

Legislative History for Connecticut Act

SB 1164	PA 257	1995
Senate	3597-3632, 5291-5340	86
House	5967-6065	99
TOTAL		185

Also Consider: Conn Doc 1768 more Monthly report to the  
Conn Gen'l Assembly in response to P.A. 95-257



Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate  
and House of Representatives Proceedings

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GEN. ASSEMBLY  
SENATE

PROCEEDINGS  
1995

VOL. 38

PART 10

3330-3696

SEN. CRISCO:

No, Madam President, that amendment is withdrawn.

THE CHAIR:

Thank you. Will you remark further on the bill? If not, would the Clerk please announce a roll call vote. The machine will be open.

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:

Have all members voted? Have all members voted? If so, the machine will be locked. The Clerk please take a tally.

THE CLERK:

Total number voting, 36; necessary for passage, 19. Those voting "yea", 19; those voting "nay", 17.

THE CHAIR:

The bill as amended is passed.

THE CLERK:

Page 5, Calendar 374, SB1164, An Act Concerning

Expenditures of the Department of Mental Health.  
Favorable Report of the Committee on Appropriations,  
File 633.

THE CHAIR:

Senator Aniskovich

SEN. ANISKOVIICH:

Thank you, Madam President. Madam President, I would move the Joint Committee's Favorable Report and adoption of the bill.

THE CHAIR:

The question is on passage. Will you remark?

SEN. ANISKOVIICH:

Thank you, Madam President. Madam President, at this time I would like the Clerk to call LC08003 which is an amendment in his possession.

THE CLERK:

Senate Amendment Schedule "A", LC08003 introduced by Senator Aniskovich and Senator Genuario.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVIICH:

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

THE CHAIR:

The question is on adoption. Please proceed.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, this amendment is an amendment which would strike out everything after the enacting clause and become the bill.

It contains sections necessary for the implementation of the budget document which this Chamber just passed, with respect to several areas of the budget which I would like to summarize at this time.

The amendment contains sections which would authorize the closing of Norwich Hospital and Fairfield Hills Hospital in eastern and western Connecticut respectively. It would establish oversight implementation committees with respect to the future use of Fairfield Hills and Norwich Hospital campus and facilities.

It would also establish a Connecticut Valley Hospital Advisory Council with respect to the consolidation of those in-patient mental health and substance abuse facilities that will be moved to Connecticut Valley Hospital. That advisory council would be constitute of six members appointed by the mayor of Middletown, six members appointed by the Commissioner of the newly constituted Department of

Mental Health and Addiction Services and a chairman appointed by the Governor.

This advisory council would have responsibility for working with the Department in the creation of placement and discharge standards, would have responsibility for overseeing that the implementation of those placement and discharge standards were accurately implemented in accordance with those standards set, and would also have responsibility over non-placement and discharge campus security and other institutional concerns.

The bill also contains fast track language which would permit the completion of improvements at CVH which will be coordinated with the transition of patients from Norwich Hospital and Fairfield Hills.

The bill also contains and establishes a waiver application development council which would permit the chairman and ranking members of the Committees on Appropriations and Public Health, together with representatives from various concerned agencies to work together in developing an 11-15a waiver which would permit the Legislature to have some measure of influence over the direction that that waiver development would take.

It also specifies the intention of the budget

document that the Department of Social Services shall be the lead agency for purposes of developing that waiver.

Section 8 of the bill contains language authorizing the Secretary of the Office of Policy and Management to distribute funds appropriated for the private provider account with respect to the Departments of Mental Retardation, Social Services and Children and Families for fiscal years 1996 and 97.

These funds would be used to, for collective bargaining agreements with unionized and non-unionized employers at private providers throughout the state.

Section 9 would increase by 20% from 20% to 40%, the pilot in lieu of taxes state property program under OPM by increasing that amount for the reimbursement attributable to Connecticut Valley Hospital, which would have an impact of increasing the pilot to the City of Middletown by \$400,000 during the biennium.

This bill also contains the language which would implement the merger of the substance abuse and mental health functions currently located in various agencies into a new Department of Mental Health and Addiction Services.

It would also allow for the implementation of a new Department of Public Health containing the

functions of, the public health functions that are currently vested in other agencies and would also coordinate the campus consolidation that I referred to earlier.

In addition, this amendment will make various conforming changes with respect to the campus consolidation and the Office of Health Care Access. With respect to the Office of Health Care Access, this bill would merge OHCA for administrative purposes only, with the Department of Public Health and fold into OHCA all the functions currently associated with the Commission on Hospitals and Health Care which will be necessary for the administration of the uncompensated care pool.

Madam President, that summarizes the major changes in this multi section bill and I believe there are amendments and either in conjunction with those amendments or prior to, I can answer any questions with respect to the specific provisions contained in the amendment, and I would urge adoption.

THE CHAIR:

Question is on adoption of Senate "A". Will you remark? Senator Bozek.

SEN. BOZEK:

Thank you, Madam President. To the maker, with

regard to the closing of these facilities in Norwich and Fairfield, in fact will those patients be transferred to Middletown?

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, the enabling language, through you, the enabling language authorizes the closure of the two hospitals which would result in a transition of mental health and substance abuse in-patient beds to CVH.

In addition, the amendment specifically says that there will be an accommodation of services in eastern and western Connecticut within the area where Fairfield Hills and Norwich Hospital is now located. Depending upon a resolution of how many available beds there can be in eastern and western Connecticut, the number of actual patients transferred from that area to CVH would be determined in accordance with those decisions.

THE CHAIR:

Senator Bozek.

SEN. BOZEK:

Thank you, Madam President. It's been our experience in New Britain, where I represent, and it's been my experience in talking to other leaders in other

communities and reading about occurrences in many of the state newspapers that this concept of reducing certain areas and allowing some of the patients who are being treated inside institutions, to be treated outside in local communities have swelled a lot of our city streets with the type of personnel who need constant and regular attention. They've become homeless. They wound up in trouble. They wind up causing extra police work. There's social service breakdowns. They attend programs. They don't follow up. They wind up on other substitute programs for dollar assistance and they make a sham out of many of our urban cities.

To a large degree, we have the experience that demonstrates that these programs that we started off a few years back are nonfunctional, do not work. To a large degree, they degenerate our urban areas. They cause a lot of harm in those areas. There's a lot more police and social service activities that have to be paid for and supported and to the long degree, they injure the whole quality of life that make up our urban areas.

I think in the recent past, the monies that we spent in the Fairfield and Norwich area on these particular complexes, should be a continuum of

investing in programs that have been in place in utilizing the capital improved plans that we have, to improve in one area, bring a small limited amount of people there and then put these people into the community.

Under existing programs that do not work, we are fooling ourselves and the state. It's going to cost us more money, while on paper it looks like it works. Between social services, police, our city problems and court, we all know that it doesn't work.

I think that this particular approach to trying to take care of this group of residents within our state is a poor option and I won't be supporting it. Thank you.

THE CHAIR:

Senator Gaffey.

SEN. GAFFEY:

Thank you, Madam President. Madam President, in the last few days there's been a lot of talk about lotteries. I can tell you in this budget, the City of Middletown is the big loser in the lottery.

Middletown has more institutions, I dare say, than any other municipality in the State of Connecticut. With Connecticut Valley Hospital, Long Lane, Whiting Forensic Institute which houses the criminally insane,

people that have committed some of the most heinous murders in the State of Connecticut, Riverview Hospital for substance abuse patients, a seemingly endless line of halfway houses and group homes.

Middletown has been selected to be the municipality in the State of Connecticut for some reason, to have all these institutions dumped upon them. And I heard a lot about we don't want to invoke politics in the debate tonight, but I can't help looking at the other campuses in the State of Connecticut, Madam President, and Newtown and Norwich that we seek to close here, and looking at the political landscape of these towns in these areas that a political equation wasn't in play in this decision.

The City of Middletown has endured the effects of these facilities for years. We've had an erosion of our economic base. We've had good taxpaying citizens move out and we have had property damage and we have had the murder of a very young child on our Main Street.

And now, the City of Middletown is asked to take even more. And for the life of me, when I look at Fairfield Hills and Newtown, and I consider why a consolidation such as this isn't aimed down there instead of at Middletown, considering that their

capital base in those facilities, their infrastructure is a heck of a lot better than CVH is in Middletown.

I heard a lot about the capital investment is at Middletown and that's why we're doing this tonight, or this morning. Well, I submit to you, Madam President, that that was a lot of baloney.

In the last couple of years we spent \$18 million at Fairfield Hills and at Norwich. To do this, we're going to have to spend \$20 million to upgrade and renovate the CVH campus, which by my map brings a bond total cost with bond indebtedness to about \$80 million. And supposedly we're saving \$14 million in the first two years? From the financial perspective, from the fiscal perspective, I don't think this makes a lot of sense.

And I asked several times in the meetings that we had, is this being driven by someone's desire for the disposition of the other properties? Time and time again, the answer was no. But when I look at the language in this bill, how we want to appoint a special committee to insure the future uses of the properties to meet social, economic and environmental needs and concerns of the surrounding communities, the region as a whole, and the economic needs of the state, it seems to me that the disposition of these properties is a

very motivating factor.

And mark my words, mark my words, and not in the too distant future, you will probably see the disposition of the Fairfield Hills campus to the detriment of Middletown.

Section 6 of this bill allows the consolidation of these other two institutions into the Connecticut Valley Hospital in Middletown and exempts, exempts the state from competitive bidding? Exempts the state from having to go through an environmental impact statement. That is absolutely outrageous.

And I'd like to know, and I'll ask this to the proponent, through you, Madam Chairman, how one can reconcile that we want to insure that the environmental needs on line 54 and concerns of the surrounding communities at the other campuses are so vitally important, but the environmental needs of the City of Middletown don't matter worth a damn. Through you, Madam President.

THE CHAIR:

Before I recognize Senator Aniskovich, Senator Gaffey, I would remind you as I did earlier, of the decorum and the debate in this Chamber and the use of certain language. And members, I would only ask that you please respect that. Senator Aniskovich, would you

care to respond?

SEN. ANISKOVICH:

Thank you, Madam President. Through you, I would care to respond. Very specifically, with respect to the issue of why the environmental needs of Middletown are not important. While the language is not identical, the amendment on lines 99 through 101 very clearly states that the Connecticut Valley Hospital Advisory Council will advise the Commissioner of Mental Health and Addiction Services on policies concerning, but not limited to, building use, security, clients residing on the campus and the placement of clients discharged from the campuses into the adjacent community.

Clearly, that language was drafted at the request of members of the Middletown delegation who have been a part of the working groups both on the Appropriations Committee and subsequent to the work of the Appropriations Committee, with respect to the concerns that they have about the impact of an expansion of services at CVH.

Number two, I am somewhat surprised by the vociferousness with which we are deriding here the fast track language in Section 6 because I am sure, through you, Madam President, that the members of this circle

know that the Homer Babbidge Library at the University of Connecticut, all new prison construction in the State of Connecticut over the last six years and the Legislative Office Building in which we all work, were constructed pursuant to fast track language and without one incident of environmental or other concerns with respect to those issues.

In addition, fast track language does not exempt any project development from federal, EPA and other federal restrictions with respect to environmental or other concerns. This is not language which is unique, by any stretch of the imagination, with respect to development projects.

In addition, the CVH development will not be unlike those other projects, new construction involving the acquisition of land and the construction of buildings, but rather just the renovation and rehabilitation of existing facilities at the present Connecticut Valley Hospital campus. Madam President, through you, I hope that responds adequately to the questions raised by the proponent of the questions.

THE CHAIR:

Senator Gaffey.

SEN. GAFFEY:

Thank you, Senator. Let me just point out that

while the environmental policies of the federal government might apply here, that in many instances, as a matter of fact in most instances, the environmental regulations of the State of Connecticut are more stringent than those of the federal EPA and I think that the citizens of Middletown would feel a lot better off if the environmental regulations and standards that we adopt here in Connecticut were those that were applied in this instance rather than relying upon those adopted by the federal government.

