

Legislative History for Connecticut Act

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Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate
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CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
1987

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11307-11694

abs

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House of Representatives

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on Conference. If the members would, at their convenience, meet and report back to the Chamber, I am sure the Chamber would be grateful.

Clerk, please continue with the Call of the Calendar.

CLERK:

Please turn to page 24, Calendar 868. Substitute for Senate Bill 1180, AN ACT CREATING JOHN DEMPSEY HOSPITAL FINANCE CORPORATION. (As amended by Senate "A"). Favorable Report of the Committee on FINANCE, REVENUE AND BONDING.

REP. PELTO: (54th)

Mr. Speaker?

SPEAKER STOLBERG:

Representative Pelto.

REP. PELTO: (54th)

Yes, Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

SPEAKER STOLBERG:

Will you remark?

REP. PELTO: (54th)

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Yes, thank you, Mr. Speaker. The Clerk has an amendment, LCO 8013, previously designated Senate "A".

SPEAKER STOLBERG:

Clerk has an amendment, LCO 8013, Senate "A".
Will the Clerk please call?

CLERK:

LCO 8013, designated Senate "A", offered by
Senator Sullivan.

REP. PELTO: (54th)

Mr. Speaker, I seek permission to summarize,
please.

SPEAKER STOLBERG:

Is there objection? Seeing no objection, Representative Pelto.

REP. PELTO: (54th)

Thank you, Mr. Speaker. This amendment does two things primarily. First, it requires that the Executive Director shall be designated by the Board of Directors rather than the Governor. And secondly, a major provision provides that property that is owned by, and real property that is owned by the new John Dempsey Hospital Finance Corporation would be state property,

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and therefore fall under our pilot provisions, protecting those communities which may house a facility that would be owned by the John Dempsey Hospital Corporation.

I move adoption.

SPEAKER STOLBERG:

Will you remark further on Senate "A"? If not, all those in favor of the amendment, please indicate by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER STOLBERG:

All those to the contrary, nay.

The amendment is adopted.

Will you remark further?

REP. PELTO: (54th)

Mr. Speaker?

SPEAKER STOLBERG:

Representative Pelto.

REP. PELTO: (54th)

Yes, thank you, Mr. Speaker. This bill, which is a rather large, complex but rather technical bill

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has passed four of our Committees unanimously. The Public Safety, Appropriations, I believe, Public Health... I am sorry: Education, G.A.E., Public Health, Finance, Appropriations have all passed.

What it does is a fairly interesting step in the development of the John Dempsey Hospital and the University of Connecticut Health Center. The Chamber may remember that approximately a year ago or so, the hospital and the University was interested in creating a totally separate and independent hospital. There was a lot of reaction to that, primarily negative.

A number of different groups, a different of number of parties feel that this is the only State hospital and should be under the auspice of the State and more importantly, plays a unique roll in providing an educational opportunity between the health center and the hospital itself.

However, it was recognized that under the present conditions, the hospital could not compete on either a competitive basis or even an appropriate basis. And after a full year's worth of negotiations and discussions, what has resulted is this piece

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of legislation that a number of our Committees explored. It has the support, not only of all of those involved, including the Office of the Governor, the Office of Policy and Management, the University, the Board of Trustees, all of the unions involved, all of those involved in health care and the Commission on Hospitals and Health Care.

It is the creation of a Finance Corporation, quasi-governmental, non-profit, based exclusively after the Connecticut Product Development Corporation. It provides for a number of exemptions from generally, general operating procedures. Yet, it maintains a good deal of oversight on the part of the Board of Trustees of the University of Connecticut. There would be a Board of Directors that would oversee this, and its activities would be limited to a fairly small number of actions.

It would not in any way be involved in running the hospital, but instead would be involved as the hospital reaches out to other hospitals in the State to provide shared services and joint ventures. A number of projects have been explored and are presently

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in the works with New Britain Hospital, with Baccus Hospital in Norwich, to bring together the expertise of the hospitals and the University of Connecticut Health Center and the John Dempsey Hospital.

I could certainly go through a good deal of the details, although the OLR report certainly does that, as far as what services and what joint services and shared services would be possible. The provisions concerning subsidiaries... Let me just preface it by saying that, summarize by saying: I think that this is an important step for the hospital, because it allows them the flexibility they need but maintains the oversight that we require, maintains the oversight out of the Office of Policy and Management and the Governor's Office. But, most importantly, the oversight here in the Legislature.

And I move adoption of the bill.

SPEAKER STOLBERG:

Will you remark further on the bill? If not, will members please be seated? Staff and guests, to the Well of the House. Will you remark? Representative Chase.

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REP. CHASE: (120th)

Thank you, Mr. Speaker. Through you, a question to the proponent of the bill?

SPEAKER STOLBERG:

Please frame your question, sir.

REP . CHASE: (120th)

Yes, thank you, Mr. Speaker. Through you, Mr. Speaker, I notice from the OLR report that the Hospital is going to be exempt with the exception of two points from the Commission of Hospital and Health Care requirements. Can you just tell me what those two exemptions are? Exceptions are, rather?

SPEAKER STOLBERG:

Representative Pelto.

REP. PELTO: (54th)

Through you, Mr. Speaker. They would be exempt from all of the provisions that they are presently exempt from, as the State Hospital has been exempt from CHHC provisions. Representative Gionfriddo may be able to provide a little bit more, because I honestly do not know what those last two provisions are that they would not.

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However, they are exempt from all of the other, all of the other aspects, although I believe that the certificate of need is not one of them.

Through you, Mr. Speaker.

REP. CHASE: (120th)

Thank you, Mr. Speaker.

SPEAKER STOLBERG:

Will you remark further on the bill? If not, will members please be seated? Staff and guests, to the Well of the House. The machine will be opened.

CLERK:

The House of Representatives is now voting by roll. Members, to the Chamber. The House is taking a roll call vote. Members, kindly report to the Chamber immediately.

SPEAKER STOLBERG:

Have all the members voted? Have all the members voted, and is your vote properly recorded? 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.

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Will the Clerk please announce the tally?

CLERK:

Senate Bill 1180, as amended by Senate "A":

Total Number Voting	142
Necessary for Passage	72
Those voting Yea	142
Those voting Nay	0
Those absent and not Voting	9

SPEAKER STOLBERG:

The bill, as amended, is passed.

CLERK:

Page 12, Calendar 482. Substitute for House Bill 7383. AN ACT CONCERNING MUNICIPAL AND REGIONAL PROGRAMS OF TRANSFERS OF DEVELOPMENT RIGHTS. (As amended by House "A" and Senate "B" and "C"). Favorable Report of the Committee on PLANNING AND DEVELOPMENT.

SPEAKER STOLBERG:

Representative Balducci.

REP. BALDUCCI: (27th)

May that item be passed temporarily, Mr. Speaker?

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1136-1523

TECHNICAL SESSION
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cjp

AND THE STATE TECHNICAL COLLEGES TO WAIVE TUITION FOR
CERTAIN HIGH SCHOOL STUDENTS.

Referred to Appropriations

Planning and Development - Substitute SB 1063: AN
ACT CONCERNING THE ENERGY CONSERVATION LOAN PROGRAM.

Referred to Finance, Revenue and Bonding.

Education - Substitute SB 1187: AN ACT CONCERNING
AUTHORIZATION OF STATE GRANT COMMITMENTS FOR SCHOOL
CONSTRUCTION PROJECTS.

Referred to Appropriations

Planning and Development - SB 682: AN ACT CONCERNING
AUTHORIZATION OF BONDS OF THE STATE FOR CREATION OF A
CONNECTICUT URBAN DEVELOPMENT ASSISTANCE PROGRAM.

Referred to Finance, Revenue and Bonding.

Education - Substitute SB 1180: AN ACT CREATING
THE JOHN DEMPSEY HOSPITAL FINANCE CORPOATION.

Referred to Government Administration and Elections.

Planning and Development - SB 494: AN ACT CONCERNING
LOANS TO CORPORATIONS FOR CHILD CARE FACILITIES.

Referred to Finance, Revenue and Bonding.

Planning and Development - Substitute SB 623: AN
ACT CONCERNING MOBILE MANUFACTURED HOMES.

Referred to Finance, Revenue and Bonding.

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cjp 2301

is past retaining its place, 307 is past retaining, 357 is past retaining, 431, Substitute for Senate Bill 1167, I refer to the Committee on Finance.

THE CHAIR:

Without objection, so ordered.

SENATOR O'LEARY:

433 is marked go. On page 6, Calendar 435 is marked past retaining. 441, past retaining, 444 is go, 452 is go, 468 is past retaining. On page 7, Calendar 470 is go, Calendar 479 is past retaining, Calendar 483 is go, 486 is go, 488 is go. On page 8 the top two items are marked go. 492, Substitute for Senate Bill No. 1180, I refer to the Committee on Public Health.

THE CHAIR:

Without objection, so ordered.

SENATOR O'LEARY:

The next two items, 493, Substitute for Senate Bill No. 791, and 494, Senate Bill No. 991, I move to the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR O'LEARY:

495 is marked go. On page 9, 496 at the top is marked go. 497 is marked past retaining, 498, Senate Bill No. 532,

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355 3427
tcc

THE CHAIR:

You may proceed.

SENATOR OWENS:

Very briefly, the amendment just merely provides that the penalty be not less than \$150 nor more than \$250. I move adoption.

THE CHAIR:

Will you remark further? All those in favor of Senate Amendment Schedule "A" signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed. The amendment is adopted. On the bill, itself.

SENATOR OWENS:

I move, if there's no objection, that the matter be placed on Consent, as amended, please.

THE CHAIR:

Without objection, so ordered. Will the Clerk please call the next item.

THE CLERK:

Calendar Page 32, File 492, File 715, Substitute for Senate Bill 1180, AN ACT CONCERNING THE JOHN DEMPSEY HOSPITAL FINANCE CORPORATION, Favorable Report of the Committee on

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tcc 3428

Public Health.

THE CHAIR:

Senator Sullivan.

SENATOR SULLIVAN:

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

THE CHAIR:

You may proceed. I believe the Clerk has an amendment.

