Legislative History for Connecticut Act

HB 5758 PA 148 1984

House - 1460 - 1469 (10)

Senate - 1400 - 1402, 1461 (3)

Public Health - 60-61, 67, 77, 83-86, 92, 101-103, 115-118 (16)

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CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
1984

VOL. 27
PART 4
1064-1491

CENTERS. Favorable Report on Committee on Insurance and Real Estate.

REP. GROPPO: (63rd)

Mr. Speaker.

DEPUTY SPEAKER FRANKEL:

Rep. John Groppo.

REP. GROPPO: (63rd)

Could this be passed retaining its place on the calendar?

DEPUTY SPEAKER FRANKEL:

The motion is to pass retaining this bill. Is there objection? Hearing none, it is so ordered.

CLERK:

Please turn to Page 12, Calendar 250, Substitute for House Bll 5758, AN ACT CONCERNING THE REPORTING AND INVESTIGATION OF COMPLAINTS AGAINST PHYSICIANS BY THE DEPARTMENT OF HEALTH SERVICES. Favorable Report of the Committee on Public Health.

REP. COHEN: (15th)

Mr. Speaker.

DEPUTY SPEAKER FRANKEL:

Rep. Naomi Cohen.

REP. COHEN: (15th)

Thank you, Mr. Speaker. I move acceptance of the

Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER FRANKEL:

The question is on acceptance and passage. Will you remark?

REP. COHEN: (15th)

Yes, thank you, Mr. Speaker. The Clerk has an amendment, LCO No. 1551. May he call and may I please be allowed to summarize.

DEPUTY SPEAKER FRANKEL:

The Clerk has LCO No. 1551, designated House "A". Would the Clerk please call the amendment.

CLERK:

LCO 1551 designated House "A" offered by Rep. Cohen of the 15th.

DEPUTY SPEAKER FRANKEL:

Is there objection to summarization? Hearing none, you may proceed, Rep. Cohen.

REP. COHEN: (15th)

Thank you. Mr. Speaker, the words included and bracketed in this amendment were inadvertently omitted by LCO from the bill which was JFd at the Public Health Committee, and this amendment corrects that situation.

I move adoption of the amendment.

DEPUTY SPEAKER FRANKEL:

The question is on adoption of House "A". Will you remark on its adoption? Will you remark on the adoption of House Amendment Schedule "A"?

If not, all those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER FRANKEL:

Those opposed nay.

The ayes have it. House "A" is adopted and it is ruled technical.

******

House Amendment Schedule "A".

In line 6, before the comma after the word "shall", insert "WITHIN THIRTY DAYS"

In line 7, place brackets around the word "complaint" and insert the word "PETITION" immediately after the closing bracket.

In line 9,after the word "BOARD", insert "OR INDIVIDUAL"

In line 13, place brackets around the word "Complaints" and insert the word "PETITIONS" immediately after the closing bracket.

******

DEPUTY SPEAKER FRANKEL:

Will you remark further on this bill as amended by House "A". Rep. Cohen.

REP. COHEN: (15th)

Thank you, Mr. Speaker. Mr. Speaker, this bill makes important changes to existing statute which will accomplish two very important outcomes.

First the medical consumer will be protected from physicians who are unable to skillfully and safely practice medicine due to certain illness and impairments resulting from abuse of alcohol, narcotis or chemicals or physical or mental conditions.

Secondly, the physician who is impaired may be given the opportunity for rehabilitation and return to practice by participation in approved rehabilitation programs agreed to and monitored by the Department of Health Services.

This bill is a model of cooperation between the Department of Health Services, the medical community, interested citizens and legislators.

Together, we have met since December drafting and redrafting the final bill which you see today, and we have all agreed for support for its contents.

Let me briefly summarize the new provisions added

to the existing statute.

One, there is now a time line for reporting suspected impairment.

Two, there is a central source, the Department of Health Services to receive complaints and an investigative procedure to determine if the statement of charges should be brought against a physician who is the subject of an investigation.

Third, confidentiality of records for investigations resulting in no statement of charges.

Fourth, recognition of rehabilitation as a viable objective for impaired physicians.

Fifth, confidentiality of records if a physician enters and successfully adheres to a rehabilitation program approved and monitored by DHS.

Sixth, public disclosure of all records if a statement of charges is issued by the department against a physician.

Seventh, a time line for the department to conclude its investigations.

Eighth, involvement of existing rehabilitation programs operated by various county and state medical societies.

Ninth, legislative oversight through detailed reports

to the Public Health Committee by the department annually.

And tenth, notification to health care facilities by the department of its actions to suspend, revoke, or limit a physician's license.

It should be noted for the record that this bill does not specifically address penalties for failure to report. That section was removed following the public hearing at the request of the medical society, after their testimony that references to penalties already exist in our statutes and already apply. All concurred with the society that their statement was accurate and complied with the intent of those drafting the bill.