Madam President, I'm not going to belabor the point. I would just add that I am strongly opposed to this amendment and I would hope that those of us who have had the opportunity of unwanted institutions or unwanted facilities in your back yard, I would oppose this, too. Thank you, Madam President.

THE CHAIR:

Thank you, Senator. Senator Ciotto.

SEN. CIOTTO:

Thank you, Madam President. Through you to Senator Aniskovich. Senator, can you tell me how many patients this new facility at Connecticut Valley Hospital will house once this merger is in effect completed.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, if we could stand at ease just for a moment while I confirm what I believe my suspicion is about that number.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Through you, once renovation and all rehabilitation work is completed, including the Whiting Forensic facility, around 800 beds.

THE CHAIR:

Senator Ciotto.

SEN. CIOTTO:

That's an increase from what, now? If I may again, through you, Madam President, to Senator Aniskovich.

SEN. ANISKOVICH:

Madam President, through you, the present number of beds at CVH is 370.

THE CHAIR:

Senator Ciotto.

SEN. CIOTTO:

Through you, again, Madam President. Senator Aniskovich, when you say 370 beds, does that mean there

are 370 patients presently housed in the Connecticut Valley Hospital exclusive of Whiting Forensic Institute?

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Madam President. No, through you, Connecticut Valley Hospital currently has 166 mental health patients, 96 substance abuse patients and 100 committees at the Whiting Forensic Institute.

THE CHAIR:

Senator Ciotto.

SEN. CIOTTO:

Oh, thank you. Through you, again, Madam President, we're going to increase this institution now from 300 or so to 800, an increase of 500, approximately, we're speaking, and I see in Section 9, the State of Connecticut in creating this new mental health agency has agreed to increase the pilot program from 20% to 40%.

I think that's very kind of the state in lieu of the fact they're dumping, and they are dumping, members of this Chamber. Middletown, if any of you have taken the time to walk through the north end of town, and it's a very sad state of affairs.

We talk of deinstitutionalizing of patients in mental hospitals. That's fine. Where do they go after they're deinstitutionalized? Most of these people don't have a home that they can return to, or if they do because their condition, it's sad to say, even the members of their family can't handle them or don't want them.

I submit to you people here this morning, not this evening, these people wind up on the streets. It's a sad commentary in one of the wealthiest states in the United States, the highest per capita income of any state in the United States. You walk through the north end of Middletown, you'll see what I'm talking about.

I, too, concur with Senator Gaffey. I oppose this amendment. I know that it will pass, but still, representing the small portion of Middletown that I do, this city will suffer the effects from this.

I would pose two more questions to Senator Aniskovich, through you, Madam President. Do you have the information available as to what plans are in store for the land that Norwich and the land that Fairfield Hills in Newtown?

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Madam President, through you, no, I do not have any personal knowledge.

THE CHAIR:

Senator Ciotto.

SEN. CIOTTO:

Does anybody in this circle have any personal knowledge? Through you, Madam President? Through the Appropriations Committee Chairman or Finance of anyone else in this area?

SEN. ANISKOVICH:

Madam President.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Madam President, through you, it is my understanding, and the Chairman of the Appropriations Committee can correct me if I'm wrong, that there's been no communication with any member, no communication with either myself or the Chairman of the Appropriations Committee with respect to the plans that the executive branch may have with respect to the sale of either the parcel located in eastern or western Connecticut.

THE CHAIR:

Senator Ciotto.

SEN. CIOTTO:

Thank you very much.

THE CHAIR:

Will you remark further on Senate "A"? Senator Peters.

SEN. PETERS:

Thank you, Madam President. Through you to Senator Aniskovich. Senator, in Section 1, on lines 25 and 26, the bill talks about a coordination of finding locations with the area for such services and in your remarks you talked about an accommodation of services, depending on the number of beds. Would you elaborate on that for me please.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Madam President, the current language of the amendment was, grew out of discussions at the working group at the subcommittee level with respect to the current private providers, particularly of substance abuse services in eastern and western Connecticut and the request that was made by substance abuse advocates that some presence of substance abuse services remain available within the region for individuals who come from that area given the travel problems associated

sometimes with moving to Middletown from other areas of the state.

So, while not being able at this time to make a commitment about the precise location and the nature of that presence, and in light of the fact that the transition from the eastern and western Connecticut facilities to CVH will be a transition over the two years of the biennium, this language authorizes and requires, and it's the intent of the Legislature, that the Department make available a presence of services in those areas.

THE CHAIR:

Senator Peters.

SEN. PETERS:

Thank you, Madam President. Through you, Senator Aniskovich, when you say you are a little vague as to what that sum presence would be, you would not be able to comment, then, on an intention in this process to an expansion of that presence.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Madam President. It is very clearly not the intent of this legislation to authorize or otherwise encourage the expansion of the present level and availability of

private substance abuse services or mental health services on those areas.

THE CHAIR:

Senator Peters.

SEN. PETERS:

Thank you, Madam President. So as I don't belabor this issue, I thank you, Senator Aniskovich.

I have just a brief comment to make. I am a board member of a substance abuse task force in the regional area and we just completed a study of our private providers and nonprofits and human services programs, that identifies that there has been an over 100% increase in our compulsive gamblers and that the numbers follow suit to the various related mental health needs with domestic violence, with substance abuse, with a number of issues that clearly require, and an increase by the way was indicated in the services of those particular providers for people from our region.

Twenty-five percent or more of the folks that use the facilities at Norwich come from New London. And I have every reason to believe with this report, the increase in the 25 plus thousand people that come through that region every day, a large portion of them from Connecticut and a large portion of them living in

my district, will have the needs of the services that are being stricken from my district.

I have some very serious concerns. Middletown says they don't want us. Well, guess what? We don't want to go there. We have some very, very significant needs that will go unattended and unaddressed by this proposal.

I know that my fellow colleagues have heard me listen on a number of occasions to my, when addressing issues reflect back on my nursing career. A number of those years were spent in psychiatric nursing and there is clearly a direct connection with the treatment and the going forward positive reaction to that treatment by mentally ill folks and substance abusers to the proximity of their family and friends.

Those 25% that I represent as a Senator, will not have the benefit of that advantage. I am terribly saddened by the lack or the gap in their treatment program because there is some unjustified in my opinion, excuse, that we are going to save the state monies and while I'm at it, we spent millions of dollars to just renovate Beneski Treatment Center on Norwich Hospital. The Bond Commission just last month agreed to release \$40,000 for further renovations at Beneski Treatment Center, so we are not in terms of

right hand and left hand, watching what we're doing around here, because this proposal has been floating around for several, several weeks.

I'd like to close by saying that there's been a great deal of attention, and justifiably so, in this amendment to input as to the best use of those properties and the displacement of those services.

I would like to close by sharing with Senator Aniskovich and the members of this circle, that some very fine people from state service, from community, from local government, from providers, have been meeting for two years to discuss the planned use of the Norwich State Hospital facility, and that report obviously has fallen on deaf ears. That also is a shameful thing. I'm opposing this amendment.

THE CHAIR:

Will you remark further on the amendment? Senator Prague.

SEN. PRAGUE:

Thank you, Madam President. First of all, I'd like to associate myself with the remarks of my colleague, Senator Peters.

Secondly, in the report that Senator Peters mentioned, there was a recommendation to keep Norwich Hospital open. People at the eastern end of

Connecticut are lacking in the services that this state needs to provide.

Recently, Uncas Hospital was closed. Now, with the proposed closing of Norwich Hospital, the need for substance abuse beds and the need for inpatient mental health services will not be met. I am strongly opposed to closing this facility. People who live in eastern Connecticut need to be recognized and their needs need to be recognized, and closing Norwich Hospital is certainly not going to meet those needs. Thank you.

THE CHAIR:

Thank you, Senator. Will you remark further?  
Senator Aniskovich. Senator Genuario.

SEN. GENUARIO:

I just very, very briefly, Madam President, to one, thank Senator Aniskovich for his work on this bill, a very complicated bill, the result of a lot of compromises and again we talk about the bipartisan approach that we've had. Senator Aniskovich worked hard on this bill with Representative Dillon from the House. There was also other, both Republican and Democratic representation on the Committee that put this bill together, but the leadership of Representative Dillon and Senator Aniskovich is what has brought it to us today.

I think this is a good bill. I think it is a needed change in the way that we do business in the State of Connecticut. It is a more efficient and a better way to provide the services that we need to provide. It is not without stress to some, and I grant you that and to the extent that we have been able, we have tried to accommodate in many ways the needs of the municipalities, the service providers and most importantly, the patient and client population that will be served.

Senator Aniskovich has worked to provide integrity to the substance abuse programs that will remain under the jurisdiction of the new department. I think it's an effective method of handling this. The savings that are associated with this are substantial, not only in this biennium, but in the out years they grow at even a greater rate, so that we are, I'm very pleased and thankful to Senator Aniskovich for the work that he's done in this, and would urge its adoption. Thank you, Madam President.

THE CHAIR:

Thank you, Senator. Will you remark further?  
Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, only

briefly to echo the remarks of Senator Genuario with respect to the help and assistance that Representative Pat Dillon provided with respect to the development of this bill as well as the other work that she did on the Health and Hospital Subcommittee of Appropriations.

I also want to take time out to thank Senator Gaffey and Senator Ciotto and the other members of the Middletown delegation who were very candid and forthright about their concerns. I can only hope that the extent to which this bill endeavors to try and assist in ameliorating some of the impacts which will obviously be associated with this move, will do some benefit in a very difficult situation.

I would also like to point out, however, that notwithstanding those adverse impacts that this is, I believe, a good public policy. Presently in the State of Connecticut, we have at three campuses, CVH, Fairfield Hills and Norwich Hospital, one quarter of the entire number of patients housed at CVH alone, only ten years ago.

The fact of the matter is, the public policy of the state and the United States has been the deinstitutionalization of those with mental health and substance abuse problems and that we are trying to limit the number of inpatient beds and provide

community care for people in a much more humane way.

And the fact of the matter is that this move, and it was a long time in coming and very consistent with that move to deinstitutionalize in a humane way. To the extent that there are increased services, we have endeavored to provide \$400,000 in this bill to address that issue. To the extent that there are crime problems we have specifically drafted and crafted provisions of this bill which would require the current criminal committees housed at the Whiting Forensic Institute to remain in that building, that the director of the Institute at the request of the Middletown delegation would be answerable to the Commissioner and solely responsible with respect to the Forensic population that exists at that hospital which has been a jewel in the United States with respect to forensic services.

We have, at every step of the way, tried to do what we could to mitigate the impacts that were brought to our attention and I want to again thank the members whose districts are affected for bringing those to our attention, apologize for the lack of their embracing these initiatives and just hope that they understand as we move forward, we built in implementation oversight committees and monthly reports to allow them to have

continuing input as this very difficult transition moves on.

And Madam President, only that this vote be taken, when it is taken, by roll call.

THE CHAIR:

Senator Bozek.

SEN. BOZEK:

Thank you, Madam President. For the second time, on this particular issue. Earlier I addressed the problems that the urban centers face, and as a closing remark, we've heard statements that said that placing these difficult to manage patients into the community is a more humane process.

Unfortunately, maybe somebody didn't hear what I said, maybe they don't watch television, they don't read some of the newspapers. I know they're not favorable toward politicians, but the programs we have in place to assist many of these people does not work.

For some, for a handful, it works. What we're doing here is, we're reacting to people who want to place many people who are in institutions, into our local communities. This particular program under the current design with the social service support that we think is in place, does not work.