THE CLERK:

LCO 8013, designated Senate Amendment Schedule "A" offered by Senator Sullivan of the 5th District.

THE CHAIR:

Senator Sullivan.

SENATOR SULLIVAN:

I move adoption of the amendment and request permission to summarize.

THE CHAIR:

You may proceed.

SENATOR SULLIVAN:

Mr. President, this amendment clarifies the bill in several respects, as follows: it allows the board of the new entity to select from its membership an individual to serve as President and Chief Executive Officer. It provides

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tcc

that the Executive Director shall be a state employee. It requires the usual statutory provisions on conflict of interest will apply. It pursues and implements several recommendations from the Attorney General upon review of the original draft of the bill with respect to the immunity that's provided herein. It clarifies that any real property which may be owned by the corporation or its subsidiary will be deemed to be state property for purposes of payment in lieu of taxes thereon and finally it moves the effective date of the bill from upon passage to July 1, 1987.

THE CHAIR:

Will you remark further? All those in favor of Senate Amendment Schedule "A" -- Senator DiBella.

SENATOR DiBELLA:

Yes, through you, Mr. President, to Senator Sullivan. Does this have -- in reading the bill, does this have anything to do with the bonding authorization, they have no bonding authorization in the bill?

THE CHAIR:

Do you care to respond, Senator Sullivan?

SENATOR SULLIVAN:

Through you, Mr. President, the bill does not provide bonding authority to the entity.

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THE CHAIR;

Senator DiBella.

SENATOR DiBELLA:

Tax exemption -- through you, Mr. President, tax exemption?

SENATOR SULLIVAN:

Through you, Mr. President, yes it provides that any property of the entity would be tax exempt just as any property of the hospital, itself, or of the Dempsey Center or the UConn Health Center would be.

THE CHAIR;

Thank you, Senator Sullivan. All those in favor of Senate Amendment Schedule "A" signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed. The amendment is adopted. On the bill, itself.

SENATOR SULLIVAN:

Mr. President, this bill is the result of six years of study and work by several groups appointed by the Legislature, work that has come forward in the legislation which is hopefully to provide some creativity and flexibility

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tcc

for the hospital to compete both as a health care institution and as a teaching hospital, but flexibility and creativity within the usual confines of ultimate accountability in the budgeting process, in the auditing process and within the controls of the Legislature and the Executive Branch. I think, as such, it is a careful balance and I would move its adoption.

THE CHAIR:

Will you remark further?

SENATOR SULLIVAN:

If there are no objections, Mr. President, I would move this to the Consent Calendar.

THE CHAIR:

There appears to be objection. The Clerk please make an announcement for an immediate roll call.

THE CLERK:

An immediate roll call has been ordered in the Senate.

Will all Senators please return to the Chamber. An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

The item before us is Calendar No. 492, Substitute for Senate Bill 1180, amended by Senate Amendment Schedule

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tcc **3432**

"A", File No. 715. The machine is open. Please cast your vote.

Senator --. The machine is closed. The Clerk please tally the vote.

The result of the vote:

32 Yea

1 Nay

The bill is adopted.

THE CLERK:

Calendar 503, File 750, Senate Bill 1208, AN ACT CONCERNING MINIMUM COMPENSATION FOR HIGH VOLUME COURTS. Favorable Report of the Committee on Finance, Revenue and Bonding.

THE CHAIR:

Senator DiBella. We're on Page 32, Calendar No. 503, Senate Bill No. 1208, File No. 750, AN ACT CONCERNING MINIMUM COMPENSATION FOR HIGH VOLUME COURTS.

SENATOR DiBELLA:

Yes, thank you, Mr. President. Is there an amendment on this?

THE CLERK:

No amendments.

SENATOR DiBELLA:

Could we P-T this, Mr. President? There's supposed to

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STANDING
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1987

MR. BOWE: (continued)

on 1180 which is An Act Creating the John Dempsey Hospital Finance Corporation. Senate Bill 1188 would create the authority for the design and construction of capital projects for the Department of Administrative Services and (inaudible). It gives the Higher Education and its sister units in addition full authority over the purchase of educational equipment and printing service contracts.

The Board of Governors and the Department of Higher Education are supportive of establishing more flexibility and autonomy for higher education in capital construction as well as purchasing for the purpose of achieving greater efficiency and effectiveness. This is, of course, a major goal of the Board's strategic plan for Higher Education. However, the Board of Governors endorsed a proposal to raise the limit on projects which may be designed in-house by a constituent unit from 250,000 to \$1 million. I don't have the Bill number--1167, Senate Bill 1167.

We think that this Bill could achieve the objective with more effectiveness in capital construction without shifting (inaudible) projects to the Board of Governors. In regard to the proposed changes in purchasing educational improvements and the purchasing and printing of service contracts, we feel that certain language changes would be needed to make this a more practical Bill and to provide for sufficient accountability. If the Committee wishes to pursue this Bill further, we would be willing to submit possible language changes in greater depth which would help to implement the intent of this Bill.

I'd like to turn now to Senate Bill 1180 which concerns the John Dempsey Hospital Finance Corporation. This Bill creates a finance corporation for the hospital's responsibility for purchasing, leasing, contracting and construction and also provides the ability for the corporation to enter into joint ventures and establish shared service agreements with other health care providers. We support this

MR. BOWE: (continued)

Bill very strongly in the belief that the John Dempsey Hospital requires the flexibility and the autonomy that the Bill provides to remain effective and viable institution in a changing and increasingly competitive health care environment.

We believe the current state laws and those relations governing the hospital operations are restrictive and overly cumbersome and do not permit the hospital to respond to the effective needed change. I will not speak to some specific provisions of the Bill because Dr. Mulvihill and Dr. Smits from the hospital will be addressing them specifically. I would like to talk about one possible concern that we have that would be shared by other state agencies.

This is a very complex Bill and it affects many provisions of current state law. Because of that, we feel it's absolutely important that this Bill moves through the legislative process; that it's intent be fully articulated and understood, particularly in regard to the impact on an organizational change that's being proposed here and the regulatory responsibilities that are now assigned to other agencies including the Department of Higher Education and the Board of Governors.

Even the failure to do so could result in future misunderstandings about roles which would now apply the benefits that this Bill provides. It is our understanding from our discussions with representatives of the health center at the John Dempsey Hospital that the Bill has not changed substantially the current role of the University Board of Trustees or the Board of Governors in regard to review and approval of the hospital operating subsidy which is the responsibility of all budget development or to review capital facilities plans that involve the hospital and health center facilities. And in that regard, we have suggested to the health center and the hospital representatives, a proposed amendment which we believe strengthens the intent with regard

MR. BOWES: (continued)

to the roles of the Board of Trustees at the University and the Board of Governors in the review of capital facilities needs and we've attached a copy of that amendment to the legislation. We feel that that's fairly modest in what it does and that is to make sure that there is that planning link between the Board of Trustees at the health center and the hospital and the Board of Governors as the--as new facilities for the hospital and the health center are considered. I will end my testimony and hear any questions.

REP. COHEN: Thank you. Are there questions? Thank you very much. Senator McLaughlin, and then we'll have the team of Senator Sullivan and Hampton, which makes Senator McLaughlin wonder why he didn't bring his team back.

SEN. MC LAUGHLIN: Representative Cohen and Senator Sullivan, members of the Committee, I'm here to speak on Senate Bill 604. I, if I can, may describe specific elements in the draft and I would hope that you can follow with me and indulge me as that's the basis of my testimony.

As a member of the Governor's Student Financial Aid Task Force, I was very troubled by methods of tax expenditures with which we could attack the Student Financial Aid dilemma. Representative Pelto and I and other members of that task force labored over ways that we could attempt to ameliorate the effects of a lack of--in effect, capital for many members of society that really do seek to (inaudible) higher education in whatever form.

What came out of that, if I can generally describe my reactions, I think they were a consensus of the task force report, it was in effect noted--although I will say not the fault of anyone on the task force, but it wasn't in effect so well described as to tell you the options that we considered. One of them this Committee has heard from I'm sure, rather

SEN. TOM SULLIVAN: (continued)

feel is that they have to go somewhere else to get equity in their salary-adjustment. As we all know, there's a prospective shortage of teachers in a general sense anyway, but there'd be a massive and devastating shortage of those teachers, those types of teachers, that I just enunciated and there's no sense of having a competitive situation and an excessively competitive situation where the teachers of those particular skills and areas of vo-tech high schools feel it necessary for them to move out of that environment. So I think that's another position that you have to look at and like Senator Hampton, I would hope that 5312 does get a Joint Favorable Report and I thank you for your indulgence. And I thank Senator Hampton too for his--

REP. COHEN: Thank you very much. Questions? Thank you. Dr. Mulvihill and then James Ferris for Senator Smith. And Dr. Smits.

DR. JAMES MULVIHILL: My name is Jim Mulvihill and I'm the Executive Director and Vice President for Health Affairs at the University of Connecticut Health Center. I'm here to comment on Bill 1180 which is An Act Creating the John Dempsey Hospital Finance Corporation and I will be joined by Dr. Helen Smits, the Director of the John Dempsey Hospital at the University of Connecticut Health Center. You have our formal written testimony and I think, relating to the Agenda, I'd just like to comment on some aspects of the Bill.

The Bill has a history that really stretches back to about 1981 when the legislative committee co-chaired by then Representative Gardner Wright who was chairing the Appropriations Committee and Representative the late Bonnie Barnes chaired the Committee and left the responsibility for the entire health center and made some recommendations relating to state control of purchasing contracting, insurance purchase and related areas and observed that the health center in general and the University Hospital in particular were constrained from operating in a competitive manner

DR. MULVIHILL: (continued)

with other area hospitals in these areas. There was a Bill that was passed that gave us some freedoms and flexibility on the passage of time has even eroded them or we have not been able to implement them because of some of the rule making authority.