Mr. Speaker, and members of the Chamber, no one disputes the national statistics which indicate that approximately 10% of our population is drug or alcohol dependent. There are more than 7,000 licensed physicians in Connecticut, and yet from 1976 to 1983, the Department of Health Services had taken action against 28 licenses.

This bill will encourage more reports, more investigations and more actions. And no one disputes that a license to practice medicine is a public trust. Under this bill, the department which issues that license can now assume its rightful authority to insure that that trust is not abused at the public's expense. And sometimes, the healers need to

be healed. This bill will accomplish that also.

I invite the members to join in adopting this bill and quote the Connecticut Medical Society which wrote to me, CSMS will take a positive position on the bill and urge unanimous acceptance in both Chambers. Thank you, Mr. Speaker.

DEPUTY SPEAKER FRANKEL:

Will you remark further?

REP. JAEKLE: (122nd)

Mr. Speaker.

DEPUTY SPEAKER FRANKEL:

Rep. Robert Jaekle.

REP. JAEKLE: (122nd)

Mr. Speaker, the Clerk has an amendment, LCO No. 2782. Would the Clerk please call and read.

DEPUTY SPEAKER FRANKEL:

The Clerk has LCO 2782 designated House "B". Will the Clerk please call and read the amendment.

CLERK:

LCO 2782 designated House "B" offered by Rep. Jaekle, Krawiecki and Belden.

In line 66, before the period and after the word "CONFIDENTIAL" insert the following: "UNLESS THE PHYSICIAN REQUESTS THAT SUCH PETITION AND RECORD BE OPEN"

DEPUTY SPEAKER FRANKEL:

The amendment is in your possession sir.

REP. JAEKLE: (122nd)

I move adoption of the amendment, Mr. Speaker.

DEPUTY SPEAKER FRANKEL:

The question is on adoption of House "B". Will you remark?

REP. JAEKLE: (122nd)

Yes, Mr. Speaker. Members of the House. Upon reviewing the file, I'd just like to point out that if after an investigation this Body determines that there's probable cause that the physician indeed has violated what he was charged with, the entire record is public. But if the Body determines that there was no probable cause, that indeed the allegations against the physician were groundless or they couldn't prove them, it does not appear as if the physician has the ability to request, in that case, that his clearance of the charges be made public, and thus, in keeping with the analagy to us as public officials with the ethics commission, we have the right if we are cleared of a charge to request that the charges be made public and the commission's finding clearing us also be made public, then the doctors should have the same right, especially if the charges have leaked out, it may be the only way that the physician could

clear his name and I urge support for the amendment. Thank you.

DEPUTY SPEAKER FRANKEL:

Will you adopt further on the adoption of House "B".

REP. COHEN: (15th)

Mr. Speaker.

DEPUTY SPEAKER FRANKEL:

Rep. Naomi Cohen.

REP. COHEN: (15th)

Thank you. I rise to join Rep. Jaekle in urging support for this amendment.

DEPUTY SPEAKER FRANKEL:

Will you remark further on the adoption of House "B". Will you remark further on its adoption?

If not, all those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER FRANKEL:

Those opposed, nay.

House "B" is adopted and it is ruled technical.

Will you remark further on this bill as amended? If not, the staff and guests please come to the Well of

the House. Members please take your seats. The machine will be opened.

CLERK:

The House of Representatives is now voting by roll. Will members kindly return to the Chamber. The House of Representatives is now voting by roll. Will members immediately please return to the Chamber.

DEPUTY SPEAKER FRANKEL:

Have all the members voted? Have all the members voted. If all the members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

CLERK:

House Bill 5758 as amended by House Amendments "A" and "B".

Total number voting	133
Necessary for passage	67
Those voting yea	133
Those voting nay	0
Those absent and not voting	18

DEPUTY SPEAKER FRANKEL:

The bill is passed.

CLERK:

Calendar 251, House Bill 5644, AN ACT CONCERNING

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in the office of the clerk in the location in which the judgment is rendered. I move adoption of that Amendment.

THE CHAIR:

Remark further on House A? If not, the issue is adoption and all those in favor will signify by saying aye. Those opposed, nay. The ayes have it. The Amendment is adopted.

SENATOR OWENS:

Also, it would authorize the Chief Court Administrator to microfilm all court records, papers or documents except those concerning titles to land, required to be retained by either statute, rule of court or directive of the CCA. I'd ask if there is no objection, that this Bill, as amended by House Amendment A, be placed on Consent.

THE CHAIR:

Any objection to placing on Consent? Hearing no objection, the matter will go on Consent.

THE CLERK:

Calendar 407 is passed temporarily. Calendar 409, File 365 and 612, Substitute for House Bill 5758, AN ACT CONCERNING THE REPORTING AND INVESTIGATION OF COMPLAINTS AGAINST PHYSICIANS BY THE DEPARTMENT OF HEALTH SERVICES, as amended by House Amendment, Schedules A, and B, Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Regina Smith.