In my town, and I know in many communities, we

have many, many, many people who have gone into doing social service and do good work. And that's the type of job they want to maintain, nonprofit organizations want to sustain, but they are not giving the quality and need and care to people who become lost or who are very streetwise. As a result, we get beat up in our communities. Our police are hurting at these, with these problems, our courts are being hurt by these problems. Difficulties occur in our areas that almost condemn businesses in small local towns where these people accumulate and in large cities where they aggregately come together.

We're hurting business. We're hurting the downtowns. We're making our streets ugly. The police can't manage it. The people don't like it. It affects our communities. And I want to tell you this much. It goes along with crime and crime was one of my major points in election, I'm sure it's yours.

The crime and this apparatus where these people appear in our community, affect the quality of life. And those people who have the wherewithal in our state to maintain jobs and move jobs, they raise families. And they don't want to raise their families in the environment that's occurring in the State of Connecticut. And these people are closer to our

cities. They may live in a suburb, but they're closer to the cities because that's where our employment is.

They don't like what's going on and they're leaving. And we're going to put more people on the street because we think it works. Well, I want to tell you something. It hasn't been working. It's not going to be working and later on you're going to say, gee, they told us it was going to work. Everybody says it's a good thing. You know it's not working and everybody's made up their mind how they're going to vote on this thing.

I'll tell you what. We are only hurting ourselves, hurting our cities and those people who have the wherewithal who raise their families in our state that don't like the quality of life that we've been feeding them, they're leaving and they're taking the jobs with them. Thank you very much.

THE CHAIR:

Thank you, Senator. Will you remark further? Will you remark further? If not, would the Clerk please announce a roll call vote. The machine will be open.

THE CLERK:

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

Senate

Friday, May 26, 1995 003628

Chamber.

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

THE CHAIR:

Have all members voted?

THE CLERK:

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

THE CHAIR:

If all members have voted, the machine will be locked. The Clerk please take a tally.

THE CLERK:

Total number voting, 36; necessary for passage, 19. Those voting "yea", 19; those voting "nay", 17.

THE CHAIR:

Amendment "A" is adopted. Senator Gaffey.

SEN. GAFFEY:

Thank you, Madam President. Madam President, would the Clerk please call LCO9001 and may I be allowed to summarize.

THE CLERK:

Senate Amendment Schedule "B", LCO9001 introduced

by Senator Gaffey and Senator Ciotto.

THE CHAIR:

Senator Gaffey, the amendment is in your possession.

SEN. GAFFEY:

Thank you, Madam President. Madam President, very simply, this amendment deletes Section 6 which exempts this consolidation project from competitive bidding, any environmental impact statement and I move adoption.

THE CHAIR:

The question is on adoption. Will you remark?

SEN. GAFFEY:

Thank you, Madam President. Madam President, again, I would just hope that any Senator who has had the unfortunate occurrence of having an institution or an unwanted facility be located within their towns or within their district, that you at least agree that it's good public policy to have those projects be subject to competitive bidding, to go to the most qualified bidder at the lowest cost, and that most importantly that it be subject to the environmental impact statement statute to assure that any impact or harm on the environment in the project area be accounted for. Thank you, Madam President.

Oh, Madam President, also, when the vote be taken,

I ask that it be taken by roll.

THE CHAIR:

A roll call will be ordered, Senator Gaffey. Will you remark further? Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, I respectfully disagree with this amendment and its purpose and urge the Chamber to reject the amendment.

As was stated previously, while there are some exemptions with respect to design, build and environmental laws contained in the fast track language, they do not exempt a project from the effect of environmental laws, namely that the project be constructed and be maintained in accordance with all environmental laws both state and federal. They merely waive certain impact statement and design and build requirements and this language is very necessary to the speedy and efficient and humane transition of human beings from one hospital to another.

THE CHAIR:

Will you remark further on Senate "B"? Will you remark? If not, would the Clerk please announce a roll call vote. The machine will be open.

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:

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

THE CLERK:

Total number voting, 36; necessary for passage, 19. Those voting "yea", 17; those voting "nay", 19.

THE CHAIR:

Senate "B" fails. Will you remark further on the bill as amended? Will you remark further on the bill as amended? If not, would the Clerk please announce a roll call vote. The machine will be open.

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:

If all members have voted, the machine will be locked. The Clerk please take a tally.

THE CLERK:

Total number voting, 36; necessary for passage, 19. Those voting "yea", 20; those voting "nay", 16.

THE CHAIR:

The bill as amended is passed. Senator Genuario.

SEN. GENUARIO:

Madam President, for a point of personal privilege.

THE CHAIR:

Please proceed.

SEN. GENUARIO:

Madam President, I just wanted to draw to the Chamber's attention something that I've never noticed before, and that is just how lovely it is when the morning sunlight glistens across that wall and kind of dances across these historic halls and gleams off the bannister, and I just thought that we should share that moment together. Thank you, Madam President.

(APPLAUSE)

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SEN. FLEMING:

Yes, Madam President.

At this time I would ask that the Clerk go to Senate Agenda 2, which has been adopted by the Senate and call SB1164, An Act Concerning the Expenditures of the Department of Mental Health.

THE CLERK:

SB1164, An Act Concerning Expenditures of the Department of Mental Health. May 26th, the Senate passed Senate A; June 5th, the House rejected Senate A and passed House A. House A has been distributed.

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Thank you, Madam President.

Madam President -- what happened?

THE CLERK:

House Amendment A was LCO5914.

SEN. ANISKOVICH:

House --

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, just for purposes of clarification, it's my understanding that House

Amendment A was LCO8135. I just want to be sure that when I move this in concurrence with the House, that we are actually moving the correct version.

THE CLERK:

You're correct. It's LCO8135, is House Amendment A.

THE CHAIR:

Can the Senate just stay at recess for just a moment, please?

(RECESS)

THE CHAIR:

We're back to order. Senator Aniskovich?

SEN. ANISKOVICH:

Madam President --

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

-- I move adoption of the bill -- I'm sorry. I move the Joint Committee's favorable recommendation and favorable report and adoption of the bill in concurrence with the House.

THE CHAIR:

Question is on passage of the bill in concurrence

with the House. Will you remark?

SEN. ANISKOVICH:

Thank you, Madam President.

Madam President, this bill would do several things, as the members of this circle are very well aware. It would merge Substance Abuse Services now in the Department of Public Health and Addiction Services with the Mental Health Services into a new agency, the Department of Mental Health and Addiction Services, with two divisions, Mental Health and Substance Abuse and two separate deputy commissioners.

It will, through the process of the deputy commissioner shifts and through other structural techniques maintain the identity and integrity of the substance abuse services, the Whiting Forensic Institute and Mental Health Services.

Madam President, this bill will also consolidate the current three campuses at Norwich, Fairfield Hills and CVH into one campus at Connecticut Valley Hospital.

Madam President, this will would include safeguards with respect to the implementation of the closure of state hospitals as well as the consolidation of those facilities at the Connecticut Valley Hospital. It would also establish implementation oversight committees with respect to the future use of those

campuses.

Madam President, this bill would further create a Department of Public Health with an Office of Health Care Access merged into that department for administrative purposes only. That depart -- that Office of Health Care Access would serve the current functions of the hospital's commission that currently administers the functions related to the uncompensated care pool.

Madam President, this bill would create a Waiver Development Council to advise the Department of Social Services which respect to the Section 11-15 waiver development, as well as create a Medicaid waiver unit within the Department of Social Services.

Madam President, this bill would double the pilot percentage currently payable to Middletown for properties belonging to the Connecticut Valley Hospital from 20 percent to 40 percent, which will result in a current year increase of \$400,000 to a total of \$800,000 in pilot monies to the City of Middletown.

Madam President, this bill also finally includes language concerning the distribution of funds to the private provider accounts, including unionized providers with contracts with 1199, with respect to which there is over \$20 million currently in the budget

that we adopted and the Governor signed last week.

Madam President, this bill would create savings in the area of 2.3 million in the first year of the fiscal year; 8.4 million in the second year of the fiscal year and have estimated savings of approximately \$14.7 million in the first out year, in the third year, that is.

Madam President, this bill underwent some significant discussions from the time it was last here. I would like to point out for the benefit of the members those areas very briefly which changed from the current draft.

Madam President, this bill would require the availability of state operated in-patient facilities for persons with substance abuse disabilities in the areas formerly served by Norwich Hospital and Fairfield Hills.

In addition, although while retaining the fast track language with respect to the renovation and rehabilitation and future demolition work at the Connecticut Valley Hospital, it would require the environmental impact statement to be complied with with respect to the project.

In addition, Madam President, this bill would set a time line for completion of the waiver, the 11-15a

waiver of May 1st, 1996. It would also expand those areas where the current Medicaid Managed Care Council and the Waiver Advisory Council could make recommendations to the newly created Medicaid Waiver Unit, which is also a new provision with respect to the last time this bill was here, into which the -- those advisory councils could adopt recommendations and advise DSS with respect to the direction and the specific provisions of a Medicaid waiver.

Madam President, this bill would also delete from this draft the powers of the Commissioner specifically to close, consolidate and rename facilities generally in the State of Connecticut. And, in addition, it would make several changes to the Medicaid Managed Care Council including allowing this entity, which has been operating now for two years to choose a Chair from its members and would also provide staffing through the Legislative Committee on Public Health, with respect to staffing and assisting that Chairman.

Finally, Madam President, this bill would expand those areas of recommendations that the Medicaid Managed Care Council could recommend with respect to which under the waiver issue as I previously described.

Madam President, this bill is the result of a lot of bi-partisan and very difficult work which, of

course, does not yet and I don't think ever will please everyone in the circle. Thankfully, we don't need everyone in the circle to vote for it in order to make it the public policy of the State of Connecticut.

Madam President, I urge its adoption.

THE CHAIR:

Thank you, Senator Aniskovich.

Will you remark further? Senator Sullivan?

SEN. SULLIVAN:

Thank you very much, Madam President.

And thank you, Senator Aniskovich, for that very lengthy and detailed rendition of the amended bill, which in terms of identity and integrity, really didn't do a justice to several sections of the bill, more particularly those setting forth what I'm sure are the very high qualifications for the Commissioners who will be appointed to head up the new agencies and recreated agencies under the bill.

If I may, through you, Madam President, to Senator Aniskovich, with particular reference to Section 22 of the bill. Would you be able to describe for me the qualifications which the amended statute sets forth for the Commissioner of Public Health, as compared to the current qualifications required of the position of Commissioner of Public Health and Addiction Services or

the prior Commissioner of Health Services in the State of Connecticut?

THE CHAIR:

Senator Aniskovich?

SEN. SULLIVAN:

Compare and contrast.

SEN. ANISKOVICH:

Madam President, through you.

I think generally speaking, the principal difference is that under current law the Commissioner of Public Health must have a masters degree in public health. This bill expands that requirement to include a masters degree in a field pertaining to public administration, public policy or public health, as well as include a minimum of 10 years management experience in the field of public health.

THE CHAIR:

Senator Sullivan?

SEN. SULLIVAN:

Thank you, Madam President.

Does it expand the requirement as to a masters in public health or accept something in the alternative to a master in public -- masters in public health?

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, I think, through you, that what this is allow a masters degree in a field pertaining to public health, in addition to a masters degree in public health.

And through you, Madam President, how one wishes to characterize that, whether that be as an expansion of the current language or an alternative qualification, I think is up to the reader.

THE CHAIR:

Senator Sullivan?

SEN. SULLIVAN:

This is not a case where beauty is in the eye of the reader. I suspect it is in the words of the statute.

Let me ask the question a little differently. At this point in time having surveyed, I'm sure, all of the Commissionerships of the 50 states and looked at the lengthy history of professional qualifications for the Commissionership in the State of Connecticut, would Senator Aniskovich be able to share with us the analytical basis for this redefinition of the qualifications of the Commissionership?

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Thank you, Madam President.

Madam President, through you to the proponent of the -- or to the proposer of the question.