The second legislative study was conducted in 1985 and as a result of that study, the University developed proposals which would be placed on the table of the General Assembly which would give additional flexibility to the John Dempsey Hospital. As a result of these studies, development of proposals and approved by the Board of Trustees at the University to have the John Dempsey Hospital to become independent and a not-for-profit hospital. And as we discussed that proposal, a lot of serious problems surfaced; chief among them the University loss of control of the new board and the fact that our valued employees at the health center would be required to leave state service which many of them were unwilling to do.

So this past year we spent further time considering proposals, evaluating the legislation to see what other states have done with their teaching hospitals, consulting very closely with the unions and (inaudible) and the Bill you have before you represents the best thinking of all of those parties. In essence, this Bill provides the hospital with the flexibility in purchasing, leasing and contracting without (inaudible) with that institution and with the state.

The Bill would create a financing corporation and it would call for the establishment of a five member board directly appointed by the Governor and consisting of two university trustees, the university president, the university vice-president of health care and the secretary of the Office of Policy and Management.

There are certain facts about the John Dempsey

DR. MULVIHILL: (continued)

Hospital that I would like you to be aware of as I approach the conclusion of my remarks. First, it is an efficient, functioning business and approximately 95 percent of its budget is in patient care. Over the past five years, on the average, only 5.6 percent of the Dempsey's budget has come from the state of Connecticut and the General Fund and that's largely through the clinical subsidy that many of you on the Appropriations Committee have heard about.

Second, the Dempsey is doubly audited. Both by the State Auditors and by a private audit firm. These reports from both fronts have been excellent. The state's subsidy to the Dempsey Hospital does not fully cover the two major areas which create a need for that subsidy, the high cost of state pensions for our employees and the cost of free care given to needy patients, the true needy patients.

Finally, our billing procedures which were once, about six or seven years ago, on a (inaudible) serious problem, I think are now much more efficient. Our (inaudible) and accounts receivable have dropped steadily and our experience is similar to that now of other hospitals in Connecticut. One of the important aspects of this Bill is continued control over the hospital's budget and planning which will be exercised by university leadership, by the University's board of trustees and by the Board of Governors of Higher Education.

Fund sources for the appropriation must come from existing hospital budgets and bonds approved by the usual channels so there is no risk that the corporation will become independent entity in giving health services. In short, the need for flexibility in purchasing has been established by two earlier legislative studies. We believe that we have earned the right to exercise this flexibility in some prudent management we've tried to exercise at the health center during the last half decade.

In addition, I'm very pleased to indicate that we are

DR. MULVIHILL: (continued)

further strengthening the leadership of the hospital and I will now refer you to Dr. Helen Smits who will very shortly be confirmed by the Board of Trustees, as the Director of the University Hospital and she will officially be assuming those responsibilities in a couple of days and I'd like to turn to Helen now for some further comments.

REP. COHEN: Thank you. Dr. Smits.

DR. HELEN SMITS: I'll just briefly mention some areas of the Bill that haven't been mentioned before. As we've indicated, the Bill would give the corporation flexibility to purchase and lease for the hospital to purchase insurance for the hospital. It would give the corporation the right to contract for the hospital and specifically cites that the corporation can sue and be sued. That's very important for us,

One of the curious barriers that we face as a state operation is that I am not allowed to sign conventional hold harmless clauses because it is held by the attorney general that doing so waives sovereign immunity and that no one can waive sovereign immunity except you folks. That's been a problem in a whole range of areas including things as minor as software contracts, but it also has stood in the way of contracting with health maintenance organizations which I'm sure you understand is very important. One HMO bent over backwards to write language that suited us; one other wouldn't and the attorney general would not let us sign. That is one of the first areas we would move on with the creation of the corporation. It is in the direction of contracting.

The law also gives us the specific right to joint venture with other entities. That, in the long run, will probably be one of the most important flexibilities. It means that we can join forces with another hospital, with a home health agency or whoever, to create new service entities and to, in the process, ensure continued flow of referral patients to our institution.

DR. SMITS: (continued)

I should note that we have continued to work with the union who've been really helpful in developing this Bill and that we will be working with staff to make a number of small technical changes including several of those asked for, but it's very important that we have made a commitment that in the process of joint venturing, we will agree to sign that essential agreement in advance in order to not engage in unfair labor practices.

Finally, in closing I can't resist mentioning my two pet peeves about the Dempsey because the local belief that it's a) too small and b) too expensive. What was a mistake ten years ago turned out to be very wise in 1987. A 250 bed hospital which is very specialized and has relatively few beds in medicine and surgery is ideally positioned to survive some of the rapid changes in the health care field and many of my friends from out of town described it to me after I described it to them, as the hospital of the future and I think it is.

In addition, the Dempsey is not too expensive. We had some bad track record in the past on that but that certainly isn't true now. In a year when many other hospitals took rate increases in excess of 10 percent, we took none at all this year. As best we can tell, first of all our daily rate is considerably lower than that of the only other exempt hospital, Newington Childrens' and when we modeled the all pay system, our rates are where they should be which is in the vicinity of Yale New Haven's.

In closing then, I think as Dr. Mulvihill has indicated, that we earned the right to this flexibility; we've earned the money to spend on the flexibility and I would very strongly urge you to support this Bill.

REP. COHEN: Thank you. Are there questions? Can I just ask, can you tell the Committee what this year's state subsidy is?

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EDUCATION

March 30, 1987

DR. SMITS: It's a little over \$4 million.

REP. COHEN: Thank you.

DR. MULVIHILL: On an operating budget of about \$6 million.

DR. COHEN: Representative Nystrom.

REP. NYSTROM: Thank you. Good morning. It's nice to see you again. You mentioned other affiliations, with other facilities, could you elaborate a little bit more on that?

DR. SMITS: At the present, we have no specific plans to do that because we have been so prohibited by various restrictions including the sovereign immunity restriction and the reluctance of other entities to enter into joint activities with the state. The examples of the kinds of things that are going on, Middlesex Memorial Hospital is currently in the process of creating a large visiting nurse agency in a joint venture with the Middlesex Visiting Nurse agency that will encompass some of the small agencies from the River Valley towns.

Two hospitals in the city have indicated that they intend a joint venture to create a third new hospital. That's the kind of thing we're talking about, but as I say, we have been so totally prohibited that we have no specific plans at present.

DR. MULVIHILL: We have, over the last two or three years explored affiliations and joint ventures with other health agencies as well as affiliations and financial relationships with HMOs and PPOs. We get down to the final application and close to doing something and people back off because they see us as being in a lot of elements of what they determine in state bureaucracy that they don't want to become involved and they've turned it down and it's going to be important for us in the future to be able to explore the sharing of patient care programs with other hospitals in the region and to have the freedom to do that, a lot more freedom than we have now. Basically the whole Bill was intended to, in fact,

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DR. MULVIHILL: (continued)

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to give us the flexibility to allow the Dempsey Hospital to remain competitive with the other thirty five hospitals in the state and in the region, as it attempts to fulfill its mission of teaching and research and patient care.

REP. NYSTROM: You mentioned teaching and that is--and research as well, where I have an interest. Uncas Hospital, the facility in Norwich and they're looking for creative ways to maintain its existence. Is that too far off the beaten path?

DR. MULVIHILL: As you know, there was a Governor's commission, board and we were trying to implement that and the component for that in the budget process this year, in not only in terms of the operating budget but capital planning requests and if we can get some of the changes made and get things done that we want to, we should be beginning to move forward this summer with the next steps in implementing certain components of that in determining what the nature of the future facility, a facility as down as you can be. We are working very hard on that and starting out, it's been a point of further communication on that.

REP. NYSTROM: Thank you.

REP. COHEN: Thank you very much.

DR. MULVIHILL: Thank you.

DR. COHEN: James Ferris for Senator Smith and then Terry Roberts.

JAMES FERRIS: Representative Cohen and members of the Education Committee, I'd like to thank you for the opportunity to speak to you today. I'm here to testify for Senator Reginald Smith in support of Raised Committee Bill 1179, An Act Concerning a School Construction Grant for the Gilbert School,

This Bill is necessary to provide a grant for the

REP. COHEN: (continued)

John Dempsey Hospital Finance Corporation. Janice Perkins and then Edward Carbone. I'm sorry Janice. I just found out on 1179 there was one person and it's James Steenstra. He's not here? I'm sorry. 1180 and Janice Perkins.

MS. JANICE PERKINS: Members of the Education Committee, my name is Janice Perkins and I'm President of Local 3837, CSFT, AFT, AFL-CIO at the University of Connecticut Health Center.

I'm here to speak on Committee Bill 1180, An Act Creating the John Dempsey Hospital Finance Corporation. This Bill you have before you today, like many others, has a long history worth mentioning. In July of 1985, discussions began between the hospital and CSFT regarding the need for flexibility for the John Dempsey Hospital. Soon afterwards, a proposal was written by the hospital to create a not for profit private corporation.

Our union along with the others at the health center voiced strong opposition to proposed privatization of the Dempsey, to the hospital, to the University Board of Trustees and to legislators. Subsequently their proposal was not submitted to the legislature that year. The Board of Trustees for the University mandated the hospital work with the unions in drafting any new proposals.

This year new legislation has been drafted by the hospital; legislation which is much different than last year's proposal. The position of our union has been based on the following five areas of concern: That the goal and mission of the health center and the hospital be maintained; that the quality of care currently being provided by the hospital be maintained; that the workers remain state employees and their rights be protected; that the needs of the community and the taxpayers be met; and that the hospital maintain the ability to be competitive.

The legislation you have before you today appears to

MS. PERKINS: (continued)

address all five of our concerns. However, subsequent to the printing of SB 1180, our union, along with the others at the health center, continued to meet and has suggested six amendments. The hospital administration has been amenable to our recommendations and our support of this Bill is dependent on inclusion of each of them.

We are still working out specific language with the health center this week. One final amendment that has been suggested by the unions that has not been agreed to by the hospital, would add a sixth person to the board of directors. This person, appointed from within the representative collective bargaining agent at the hospital, would be a non-voting member. The legislation represents a potentially dramatic change for the hospital. This, coupled with the everchanging nature of the health care industry, could impact on all current as well as future employees of the hospital as well as the entire health center.