SENATOR REGINA SMITH:

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

THE CHAIR:

Will you remark Senator, on House Amendment A.

SENATOR REGINA SMITH:

Yes Mr. President. I move House Amendment A which simply adds a requirement that reports be made to the Department of Health Services within thirty days and a few other technical changes.

THE CHAIR:

Remark further on House A? If not, the issue is adoption. All those in favor of House Amendment, Schedule A, will signify by saying aye. Those opposed, nay. The ayes have it. The Amendment is adopted. On House B, Senator?

SENATOR REGINA SMITH:

Yes, Mr. President, I move acceptance of House Amendment B which permits the records of an investigation which results in the finding of no probable cause, to be opened to the public if the physicians request that they be opened.

THE CHAIR:

Remark further on House B? If not, the issue is adoption. All those in favor will signify by saying aye. Those opposed? The ayes have it. The Amendment is adopted. On the Bill as amended by A and B, Senator?

SENATOR REGINA SMITH:

Yes Mr. President. I'd like to summarize the Bill as amended. Under current law, physicians, hospitals and medical societies are required to report their knowledge of an impaired physician to the Department of Health Services and the Medical Examining Board and individuals may make such reports. This Bill would expand and clarify the Department's responsibility and procedures regarding investigation of reports of impaired physicians. If there is no objection, Mr. President, I would move that it be placed on the Consent Calendar.

THE CHAIR:

Any objection to placing the Bill as amended on Consent? Hearing no objection, the matter will go on Consent.

THE CLERK:

Calendar 410, File 308 and 616, Substitute for House Bill 5760, AN ACT CONCERNING STATE HEALTH PLANNING, as amended by House Amendment, Schedule A, Favorable Report

SB284-SB351
HB5166-SB367
SB16-SB561
SB536-SB484
SB571-HB5536
HB5656-HB5181
HB5596-H5503
HB5725-HB5204
SB95-SB555
SB596-SB355
SB458-SB427
SB453-SB474
SB192-SB310
SB422-SB496
SB577-SB197
SB276-SB227
SB266-SB495
SB548-SB589
SB572-SB215
SB281-SB331
SB400-SB578
SB456-SB194
SB419-SB520
SB603-SB606
HB5790-HB5600
HB5144-HB5558
HB5639-HB5575
HB5644-HB5075
HB5173-HB5547
HB5649-HB5726
HB5758-H5760
HB5560-SB130
SB494-HB5872

Senate. Will all Senators please take their seats. An immediate Roll Call has been called for in the Senate. Will all Senators please be seated.

THE CHAIR:

Please give your attention to the Clerk as he proceeds with our rather extensive Consent Calendar.

THE CLERK:

On page 1, Calendar 392. On page 2, Calendar 393, 394, 395. On page 3, Calendar 167, 186, 214. On page 4, Calendar 231, 236. On page 5, Calendar 252. On page 6, Calendar 277, 282, 286. On page 7, Calendar 290, 297, 305. On page 8, Calendar 315, 323, 327. On page 9, Calendar 329, 333, 334. On page 10, Calendar 337, 339, 340, page 11, Calendars 343, 344, 346. Page 12, Calendar 349, 350.

Page 13, Calendar 360, 361, 362, 364. Page 14, Calendar 368, 369, 370, 371, 372. Page 15, Calendar 373, 374, 375, 376 and 378. Page 16, Calendar 379, 380, 381, 383. On page 17, Calendar 386, 387, 388, 389, 390. Page 18, Calendar 391, 396, 397, 398, 399. 400. Page 19, Calendar 401, 402, 403, 404, 405. Page 20, Calendar 406, Calendar 407, 409, and 410.

Page 21, Calendar 413, 414, 416, 417. On page 22, Calendar 420 and 421. Page 23, 424, 425, 526, 427, 428,

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REP. DEL BIANCO: (continued)
you in a study that was done about the training of aides, you know, that such a program exists. The program is haphazard, it doesn't get to all of the employees.

I worked in a federally funded cottage and they had to pay a lot of attention to that because of the loss of, the threatened loss of federal funds, and even in my cottage it was two years before this -- when I was there -- the two years of this training program for aides was going on and I went to one training program, one class where they were supposed to tell us things like how to do preventative actions when clients were disturbed.

I really think that we need this legislation because it mandates that the department does something. I think that their actions, at least at Southbury, shows that they need this mandate, they do not do it on their own and I would urge its adoption.

REP. GIONFRIDDO: Thank you. We've been joined by Rep. Fahrbach. The next speaker is Rep. Cohen.

REP. COHEN: Thank you. I take this unusual step of testifying before this committee of which I am a member because of the process used to draft House Bill 5758, and because it is essential for the record to note that dialogue is still ongoing to fine tune the language before us today.