Number one, it has come to the attention of the subcommittee and the Committee on Appropriations that there was a time in this country that there was no such thing as a masters degree in public health. And at that time individuals who chose to pursue an interest in public health received a masters degree and some of them got a masters degree with a concentration in public health, which meant they took several courses in the area of public health.

And we thought that as a matter of public policy, to disqualify those people who went to school at a time when there was no such thing as a masters degree in public health and who subsequently acquired experience in what some people call the school of hard knocks, in that area, that those people should not be disqualified from serving as the Commissioner of this agency.

Number two, I think that the changes in this document reflect the overall restructuring, both administratively and substantively of the Department of Public Health and reflects its different status under the aegis of a single Department of Public Health,

rather than now as we have it combined with the substance abuse functions under the current Department of Public Health and Addiction Services.

THE CHAIR:

Senator Sullivan.

SEN. SULLIVAN:

Thank you, Madam President.

Through you, to Senator Aniskovich. Acknowledging that we are not seeking to fill the position of Commissioner of Hard Knocks, but the Commissioner of Public Health, is it true that there are no individuals in the United States who would meet the qualifications which currently apply to the Office of Commissioner of Public Health and Addiction Services?

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, if I understand the question correctly, it is -- is it true that there is no person in the United States who would qualify under the current law? I have no basis for answering that question either in the affirmative or the negative.

THE CHAIR:

Senator Sullivan?

SEN. SULLIVAN:

Thank you, Senator Aniskovich.

I suspect that a careful search would more than readily reveal in the 50 states, if not in our own state, a relative wealth of candidates who would meet the high level of -- the high standard, if you will, and the high level of qualification that we have set for this office.

I will not speculate, because this is not a chamber in which we speculate on why one might wish to change at this point in time the qualifications for the Commissionership, only to say that it has seemed to serve the State of Connecticut well, to insist upon that strong professional background in the area of health and health policy. And may not serve the State of Connecticut quite as well to lower our standards at this time.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Harp?

SEN. HARP:

Madam President, to follow up on the same line of thinking, I find it ironic that we require a medical doctor, an M.D., in order to be considered for this position to have a graduate degree or certificate in

Public Health. And, yet, we require less of a person with a masters degree pertaining to public administration, public policy or public health and 10 years public health experience.

I find that to be extraordinarily ironic. It would seem to me that if we were going to reduce the qualifications that we would do it across the board and not have a higher level of qualifications for a medical doctor.

As well, through you, is it not true that for local directors of health that there is a requirement for a masters degree in public health and that we would be asking the Commissioner of Public Health, should that person have a degree pertaining to and experience, to have less qualifications in a way that one would generally see that then someone that we would ask to be a director of -- a local director of public health.

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, through you.

Let me answer the question first. It is true, it is my understanding that right now in order to be a local health director, one has to have a masters degree in public health.

However, it's very clear that the responsibilities of a local director of public health and the Commissioner of the Department of Public Health are very different.

And the appropriate question is with respect to both treatment and clinical and other issues versus the administrative issues that the Commissioner will be called upon to discharge, as opposed to the actual clinical issues and other responsibilities that fall under the purview of a local health director, whether or not this change is worthwhile and responsible as a matter of public policy.

Let me also point out for clarity purposes, that the current law permits one of two categories of people to be the Commissioner of the Department of Public Health. Number one, a physician with a whole laundry list of qualifications or, two, an individual, any individual, who holds a masters degree in public health.

And in that regard one has to weigh that solitary qualification against the particular expansion that is proposed under this bill.

And so I don't think it's fair to compare what we are doing in this bill to the very detailed and technical description of one category of people who

were formerly eligible to be the Commissioner of Public Health under the present law.

SEN. HARP:

Madam President --

THE CHAIR:

Senator Harp?

SEN. HARP:

-- I'm not totally convinced by that argument. I think that at the higher level, at the macrocosmic level, that we should adhere to the same high standards that we have at the local level.

And that as I understand the policy change, that this Department is going through, it's going to be more responsible for looking at epidemiological kinds of information and its impact upon the state, it would seem to me that the person who is in charge of doing that and helping to set policy, would have the highest -- we would have the highest qualifications.

And I think this is a real problem with this bill, although I will not vote against it because of it.

THE CHAIR:

Thank you, Senator Harp. Senator Gaffey?

SEN. GAFFEY:

Thank you, Madam President.

Just to be consistent on this matter. The -- I

will rise to oppose this amendment and this bill, although I will note we've made some progress. We are not debating this a 5:00 a.m., at least.

And, secondly, I'm glad that the General Assembly has reconciled unto itself that the environment in Middletown is just as important as the environment in the towns where property is going to be disposed of, former -- the former campuses at the other institutions.

And although I rise as do the other Middletown legislators in vehement opposition to this, I understand that the past will, in all likelihood, be prologue when it comes to this vote.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Ciotto?

SEN. CIOTTO:

Thank you, Madam President.

I also rise in opposition to this amendment. I know what the count is. I know where the numbers are, but I still feel I have to get my point across.

Middletown, once again, will become the dumping grounds for people that have mental illnesses. It's not fair to the people in that town, it's not fair to

the families of these people that have patients in Norwich and in Fairfield Hills.

This is being done primarily, I guess, for monetary purposes. These two hospitals evidently have a big real estate price tag put on them and somebody's very anxious to obtain this land for whatever purposes best known to them.

Without being repetitious, I just would say I oppose this amendment. Thank you very much.

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Prague?

SEN. PRAGUE:

Thank you, Madam President.

Through you to Senator Aniskovich, please?

Senator Aniskovich, between lines 28 and lines -- and line 32, there is mention of in-patient services for persons with substance abuse disabilities in the geographic areas formerly served by Fairfield Hills Hospital and Norwich Hospital.

I do not see anywhere language that refers to in-patient beds for mental health. And I'm wondering if there -- if I'm missing something or if there just no beds being provided for the treatment of mental illness?

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Thank you, Madam President.

Madam President, the origin of that language came out of discussions prompted by the substance abuse community which was specifically concerned about the need for in-patient facilities in the geographical areas where Norwich and Fairfield Hills are presently located.

There was never any formal request, although there was a period of time when facilities that treat people with psychiatric disabilities was considered as a possible addition to this language.

However, for many reasons related to whether or not advocates were actually going to come and advocate for it aggressively and the fact that under current law, the Commissioner has the ability, unlike in the area of substance abuse, to transfer persons with psychiatric disabilities to various institutions throughout the state. The decision was reached not to include in the requirement of this language that there be in-patient facilities provided for in those areas.

That is not to suggest that to the extent necessary in-patient facilities for persons with

psychiatric disabilities might not be located in those geographical areas to the extent necessary.

The omission here only means that the Commissioner will not be provided to make available state operated in-patient facilities for persons with psychiatric disabilities.

THE CHAIR:

Senator Prague?

SEN. PRAGUE:

Thank you. Through you again, Madam President.

I'm very happy that there will be in-patient services for persons with substance abuse. It's my hope that Vanesky Treatment Center will stay intact and that the Kettle Building at Norwich State Hospital will be maintained for Vanesky Substance Abuse Treatment Center and perhaps for persons who need in-patient treatment for a mental illness.

I think it is very devastating to the area not to have facilities to treat the people who are in need of treatment for mental illness.

And through you, Madam President, to Senator Aniskovich, I -- the closing of all the buildings at Norwich State Hospital is something I cannot support. I'm hoping that the Kettle Building will be maintained and that the in-patient services for people with mental

illness will be maintained as well as Vanesky.

Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further?

SEN. ANISKOVICH:

Madam --

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, through you on the issue of the -  
- on the issue of the Kettle Building, because that was  
the subject of much discussion over the previous weeks.

Although the bill does not require that the Kettle  
Building remain open, I think members of the circle  
should be aware that there are ongoing discussions  
about the advisability of actually closing a building  
into which many millions of dollars, capital dollars  
have been invested over time.

There is very clearly an intention on the part of  
the Department to pursue that as one place where we  
could make available services for persons with  
psychiatric disabilities.

Let me underscore, however, the fact that the  
point of consolidating campuses and closing hospitals

is not to hurt people or deprive people of services in their communities, but to start the process of moving the state out of the business of making long-term capital commitments which drain the state of appropriations that could be better used providing services to people.

And to the extent that those services can be contracted for or -- in terms of the capital obligation and the real property that's necessary in order to provide those services in the community, that's a much more sound fiscal alternative and we need to allow the state to pursue the soundest fiscal means by which to make services available to people, whether that happens to be in their communities or whether that happens to be the consolidated campus in the central portion of our state in the City of Middletown.

SEN. PRAGUE:

I just --

THE CHAIR:

Senator Prague?

SEN. PRAGUE:

Just one more comment, Madam President.

Through you, again, to Senator Aniskovich.

Senator Aniskovich, I want to thank you for your answers, but I do have one more question and that is

the fac -- I guess there was about \$14 million spent at Norwich State Hospital to make improvements and now it's going to cost about \$20 million at Connecticut Valley to make the improvements needed to accommodate these patients.

Somehow or other, Senator Aniskovich, even me, who has trouble balancing a checkbook, can't figure out the fiscal advantage of that process.

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, through you.

I think a couple things need to be said. Number one, notwithstanding the capital dollars that have already been invested into the Kettle Building, there are costs associated, both capital and operating, with respect to continuing the operation of the Kettle Building. And those dollars have to be taken into consideration and measured against the cost associated with serving the present patients at Kettle in a consolidated campus.

And I think that the fiscal considerations will include a consideration of those continuing capital obligations as we move forward and whether or not we would be better served from a fiscal standpoint

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providing those services at CVH.

Secondly, I think very clearly the state will consider just those considerations, those fiscal considerations when it makes a determination whether to and to what extent it shall consolidate all in-patient services for persons with psychiatric disability at CVH.

I think that the key here is remember that we need to permit the state to move ahead with the joint purposes of servicing people and providing for the needs of people with psychiatric and substance abuse disabilities and achieving the long-term fiscal goals of the state to provide -- to continue to provide without breaking the fiscal back of the state of those services where there and when they're not determined.

THE CHAIR:

Senator Prague?

SEN. PRAGUE:

Thank you, Madam President.

You know, I know it's very late and everybody wants to get out of here.

I want to thank Senator Aniskovich for his time. But I just want to say for the record that besides the Kettle Building, there was an opportunity to use the Long Building for special education programs for the

region, which would have saved the region several -- several hundreds of thousands of dollars in implementing these special education programs that would have serviced special education needs children.

So there's a lot to this issue that I hope will be considered in this process of looking at the Norwich State Hospital campus.

I'm asking that you keep those things in mind in the deliberations.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Peters?

SEN. PETERS:

Thank you, Madam President.

I rise to align myself with the comments of Senator Prague and to Senator Aniskovich, commend you on a good portion of this proposal. There's a lot of creative hard work gone into this that I can support.

I would like to on the record though, state my concerns as I did during the budget discussions with respect to the mental service -- mental health services and the substance abuse services.

There was a concern that I expressed during those discussions about the continuation or expansion of

substance abuse services in Norwich area.

And through you, Madam President to Senator Aniskovich. Senator, on -- in those discussions going forward about the services in the areas that are discussed in this bill, do you know if they will be discussing service versus need?

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, it would be my belief and I believe as a matter of legislative intent we might here establish that the department in consideration of its authority and the requirement that it make available, both state operated in-patient facilities, as well as accommodating the present private providers of services in the areas formerly served by these two campuses, that it consider both the fiscalness, the requirements of the State of Connecticut, but also the need for community based services.

And I might point out that through the very hard work of Representative Pat Dillon, especially almost single-handedly, the recognition for the need for community-based services while consolidating campuses was brought to the attention of many members of the subcommittee and explains a good deal of the language

h t appears in Section 1 of h b ll.

THE CHAIR:

Senator Peters?

SEN. PETERS:

Thank you, Madam President.

