully, will be essential to reform since he will emphasize need for corrective measures pertinent to the patient's needs. The patient's advocate will be appointed by the Director, local Director of Health in which the nursing home is located and it can be more than one if there is more than one nursing home in the community. The patient advocate will serve for a period of two years and will have great responsibilities. His responsibilities initially are to see that the patient's Bill of Rights is posted and distributed in that nursing home. That is a strong beginning. All necessary reports; that is the

## THE HOUSE

FRIDAY

MAY 30, 1975

203  
LFU

classification of the kind of nursing home as spelled out by the Department of Health must be posted; all necessary reports posted and will aid the patient in transfer and discharges. This is a point that has been long overlooked. Patients coming out of an acute disease hospital now are just beginning to have patient plans follow them to the nursing homes. When the patient is discharged from the nursing home now, the patient advocate will help in expediting the transfer, either to another facility make sure it's warranted and then even assist in the plans for a discharge to home.

He also has another very serious responsibility and that is to report violations to the Commissioner and the local Board of Health. He will have forms with him at all times on his visits to the nursing home and will be able to make out complaints or infractions in the nursing home directly to the State Department of Health.

One of his perhaps biggest responsibilities will be to see that the patient's Bill of rights is observed. You will find these in Section 12. I don't intend to go through a litany of these. However, I would like to point out some very important ones and number one, he will be informed of available services and costs. As you know, in 1973, we looked in depth into the cost of delivery of health care and we were cognizant of the lack of quality in some areas. We're very happy now to be able to bring these two things together so that we can consider cost and quality at the same time. Also, number four, he can be transferred only for personal or

## THE HOUSE

FRIDAY

MAY 30, 1975

204  
LFU

other patient's welfare. We have found in our investigations that some times patients were transferred out of there possibly because the family did make complaints or possibly because the patient was fractious and hard to handle. He will also have someone in the patient advocate to check on his financial affairs to make sure that the money which belongs to him is carefully handled and someone has responsibility and accountability for this.

(Tape # 25)

And we guarantee under the patient's Bill of Rights that he will be free of mental and physical abuse. I'm sure you can read the others. If you have any questions, I'll be happy to answer them. We feel now that we have made just a beginning. We know that this does not answer all the questions which we have turned up in our investigation. But it is a beginning of a monitoring system to check on quality care of our elderly disabled patients. At this time, I should like to yield to Representative Morrison.

THE SPEAKER:

The gentleman from the 58th, Representative John Morrison.

REPRESENTATIVE MORRISON (58th):

Mr. Speaker, I'm very proud to rise in support of this Bill. As a Member of the Public Health and Safety Committee, I'd like to comment very briefly on Sections 2, 3, 4 and 8 of this very needed Bill. Mr. Speaker, as a Member of the Sub-Committee investigating nursing homes, I was distressed, like many others, to hear testimony time and time again about abuses and a lack of a proper procedure to complain about them and

## THE HOUSE

FRIDAY

MAY 30, 1975

205

LFU

to properly investigate them. Sections 2 and 3 of this Bill address themselves to that problem. It provides that any person may request an investigation simply by submitting to the Health Department on forms provided by the Department, a written complaint, signed under oath, detailing the complaint or abuse. Section 3 provides a procedure to handle the complaints by the Department of Health. It stipulates that if the Department feels there are reasonable grounds for an investigation, that the investigation must take place within five days after receipt of the complaint and also provides that a report of the investigation shall be given to the complainant and the nursing home within ten days after receipt of the complaint.

Mr. Speaker, time and time again, we heard testimony that nursing homes were given advanced notice of pending inspections which gave the nursing home time to spruce up for the inspection. We heard testimony that extra help and supplies were brought into nursing homes once it was apparent that an inspection was coming. Section 4 of this Bill addresses itself to this problem by giving the Commissioner of Health some positive powers to penalize any employee of the Health Department who is found guilty of giving advance inspection notice to nursing homes. Mr. Speaker, our investigation brought out the fact that many abuses have taken place in nursing homes and are never really reported because of the fear of

## THE HOUSE

FRIDAY

MAY 30, 1975

206  
LFU

retaliation against employees of the nursing homes, patients, relatives, guardians and others. Section 8 of this Bill addresses itself to this problem by providing that no person who lodges a complaint shall be discriminated against in any manner. Mr. Speaker, the public has cried out for this type of Legislation and I am more than gratified that we have this Bill before us. At this point, I would like to yield to another Member of the Public Health and Safety Committee, Representative Ferrari of the 15th.

THE SPEAKER:

The gentleman from the 15th.

REPRESENTATIVE FERRARI (15th):

Thank you, Mr. Speaker. As a Member of the Public Health and Safety Committee, and a Member of the Nursing Home Investigating Sub-Committee, I am very pleased to be able to rise today to support this most needed piece of Legislation. One of the things that we found most disheartening in our investigation was that the Health Department was not properly equipped to enforce the laws already on the books. It is for this reason that we have included Sections 5, 6, 7, 14 and 15. And, Mr. Speaker, I feel that these are really the heart of the Act.