You should know the bill's history. To carry out the goals as described in the statement of purpose I met with representatives of the Department of Health SErvices, with representatives of the medical profession and with private citizens concerned with this issue, and together we worked on the language.

Today, what is before you, still has language difficulties on which the groups I mentioned are actively continuing discussions. For example, line 67 mentions certified monthly report. A definition needs to be added to explain that this does not mean a notarized statement or registered letter. Rather it means that the report would contain a statement from the person responsible for the physician's rehabilitation activities, merely saying that the facts contained in the report are an accurate representation by the report's author.

REP. COHEN: (continued)

Lines 55 through 58 need clarifying. This will be done, to clearly establish the following principle, namely, that physicians who enter into rehabilitation programs via a consent decree with the department shall fall within the confidentiality language of section 2. In the event that this rehabilitation is ongoing, beyond an 18 month period, as described in lines 55 through 58, confidentiality will remain.

Section 3 also needs to be revised to insure that these departmental reports do not duplicate or conflict with the format for existing requirements for reports. Others will testify I am sure and point out these same things, as well they should, given the hearing process of addressing only the current printed language.

But make no mistake about the needs for the concepts embodied in 5758. Its core is a model partnership between concerned physicians, government officials and citizens who share the same goals. One, to protect the public by insuring that the public trust granted to physicians through the licensing process, is used only by those who can participate, who can practice their art in a skillful and safe manner, and two, to encourage rehabilitation of those physicians who are impaired.

In the end, all of us will share the benefits of this legislation. Thank you.

REP. GIONFRIDDO: Jackie Walker is the next speaker. I know there's lots and lots of people standing there and since we have so few members of the committee here for now, for at least the time being, since people will be a bit more comfortable, if people in the room who are standing would like to come to these seats behind us while you're waiting, please feel free to do so so that people can come into the room and be a bit more comfortable. Probably a dozen people can sit up behind us now.

MS. JACQUELYN WALKER: My name is Jacquelyn Walker. I'm the State Ombudsman with the Department on Aging. I'm here to testify for Commissioner Klinck in support of HB 5761, An Act Concerning Applications for Admission to Nursing Home Facilities.

MR. DE WITT: (continued)
naturopaths, opticians, osteopaths, podiatrists, have not maintained board minutes. The nursing board has not approved any board minutes since May of 1983, that was as of a couple of weeks ago. The Osteopathic Board hasn't met since 1979.

Some of the things that they are not able to do under their current responsibilities. Among other things, the department's been able to have access to and obtain equipment such as word processing, data processing equipment. I think it would be impossible for boards to be able to acquire on their own. Basically we would oppose that bill.

House Bill 5758, reporting of investigation of complaints against physicians. I have a number of comments in the written testimony. Basically we endorse the concept of confidentiality, and feel that this is important to the success of this bill. Some specifics that I would mention briefly. The bill does require reporting to over 400 licensed health care facilities within 5 days of each disciplinary action, and we question how feasible it is for us to be able to do that. As an alternative we might propose a hot line of some sort where a facility might inquire and have immediate information as to the status of a health care person.

Another point I'd like to make is the fact that there is an 18 month limitation for confidentiality. We would strongly recommend that confidentiality aspect be permanent for those physicians who enter and successfully complete a rehabilitation program.

Lastly, the bill provides for certified monthly reports. Number one, I think the note of certification needs to be better clarified. Also, monthly is a bit too restrictive from our point of view, and we'd like to have more flexibility, and we might suggest quarterly reports.

House Bill 5754, An Act Concerning the Licensure of Nursing Home Administrators. I would note that on the table this morning there was new language that we had not seen, but basically though, we would support an amendment that would allow those persons who have demonstrated their competence via licensed worked experience to retain their license. We would support additional amendments that would provide

MR. PERLMAN: (continued)
Purposes. Is that title my three minutes? Particularly I'd like to comment on Section 8B, which provides decision making by the board that would be established by secret ballot and for deliberations concerning whether or not a licensee would continue to enjoy that privilege in deliberations in executive session and decision making by secret ballot. These provisions would be unique in any multi-board or commission in Connecticut.

Since the passage of the Freedom of Information Act in 1975, the whole purpose of which was to make a decision -- make decision makers accountable to the public, not only in what they did but the reasons for it. I hope that you would delete those portions of the bill.

The third bill I'd like to comment on is Raised Committee Bill 5758, An Act Concerning the Reporting and Investigation of Complaints Against Physicians by the Department of Health Services.

It seems to me that this bill in its draft form right now makes a very careful balance between the public's right to know how its government agencies, that is the Department of Health Services, operating on the one hand and the legitimate concerns of physicians in this case, for their reputations against unsubstantiated provisions. I think that the provisions for public disclosure that the situation is set forth in Section 2a are well conceived.

I also think that the committee ought to consider this, not only from the purpose of its drafter, and from the freedom of information purposes, but also from a consumer protection point of view, if you will, in getting information about people whose services are being purchased.