We do not presume to have the right to vote on a board, however, based on the fact that there are 2500 workers at the health center, we believe that our input on the board would serve both our own as well as the interests of the hospital. Thank you.

REP. COHEN: Thank you Janice. Questions? I assume that we will be receiving those agreed upon amendments by the end of the--

MS. PERKINS: I have a copy that I'll leave with you today, but there are still a few other details that need to be worked out and yes, you will be getting them this week. It's my understanding you will be getting them this week.

REP. COHEN: Thank you.

MS. PERKINS: I'd also just like to add that our union supports Committee Bill--no, can't add that?

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PRES. CASTEEN: (Continued)

to build a minority advancement program as far as the state budget to give us support in various kinds for our efforts are important steps. But I guess to go back to Mr. Arthur's initial question about the population, I am concerned that maybe people have not read the sort of sub-sections of the overall predictions of population and realized that my concern which may be moral and ethical and educational is really part of a larger set of concerns that often boil down to cold economics. We need these young people in college and they are not advancing to college in the proportions or with the success that this state needs to be a prosperous state ten or twenty years out so the issue has become a much more complicated one as demography has changed as the economy has changed as has become apparent. Recall the job study last year, we face major labor shortages throughout the state especially in college educated young people. In that context we are trying to renew the commitment to this kind of recruiting and retention and graduation for minority students.

REP. POLINSKI: Thank you President Casteen that was a very impressive presentation, thank you.

PRES. CASTEEN: Thank you.

REP. POLINSKI: Dr. Mulvihill.

PRES. JAMES E. MULVIHILL: Sen. Harper, Rep. Polinski, Members of the Committee I am very pleased to be here on behalf of the University of Connecticut Health Center to have an opportunity to comment on our budget recommendations. I am joined at the table today by two of the Assistant Vice Presidents from the Health Center Mr. Herb Hansen who's areas of responsibility are finance and administration and Mrs. Sandra Harris who's areas of responsibility relate to institutional relations and public affairs. Another staff member here is Joanne Schaeffer who (inaudible) of our budget and I would like to acknowledge her presence here too. We have just distributed copies of our testimony to you and I do not intend to read that and go through it in detail. I would like to, because we are at length

Pres. MULVIHILL: (continued)

just really to comment on a couple of components of it and really emphasize the last three or four pages of it which relate to some of our areas of priority concerned. As the Members of the Committee know the University of Connecticut Health Center is the state's only higher educational institution mandated with the provision of education research patient care and community service in the area of health professions education and health service. Our Schools of Medicine and Dental Medicine and the John Dempsey Hospital in Farmington in conjunction with the Schools of Nursing Allied Health and Pharmacy at Storrs provide over 300 educational and clinical programs in seventy four towns in this state. These vital programs criss-cross the state from Winstead to New London from Greenwich to Willimantic and include important operations in Hartford, New Britain, Norwich, Waterbury and Stanford to name but a few cities. Just to comment a little bit on our major missions, in the area of education we currently have enrolled nearly 1200 students in both the undergraduate and graduate levels of program in the schools of medicine and dental medicine a Masters in Public Health Program and an internship and residency programs in the 25 various specialties of medicine and dentistry that in conjunction with our affiliated hospitals. In addition this past year we provided continuing education to physicians, dentists, nurses, psychologists, social workers in the state. Actually over 3300 practicing licensed health professionals in the state came to the Health Center this past year for continuing education. In the area of patient care our outpatient programs at the University Health Center have grown in the last decade from 35,000 patients who were seen as outpatients this year to over 203,000 patients. Some of our major important patient care programs affecting the entire state include our neo-natal intensive care unit and high risk pregnancy unit which since late 1970's has now saved the lives with a high quality of over 3000 babies born in the northern three-quarters of this state weighing 3 lbs or less. These are all babies who now will go on to full normal productive lives as citizens of this

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PRES. MULVIHILL: (continued)

state. We have tied in with 19 hospitals throughout the state in the provision of these services in all corners of the state to provide fetal monitoring of high risk mothers with high risk babies. The UConn children's cancer program provides cancer care to children from throughout the state. Currently there are nearly 300 children under treatment in this program or who have been treated successfully in this program. We have a major substance abuse program, the Alcohol and Drug Abuse Treatment Center which provides 24 hrs. a day out patient service as well as a whole entire floor of our John Dempsey Hospital dealing with the complex problems of medical care, counseling and after care services to meet the needs of patients in this area. Other major programs we are currently running include our Travellers Center on Aging, the component of it that is at the Health Center is a university wide program. Our multi-purpose arthritis center which as you will know is one of only a dozen centers in the country. Some of our programs are in multiple sclerosis, cardiology, taste and smell, lupus and other major diseases. In the nearly seven years that I have had the privilege to appear before this committee I have said that we are quite prepared to find the lions share of our support not through the state's general fund budget. I continue to say that again although it becomes increasingly difficult in an era where the effect of (inaudible) legislation cutbacks in medicare and medicaid funding and in federal research grants and contracts (inaudible) as well as mandated increased fringe benefits costs for employees make it very very difficult for us to rely on those non-general funds but we continue to be willing to do that. Currently at the Health Center there are approximately 2800 employees. Less than 800 of them are funded by the general fund. Approximately 70% of the Health Center's annual operating budget does not come from the general fund, it comes instead from what we are able to generate through the expertise of our faculty and patient care revenues in research and educational grants and contracts and in private philanthropy. It comes out to approximately 27-28% of our budget does in fact come from general funds.

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PRES. MULVIHILL: (continued)

That is a very very important core of support for us to carry on our mission. Our budget as we put it together for the 87-88 year really relies on two major assumptions. First that the health center's total operating budget will continue to reflect substantial reliance on non-general fund sources. As I said before we are prepared to undertake that challenge and to meet that provided we have core support in other key areas. Second while the current program consolidation and cost constraint efforts must continue and we have done a lot of that at the Health Center we must also continue to make investments in new program development so that we can improve our capability as an educational institution as well as our capability to understand the causes of diseases and care for the citizens of our state who seek our care with various health problems. We are very pleased that the Governor's budget has recommended to adopt also the same philosophy allowing us to be accountable to generate a lot of our funds not through general funds but providing this core support in certain areas and also giving us the ability to grow beyond our current services levels. There are some areas I would like to highlight that we were particularly pleased that were funded and they really flow on pages six, seven and eight of this testimony relate to our systems integration and network planning, in our fiscal services. About seven or eight years ago, to put it kindly, and through no fault of any individuals except being too busy with opening up the Health Center and getting it started our information systems, our computers were somewhere in the neanderthal ages. I think we have gotten them out of there, we are developing improved systems of coordinating managing and integrating administrative and patient care, the educational and research information system that are all integrated at the Health Center. Finally I think now with these recommendations in the budget we can move to successful and complete integration of them and we are very grateful for that. There is funding for our Creative Child Care Center which as you know is one of the first child care centers developed in

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PRES. MULVIHILL: (continued)

any institution related to the state has been extremely successful. We do need some core support there so that we can continue to maintain for a cross section of our employees who use it, the ability to offer sliding fee scales. It cannot be and should not be a Center just for the employees at the Health Center who can most afford it. It has to be able to be offered to everybody and we can appreciate the Governor's core support of that. The clinical programs, the key areas where support was provided are rapidly growing and very well known state wide, dermatology, (inaudible) pathology services, rheumatology and immunology and key support of multi-purpose arthritis center which is federally funded and is indeed is one of only eleven other medical schools in the country which have a center like this. We need to show state support to keep the funding and we are very grateful for that. The program in pediatric pulmonology which really relates to as a result almost of our success in having 3000 infants survive and then you have to be able to follow them from age 1 to age sixteen very often and take care of their lung programs. We are waiting \$75,000 of support in the Governor's project with \$75,000 which the Greater Hartford JC's have given us to develop a program there that I think will be the first of its kind in New England to deal with the taking care of the lung diseases that result in children, infants who have had to be in neonatal intensive care units. The Governor's recommendation to fund the bone marrow transplant program and the operating budget as well as the piece that he has in the capital budget will give us approximately \$480,000 of what we need for a million dollars to get this program established. We are not going to come to you for the other \$520,000. We are raising it and indeed have not quite all of it yet but we have raised about \$300,000 from the private sector and soon I hope I will have the other final necessary quarter of a million dollars from philanthropy to do that. In the School of Dental Medicine very importantly the program was recommended by the Governor for risk management and the treatment of dental patients with serious infectious diseases such as AIDS and

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PRES. MULVIHILL: (continued)

hepatitis becoming an increasing problem in our society when many physicians and dentists do not know how to approach providing the important physiological as well as psychologically important oral health care needs of patients with these problems. We are increasingly called upon to do this and we need some additional special personnel and resources to do this and we are very grateful for that. None of us likes to go to dentists in the first place and therefore the other initiative which is the management of anxiety fear and pain in patients is extremely important. It is one that relates to necessity for accreditation which Sen. Lock was talking about before and accreditation which incidentally I am very pleased to say because of these initiatives the School of Dental Medicine this past year received the longest amount of accreditation any dental school in the country can receive, a ten year accreditation and really a superb report and one of the finest accreditation visits conducted by the Commissioner of Accreditation in the country. The budget also includes adequate support for the responsibilities that we have inherited at (inaudible) as we continue now to develop and refine and try to implement the Governors Commissions Report to move forward with that facility to serve the needs not only in South Eastern Connecticut and that area in the area of cancer radiation therapy but also to perhaps mount other responsible programs that are needed by either an aging population or populations with other special medical problems in that area. I would like to spend the remaining amount of my comments on basically what is the final three pages of my testimony which is some of the areas of concern that we have. These items in fact make up the priority list that we will be commenting on with the subsequent sub-committee hearings with the committee. In light of the Governors stated priorities we were somewhat surprised that funding is not provided to the University of Connecticut Health Center's Alcohol Research Center for which there are only 5 remaining federally funded in the United States and which we are one of them. This program has been in the forefront of our developing