Section 5 provides that the Commissioner may request the Attorney General to seek injunctive relief if there are abuses or if there are violations of the Public Health Code. So that this gives the Commissioner the ability to immediately remedy some conditions which could jeopardize the

## THE HOUSE

FRIDAY

MAY 30, 1975

207  
LFU

safety or the health of residents of convalescent or nursing homes. Section 6 gives the Commissioner the authority to transfer patients who are in jeopardy. Section 7 provides that more stringent regulations will be adopted and finally, Mr. Speaker, Section 15 of this Act provides that there shall be an Assistant Attorney General designated solely for the purpose of enforcing the provisions of this Act and I think that this is very important.

Mr. Speaker, I think that this is one of the most needed pieces of Legislation that we passed in this General Assembly. This is a piece of Legislation that says to our elderly citizens, we care about you. We're going to provide for stringent laws and regulations and we're going to see to it that they are enforced. And this is also a piece of Legislation that says to the taxpayers of this State, we're going to see that quality care is delivered for the dollar spent. Mr. Speaker, this is a most needed beginning and I hope the Assembly passes this piece of Legislation. For additional remarks, I yield to Representative La Rosa.

THE SPEAKER:

The gentleman from the 3rd, Representative Paul La Rosa.

REPRESENTATIVE LA ROSA (3rd):

It gives me a great pleasure, as a Member of the Public Health and Safety Committee and as a member of the Sub-Committee on Nursing Home Investigations. I think that Connecticut can be proud of this landmark Legislation because we now have at least given some guidelines for the

## THE HOUSE

FRIDAY

MAY 30, 1975

208

LFU

conformity of all nursing homes within the State of Connecticut. In Section 9, Mr. Speaker, it is now that they have posting of all reports. Section 9 provides that all inspection reports shall be posted in a conspicuous place in the nursing home or facility made by the Health Department, State Fire Marshall or all the other reports on a Federal level.

In Section 10, Mr. Speaker, there would be an annual listing. The Health Commissioner shall publish a report available which shall include all nursing homes, classifications of such homes, the names of owners so that at least anyone who wants to admit anyone in a nursing home within the State of Connecticut, can obtain all the information that they need to make their decision to make sure that their loved ones get the best of care.

In Section 13, Mr. Speaker, it provides that every facility shall supply and post a list of all costs which may be incurred by that facility. In Section 14, Mr. Speaker, this section has resulted as a result of a case where a nursing home was negligent in not reporting the assault of an individual patient by another patient. As a result, Section 14 would require that that nursing home or any nursing home within this State, the administrator would be required to file a report of any criminal action by a patient, employee or visitor. Mr. Speaker, as a result of this section, there would be no reason for anyone not reporting any assault, abuse that

## THE HOUSE

FRIDAY

MAY 30, 1975

209  
LFU

may occur in any nursing home. This Section also provides that there would be a \$200.00 fine or 60 days in jail for any violation of this Section. Mr. Speaker, I think this is only the beginning that Connecticut in the final analysis, will have the best piece of Legislation to regulate and make sure that the nursing homes will give the best of care that our citizens deserve.

THE SPEAKER:

The gentleman from the 149th.

REPRESENTATIVE FOX (149th):

Mr. Speaker, I don't want to give the impression that I am opposed to requiring the highest quality of nursing homes, but I do want to call attention to a few matters regarding this proposal as they have been presented in the last marathon speeches to you.

Number one, there is no fiscal note attached to this Bill. That's point number one. Point number two, in Section 14 it does say that the amount of money to be available for all of the activities of the State of Connecticut in respect to this, shall not exceed \$18,500.00. I draw your attention to the facts of our neighboring State - our neighboring State has six times as many people in it as we have. Our neighboring State authorized in 1974, \$500,000.00 which was spent within a very few months for the investigation of nursing homes and two or three months ago, the New York

## THE HOUSE

FRIDAY

MAY 30, 1975

210

LFU

Legislature refused to grant another \$500,000.00 for further investigation and checkup on nursing homes by a Committee of that Legislature. I say that we are without a fiscal note. I think this Bill is before us improperly and without adequate preparation. I say that the \$18,500.00 is completely irresponsible amount and I think that we should not consider this Bill at this time and I wonder, Mr. Speaker, whether it would not be proper to recommit it to the Committee at this time.

THE SPEAKER:

Will you remark further on the Bill? The gentleman from the 17th.

REPRESENTATIVE COHEN (17th):

Did the last speaker -

THE SPEAKER:

Will you remark further on the Bill? Any further remarks on the Bill? If not, will the Members please be seated, the staff come to the well. The machine will be opened. Have all the Members voted and is your vote properly recorded? If so, the machine will be closed and the Clerk will take a tally. The gentleman from the 8th.

REPRESENTATIVE KLEBANOFF: (8th)

My vote wasn't recorded. In the affirmative please.

THE SPEAKER:

The gentleman from the 8th in the affirmative.

## THE HOUSE

FRIDAY

MAY 30, 1975

211  
LFU

THE SPEAKER:

The gentleman from the 6th.