And finally, I'd like to comment on Raised Committee Bill 5761, An Act Concerning Applications for Admission to Nursing Home Facilities. We support the concept of this bill. We'd note that it's very similar to problems that have arisen in other areas, for example in public housing where there have been occasions of abuse, through political and bribery attempts to get preferences, since they support the facilities. Thank you very much.

REP. GIONFRIDDO: Thank you, Audrey Wasik, who will be followed

MR. KRAMER: (continued)
thoughtful approach to educational process for future nursing home administrators.

I have copies of this statement which I have just read, but I would like to request serious consideration by the Public Health Committee of the attached proposal with regard to the current legislation being discussed. I might add that a number of these concerns have already been addresses in Substitute Bill 5754, which was first available for review this morning. Thank you.

SEN. SMITH: We would appreciate copies of your testimony and any other speakers who have copies of theis testimony, if you could please leave them at the desk here with our clerks. Thank you. Mr. Houley, to be followed by Dave Oberg.

MR. ROBERT HOULEY: Chairman Smith and members of the committee, my name is Robert D. Houley, and I reside at 44 Hazel Street, Hartford, CT, and I testify on Raised Committee Bill HB 5758. I address this committee as a registered lobbyist for the Connecticut State Medical Society. A copy of this statement with recent communications on the matter will be distributed.

In the past two and a half years, position groups frequently have met with the health commissioner, his staff, and the medical examining board to find effective means of addressing the issues in this proposed bill. Great progress has been made, and until recently, the intent of the medical community in cooperation with the Commissioner of Health was to draft a measure for this legislature's consideration. This effort was preempted upon our learning that a legislator was going to develop this bill. It was agreed that the most productive manner to proceed was to work with the legislator, and this has been done extensively.

A preliminary point must be made. Section 20-13D of the existing statutes is unique only to licensed physicians and does not apply to other professions within the definition of the healing arts. The sponsor of the legislation has assured this committee in previous remarks that the language will be edited and clarified to

MR. HOULEY: (continued)
reflect the high ideal of the published statement of purpose. It is unfortunate that the exact proposed language that this committee will consider is not available to comment on at this time. I believe that it's accurate to state that if the matter generally referred to as the impaired physician bill is in fact going to work and be effective, that it must be drawn precisely to encourage and enhance the probability of a positive effect.

To work, the ultimate bill must contain certain elements. Confidentiality and the protection thereof, the encouragement of rehabilitation, reasonable assurances of protection against legal action against the reporting individuals. Cooperation of the medical community and the Commissioner of Health and indeed, protection of the public. The Connecticut State Medical Society is absolutely dedicated to that proposition. There are in the bill before us many excellent sections. For example, addressing the rehabilitative efforts involving medical groups totally under the control of the Commissioner as the public's rightful protection, protector. A reasonable period of time, 30 days, to file a petition based on initial observations.

A reasonable period of time for investigative efforts, prior to alleging actual charges. Confidentiality during the review and investigation of the petition. The permission given the department to seek advice of medical organizations. Those are all outstanding and fine points in this bill. The detrimental parts of this proposal based again on the printout that we have before us, 5758, which may affect this draft and make it unworkable, are as follows. Section 1(D), Lines 37-40 is in fact current law and gives a broad power to existing boards and the Commissioner of Health. It is unnecessary in our opinion to restate this.

Its restatement in context with the state intent of this proposal can only be interpreted as negative and punitive. Section 2(A), Lines 55-58, dealing with the expiration of the 18 month period. I believe this may be interpreted that at 18 months the confidentiality is broken whether

MR. HOULEY: (continued)
a petition is reduced to a complaint or indeed a physician is in a bonafide rehabilitative program. Should this interpretation be correct, it would be a great disincentive for all involved.

Section 2(B) Lines 6, 7, 8, requiring a certified monthly report is not well-defined and appears to be negative in that it requires an exact time frame. Because the Commissioner does in fact have total control of any physician's rehabilitative program perhaps a periodic report may be more desirable and effective. Section 2(E), Lines 94-96 may need clarification. The Connecticut General Statutes Section 121 deals primarily with public meetings. There is, however, a reasonable question whether or not there is confidentiality, should the commissioner or the medical examining board restrict, suspend, revoke, or limit a physician's right to practice within the rehabilitative program section.

I believe this needs clarification. The Connecticut State Medical Society and its physicians further note but do not negatively comment upon the additional administrative burdens placed upon the Department of Health Services in Lines 30-32, the notification section and Lines 96-107, the additional requirements for reporting. Should this committee feel that physicians are unduly concerned with the details of this proposal, I simply ask you to consider that society has demanded a minimum of a physician's life for education, training and the absorption of the state of the art medicine. This represents 25% of the average physician's 40 year career, not to mention the cost, and therefore their very professional life is at stake. Thus, I urge you to be careful in drafting this measure.