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PRES. MULVIHILL: (continued)

new treatments and early intervention strategies. The Health Center Program which began in 1978 put funding from the National (inaudible) Alcoholism and Alcohol Abuse is in danger of losing its federal financial support of \$1.5 mill. a year unless the State of Connecticut demonstrates some support with some degree of matching funds. The need for the program as well as the opportunity to solidify the future federal funding leads us to ask you for funds in this area. We ask you only for \$139,000 and 3 positions. The same matching fund problem exists with the Research and Training Center in Pediatric Rehabilitation for handicapped and other special children. Our Research and Training Center is one of only two funded by the federal government in the entire country, the other is on the west coast. With three quarters of a million dollars a year is received annually from the Institute of Handicapped Research. These funds maybe lost in 1988 but reviewers are convinced that there is a university wide and state wide committment to this programs. Our Board of Trustees and the Department of Higher Education have supported our request for two general fund supported positions with a total of \$103,000 to help us be able to continue to receive over three quarters of a million dollars a year from the federal government for this program. In the same category I am partly relating to Rep. Wyman's question on the center's of excellence was one of our three centers of excellence coming within the one percent set aside was not recommended for funding. It was the center in the area of neurosciences and we believe that this center is not funded could have a major impact on our ability to continue to foster growth and excellence in our neurosciences efforts at the Health Center which relate to understanding the causes of diseases attacking the nervous system and treating the diseases. Areas such as the demyelating diseases of multiple sclerosis, areas such as problems with vision, hearing taste and smell. As a matter of fact, these areas already bring in to the state \$1.1 million a year worth of federal funding. We have asked for \$110,000 in this area of center of excellence which we believe will help us continue

PRES. MULVIHILL: (continued)

the ability to bring in another \$1.1 million to the state in federal funding in the neurosciences. It is increasingly nationally competitive grant seeking (inaudible). It is therefore asked that in these three programs only what we think is a relatively small contribution perhaps totalling not much more than \$300,000 to \$400,000 to help us bring in nearly \$4 billion a year of federal funding to the state. Another program that does not have any federal funding currently but has a tremendous state need we believe is the cranial-facial disorder program of the School of Dental Medicine and the Medical School. This is a program where dentists positions, psychologists, social workers and other allied health professionals in the State of Connecticut. It is a multi-disciplinary approach to treating the management of head and facial disfigurements in patients. This is one of only fifteen programs in the United States. The steady increase in referrals since its creation in 1980 indicates the presence of an unmet need for this service. To date over 240 individuals and their families have been referred by the state for treatment in this program. We are adding about 60 - 70 new patients a year in this program. This program treats from right after birth all the way through young adulthood the serious physical physiological and psychological disfigurements that occur in people with facial and cranial-facial anomalies. This program we ask for \$195,000 for three positions. Another key program that relates to our investment in the area of attempting to make us competitive for research was a modest \$120,000 request to fund graduate fellowships at the Health Center. We currently are beginning to be severely hampered in our ability to remain competitive in the attraction of high quality graduate students in the bio-medical sciences area who will work with our basic science faculty form the core personnel very often in the development of new grant applications and carrying out of federal grant applications to the National Institutes of Health. We think this is another modest and important gesture we could make. Finally we

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PRES. MULVIHILL: (continued)

appreciate the Governor's recommendation to provide some funding, partial funding for a poison control center which has been discussed here in the past in the committee. A requested amount was a minimum amount necessary however to create toll-free access to a poison hotline. We got enough money to fund basically the necessary positions to cover that we didn't get enough money, another \$70,000 this is a program to set up the toll-free hotline. This program now receives around 20,000 calls a year from throughout the entire state and it is an important life-saving life-giving program that individual parents in distress for example with their parents have consumed with medications or what their children have accidentally consumed in terms of household toxic substances or other pharmaceuticals but also relates to environmental toxicology and poisoning accidents that serves many corporations throughout the state. In conclusion to my comments I would like to suggest that the single most important factor which we hope you might keep in mind in reviewing the whole Health Center's project is the necessity to think of the state's general fund expenditures at the Health Center as capital and seed money investments that allow us to continue to establish programs and continue the programs of teaching, research and patient care and community service which are productive, effective, efficient and required by all of our citizens. We are willing to continue with generating nearly three-quarters of our budget not from general funds, but we need that core support to allow us to continue our programs. We need your investment to help us to continue to attract and retain the federal grants that we currently have in significant amounts and incidentally your dental school is the number one dental school in the country out of 58 dental schools getting federal grants from the federal government and your medical school is number 3 well is in the top 10% of growth per year out of 125 medical schools and of all the new medical schools 35 new medical schools started in this country since 1965. It is number 3 or 4 with its success in

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PRES. MULVIHILL: (continued)

getting research grants. If we have your seed money investment we are prepared to bring in the rest of the funds to do the job on behalf of you for all of our citizens. Please be assured that all of us continue to be very grateful for all you have done for us and we will continue to strive for the excellence that I think the University of Connecticut Health Center has achieved in fulfilling its mission of teaching, research, patient care and community service for all of its citizens. Thank you.

REP. POLINKSI: Thank you Jim. Just two comments and then we will open it up to questions. One is on the (inaudible) thing being a member of that Advisory Committee I was a little surprised when I got word back that you want to build a new building I don't think that was ever considered or thought about or even touched on when the Advisory Committee met. But we can talk about that later. On the Poison Control Center my guess would be that the Governor in putting in about \$120 something like that maybe was thinking in terms of the hotline starting a little later in the fiscal year and then being fully funded for the following year. But that is something that the sub-committee will talk to you about. Let's open it up for questions.

DR. MULVIHILL: May I just comment

REP. POLINSKI: Sure

DR. MULVIHILL: Incidentally one thing the Advisory said at (inaudible) was you have got to rennovate this place. As we have begun with the cooperation of the Board of Governors of Higher Education look at the rennovation needs and we are not yet recommending construction. We believe that it is important to decide whether we are going to spend x million on rennovation if at all or the same amount of money on new construction without disrupting programs and opening up walls and all sorts of other things so we have asked just for a

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DR. MULVIHILL: (continued)

look at that to decide which is better and we have done that in concert with the Board of Governors.

REP. POLINSKI: I thought there was a million and a half dollars to even start the planning on it and the bonding packet.

DR. MULVIHILL: Which is 10% of what the renovation cost would be.

REP. POLINSKI: Okay. Questions, Bob?

REP. FARR: Just a question on the (inaudible) and may be you can do this on the sub-committee. My concern with (inaudible) has always been that I don't believe it will serve a medical need. I am not sure it serves much of an educational need and I think when we have a sub-committee examination of that last time it seemed to be that there were perhaps one or two interns down there and that was about the total educational need and I have always felt strongly that it doesn't belong in the educational budget it belongs in some other budget. Unfortunately it always turns out that the Chairman of the Committees are always from that area and it always has a lot of support but I would (inaudible) Advisory Committee. I would hope that in the sub-committee perhaps you could just give us some information about what educational use it is being made of it.

DR. MULVIHILL: We will do that. There are some educational things going on there but I think you are correct in your assessment that it currently remains providing essential patient care service primarily for citizens of southeastern Connecticut.

REP. POLINSKI: More questions?

REP. ARTHUR: I have a request. Since there is a new committee looking at (inaudible) the budget is a little bit alarming in the numbers. I would like to know what that new group is doing. The predictions in the budget here for inpatient

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REP. ARTHUR: (continued)

admissions which is one of our big concerns well it indicates 1985-86 246 and then 200 and 150 and we are still supporting a significant qualified 84 beds down there. You don't have to answer that now. Can we get on a distribution list of meanings of whatever is going on and what they are talking about doing?

DR. MULVIHILL: The Governor has appointed now, excuse me, the Chairman of the Board (inaudible) University has appointed an Advisory Committee made up of citizens from the area which is looking at when you see a projection of decrease in number of new patients in a bed it may in fact be meaning to reflect exactly what the commission Rep. Polinski and (inaudible) and you served on that is trying to provide an emphasis for keeping people out of the hospital for meeting the out-patient care needs and looking at what we can realistically do in the non-acute care hospital aspects of that. There may still be the use of beds and facilities but it may be more of a respite care, hospice that all has to evolve.

REP. POLINSKI: Questions?

REP. ARTHUR: You specifically talked about losing federal funding in the drug substance abuse area. I am not so sure I know much about that program but it is a significant amount of money. My question is is that interfaced or inter-related with CADAC in a Commission with an executive branch?

DR. MULVIHILL: Yes, let me just comment. Federal government started in the early 70's and funded about 27 programs nationally to develop primary ways for the management for alcohol and mixed substance abuse, particularly with medical problems associated with it and the government has gotten largely out of that business. There are now 5 remaining being funded in the United States. Two in the east, one in the mid-west and two on the west coast. We are one of them. That program is both an out-patient program and exists on one of

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DR. MULVIHILL: (continued)

floors of our John Dempsey Hospital. It is part of that program, besides giving out patient care and after care of patients, we also have an extensive amount of educational involvement that extends including Dr. James O'Brien who is one of the more well known people in the country extends into substance abuse hotline kind of things, into high school athlete and other high school educations to things that we have done with respect to the high schools throughout the state on showing the results of automobile accidents or individuals who have been involved with drinking. The whole program we have also been through (inaudible) activities in the area of advancement of relations working with the Mayor's task force in Greater Hartford, with CADAC and others to tie in to the development of other new approaches in the future that tie into the Governors budget vis a vis hot lines and things for alcohol and other substance abuse. (inaudible)

REP. ARTHUR: Is there curriculum involvement (inaudible)

DR. MULVIHILL: There is for medical and dental students and exposure to these areas so that they can understand the problems of substance and alcohol abuse but there are other things being planned for curriculum for college and high school students through the state.

MISS HARRIS: One of the things that we have been doing is meeting with the State Department of Education in Cadac and trying to develop a statewide comprehensive plan which would involve working with the State Department of Education and curriculum development, substance abuse hotlines, proposing to do that as an adjunct to the poison control center. To compile data to give to the State Department of Education for example we have the capability of compiling data as relates to where the problem is and where the calls are coming from, preparing reports on a monthly or weekly basis sending them to the State Department of Education and sending establishing programs in the different

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MISS HARRIS: (continued)

areas, for example the problem in Waterbury is alcohol, the problem in Bridgeport is cocaine so those are some of the types of things we are meeting with on peer routing basis with other state agencies and other local agencies that Mayors' task force and other committees in the cities for developing a state wide comprehensive plan. So those are the types of things we are doing.