REPRESENTATIVE RITTER (6th):

Mr. Speaker, may I be recorded in the affirmative?

THE SPEAKER:

The gentleman from the 6th in the affirmative.

THE CLERK:

Total Number Voting	138
Necessary for Passage	70
Those Voting Yea	137
Those Voting Nay	1
Those Absent and Not Voting	13

THE SPEAKER:

The Bill is passed. The gentleman from the 149th for a Point of Personal Privilege.

REPRESENTATIVE FOX (149th):

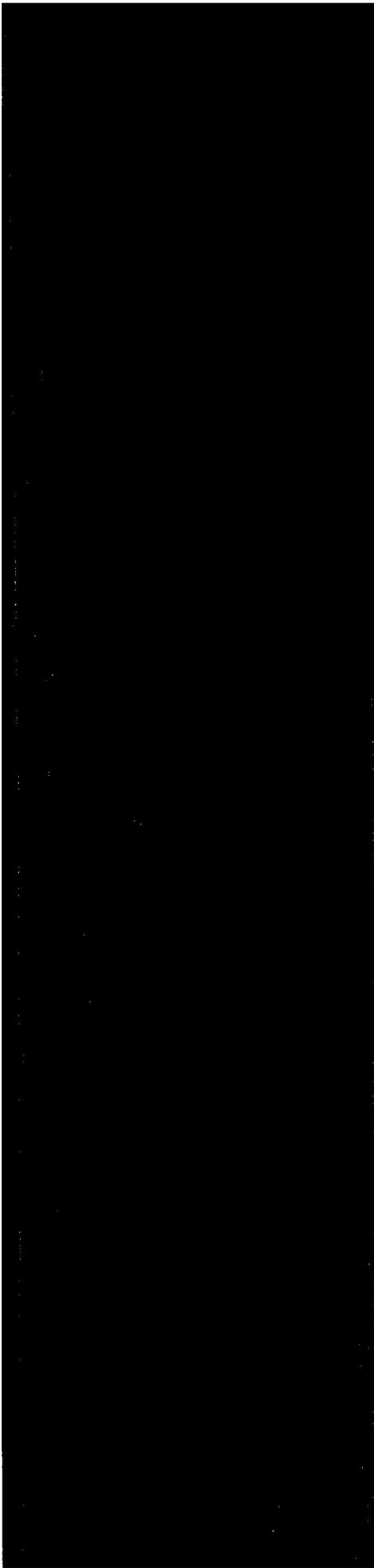
I just wanted to inform this House, very seriously, that I've just been informed that the rating of the Bonds for the State of Connecticut have been reduced from a Triple A to Double A. The reason for that is fiscal management of our affairs and I say this with great regret.

THE SPEAKER:

The gentleman from the 34th.

REPRESENTATIVE O'NEILL (34th):

Mr. Speaker, Point of Order.



PUBLIC HEALTH AND SAFETY

established if it was referred to a teaching hospital. So this would take the Poison Information Center out of the Health Department and move it out to the University of Connecticut Health Center in Farmington.

SB 350  
Page 6, H, Public Health Code. I'm currently having, I currently finished nine days of what looks to be an eleven day hearing on one nursing home for violations of the Public Health Code. The violations of the Public Health Code are covered under Section 19-13 of the General Statutes and state that if you violate the Public Health Code provisions thereof, you can be fined \$100.00 or be imprisoned up to 3 months. We feel that this is inadequate. We're asking for an increase in the fine to at least \$1,000.00, that would be a maximum, and imprisonment up to six months. We feel that this would assist us greatly in the many chronic violators of the Public Health Code.

SB 354  
Penalty for failure of towns to provide full-time services. We have right now four towns in the State of Connecticut who, under 19-75 have populations over 40,000 and, by the Statute, should have a full-time Department of Health. They do not have a full-time Department of Health. This would ask for some penalties so that they either form a full-time Department of Health or go in with other towns to form a health district.

I, Practice Program, No. 1. The preceding General Assembly passed Special Act 74-103, in which, under Section 3, there was an appropriation of \$50,000.00. Unfortunately, because of the language of the bill, the intent has not been met in that it can only go to students of family practice, when the intent was to go to doctors who were residents in family practice programs. We ask the legislative change so that the two family practice programs in this State could each get their appropriation under this previous bill passed by the General Assembly.

SB 331  
J, Public Information regarding Medical Care Facilities, No. 1. As many of you know, Section 19-39 of the General Statutes states that the records that I have in my department that are results of licensure examinations cannot be made public except in a hearing following licensure. I would like to have that looked at and changed to allow me to make the inspection reports that I have within my department open to the public and open to the Commission on Hospitals and Health Care, so they may use them in addition to the medicare and the medicaid, which are federal surveys, and which are presently already open to the Commission, so that when we have hearings on nursing homes before the Commission, they can have this information.

In addition to this, I would also hope and encourage the members of the public to make themselves available of these inspection forms, so that they know what deficiencies there are in nursing homes that they are considering that they are putting members of their family or relatives into.

I believe, Mr. Chairman, that those are the pieces of