And finally, on behalf of the physicians which I represent, I urge you to very carefully examine this measure to be certain that in fact it enhances the opportunity we jointly have to enact a model bill that will encourage the result that we all want to achieve. And that is the best medical care for the citizens of the State of Connecticut. Thank you.

SEN. SMITH: Thank you, Mr. Houley. Dave Oberg to be followed by Dr. Thomas Conklin, and if we could please try to limit ourselves to 3 minutes. We have over 60 speakers signed up now.

MR. DAVE OBERG: Sen. Smith, Rep. Gionfriddo, and members of the Public Health Committee. My name is Dave Oberg from Stratford, and I'm presently an administrative intern in the program through the University of Connecticut, and I would like to speak in favor of the amendments to Bill 5754, which this morning was presented as Proposed Substitute Bill No. 5754. I chose to enter the nursing home field because of my desire to work with the elderly. I entered the internship program last September with the understanding that with my bachelor degree I would only need to complete another college 3 credit course and a 12 credit on-site internship program, sit for an examination as outlined in the old regulations, and then I would be licensed and allowed to continue to work as an administrator in a nursing home.

Under the Public Act 83-263, which was made effective July 1, 1983, I am now required to return to school and obtain a master's degree by July 1, 1987. This would be a virtual impossible hardship for me. I'm a married homeowner and the father of two children. I have to continue to work full-time to support my family. For those reasons I can't go back to school two nights a week for at least four years to obtain a 45 credit master's degree. And even at that, I could not be completed by July of 1987. Presently I have a bachelor's degree, and I've completed the required course at the University of Connecticut. I am now completing a 900 hour internship program working at two facilities for no remuneration at all while I work full-time at my regular job.

I have attended many education seminars and professional association meetings, and I will continue to do so to be part of a continuing education program throughout my career. I do ask for your support now to allow students like myself who are already involved in the licensure program and will be completed this year, 1984, that we would be exempt from any master's degree requirement. I thank you very much for your intention and cooperation.

MR. MAY: (continued)
must remember that this whole idea began with the Public Utility Commission, and the theory was that those who were regulated by a Public Utility Commission, namely telephone companies, electricity companies and so on, had given to them a franchise. That is, they had in effect no competition within their region for providing services. It was in effect an element of a protection and an insulation of those companies against the competition.

As you probably are aware, that is not present in the hospital field. As a matter of fact, the commission is presently encouraging competition by the establishment of free-standing ambulatory surgicenters and so forth in the state. So that hospitals feel that there is no great benefit given to them by the existence of the commission and therefore should not be obligated to pay for it. The other point I want to make on that is that if this burden is placed on hospitals, we're talking about one fourteenth of the population of the state of Connecticut paying for it in any one year. A heavy burden limited to a very small number of, comparatively small number of, people, as is certainly compared to as it exists at the present time.

Two other bills, Senator, I just wish to make a quick comment on Bill 5760, which is to put health care planning under the commission. We wish to oppose that bill. We believe strongly that planning should be separate from regulation. It is the only way to guarantee any independence in the planning structure. We believe it should remain in the State Department of Health Services which is in our view the most appropriate agency to deal with health planning that presently exists in the State.

Finally, on House Bill 5758, which is the investigation of of physician complaints bill that Mr. Houley spoke to, we also support that bill in principle. We think it needs work on the language, as the medical society has noted, and we would like to help the committee participate in that redrafting if you so choose. Thank you very much.

DR. SMITS: (continued)
whether they save money or not. I gather anecdotally that those most closely associated with the CCCI project believe that the increased attention to costs recently means that it is increasingly cost effective. I simply don't know those numbers well myself.

REP. GIONFRIDDO: Thank you. Dr. Fritz, followed by Dr. Friedberg.

DR. ROBERT FRITZ: My name is Dr. Robert Fritz. I'm a chiropractic doctor in private practice in Rocky Hill, Connecticut. I represent the Connecticut Chiropractic Association as the chairman of the legislative committee. The Chiropractic Association is testifying in favor of Bill 509, An Amendment To The Chiropractic Practice Act, which substitutes the word "specialized" in the body of the bill.

The other bill that we support is Bill 507, which is a bill to restore the powers of certain professional boards, of which the Chiropractic Board is one. We are especially supporting of this bill with all the other changes, but especially because it allows the licensing board the power to review the ethical practices of its members. It is for this reason and especially this reason that we support this bill. Thank you.

REP. GIONFRIDDO: Thank you. Especially for your brevity. Dr. Friedberg, followed by Stuart Fisher.

DR. ISADORE FRIEDBERG: I'm Dr. Isadore Friedberg, a general practitioner from Newington, Connecticut, chairman of the legislative committee of the State Medical Society, past president of the Connecticut State Medical Society. I want to initiate my remarks speaking to Bill 5758. I really think that if this bill is worked upon adequately and the contributions of all the various parties concerned are placed within it, that Connecticut may have an opportunity to be a leader in the country in this area of legislative act.