REP. ARTHUR: It sounds like you are already doing this and my question is are you interfacing now with the new committee.

MISS HARRIS: We are interfacing, the problem is funding. These are all plans and we have several proposals out to begin the substance abuse hotline we have sent them to a private foundation but the problem is most foundations feel that this is a commitment and obligation that should be made by the state and therefore state funding should be provided for it. So we will continue to solicit and send these out to foundations but we are not being very successful with those.

REP. ARTHUR: But in this proposed budget I understand is outside your medical center specifically there is money in the budget to do this and if the committee generated to do that your program is being interfaced with them.

DR. MULVIHILL: Our programs are being interfaced with them. In our specific budget request right now that we are asking for we are trying to keep the \$1.8 million we already have by showing the support of \$139,000 worth of positions based at the Health Center for doing what we are doing to keep that grant because that grant can interface with others. Also I do want to underscore as I said with the bone marrow treatment program for example and now as we do with the hotline we are very active with trying to raise money from private philanthropy to do this and it's really we really come back to you when we are stuck you weren't

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DR. MULVIHILL: (continued)

always the first source of money for us. We are used to going out if three quarters of our budget does not come from the general fund and trying to find that. May be even more so than a lot of other parts of the state are trying to find that, but there are times when we need to come back for core support, but we are trying very closely to interface with all the other efforts going on in the other parts of the Governor's higher education and substance abuse related budget.

REP. POLINSKI: One question on the application. I know that the application the Dental School the number was going down. Is that still continuing? And what about the medical school and is the quality of applicants the same?

DR. MULVIHILL: The applications to the young people applying to dental school are going down. We are making a lot of efforts, particularly we have also had a major effort with minority students in the health professions to get we do very well getting them interested in medicine but we can't in dentistry. So now the applications are down and now there is only 400 applications for 40 places. Ten for one in the school of dental medicine. The quality of those has generally held as a matter of fact the performance of our last two classes has been better than previous classes in terms of national board standards etc. you know national exams that are given. I think the quality is generally holding we are looking at it very closely however because the time may come as dentists continue to be good at putting themselves out of business through fluoridation and plaque control and everything else when that the pool may further go down and smart thinking young people will decide you know that they would rather be in real estate law or something else instead. In the school of medicine there are now approximately I think 1100 or 1200 applications for the 88 places that are available.

REP. POLINSKI: Is that lower or higher or the same?

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DR. MULVIHILL: It is just as high as those you have seen in the past for friends and relatives who have ever been . . . finest really, excellent people and the performance of those students both our medical and dental students are national board examinations when they leave continues to be very strong.

REP. POLINSKI: Any further questions? Thank you Dr. Mulvihill. We can take about a five-ten minute break before we sit down with the (inaudible)

REP. POLINSKI: Give your name, they are recording this.

DR. BEAL: Okay. Members of the General Assembly Appropriations Committee I am Dallas Beal, the President of Connecticut State University on my right is Vice President for Finance and Management Tony Vassetta and I would like to introduce as our first presenter our illustrious Chairman of the Board Mr. Laurence Davidson. Mr. Davidson.

MR. DAVIDSON: Thank you Dr. Beal. Co-Chairs, (inaudible) and Joe Harper, Members of the Appropriations Committee I am pleased to appear before you today on behalf of the Board of Trustees of the Connecticut State University. As Chairman of the Board I intend to make only a few introductory remarks generally concerning higher education in Connecticut and specifically to share with you how our board views the university system which is our responsibility to enhance on behalf of the citizens of Connecticut both present and future. It has always been my view of the public colleges and universities should represent our societies noblest creation. For the realization of this vision we invest significantly and willingly from our treasury in the hope of capturing the motivations and aspirations of a wide spectrum of our society. If we invest sufficiently and wisely we firmly believe there is no better guarantee for the future health of our state and our nation. This act of faith is what motivates my fellow trustees and me to oversee the Connecticut State University enterprise and to devote with enthusiasm time and energy for the fulfillment of the University's goals. In our view a significant

MR. DE VAUGHN: (continued)

aimed at increasing retention and success. Although we are open door colleges, all students must meet the same rigorous requirements for graduation. It is the services, support program and creative teaching we provide between the admissions process and graduation that make a critical difference between success and failure. Student academic support personnel and laboratory aides provide us with the necessary components to increase our success rate and thus extend opportunities to thousands of students enrolled in our colleges. Thank you for listening.

REP. POLINSKY: Thank you, Raymond and Rita Brzozowski.

MR. RAYMOND BRZOZOWSKI: Thank you very much. My name is Raymond Brzozowski. This is my wife Rita and we're here to briefly touch upon the funding for the UConn Medical Center Craniofacial team and department.

I don't know if that was approached this morning, but it's a priority in our lives because of a situation that occurred with our son.

MRS. RITA BRZOZOWSKI: This is a letter in support of the funding of the Department of Craniofacial Disorders at the University of Connecticut Health Center. We became involved with this department when our son Adam was born in Waterbury with a cleft lip and palate. We were extremely anxious about feeding our son and about his future. There was very little counseling available to us, i.e., experts in the hospital, and we were sent home with no point of reference.

After three weeks of frustration in feeding our son along with his steady weight loss, we were referred to the Craniofacial Team at UConn where we were counseled, instructed on feeding and care and future expectations.

It was comforting and reassuring to us to know that the state of Connecticut provides facilities and counsel to parents in our position. We have researched other facilities in the state and none provide such complete services as UConn. Obviously the politics of the state have not

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MS. BRZOZOWSKI; (continued)

taken into consideration what UConn has meant to us and other parents in our position. Before you say no to funding, please let us parents have a chance to demonstrate to you how valuable this service is to us and our babies.

REP. POLINSKY; Thank you very much. Tom Powell, funding for UConn.

MR. TOM POWELL; Thank you Representative Polinsky. My name is Tom Powell and I have come here to urge your consideration for funding for the Research and Training Center for Pediatric Rehabilitation at the University of Connecticut Health Center.

I am the proud father of a son with mental retardation and autism. I am also a community training home parent and my family provides a home for a young man with down syndrome who could no longer be cared for by his natural family and in lieu of his going to the Mansfield Training School, he lives in my home. As a father, I just wanted to spend a few minutes to tell you how important the research and training center is to families throughout Connecticut.

The Research and Training Center provides a link between the resources of the University of Connecticut and families who have children with special needs. The Research and Training Center provides training to professionals to ensure that they fully understand and appreciate the special needs of families and that they have the skills to actively and sensitively meet their professional obligations to these families.

The professionals who work at the Research and Training Center devote special attention to researching strategies to help families with disabled children to fully function within society. Presently the Research and Training Center receives federal support, but it needs a permanent presence within Connecticut. To fully address the unique needs of families we need this program to extend its research and training functions to reach all professionals and to begin its work with other colleges and universities throughout

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MR. POWELL: (continued)

Connecticut.

I think everybody in this room recognizes the value of helping individuals with disabilities to move from institutions to our communities, but we must also provide aggressive programs to assist those families who keep their children with disabilities at home. These families face special challenges as they struggle to meet the needs of all of their children and while all of their challenges cannot be overcome by your legislative fiat, many families can be assisted by your action to provide ongoing support to programs that have a direct, positive impact on families.

Connecticut's commitment to provide quality programs to adults with disabilities must be extended to families. One aspect of that commitment must be state support for our Research and Training Center and I'm here to urge you to restore what the Governor removed from the budget and which is direct state support for our Research and Training Center.

REP. POLINSKY: Thank you sir, Kathy Bradley.

MS. KATHY BRADLEY: My name is Kathy Bradley, I have come here tonight from East Hartford to express an opinion concerning the allocation of funds for the Research and Training Center in Newington.

I am a parent of four children, one of whom has Down Syndrome.

REP. POLINSKY: Could you speak up a little louder.

MS. BRADLEY: When Erin was born nine and a half years ago, I was naturally very disappointed. However, at the time I was encouraged by the attitude of many professionals who expressed great optimism concerning her future and the availability of programs and support for us. I have not been disappointed and wish to acknowledge with gratitude the assistance I have received from many people in the state of Connecticut.

MS. BRADLEY: (continued)

We have, over the course of time, needed assistance in many areas in coping with medical problems, issues of family adjustment and issues concerning appropriate educational approaches to take with Erin. I feel that my family will always continue to have a need for that kind of expert assistance, particularly in the future when Erin transitions from the elementary school to high school and finally from high school to the community.

We will continue to need guidance concerning progress to prepare her for work where she will live and how she will recreate. The availability of a research and training center means many things to me as a parent. It means that the state of Connecticut has a wonderful opportunity to attract many experts qualified to conduct research which will immediately help to improve the lives of our children, within their families and also within the community.

It means to me that other young parents, some of whom don't even know yet that they will have children with handicaps will have available to them professionals with training based upon current research who will help them through their very, very early trying needs and later on through trying transition, to plan for their children's future.

It means that there is a research conducted within this state that parents and professionals will have ready access to immediately. And RTC has also got the resources to bring experts from around the country that very few other institutions will have and that will allow parents and professionals to get together and to grow. Parents have a great need for the type of information that the RTC can provide but they have very little time to seek such information directly because they are always involved in the process at working with their children and working through the situations that they are in.

Organizations such as the newly established Down Syndrome Congress can help fulfill many needs of the family. This organization would not exist if there had not been a strong

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MS. BRADLEY: (continued)

and supportive initiative from the Research and Training Center. The Center assisted parents in locating one another and help them come together for an initial meeting to share their experiences and needs. Due to the overwhelming support of the RTC we now have a very fine infant organization directed by parents, dedicated to disseminating information and providing support to families and dedicated to help families share the joys of their children.