My understanding and I have heard this as well prior to this discussion, Senator Aniskovich, that there would be a -- at least probability in those discussions of revisiting the Kettle Building and the Vanesky Treatment Center as it -- as part of those services may exist within the Kettle Building.

How does that -- I don't know if you can answer this, but it's truly an important question for me. How does that fit into what had been reported earlier in this session, how does that fit in with the comment that this -- the state is not in the real estate business?

THE CHAIR:

Senator Aniskovich?

SEN. ANISKOVICH:

Madam President, through you.

If I understand the question correctly, the question is how does the stated desire to revisit or to continue to consider the issue keeping Kettle open, square with the comment that might have been heard

through these Chambers that the state should get out of the real estate business.

I think it squares for precisely the reasons or on precisely the basis that I described earlier. The state has to begin to make a determination of where it is cost efficient to maintain the long-term capital obligations that run with both state operated facilities and non-state operated facilities.

It also must consider and balance against the fiscal requirements of the state, the need for community-based services and consider with respect to need also, the realities of a state where you can move from one end to the other in about an hour and whether or not community-based services are, at some level, are essential and at other levels, perhaps less than essential and those difficult administrative decisions about how to structure an array of services, both with respect to levels and locations are going to require very lengthy and very careful discussion and consideration.

And it's that recognition that led us to put in place implementation oversight committees and advisory councils that will allow people in the Norwich and Fairfield Hills and Middletown area to participate in those resolutions, if you will, and those balancings

that are going to have to occur.

THE CHAIR:

Senator Peters?

SEN. PETERS:

Thank you. I don't want to belabor this, just to pick up on a comment that Senator Aniskovich and others have made about moving about the state in an hour.

I think in some respects that's fine for us in the legislature, we're expected to be here. It's very difficult when we have family and loved ones that are in a treatment program and we're holding down jobs and we're trying to run families and, in fact, have to extend ourselves that extra time to be a participant in that treatment program for those individuals. An hour up and back can mean a great deal.

I would just like to reiterate that out of concern for the 25 percent of my -- of the clients in those particular programs that come from New London, I have some grave concerns about this. But I would also like to express my gratitude for the opportunity to go forward and the added time to look at this.

And I would welcome any input in future deliberations over this. Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Gunther?

SEN. GUNTHER:

Madam President, I rise with real mixed emotions. The reason I say that, I can understand the closing of Fairfield Hills and Norwich and I know we have some problems possibly in there in getting that program off the line -- off the ground. But I'm sure that there are problems there that we're going to take care of and it ultimately is going to be the best thing for the State of Connecticut.

What bothers me is the Health Department itself. I think there should have been more input in this, if any input, from the people that were involved in the Public Health Committee and I'll say both parties had damn little involvement in developing this program.

I think had we been able to be involved in this, I think that the whole presentation here might have been a heck of a lot different than what it is right now.

I consider this almost another one of those band-aids that I've been up here seeing year after year after year. And it could have been a damn good program, with all the things taken care of that should have been.

Incidentally, I'd like to defend the idea that we should have a administrator run the Health Department.

I go back to 1946 when I was on my state examining board, when we had Stanley Osborne, an M.D., when they first brought him in there, a practicing doctor, who incidently got himself into trouble because he was practicing medicine at the same time trying to be the Health Director.

Following him we had Franklin Foote and his great claim to fame was he worked for the Society for the Prevention of Blindness. Now, he was an administrator, but he wasn't much of a doctor.

Then we had Doug Lloyd come in in 19, I think '71, '72. I interviewed him. What credentials did he have? He had the academic credentials, but he just graduated from med school, didn't even have a license in the State of Connecticut. Had to hustle him through and get him a license and, frankly, I think if you'd look at his credentials, you'd find out that the actual terminology in our law, he didn't qualify for that. And I think we had a bit of a disaster with him.

Then I remember Governor O'Neill, remember I tried to take and get rid of the M.D. in the law. And I was successful with his help and the administration at that time. So we took M.D. off and we got into this business of the masters.

That time we got Dr. Adams, a dentist, who had the

masters. And, incidently, I think he was the best damn medical director we had in the State of Connecticut. I think he did a yeoman's job over there. He was a good administrator.

Then what did we do? We had a new administration come in and we had Susan Addis come, whose great claim to fame was she was the head of a Valley Health Department and I think we had a disaster for the past four years. And I could go into incidents in that, that I could prove the point.

I think that the qualifications today in this day and age and, in fact, over all these years we needed a damn good administrator in there, not a doctor, we didn't need anybody with a professional background. What we needed was people that could put people together and get a job done.

I'm not pleased that we don't have more providers in the various departments, because I think we have too many bureaucrats over there running the whole damn thing and we do need good administration.

So I'll defend that side of it.

On the other hand, when I look at this bill that we have before us on the Health Department and we now call it the Office of Health Care Access, boy, some of us have been sittin' here for 20 years we had hospital

cost commission. And, boy, if that wasn't a disaster, I don't know what was. You want to talk about spending money. Millions over the 20 years we've had that cost the people of the State of Connecticut and got nothing in health services.

In fact, I wonder how much money we could have saved had we not had 'em like other states and let the hospitals and that be competitive. We wouldn't have the problems today in my book of uncompensated care or anything else. Because that, I think, would have been taken care of by the competition between hospitals.

And I think a lot of people in retrospect say the same darn thing here.

We then last year put in OCA. Well, got a high price bureaucrat there for 90,000 a year and making more than the Governor. And an assistant making in the 80,000's. Went out and hired Pete Marwick for \$633,000 as a consultant to take and work up a program.

At the same time, incidently, we had Pete Lewin with another committee doing a study, 170,000. We had our own program review and investigations doing a study at the same time with all of those.

And what do we have to show for it? We now have them coming in here and all I can tell you, all I can smell is a building in of all the bureaucrats and all

the technocrats that are in there, when I would have preferred to see something of real reform in health care which should have started back three years ago.

Where is our data system? They didn't even start to get off the ground until January of this year, February -- and I'm talking getting off the ground, one of the basic things. Now we're talking about getting 'em on line.

All I can tell you, Madam President, to sort of put the frosting on the cake for me, in one section of it here and 1491, it allows the Commission of Health Care Access, may implement policies and procedures consistent with the provisions of Section 34 through 47 inclusively of this act while in the process -- while in the process of adopting the policies or procedures in regulation form.

Now what that means in essence is this -- our new office here, he doesn't have to take and conform to Chapter 54. He can start doing his policies right now.

And incidently, Madam President, under Chapter 54, we have the provisions for emergency regulations. This Department could have, if you left 'em under 54, they could have been taking and implementing through emergency process, regulations that they might have needed.

They're going to have that waived now. Doesn't say that they waive it for a couple of months or 60 days or 120 days or whatever it might be. They might damn well take their sweet time on promulgating regulations and we've had enough problems with the hospital cost commission.

All through the years they've been in there, probably the biggest headache we had was them promulgating regulations and trying to take and put regulations through that they couldn't get statutory changes in the legislature itself.

Now, if we're going to go back to that, because I see those -- those cows roaming around in that pasture over there that we've had for the past 20 years. Nothing says we're going to get rid of 'em. They're being built in, in fact, they've been building themselves in for the past year or two, including our new OCA.

So all I can say, is I think you got a good start here and I don't know where we're going to finish. But I wish that I had the confidence that we have somebody in there that would clean house. I know that the -- it says we're going to lose 16 employees over there. Well, boy I can tell you, I could have taken nine of 'em and save you half a million dollars and we could

have done that before we even got started on this bill.

And those are the people that are involved in hospital cost commission and in the OCA and all the spending that they did to take and come up with some of these proposals.

I'm not happy with this bill. I know it's two days before the end of the session. I wanted to put an amendment on this to at least tie 'em into the regulation review where we as a legislator and as a policy maker could have some control over this group. But it's too late.

You know damn right well it's going down the drain. We can't do without some change. So I suppose we're all stuck with it. And I'm not happy that we are, because I think this could have been a hell of a lot better had some of the people that have been involved in the health care in this state over many years, could have contributed a lot to this, but instead we have this document, an amendment that was plopped on the deck yesterday down there, it's been drifting around here.

And another bandaid in my book, Madam President, 'cause three years ago there was a proposal up here, let's get some reform in. They've piecemealed some of that out now. It's already been brought in on the

deck. Not implemented, but brought in on the deck. Consolidating different departments, having all health care under one group.

But let's not have bureaucrats doing it. Let's do it on a quasipublic corporation, like was proposed. We wanted a data base; it would have taken three years to get the data base on line. With that proposal we haven't got it on line now. And that was the base that we needed to work on real health care reform in this state.

I can go through every part of that and they've dribbled some of this thing through and it still hasn't been taken and brought up to par in my book.

Now, this bandaid, guess we'll have to take and gulp a little bit and grab that little rat and do a little swallowing. But it looks like this is all we're gonna get. But by God, we ought to keep our eyes on it and I'd like to give 'em notice to watch every damn move they make.

And let's see how much of a efficiency we get in that department and at that point, we'll have another year to come back here and possibly get some more reform in it and ultimately we might get something done about uncompensated care, tort reform and malpractice. I haven't even seen that talked about.

The efficiencies that we could have been implementing with a total program, instead another bandaid.

So reluctantly, I'll put my stamp of approval on it, 'cause there are some good things in there, but I wish that we'd had the input that we could have had in getting a real reform bill into the State of Connecticut.

THE CHAIR:

Thank you, Senator.

I would just take this opportunity to once again remind members that I appreciate the passion and the frustration of members at this late date. But I'd also remind members of the decorum of the Chamber and the language that is proper and not proper before this Chamber.

SEN. GUNTHER:

Madam President --

THE CHAIR:

Senator Gunther?

SEN. GUNTHER:

-- I don't know what the -- what is improper about coming up here and putting it on the deck of what's been going on here.

Now if you want to identify for me, because I'm

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ignorant right at this point --

THE CHAIR:

Senator Gunther --

SEN. GUNTHER:

-- of what I did to violate --

THE CHAIR:

-- I'd be glad to --

SEN. GUNTHER:

-- the decorum of this circle.

THE CHAIR:

The only thing is the use of indecent language and other members have been called, Senator Gunther, for use of words like damn and hell and we bring the same motion to you and other members. It's only for a reminder for other members just to be careful in their language.

SEN. GUNTHER:

Madam President, I'll look to the east and ask for forgiveness.

THE CHAIR:

Will you remark further? Senator Bozek?

SEN. BOZEK:

Thank you, Madam President.

On this issue where we're combining these health facilities, all of us in the circle here for some time

have witnessed in the recent few years the combination of programs to place people who have mental or physical disabilities in our community and outside of the institutions that were earlier designed.

We've designed these institutions when we develop great difficulty and they needed -- they needed improvement, they needed capital investment. We decided that in some cases we cut out the capital investment, we come up with some social programs and we farm the people out under the guise of doing good projects to our communities.

In all our communities around the state, and especially in our cities, we have these people who lament and lethargically hang around our communities, who we have to walk by at different times, who are intimidating to our residents.

And for many of these people, they are lost and they're lost souls. We're consolidating mental health facilities at this time. At the same time we're going to feather people away and farm them away, at a time today when we all know that we're having greater difficulties with psychological problems that many people have in our country, in our state. I'll keep it in Connecticut.

Consolidation and puttin' people on the street

hasn't worked and we haven't seen any studies to demonstrate or to substantiate the need for this particular program to make people who actually then have family travel from one region or another, further to another region.

We've covered a lot of area on this discussion. I know in many ways these issues are made up in other people's mind, other state Senator's minds. But I feel that for some time I have an opposition to this. And I haven't been convinced to vote for this item, because there isn't enough data that says this is gonna be a better program.