The state society has been active, I have personally been active in this matter for over 4 years. We are very anxious to see a bill passed in this session. However, we do have the concerns that Mr. Houley spoke to, and

DR. FRIEDBERG: (continued)
which I would like to emphasize at this time. We have to have cooperation of everybody concerned to make this bill work. If we do not have everybody's cooperation, we can design the most wonderful bill in the world and it will just go down the tubes.

So that I would strongly recommend that we address the issues involved and they are few, namely that we are concerned in addition to the generalizations that Mr. Houley gave you, we have a few specifics. For example, we are concerned over the 15 day provision. We are concerned over the 18 month cut off period, because there are many individuals who would be under rehabilitation for a long periods of time. And this 18 month cut off would force their rehabilitation to end in 18 months, so this would be a very destructive process. We are also concerned over the necessity for monthly reports because monthly reports might well be a source of harrassment.

You must recognize the fact that the possibility of this bill working depends on the cooperation of the individual physician and another physician to whom he turns. And if this bill becomes harrassing, the cooperation of the physician to whom the impaired physician might turn would possibly be negated and be very destructive. There are many issues in this legislation. I don't want to bother to go into greater detail. I'll be very happy to answer questions on this, and then I would like the privilege to discuss a few other bills.

REP. GIONFRIDDO: Rep. Cohen.

REP. COHEN: Doctor, could you tell us who would be harrassed by the monthly reports? The person who is in rehabilitation or the person who's writing the reports?

DR. FRIEDBERG: I think it would basically be the person who is writing the reports. I don't think it would bother the individual under rehabilitation at all. I think that these are arbitrary. If we demanded that the report be every 30 days, for example, it might well be that you would get a report saying no progress or satisfactory progress. I think it would be perfunctory and it would

DR. FRIEDBERG: (continued)
not be productive. If the reporting was at the discretion shall we say of the commissioner, I think that it would be a much more productive process, and better information would be obtained.

REP. COHEN: Could you define for me any thoughts you have on what would be a good period of time during which to require reports or it should be just random?

DR. FRIEDBERG: I can recognize a desire on the part of the committee to have some reporting. I don't see any objection of quarterly reporting. I think that would be frequent enough for it to be substantive. If you have reports that are too repetitive, they lose their substantive nature, and become really worthless. I think that a quarterly report might work well.

REP. COHEN: Thank you.

DR. FRIEDBERG: May I speak to other issues, then, please.

REP. GIONFRIDDO: Yes. Briefly, please.

DR. FRIEDBERG: Yes, I would like to speak to 506, and I'd like to speak as an individual, a practitioner, and also as a member of the Academy of Family Practice whose authority I have to speak. And that is the need for emergency commitment by psychiatrists only. I think this would be very destructive, and it would injure the people who need it most. I can speak personally as an individual who has signed these papers. I would love to be relieved of the responsibility of doing so. It would save me many hours of agony and heartbreak. However, I really think that the people of Connecticut are going to suffer by making the process of emergency commitment more difficult.

If there are problems with the process, let's not punish the person who needs the care and the commitment. Let's create some way of addressing the problem of the process itself. I have made many of these papers out from time to time. The fact that you have the power so to do is sometimes very valuable. I have used as a coercive measure to request people to secure help that

MS. MINOR: (continued)

In 1983 Governor William O'Neill issued this proclamation giving official commendation to our hours of work. In 1980 Governor Ella Grasso also recognized DES Action, and I quote "Dear Friends, Thank you for your letter regarding the Connecticut Chapter of DES Action and DES legislation in our state. You certainly deserve commendation for your diligent efforts in this important area."

DES Action deserves your support. We ask you to pass house joint resolution 42.

SEN. R. SMITH: Thank you Miss Minor. Michael Lawlers to be followed by Dr. Norman Alisberg. Michael Lawlers is not here. Dr. Alisberg, to be followed by Myrtle Wangeris.

DR. NORMAN ALISBERG: Chairwoman Smith, Chairman Gionfriddo, members of the Public Health Committee, I'm Dr. Norman Alisberg and I'm here today to represent the 1,650 physician members of the Hartford County Medical Association, an association which has the longest experience of any county in Connecticut in dealing with physician impairment on raised bill number 57-58.

I want to take this opportunity to thank Representative Naomi Cohen publically for dealing with the issues raised in this bill. We're very aware of the time and energy she devoted listening to our concerns and we commend her for what we think is an exceptionally responsible approach to drafting legislation affecting our profession. We sincerely believe that the public's interest will be better served as a result.