And lastly enough, our infant organization is self-supporting right now and will not require a future investment from the RTC that will involve money. In order for the RTC to continue though, to innovate and implement both research and training programs, it must be able to attract top researchers and practitioners serving families with children with special needs from around the country but must be able to compete with other institutions.

To accomplish this goal it cannot rely solely on the federal government to allocate funds. I am asking for the state of Connecticut to provide the best possible research and trained professionals for our children so that all parents of children of handicapped now diagnosed and those yet to be borne, will be able to hope that their children's lives will be filled with dignity, purpose and joy. I would hope that this state would continue to commit the financial resources to the RTC that will allow it to enrich and elaborate upon the many fine projects underway at this time. Thank you very much.

REP. POLINSKY: Thank you very much for coming in. The last name is Cole.

MS. MOLLY COLE: It's Molly Cole. I'm Molly Cole and I'm also here--

REP. POLINSKY: Are you a doctor? Only doctors write that way.

MS. COLE: I'm also here to request support for the pediatric research and training center at the UConn Health Center. I'm a parent of a ten year old chronically ill, severely

MS. COLE; (continued)

retarded little girl who lives at home with us. Recently, with technical assistance and support from the Research and Training Center, we have also founded a parent organization to train and support other parents in learning to deal with this kind of a real complex medical issue within home.

Connecticut has a wealth of highly specialized and technologically advanced treatment centers for pediatrics, but it seems that once the cure phase is over and you go into the care phase, the service has become fragmented and the child is very difficult to manage at home. By increase the family's capacity to participate in the development and maintenance of a plan of care for their child, the family can then approach normalization and the parent and professional can become equals in a partnership of care for the child.

This kind of partnership is something that our organizations SKIP and the pediatric research and training center are really striving to promote. To do this however, we need two kinds of assistance. The first, we need direct training and technical assistance, both an advocacy and an issue specifically related to our child's special health and educational needs. Through the research and training center support of parents' groups such as SKIP, parents can receive this type of assistance and in addition, the pediatric research and training center has provided assistance to parent groups in identifying and accessing resources and services within the state.

They have assisted in the development of materials to meet the health and educational needs of these special children. To parent groups such as SKIP, this type of service is invaluable. The second form of assistance is a broader, system level base of support for parent professional partnerships. Much of the literature that's out today uses terminology like thermol-based systems, family service plans, parent professional partnerships but yet none of the professionals that serve our children have had little training in working effectively with parents and families in complex issues such as my child

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MS. COLE: (continued)

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requires. As a parent, it's very difficult to foster a partnership with professionals who do not value your opinion, who are uncomfortable in dealing with you or who see you as just a parent, but through its workshops and its conferences and its specific training programs through various agencies, the pediatric Research and Training Center has had an enormous attitude and impact and change upon the professionals.

They have increased public awareness of these issues and assisted in the development of resources and because of the support of the pediatric Research and Training Center, we are now much closer to being equal in partnerships with the professionals who serve our family. You should also take particular note of the cost effectiveness of this type of support.

The cost of caring for a child obviously decreases when a child is cared for at home. Pediatric Research and Training Center is unique in that there are presently few systems in place to train and assist agencies and families in planning services for their children with special needs. Frequently these families have to seek out services in an uncoordinated or unplanned manner, Hospitals and other agencies are often unfamiliar with all the issues and needs that impact on a family and consequently home based programs can become unsuccessful or difficult to manage.

The end result can be a costly one, both to the mental health of the family and to the service delivery system at large, but through a support of parent groups and parent training as well as the system level training outreach and education, the Pediatric Research and Training Center is enabling families to receive the necessary support to keep their children at home and I urge you, please, to maintain that support. Thank you.

REP. POLINSKY: Thank you very much. Robert Rohrig.

MR. ROBERT ROHRIG: Good evening Chairman Polinsky and committee members. My name is Robert Rohrig and I am a resident of Torrington and I'm here tonight to speak in support of

MR. ROHRIG: (continued)

funding for a proposal for the Craniofacial Team at UConn which is currently in the office of Budget and Management.

Mr. and Mrs. Raymond Bzozorowski and I think I pronounced that wrong--spoke earlier and they acquainted you with their personal experience with the team. My comments will be brief and will cover the proposal itself, the source of prior funding for the team and the current activity of the team and its patients.

I should point out, however, that my daughter Jennifer, who was born eight years ago with multiple congenital defects, including a heart murmur, a right facial paralysis and a hearing loss as well as arrested development. She is currently being followed by the team. I don't believe you've seen the proposal. It went from the team at the hospital through UConn to the Board of Higher Education and was recommended as a priority to the Office of Budget and Management.

We do not believe it was either given to the Governor or it may not have left his office; we're not sure about that. The proposal itself is for some 100 to \$200,000 involving five positions which were funding for anywhere from 15 to 100 percent. The Team has been operating with a director, various doctors and a coordinator at the hospital for about five years. Previous funding was through the dental and medical schools at the hospital where they could find small amounts of money for partial payment of the coordinator and for supplies for the team to operate.

The balance of the Team members do serve as volunteers and therefore they have limited time to work on the Team. As stated earlier, the funding for the five positions needed is somewhere between 50 to 100 percent for each of the positions. The Team itself act as a group and survey or evaluate each child that is seen by the team and they range all the way from hearing to dentistry to cardiac, etc., types of treatment. And they're all seen at one time. I had experience with this type of craniofacial teams in two other states, Michigan and Texas; Texas is

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MR. ROHRIG: (continued)

where my daughter was born. We found, and I think medical experts have stated, that this type of care for a child or an adult that has these multiple degeneral anomolies is the best way to do it because they can see all of the doctors and coordinate all the care at one time.

One of the aspects of these patients is that they have multiple anomolies which often interact and need coordinated care and without such a team this is often not received and there is difficulty in treating the child properly.

I believe the proposal, if it's added to the budget for the fiscal year beginning in July, will assist the state in meeting the needs of its population and will contribute to Connecticut's prominence in the field of medicine in this particular area. I believe handouts of this proposal were given to those of you that are co-members of the Education Committee and you can refer to that, I believe, for information. I don't have any further information but I believe it is available in the Office of Budget and Management. And if you have any further questions, I'd be happy to answer them.

SEN. HARPER: Thank you sir.

MR. ROHRIG: Thank you. Charles Herrick.

REP. DYSON: A comment, if I might, Mr. chair.

SEN. HARPER: Yes Representatiye.

REP. DYSON: I know that there has been more than one testimony given regarding the craniofacial disorders. No one seems to be talking dollar amounts and it would be good if you did.

MR. ROHRIG: The dollar amounts that we have been given were between 100 and \$200,000. I don't have the exact amount of the proposal.

REP. DYSON: Okay.

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SEN. HARPER: Mr. Herrick.

MR. CHARLES HERRICK: My name is Charles Herrick. I am Minister of the First Unitarian Universalist Society of New Haven. I'm here tonight in favor of funding for research on drugs and alcohol abuse at the University of Connecticut Health Center in Farmington.

I have had firsthand experience with that program. In 1984 I was hospitalized for twenty one days at the Health Center for alcohol abuse. Unfortunately I'm one of those people who is not able to drink alcohol socially. The first drink, to relieve stress or anxiety or depression can lead to a compulsion to continue to drink until hospitalization is required. At the Health Center I was helped immensely by the staff of the treatment center as well as by the Research Department.

The combination of treatment and research at the Health Center was important for me and it has been the Research Department that has continued to be a source of help and support for me over the last two years. I support funding of research in drug and alcohol abuse programs at the University of Connecticut Health Center at Farmington.

SEN. HARPER: Thank you sir. Any questions? Lisa Alvarez-Calderon.

REP. DYSON: Your church is on Whitney Avenue?

MR. HERRICK: Yes.

REP. DYSON: In my district, yes.

MS. LISA ALVAREZ-CALDERON: My name is Lisa Alvarez-Calderon and I am a junior student government representative at Trinity College in Hartford, Connecticut. I am also a registered voter in the town of Canton, Connecticut. Being both a recipient of financial aid and a Connecticut resident, I would like to comment on higher education financial aid funding in Connecticut.

Bill 702 provides for the allocation of \$2 million in aid over the next two years for students attending public

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MR. DEMISIS: (continued)

CONNPIRG wants the state with the highest per capita income to become a state with the greatest commitment towards higher education. Dollars, not cents, make sense. Thank you. Are there any questions?

SEN. HARPER: Any questions?

REP. DYSON: Good statement, I like that. You cover a lot of things in that statement that you made.

MR. DEMISIS: Thank you.

REP. DYSON: How we're going to do them is going to be something. You do know that when we talk about equalizing the costs between part time students and full time students, that's a big bill over there. And then when you talk about the support for private institutions, students at private institutions and then the work study, so we're already up to--depending on how you look at it, about 20 million.

MR. DEMISIS: Correct.

REP. DYSON: Okay.

SEN. HARPER: Thank you, Susan Richardson.

MS. SUSAN RICHARDSON: Good evening. My name is Susan Richardson and I live in West Hartford and I'm here to address some concerns regarding funding for the cranio-facial disorders team. And I promise you I'm the last one.

Health Center, University of Conn.

My heart is going about 75 miles an hour so forgive me. I'm not going to belabor you with a lot of facts about the team; those things have been covered previously by the Brzozowskis and Mr. Rohrig. I think you should know however, that this team actively deals with a patient list of well over 200 people, mainly children and some adults. That does not include the entire patient list. That's just the active list. They get references of at least two to three new patients a week from hospitals, doctors and other state agencies.

MS. RICHARDSON: (continued)

It's important to know that they do not deal just with cleft lip and palate children, although that's probably half of what we get. There are a whole multitude of disorders dealing with the head, face and neck and this team is one of only two in New England that deals with all of those anomalies. There are other cleft lip and palate teams, but they do not address the needs of multifaceted anomalies.

They deal with things that you probably don't hear a lot about, such as (inaudible) and on and on and on. They all involve physical disorders and things that are difficult for a human being to live with in our culture. And these people badly need the services of such a team.