To a large degree, to some degree, there's some facilities that have been capitally improved. And yet, we're moving away from those areas. Rather than establishing a program, a limited program that still would remain in those areas and attempt to take care of the goal that we have in combining them in another area; a longer-term program, something like our succession tax.

It's such a good idea, it's a great idea. But we're not going to do it for two years. We have to have it. But we're not going to do it for two years and then we're going to phase it in.

I mean, this isn't a parallel, but if this is

necessary and it deals with human beings and services, it would have been better to fashion a plan and conceive of trying to take care of different categories of groups of people who have similar difficulties and fashion some plan that's a success and look where the plan -- the hopes that we had before have turned up deficient and try some remedial recourse for those people or to take care of the problem that we overlooked on past mistakes.

So I'm not satisfied that this particular program is going to be set off from the dock or sail with any -- any good solutions. There's good ideas, they're economic, they're financial. We're gonna wind up with more difficult people in our streets and we're gonna have many people at some of these institutions who are going to have fewer visitors because of the length and distance that these people have to travel.

And I'd like to also point out near closing here, is that by combining facilities to -- from few small ones or medium size to large facilities, we all know, is not a solution. Largeness and bigness is not always better.

We have incremental demands and special types of equipment, larger equipment, special resources in case they fail, because we need back-up systems. All of

these things require larger items.

So, just making something -- putting people in one area, consolidating and thinking that we're going to fix these things up and they're gonna be cheaper in the long run, is not true and it requires a lot of administrative services on hand.

So I can't see or -- and I haven't been convinced that this argument has been sold positively in our state and I'm suspect that this whole idea where people need mental support services today, is going to be -- is going to be further exacerbating our communities with these social programs that we have in place and difficulties for parents and relatives who want to get help for their family or loved ones and they're not gonna to -- they're not gonna to receive it or it's gonna to be a greater distance and longer time for them to help their family members. And probably determine from actually receiving some of the benefits.

So at this time -- so far, even though the discussion has been long, I'm not convinced that this program is a positive program or going in the right direction for the State of Connecticut. Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Genuario?

SEN. GENUARIO:

Thank you, Madam President.

Yes, I would remark and at the outset, I would just like to publicly thank Senator Aniskovich, who has -- to say he has shepherded this bill through the process is probably the understatement of the session.

He has been on top of this bill from day one. It has involved very complicated negotiations and among the most complicated substantive areas that we deal with. And every time he thought that the matter was put to bed, another issue arose and rather than throw up his arms in despair, he stayed on top of it, worked out the issue that he was newly confronted with and the result is that we have, what I consider to be, an excellent bill that represents good state policy before us today.

The bill, I believe, moves the state in the proper direction from a number of points of view. First from the point of view of bureaucratic administration efficiencies. It consolidates two departments and will allow for the delivery of services in a more efficient fashion, at the same time taking care to protect the programmatic integrity of the different service delivery systems that are included within the newly formed department.

Secondly, with regard to the -- with regard to the mergers of the facilities that is contemplated by this bill, I think it moves the state structurally in the direction that it has been headed in a long period of time. I think it recognizes that the size and scope of the facilities that have been developed historically in Connecticut are no longer consistent with the needs of the mental health delivery system in the State of Connecticut.

The fact of the matter is that we do not institutionalize large numbers of people for long periods of time in the State of Connecticut. And to have and to maintain three large independent institutions which is inconsistent with what current thinking is, in terms of how we best deliver services, is not only inappropriate from a service delivery point of view, but a tremendous waste of assets, tremendously inefficient and tremendously expensive.

It makes no sense to do that when most of us, if not all of us acknowledge that most of our mental health service delivery system should be community-based. And, in fact, that is the direction that we have headed in recent years.

The bill seeks to accommodate in many fashions and in many ways, though, I would admit that if I were a

Middletown legislator, I would be looking at this with a very careful eye. But I think the bill does everything reasonable to accommodate the needs and concerns of the local community -- local communities involved.

The bill certainly represents a compromise on the OCA issue. Some of us might have done things a little bit differently. But none of us are dictators. And the reality of the world is that in areas where different legislators on both sides of the aisles have different views as to how health care ought to be managed in the future. You can't necessarily accomplish the goals you seek to accomplish by insisting on having everything one way.

So there are some compromises in this bill in that regard.

But all in all, this is a very important piece of legislation which has savings and which savings are incorporated in the biennial budget for '96 and '97 and which savings will continue and will increase in the out years.

There is no question in my mind that this bill is an important bill for the State of Connecticut, that it is absolutely necessary if we're going to continue to balance our budgets and it is an area that we need to

and finally are getting a grip on in terms of long-term planning, allocation of resources and proper administration.

So I just want to urge the Chamber's support and again, thank Senator Aniskovich for his tireless efforts in this matter.

THE CHAIR:

Thank you, Senator Genuario.

Will you remark further? Senator Aniskovich?

SEN. ANISKOVICH:

Thank you, Madam President.

Madam President, only to echo the remarks of Senator Genuario and to point out several comments that I think need to be made in light of the comments that were made earlier this evening.

First of all, Madam President, this bill with respect to the qualifications of the Commissioner of Public Health does not, in my opinion, do any damage at all whatsoever to the position of that Commissionership. Namely it recognizes the administrative function and the primary administrative functions of the Commissioner of a Department of Public Health and the configuration of agencies of which this bill contemplates.

Secondly, with respect to the arguments of making

Middletown a dumping ground, with respect to the arguments of travel time and the inherent difficulties associated with moving back and forth to one central site and with respect to the arguments that larger is not all the time -- all the times better, let me point out for the benefit of the members, that in the 1970's the State had one unit for the people we are talking about. And there were 4,000 people who were housed at Connecticut Valley Hospital as the central site for the provision of these services.

As recently as 1987, there were 2100 individuals at that site and now there are presently 300 and we are talking about a maximum increase to approximately 800.

Madam President, the consolidation of campuses at CVH is consistent with the deinstitutionalization which has moved people into a funded system of community care which has proven better for the people who have in-patient and out-patient needs in the area of psychiatric and substance abuse disabilities.

With respect to the situation of what's going to happen with Norwich, this bill contemplates the problems that might arise and provides in Section 3 for an implementation oversight committee that will allow people to be involved in the creation of alternative uses for that property.

With respect to the Data Institute and the Office of Health Care Access, this bill and the budget itself provides for the continuation of that Data Institute and the appropriation of adequate funding to continue that very important research.

With respect to OCA being able to implement policies and procedures, while not abiding by the regulatory process, a very careful reading of the statute will make it plain to the reader, that the implementation of any such policy must be followed within 20 days of a notice of intent to implement -- to adopt regulations that form the basis of that policy which triggers all the regulatory requirements currently in place with respect to the Regulations Review Committee and the Administrative Procedures Act that govern this situation.

Madam President, I merely want to echo the remarks of Senator Genuario when he says that the OCA situation or this bill is a compromise. Moving into this discussion, the administration took the position that there should be no Office of Health Care Access; that the merger should be developed by the Department of Social Services as a lead agency and that there was no independent role for either the legislature or OCA in that process.

And because of the hard work of members of both sides and this legislature, there is an Office of Health Care Access, the legislature does have a role in waiver development and we will be able to continue to protect the interests of our constituents as this state moves forward on the very important role of Medicaid managed care.

Madam President, I think in Senator Bozek's words, we are trying to fashion a plan that is a success. Every step of the way we have tried as we could to build a process that will allow the maximum amount of input from every member of the legislature regardless of what committee on which they sit; from every member of towns and cities that are affected by the actions that this legislature and the administration will take; by every member who depends upon the services that we're talking about.

And, Madam President, I think in terms of the people who depend upon those services, whether they be people with psychiatric or substance abuse disabilities, this bill is a success because it is the first step toward maximizing our ability to provide a level and a variety of services that will continue to meet the needs where and when they arise.

Madam President, I urge adoption of this bill.

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THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further?

If not, would the Clerk please announce a roll call vote? The machine will be open.

THE CLERK:

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

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

THE CHAIR:

Have all members voted?

If all members have voted, the machine will be locked.

Clerk, please take a tally.

THE CLERK:

Total number voting 35; necessary for passage 18.  
Those voting yea 19; those voting nay, 16.

THE CHAIR:

The bill is passed.

SEN. FLEMING:

Madam President?

THE CHAIR:

Senator Fleming.

SEN. FLEMING:

H-736

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happened to be a member here, too, at one point. So I think that's really what does it.

REP. WARD: (86th)

Thank you, Mr. Speaker. It is indeed my pleasure to introduce the distinguished visitor who really shouldn't be called a visitor, who I believe spent about 13 years in this Chamber. And we've had tough budgets to do. They were always easier to do when this gentleman was here. He's now taken on the real task of dealing with very tough budgets. And it is with great pleasure that I introduce the Congressman from the 4th Congressional District, a good friend of this Chamber and many of us here personally as well, Representative Christopher Shays.

APPLAUSE

SPEAKER RITTER:

It's nice to see you, Congressman. Keep up the good work.

Clerk, please continue the call of the Calendar to Calendar 556.

CLERK:

On Page 16, Calendar 556, SB 1164, AN ACT CONCERNING THE EXPENDITURES OF THE DEPARTMENT OF MENTAL HEALTH, as amended by Senate Amendment Schedule "A". Favorable report of the Committee on Appropriations.

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SPEAKER RITTER:

I bet you never thought you'd see this day, but it's here. And with that, I'm very proud to call on Representative Pat Dillon from the 92nd District, New Haven. You have the floor, Madam.

REP. DILLON: (92ND)

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

SPEAKER RITTER:

The motion is on acceptance and passage.

Please proceed, Madam.

REP. DILLON: (92ND)

The Clerk has in his possession an Amendment, LCO 8135. Will the Clerk please call and grant me permission to summarize?

SPEAKER RITTER:

Representative Dillon, there's a Senate Amendment first, 8003.

REP. DILLON: (92ND)

Oh. Yes. I'm sorry.

SPEAKER RITTER:

Yes.

REP. DILLON: (92ND)

Absolutely right.

SPEAKER RITTER:

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Only because Leslie told me.

REP. DILLON: (92ND)

8013?

SPEAKER RITTER:

8003. If you could call that?

REP. DILLON: (92ND)

Amendment LCO 8003.

SPEAKER RITTER:

The Clerk has LCO 8003, previously designated Senate Amendment "A". If he may call, Representative Dillon would like to summarize.

CLERK:

LCO 8003, Senate "A", offered by Senators Genuario and Aniskovich.

SPEAKER RITTER:

Representative Dillon.

REP. DILLON: (92ND)

Yes. Move rejection of the Amendment.

SPEAKER RITTER:

The question is on rejection of Senate "A". Will you remark further? If not, I'll try your minds. All in favor signify by saying Aye.

VOICES:

Aye.

SPEAKER RITTER:

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Opposed No? Senate "A" is rejected.

Representative Dillon.

REP. DILLON: (92ND)

The Clerk has in his possession an Amendment, LCO  
8135.

SPEAKER RITTER:

The Clerk has LCO 8135, previously --

REP. DILLON: (92ND)

Would the Clerk please call and grant me  
permission to summarize?

SPEAKER RITTER:

It will be designated as House "A". If he would  
please call it, Representative Dillon would like to  
summarize.

CLERK:

LCO 8135, House "A", offered by Representative  
Dillon and Senator Aniskovich.

SPEAKER RITTER:

Representative Dillon.

REP. DILLON: (92ND)

Thank you, Mr. Speaker. I wasn't sure this day  
would come.

SPEAKER RITTER:

Nor did I.

REP. DILLON: (92ND)

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But what we have before us is the product of many hands. It is a bipartisan, bicameral product involving hard work from the members of the Subcommittee on Health and Hospitals and Appropriations, the Senate and key members of the Public Health Committee.

I request the indulgence of the Chamber to very briefly go through what the sections of this bill will do, not at tremendous length, because I know many interested parties have followed this very closely.