We too would like to see increased reporting of physicians who quote "may be unable to practice medicine with reasonable skill or safety". We would like to see increased reporting to protect the public and we would like to see increased reporting so that physicians who are identified as having problems can be helped to regain a role as important contributing members of society. We know that the profession's reporting the physicians with problems will always be less than the incidents of impairment, unless reasonable opportunities for rehabilitation exists. And, we also know that the opportunity for rehabilitation virtually disappears once a physician has been publicly identified in

DR. ALISBERG: (continued)
the media.

Raised Committee Bill number 57-58 largely incorporates the elements we think are necessary to achieve increased reporting. However, I would like to point out that the inclusion of the specific penalty for not reporting is, in our view, the least effective element. Confidentiality and the opportunity for rehabilitation are the important factors.

There are four items in the bill that we would suggest still need work. The first regards lines 55-58 which might subject a physician to the public disclosure of allegations that might or might not be justified. Regardless of that physician's chances to be successfully rehabilitated if the allegations are accurate. We hope that new and unambiguous language will replace these lines.

Our second concern is about the submission of "certified monthly reports", in lines 67 to 69. We understand the need for a reporting relationship but we can envision sitations where more frequent reporting could be required, or less frequent reporting might be quite satisfactory. Thus, we would recommend that the word certified monthly be deleted, adding the word periodically and leaving it to the discretion of the Department of Health Services be determined on a case-by-case basis; what would be an appropriate method and frequency of reporting.

The third recommendation is that a hold harmless statement be added to this legislation. While statutory protection might already exist to insure persons who report on impaired physicians that they will be immune from civil liability, unless malice is involved. Such a statement directly expressed in the legislation would facilitate increased reporting we believe.

Our fourth and last concern regards the penalties this legislation refers to in Section 19a - 17 of the general statutes. You will note that the penalties that could be imposed on a person or organization that did not report a physician unable to practice with reasonable skill and safety include revocation and suspension of licensure, in addition to other possibilities. For much the same reason we express for the hold harmless statement, we believe an

DR. ALISBERG: (continued)
exact penalty stated in the legislation would be most beneficial.

In summary, we think that raised bill number 57-58, with the changes we've enumerated, would be a model document. Thank you very much for giving me this opportunity to present our views and again I particularly want to thank Representative Cohen for her efforts.

I'd be pleased to answer questions.

SEN. R. SMITH: Representative Cohen.

REP. COHEN: After all the nice things you said, I suppose I should just say okay and leave it at that, but I want to ask you a question about your remarks with regard to hold harmless. I am aware that in section 38-19a of the statutes, there is already references made to, under a section called pier review and male practice screening panel, there are references made to liabilities on behalf of persons who report, which basically say that if you make a frivolous complaint that's your problem buddy and you should be suspect to litagation and if you don't make the complaint frivolously you are protected. And, if not now at some time soon, I would appreciate your letting me know if you feel that language in that section of the statutes covers what you're addressing.

DR. ALISBERG: It does cover it but we think it might be reaffirmed. My experience goes back to the committee that originally formed the Hartford County Medical Association committee on the impaired physicians and I did a national study of this. In fact I went out to Washington state which at that time had probably the best program. And what I learned was that in order to encourage reporting of physician impairment by other physicians, by partners in practices, by nurses, by family members, by secretaries, we had to assure these people of confidentiality and protection. And to the extent that confidentiality and protection is not assured to that degree, they will not report physicians, because they're responsible to them and to some extent their jobs depend upon this.

So, what I'm interested in is total protection of the people who might be involved in reporting and re-emphasis of

DR. ALISBERG: (continued)
this.

REP. COHEN: You're saying total protection with respect to being suit free?

DR. ALISBERG: Well, as I said in the statement with -- except in the cases of malice, obviously. But, I think people should be entitled to make these statements and that these statements should be investigated without automatically assuming that the physician is guilty of impairment. But, I think that the person will not make the statements. Will not make the, if you want to call it an accusation, unless they're protected.

REP. COHEN: Thank you.

SEN. R. SMITH: Thank you doctor. Is Myrtle Mangeris or Wangeris here? No. John Tilson, to be followed by Robert Tessier.

MR. JOHN TILSON: I am John Tilson, Council for the Connecticut Hospital Association and I'd like to touch briefly on two bills with respect to which you have already heard testimony.

The first is 52-28, which is the act concerning the expenses of the Hospital Cost Commission. CHA is obviously opposed to this, but I'd like to just make a couple of points that weren't raised by Mr. May during his earlier testimony.

The theory behind a bill of this kind seems to be that if it's good enough for the public utilities, why isn't it good enough for the hospitals. But the situation is quite different. Everybody uses the services of the public utility, of this state in any given year and to assess the expenses of regulation among the customers of the utilities in effect spreads the cost among the people who actually are using the utilities and roughly in accordance with the amount that they are using.

With the hospitals, of course, it's exactly backwards. Only 14% of the population, as Mr. May indicated, is apt to be hospitalized in any year and this comes obviously at a time where they are least capable of affording any extra