Most of them require surgery which is not covered by insurance because insurance companies tend to think that anything that is obvious as cosmetic, unless it deals with a specific need such as speech or hearing--if you are ugly you're ugly and that's your problem and that's a pretty hard thing to live with in our society. The team deals holistically with these people. They deal with them not just from an anatomical anomaly view but with the entire person as a human being and in conjunction with the parents and other family members and that's really important for all of them.

As a volunteer with the team for four years, we have had a strong support group which unfortunately, because of time and lack of funds has dissipated but which I hope to resume very, very soon. I can't stress enough the kinds of things that these people do for these children and the only way that I can express it publicly is to give you a little bit of my own experience and read a couple of letters from parents who couldn't be with us this evening. And I would also like to mention that within the team we do offer an educational experience for students, interns and residents who are willing and able to come and observe.

My personal experience began with them when my son Ethan was born six years ago with something called Pierre-Robin syndrome, also not a real popular phrase which involves

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MS. RICHARDSON: (continued)

a very receded jaw and a cleft palate and this baby couldn't breathe and couldn't feed. And having been born two months prematurely, he was very small and needed desperately to do both of those things to survive.

Had he been born ten years ago I have no doubt that he very likely would not have survived because these people wouldn't have been there to help him and by way of contrast I can tell you that I have a thirteen year old son who was born with--only one month prematurely, without any physical, obvious physical problems, who wasn't given the neo-natal intensive care that our second son was given and now has a lot of learning disabilities and speech problems and language disorders and all kinds of things that are going to make his life very difficult and which fortunately our second son does not have because of the help of Dr. Poole and other members of the team who are able to help us with feeding problems and with how to manage feeding problems and with speech problems and a whole multitude of other things and we now have a very happy, very healthy, very well adjusted six year old who has some minimal articulation disorders.

Needless to say, I'm very grateful and I give as much time as I can because of that but there are many other people who were not able to be here who would like you to know some of the experiences that they've had with this team and I have made copies so that you'd be welcome to keep them.

I have a letter from Danbury Hospital addressed to the Coordinator of the Craniofacial Disorders Clinic. Thank you so much for letting us observe the workings of the Clinic for Facial Disorders and team meeting. Your setup is most impressive and organized and is a credit to your efforts. I came back with such glowing reports of the sessions that a couple of the pediatric clinic nurses would like to make a visit. I very much enjoyed talking with various members, visiting and permanent, of the team and was glad to have the opportunity to meet with you. Thank you for being so helpful. I will be in touch with you later about coming again with company. That is from another facility.

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MS. RICHARDSON: (continued)

Most of the facilities in this state are not set up to deal with the kinds of problems that these kids have.

From the Prathios who are parents of a child on our team, Dear Andrian and Dr. Poole, thank you so much for giving Sara the Mead Johnson baby bottles. Most people don't know about this and they have some very primitive ways of feeding these babies that are not only unsuccessful but very uncomfortable for them. She's been doing beautifully with them since we got them. We no longer use the breast feeder and she is actually sucking like a real baby. She really seems to enjoy the bottle now. It takes about thirty minutes and she takes about six ounces.

Many of these children can take up to an hour to take a couple of ounces, if not fed properly. Bill and I have even been able to leave her with a babysitter and not have to rush home for breast feeding. We feel liberated thanks to you. Thank you. Thank you. Thank you. And it's signed the Prathios.

From another set of parents - just a few lines and a picture to let you know that all is well with Kelly. The picture was taken thirty days after surgery. As you can see, she's a very happy little girl. Thanks for all your help and support during Kelly's surgery. You made things much easier for us. If there is anything we can do to help other parents of cleft or palate babies, please let us know. Please feel free to show Kelly's pictures to anyone interested in Dr. Jones' work. He's great. He is our reconstructive surgeon on the team. And very often he gives his time without any remuneration,

Okay, and this is the last one, I promise. To whom it may concern: I am writing in support of craniofacial team at the University of Connecticut. My daughter Amanda was born in December at a local hospital with a cleft palate and in four short days Amanda's weight dropped from six pounds, twelve ounces to just over five pounds and she was still dropping. Our efforts to feed Amanda at this time and at this hospital were hopeless. I wish I could be there today with Amanda because letters

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MS. RICHARDSON: (continued)

cannot express the grief you feel when you watch your daughter getting thinner and thinner and still and feeling the helplessness of the situation. Only after five days was she transferred to UConn. Immediately, the craniofacial team was called in and within minutes, Amanda was feeding from a bottle. The craniofacial team has been a constant wealth of comfort, support and wisdom to me.

Questions that I had asked and asked before had finally been answered. We have since been referred to a very qualified surgeon and surgery has been scheduled for the end of March and the battle to get Amanda to look nice, feed, speak, hear, etc., are just beginning. Without the team I don't know how Amanda will progress. Sure she'll continue to grow and survive but like my husband who was born with the same birth defects thirty years ago, will I have to travel the state or even go out of state to get the help Amanda needs.

Will she lose most of her teeth at the age of thirty like her daddy? Will her palate still, after multi-surgery, still be open? Will I have missed some important facet of medical help for our daughter Amanda because of inexperience or the lack of knowledge dealing with the situation? Please see it in your hearts to give financial aid to this team. Please continue to give other parents and adults the chance to lead normal, and healthy lives. Thank you for listening and she goes on to say that she had some photos which we've included, of the baby with her father, both at birth with gastro-intestinal tubes which were really unnecessary and at UConn where they promptly began to feed her with a bottle. What a difference. Thank you.

That's about all I have to say and I know time is short, except to say that I do not believe any of you would not fund it in your hearts or minds to give these children the starts that they need in order to become productive and happy adults. Thank you for your time.

SEN. HARPER: Any questions?

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REP. DYSON: Comment. Just a comment. It's not in the Governor's budget, I gather.

MS. RICHARDSON: We don't know why it's not. We know that it was sent from UConn.

REP. DYSON: Okay.

MS. RICHARDSON: I'm fairly certain that Dr. (inaudible) was here earlier today and addressed the question and I'm sure he gave you some other details regarding the budget. He did say that it was a top priority on his budget.

REP. DYSON: But, just to help you out some, it would be extremely helpful to have people who are going to be impacted by the elimination of the program and those who have been helped by it, to indicate their desire to have it continued.

MS. RICHARDSON: Well, that's what the Brzozowskis were here for; that's what Mrs. Warwick was here for; that's why I am here and that's what these letters are about. We were not informed until after 5:00 yesterday afternoon that this was not on the Governor's budget. And you will probably be receiving letters in support from people who were not able to make it on such short notice.

REP. DYSON: Well, we don't need to see them as much as people who are not here. See, we have heard and understand. People who were not here and to some degree, people who are not on the Committee need to know so that you will gain their support and consequently the support of a lot of people who will become interested because you're going to inform them and they will then become interested in seeing to it that something is done.

MS. RICHARDSON: Then, am I to gather that you're suggesting some public relations kinds of things, some media involvement?

REP. DYSON: Yeah. Yeah.

MS. RICHARDSON: Is that on the record?

REP. DYSON: Yeah, it's on the record. I just think there's

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REP. DYSON: (continued)

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151 people around and it's the first time that I've come in contact with what goes on at UConn Medical Center regarding craniofacial disorders.

MS. RICHARDSON: We have had media attention in the Hartford Courant and the Bristol newspaper--

REP. DYSON: Well, there's a southern part to the state that does not get the Hartford Courant and there's another part that connects with New York so there's a lot of--

MS. RICHARDSON: Well, I'm headed straight for Channel 8 when I get out of here.

REP. DYSON: That's fine.

MS. RICHARDSON: Thank you so much. I appreciate it.

SEN. HARPER: Mr. David Helmeck. Do you have a question?

SEN. SULLIVAN: If I remember correctly, with Dr. Mulvihill, I don't think that program, and correct me if I'm wrong, was wiped out. I think there was a request for some additional funding so that the number of patients, because it was increasing, would be accommodated. I think-- does anybody remember that?

MS. RICHARDSON: My sense was that it was not under the Governor's budget and as I said, I only received word of it last evening. I've got people spread out all over the place trying to figure out what to do about this. I fully assumed that it went to Committee, right?

REP. DYSON: Their statement today was that they would have to limit the number of patients.

UNIDENTIFIED: If more money isn't put in.

MS. RICHARDSON: Okay, what I foresee, and this is just a personal observation, as a parent volunteer, is that if they don't get some funding, there won't be any patients. You can only stretch a person so far and these particular team coordinators have worked as a volunteer and at very,

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MS. RICHARDSON: (continued)

very minimal cost for some years now, and she's hard put to meet the needs that are there now even with a volunteer corps and, you know, it's minimal so I'm hoping-- and there really isn't anyplace else for these people to go. Thank you.

SEN. HARPER: Dave Helmecki,

MR. DAVE HELMECKI: Senator Harper and members of the Appropriations Committee, good evening and thank you for staying so late. I truly appreciate that. My name is Dave Helmecki and I am, among other things, the President of the Student Government Association at Central Connecticut State University. I am a member of the Governor's Task Force Concerning Student Financial Aid, a member of the Student Advisory Board to the Board of Trustees and a former member of the Standing Advisory Committee to the Board of Governors for Higher Education.

I would like to speak to you tonight on a couple of things. One is investment which you are being asked to make, namely an investment in Connecticut's future by way of the budget request of the Connecticut State University. Why should my testimony be more important than any others that you have heard earlier this afternoon or even this evening? Because if there's one thing that the students and the legislators have as a common bond, is that we both pay the bills. You pay 80 percent of it which we're very grateful for and we pay the remaining 20. So we have a responsibility to make sure that both our best interests are met.

This budget request will be just that by enabling the four constituency campuses, Central, Eastern, Southern and Western to continue educating the citizens of Connecticut so that we may continue the economic growth that we have been enjoying these past years. It is a fact that 94 percent of our graduates remain in state with their education. These graduates are very intelligent and capable individuals. In fact, some of them are sitting in front of me right now.

Unfortunately the Governor, who declared 1986 the year of education, deleted \$2.7 million from our original budget