SPEAKER RITTER:

Sounds like a fair deal.

REP. DILLON: (92ND)

The bill before us includes, essentially is a merger of the Mental Health and Addiction Services. It undoes other merger actions we had taken in previous sessions. It also consolidates some of our operations at existing campuses in order to maximize Federal dollars and to provide more flexibility and community-based services in the area of mental health services and addiction services.

Section 1 of the Amendment before us requires the Commissioner of Mental Health and Addiction Services to develop a plan for the closure of State-operated programs at Fairfield Hills and Norwich Hospital, the consolidation of these programs.

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It requires the Commissioner to accommodate present on-site operation of private providers on Fairfield Hills. It also requires that the plan make provisions for availability of State-operated in-patient services for people with substance abuse disabilities.

Section 2 creates an oversight committee. This essentially tracks the language in another bill which provides for inclusion of a number of legislators and area representatives, as well as the Executive Branch, for the future use of Fairfield Hills campus and facilities. Section 3 provides for the same provision for Norwich.

Section 4 creates, in response to and sensitivity to some of the concerns raised by the Mayor and the legislators in Middletown, creates a new Discharge Policy Council for Connecticut Valley Hospital.

Section 5 makes clear that Mental Health will take over Addiction Services from the Public Health Department.

Section 6 provides for a modified fast tracking of the moving of -- improving of facilities at CVH. However, in recognition and sensitivity of some of the issues raised by the people in the Middletown area, the environmental impact statement has been restored.

Section 7 provides for a waiver council composed of legislators to advise the Department of Social Services in the development of a waiver for -- a 115 Medicaid waiver. That is largely the work of Representative Anne McDonald and key individuals on the Public Health Committee.

Section 8 allocates private provider dollars as a result of the settlement reached by the leaders of both Chambers and the Governor, which will be approximately six million dollars this year and 13 million dollars-and-something next year.

Section 9, again in recognition and sensitivity to issues raised by the people in the Middletown area, increases payment in lieu of taxes immediately, July 1, from 20 to 40 percent, which is an increase from \$400,000.00 to \$800,000.00.

Section 10 creates a Department of Mental Health and Addiction Services with two distinct divisions.

Section 11 changes the name from Department of Mental Health to Department of Mental Health and Addiction Services.

Section 12 changes the name of DPHAS to DPH, the Department of Public Health and Addiction Services to the Department of Public Health.

Section 13 expands the Board of Mental Health to

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include substance abuse. It clarifies that individuals will not be reimbursed specifically for membership on that board, although they may be reimbursed through State dollars elsewhere.

Section 14 establishes the qualifications of the Commissioner of Mental Health and Addiction Services and new substance abuse duties.

Section 15, new Deputy Commissioner of Department of Mental Health and Addiction Services qualifications and creates a Medical Director to clarify under HCFA regulations exactly what our clear line of authority will be.

Section 16 changes "mentally disordered" to "psychiatric disability", deletes Whiting from the list of facilities because Whiting will continue to exist but as a division of the Department of Mental Health.

Section 17 distinguishes Whiting as different from a facility, allows Whiting to have an advisory board with one third of the members from Substance Abuse, Sub-regional Planning.

Sections 18 and 19 and 20, Whiting name change.

Section 21, another name change for the department.

Section 22, which has attracted some press attention, new qualifications for the Commissioner of

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Public Health.

Section 23, Mental Health name change and minor language clarifications. Section 24 allows the Commission to appoint a designee for hearings.

Section 25 deletes Substance Abuse Planning from the Public Health Department. 26, again name change. 27 deletes previous mergers.

Section 29 allows the Ribicoff Research Center to study substance abuse. 30 removes obsolete references. 31, Special Ed. 32, Special Ed. 33, Special Ed.

Sections 34 and 35, 36, 37, 38, 39, 40 and 41, 42, 43, 44, 45 and 46 address the Office of Health Care Access which had been an independent department. It was merged into the Department of Public Health and the budget that was presented to us. It is restored in this language as a separate department which will retain authority over the CON process.

Section 48 changes -- and 49 and 50 changes "mental illness" to "psychiatric disabilities." Sections 51, 52, 53 do the same thing.

Section 54 clarifies that the Commissioner of Mental Health appoints the Whiting Director. Section 55, the duties of the Mental Health and Substance Abuse Board.

Section 56 restores and clarifies the Medicaid

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Council to advise the 115 Waiver Council, allows them to elect a Chairman and provides that they will have staffing.

Section 57 is the repeal of a previous statute. And 58, effective date July 1, except for the fast track, which is upon passage.

(Speaker Pro Tempore Pudlin in the Chair)

SPEAKER PRO TEMPORE PUDLIN:

The motion is on adoption. Will you remark? Will you remark on House "A"?

Representative Fahrback. Ruth, is it okay?

REP. FAHRBACH: (61st)

Thank you, Mr. Speaker. I rise to support this Amendment. The proposal, which, among other things, reorganizes the Department of Mental Health, Public Health and Substance Abuse, will provide the State with a more comprehensive Mental Health and Substance Abuse services at a savings to the State.

Do I like everything in this bill? No. But it is a compromise that was reached with input from many factions. And I urge the Chamber to support the Amendment.

I would also like to say that it has been a pleasure to work with those involved in the process, particularly Senator Aniskovich and Representatives

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Dyson and Dillon.

Representative Dillon worked very hard to address the concerns of the substance abuse community in what I believe was a no-win situation.

Those who have worked with Representative Dyson know what a very special person he is. And I, for one, want to thank him for the opportunity to work with him.

Representative Dillon adequately explained the proposal. I urge the Chamber's adoption. Thank you.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Ma'am.

Will you remark? Will you remark?

Representative McDonald.

REP. McDONALD: (148th)

I'll wait.

SPEAKER RITTER:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Thank you, Mr. Speaker. I have a couple of questions to the proponent of the bill.

SPEAKER PRO TEMPORE PUDLIN:

Frame your question, Madam.

REP. KIRKLEY-BEY: (5th)

In the merger, is there someone that's going to be specifically identified under the Commissioner as an

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overseer for the Drug and Addiction Services?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Yes. This language requires, first of all, that there be a separate Deputy who is responsible for Addiction Services within the department and also be the lead person to coordinate Substance Abuse issues with the Department of Children and Families where this is also a major issue and the Department of Corrections, as well as the Veterans Home. So that -- and there is a further provision that the individual have a Masters Degree and have ten years experience specializing in the area of substance abuse and addiction. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Madam.

REP. KIRKLEY-BEY: (5th)

Thank you. Through you, Mr. Speaker. Is there a dollar amount associated specifically in the budget allocation for this department dealing with drugs and addiction services?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

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Through you, Mr. Speaker. There will -- the department allocation will be in the budget allocated to one department. But the dollars attributed to each division will be separated, if I understand your question correctly. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Is there -- will the new reorganized department do anything to make up for the fact that we're 20,000 slots short of what we need to address the problem of drug and alcohol abuse in the state? Are we creating any new slots or just maintaining what we have?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Unfortunately, we've had a bit of a vacuum of policy in the area of Addiction and it's driven up costs in all of our other departments, notably in the Department of Children and Families and Department of Corrections.

This particular bill allocates some additional dollars to Substance Abuse providers because Substance Abuse providers were included in the settlement. It does not specifically target those for additional

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slots. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Mr. Speaker, through you. Could you tell me why the PAC report, which was something that we worked on very hard all through the summer, was totally ignored and put this compromise together?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Quite to the contrary. That report was not ignored. It was the subject of much intense discussion throughout a prolonged period of time. However, I would point out that the three-silo approach which was adopted in the Public Health Committee last year would, for the purposes of the substance abuse community, be substantially the same as the bill before us, except that the Health Department is removed.

That is the measure which was before us last year which was supported by many people in the substance abuse community still would have merged the facilities for Mental Health and Substance Abuse because of Federal policy. So that I would suggest that it was

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not ignored and then when the new Governor came in, he did make some additional recommendations, but that in some major areas it doesn't deviate from that. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Mr. Speaker, I heard the response to my last question and I beg to differ with my colleague. I believe that the report which I worked on very much and sat on the oversight committee had specifically put a department together with three separate entities. It did not merge the Department of Drug and Addiction Services with Mental Health. That may have been someone else's wishes, but it was not the wishes of the people who worked together to put together the PAC report. Thank you.

SPEAKER PRO TEMPORE PUDLIN:

And thank you, Madam.

Representative Concannon.

REP. CONCANNON: (34th)

Thank you, Mr. Speaker. Through you, Mr. Speaker, I would like to ask the proponent of the bill some questions in order to clarify the position of the Whiting Institute.

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SPEAKER PRO TEMPORE PUDLIN:

Frame your question, Madam.

REP. CONCANNON: (34th)

Through you, Mr. Speaker, to Representative Dillon. Who would the Administrator of Whiting?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. The Director of Whiting will be the Administrator of Whiting.

SPEAKER PRO TEMPORE PUDLIN:

Representative Concannon.

REP. CONCANNON: (34TH)

Thank you. Through you, Mr. Speaker. Who will appoint the Director?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. The Commissioner of Mental Health has appointing power under this language.

SPEAKER PRO TEMPORE PUDLIN:

Representative Concannon.

REP. CONCANNON: (34TH)

Thank you, Mr. Speaker. And who will the Director report to?

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SPEAKER PRO TEMPORE PUDLIN:

Madam?

REP. DILLON: (92ND)

Through you, Mr. Speaker. The Director of Forensic Services will be the person to whom this person will report. And the sole responsibility of the Whiting Director will be the administration of Whiting Forensic Division.

REP. CONCANNON: (34TH)

Thank you. Through you, Mr. Speaker. Who will have the authority to hire and to fire staff at Whiting?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. The Director.

SPEAKER PRO TEMPORE PUDLIN:

Madam?

REP. CONCANNON: (34TH)

Through you, Mr. Speaker. Will Whiting's monies be co-mingled with those of CVH in any way?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. No, they will not.

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SPEAKER PRO TEMPORE PUDLIN:

Representative Concannon.

REP. CONCANNON: (34TH)

And will the Psychiatric Security Review Board still have oversight over the persons referred to and are committed to Whiting by the judicial system?

REP. DILLON: (92ND)

Through you, Mr. Speaker. If you're asking whether the integrity of Whiting will be preserved, the answer is yes.

SPEAKER PRO TEMPORE PUDLIN:

Representative Concannon.

REP. CONCANNON: (34TH)

Thank you. Through you, Mr. Speaker. In other words, Representative Dillon, the integrity of the Whiting Institute will be preserved?

REP. DILLON: (92ND)

Yes, Ma'am. Through you, Mr. Speaker.

REP. CONCANNON: (34TH)

Thank you very much.

SPEAKER PRO TEMPORE PUDLIN:

And thank you, Madam.

REP. CONCANNON: (34TH)

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

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Will you remark further on House "A"?

Representative Cleary. Microphone, sir. Try again.

REP. CLEARY: (80th)

Thank you, Mr. Speaker. A question, through you, to Representative Dillon?

SPEAKER PRO TEMPORE PUDLIN:

Your question, sir?

REP. CLEARY: (80th)

Representative Dillon, you explained in Section 8 there's approximately 20 million dollars in the biennium. That was originally budgeted to OPM? Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I think so, yes. You mean in the budget that was adopted by this Chamber? Yes, sir. Through you, Mr. Speaker.

REP. CLEARY: (80th)

Through you, Mr. Speaker. What was it budgeted to OPM for?

REP. DILLON: (92ND)

Through you, Mr. Speaker. My understanding or the best of my recollection is that it's approximately a little over six million dollars in this year and a little over 13 million in the second year of the

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biennium. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Sir.

REP. CLEARY: (80th)

Through you, Mr. Speaker. Representative Dillon, in Section 8, what is that 20 million now going to be used for?

REP. DILLON: (92ND)

It will be used for personnel costs, for collective bargaining agreements with unionized employees and for increase in personnel costs for non-unionized employees. Through you, Mr. Speaker.

REP. CLEARY: (80th)

Through you, Mr. Speaker. For what type of providers? I see it's going to four different departments.

REP. DILLON: (92ND)

Through you, Mr. Speaker. My understanding is that the settlement included the private providers in the Department of Mental Retardation and in what is currently the Department of Public Health and Addiction Services but will be the Department of Mental Health and Addiction Services. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Cleary.

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REP. CLEARY: (80th)

Through you, Mr. Speaker. Do you have any idea what the total clients being served in those programs is? Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I don't have those numbers here at this moment. But I'd be happy to get them to you later.

REP. CLEARY: (80th)

Thank you, Representative Dillon. Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, sir.

Representative Nystrom.

REP. NYSTROM: (46th)

Thank you, Mr. Speaker. If I may, a question to the proponent?

SPEAKER PRO TEMPORE PUDLIN:

Your question, sir?

REP. NYSTROM: (46th)

Thank you. Through you. Representative Dillon, specifically in Section 1 of LCO 8135 and references to the plan for closure of the two facilities, there is clearly a demonstrated intent and purpose in this language that deals with the issue of providing

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substance abuse services geographically within similar locations. For the edifice of the body, can you explain why not the same consideration was given to the current mental health services that are provided?

Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Thank you. First of all, this language was drafted partly because the Department of Mental Health traditionally did not have responsibility for substance abuse and a lot of the energy and focus was in that area. The Commissioner of Mental Health currently has the authority to make transfers between departments. So that was not addressed.

Secondly, the language and much of the focus was on in-patient services. And part of what this bill is about is not only consolidation but an attempt to catch up with other states in providing flexibility in community-based services.

The days of having very high-tech, in-patient, long-term services are gone. They're very expensive. And people don't necessarily get better. And specifically for certain types of mental health patients and for many substance abuse patients, we need to reserve the ability to provide acute care services.

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But many states have found that outcomes are better if services are closer to the ground and we minimize our dependence on in-patient. That was the spirit of the language. There was a very strong intent to preserve access, but not necessarily in-patient everywhere.

Through you.

SPEAKER PRO TEMPORE PUDLIN:

Representative Nystrom.

REP. NYSTROM: (46th)

Thank you. Through you, Mr. Speaker. My concern is particularly about acute services and whether or not -- I mean I think the battle on the issue of cost I think is over and how it must be done in a more cost-effective manner. I think that is going to carry the day. There's no doubt about that.

My concern is for those people who find themselves in need of acute services in the area of mental health, particularly in Eastern Connecticut and that part of our state, that this language does not reflect the same concern as it does demonstrate for those dealing with the substance abuse service.

And while I'm not prepared to comment much further than that, I just want the body to know that; that I think the argument about cost is not what this is about. It's about, as you said, access to services.

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And while they may be community-based, they may, in fact, still carry the distinction of being in-patient, although not in the treatment and way that they have been in the past.

Certainly, the model would be, I believe, to get them back into the community as fast as possible and not rely solely on an in-patient area as the only treatment because that is not the goal. I understand that.

And I will continue this discussion further as this bill progresses. But I thank you for your answer.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, sir.

REP. DILLON: (92ND)

Thank you. Mr. Speaker, just in very brief reply and not to draw it out -- and I really understand what you're saying. You can consult with any member of our subcommittee. There was very strong language and strong attention and sensitivity paid to the needs of the western part of the state as well as the eastern.

The issue that we really saw -- and we would certainly be willing to listen as much as possible -- was the issue of strengthening the infrastructure in Eastern Connecticut and to do that with input from the people who are there now.

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And my understanding is that the Mental Health Board individuals and the providers are engaged in a conversation with the Department of Mental Health on that very issue. And that's something that we certainly will be dealing with again.

Thank you.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Madam.

Will you remark?

Representative Samowitz. Microphone, sir.

REP. SAMOWITZ: (129th)

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

SPEAKER PRO TEMPORE PUDLIN:

Frame your question, sir.

REP. SAMOWITZ: (129th)

If I understand this Amendment correctly, what we are doing is we're closing down Fairfield Hills and Norwich, building up Middletown and, yet, we don't know where we're going to put -- there's nothing designated as to where those people are going to be going in those areas of Fairfield Hills and Norwich. The only thing the bill does is it just has a requirement of a plan being developed. Is that a fair summary of the bill?

REP. DILLON: (92ND)

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Representative -- through you, Mr. Speaker. Could you restate your question more directly into the mike? There's so much noise.

SPEAKER PRO TEMPORE PUDLIN:

One more time, Representative Samowitz.

REP. SAMOWITZ: (129th)

Okay. Thank you. In summary of the whole Amendment, what we are essentially doing is closing down Fairfield Hills, closing down Norwich and spending money to expand Middletown facility. And what the bill does and basically through efforts that you have actually done to make a bill a lot better, I think that we have a compromise language which calls for a plan to be developed that will accommodate those people from the various areas who are impacted in the regions as a result of this bill. Is that --

REP. DILLON: (92ND)

Through you, Mr. Speaker. I'd say yes. That and a little bit more. We can take advantage of Federal formulas to bring in a lot of revenue into the budget this year. So that it's clearly -- that's part of the equation. And I believe that, with all due respect to many of our policy-makers, that probably may have focused their attention as much as anything.

But it is also true that in a state as small as

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ours, there were a lot of questions raised over the past five years about whether we needed three facilities or not. That was a legitimate question. And I'm not sure that this is the best answer, but it was the best effort of many different parties.

REP. SAMOWITZ: (129th)

I had an Amendment drafted and I was going to debate Representative Dillon. I will not even pursue that avenue out of respect to Representative Dillon. But I just want to point out to the body really what we're doing over here.

This is the same situation if you and I were going to sell our home. We're going to sell our house and we're going to say, "I'm going to go and buy into another house." We don't know where we're going. Nothing is listed. It doesn't say where this house is. Sure, we're going to save money. If I took my house with a mortgage and the property taxes which I have to pay and I got rid of it, I wouldn't have to pay my property taxes and I wouldn't have to pay my mortgages. And so of course there is a reduction in the cost of living. But where are we going to live? You have to have another place.

What this bills does is says, "In the future, yes, we're going to develop a plan", a plan that isn't

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named. A player that isn't named. A place where we don't know where we're going to go. But it doesn't take care of the basic policy reasons of why we even have these facilities.

Substance abusers need places and people with mental illness need places that are basically in the communities for which their counseling requires. Many times substance abusers have family counseling and have areas to go. Yes, we are a small state. But Middletown is not next door to Stamford or Greenwich and it's not next door to Hartford and every other place.

The essence of having a good network, which we were in the process of making better, was to have more facilities, not take them down, not take people and say we're going to move them to another place.

I think we'll be selling these places. But, in essence, we'll be selling the people of the state of Connecticut down the river.

Thank you.

SPEAKER PRO TEMPORE PUDLIN:

Will you remark?

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Thank you, Mr. Speaker. At the outset, I want to

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say that I understand that this Amendment has been the work product of many, many months and long hours and that Representative Dillon and many other people have put a lot of effort into it.

I also want to say that I appreciate that some of our concerns in the Middletown area have been addressed in the Amendment. But I still don't like this Amendment, Mr. Speaker. And for that reason, I need to ask a series of questions to Representative Dillon at this time.

SPEAKER PRO TEMPORE PUDLIN:

Ready yourself, Representative Dillon.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker, to Representative Dillon. How much money has been spent on the campuses at Norwich Hospital and Fairfield Hills over the last five years renovating and rebuilding and modernizing those campuses? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I don't have the numbers before me. But I expect that it's a substantial amount.

REP. O'ROURKE: (32nd)

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I thank my friend for her answer. The answer is over 17 million dollars have been spent as recently as this year renovating and modernizing these campuses. And the interest on the bonds for that work will cost millions more over the term of those bonds.

Through you, Mr. Speaker, to Representative Dillon. In Section 6 of the bill, the cost of renovating the CVH campus has been capped at 20 million dollars. Do you have any idea, through you, Mr. Speaker, what the interest and debt service on that amount will be into the future? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. No. Actually, we focused more on policy and on the direct appropriations rather than on the finance and bonding section. So that if that saves you some time, I'll just alert you to that. Although I notice that's where you're going. But, no, we have not. Although I am perfectly aware that it took many years to get the departments in the years that I served on Finance to provide adequate air conditioning and adequate infrastructure for all of our facilities. And it would be one of the ironies of

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government if they finally got around to it just before they closed them. But it wouldn't surprise me a whole lot. Thank you. Through you.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Thank you, Mr. Speaker. And thank you, Representative Dillon. Very ironic, indeed, I think. If I could ask, through you, Mr. Speaker? How much dish money or revenue or savings are included in the budget vis-a-vis the reclassification of Substance Abuse patients as Mental Health under the budget?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I have not gotten a direct calculation on dish dollars for many reasons. But the number which is most frequently floated about is a 14 million dollar increase. We receive approximately 138 million dollars or at least we have budgeted that much in the upcoming budget.

And one of the reasons why the disproportionate share dollars are of such interest this year is that the provision for 200 percent dish, that is, recapture of 200 percent of our actual costs, will expire June 30

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of this year. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. Representative Dillon, has the Federal Government already authorized the reclassification of these patients? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. We have not taken any action that would make it possible for them to do, at least not through this body. Having spoken to the regional and Federal people of HCFA many times, it is my expectation that it will be acceptable for many reasons.

First of all, it's unusual for them to look behind the State plan unless something extraordinarily odd is going on. Second of all, we have been receiving dish dollars and we have a fairly strong record with HCFA. So I have no reason to believe the dollars will not be there. Through you, Mr. Speaker.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker.

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SPEAKER PRO TEMPORE PUDLIN:

Sir.

REP. O'ROURKE: (32nd)

To Representative Dillon. Isn't it true that as recently as April 4, 1995 HCFA has advised the General Assembly that we should hold off reclassifying substance abuse beds as mental health beds pending HCFA changing the designation of substance abuse as a mental illness? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I did see a letter written by the Medicaid Director, Sally Richardson, to Senator Prague. Is that the document to which you're referring? Just so that we're on the same page. Through you, Mr. Speaker.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. Yes, it is.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Yes, absolutely. And I called Sally after I saw the letter. The problem is this. First of all, disproportionate share dollars are on the table. The proposed changes, which I think are salutary, have not taken place yet. What would have to

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happen, Representative, is that a committee which is currently meeting on this issue to adopt a policy which I believe personally would be a much better policy, considering substance abuse as a psychiatric disability is almost as obsolete as saying that epilepsy is a psychiatric disability. However, that's the Federal regulation and that's what we're living with.

The changes must be budget-neutral, must go through the Office of Management and Budget. And given some of the things that are going on in Washington, I wouldn't bet the ranch on it. Through you, Mr. Speaker.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. Representative Samowitz spoke eloquently just moments ago about selling your home and not having anyplace to go. Through you to Representative Dillon. Isn't it true that we have no assurance that these 14 million dollars actually can guarantee be counted on in this budget? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. We have about as much assurance as any of our own constituents have of

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anything we do. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke. The ball is in your court, sir.

REP. O'ROURKE: (32nd)

Thank you. That was quite a ball.

Continuing on, through you, to Representative Dillon. Is there any money budgeted for transporting of substance abuse patients from the regions to Middletown? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I'm sorry. I was interrupted by a loud comment from the rear. I wonder if you could restate your question.

REP. O'ROURKE: (32nd)

Absolutely. Through you, Mr. Speaker. Is there any money budgeted in this document to pay for the transporting of patients to Middletown? Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Yes, there is.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. Could you tell me how

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much?

REP. DILLON: (92ND)

Through you, Mr. Speaker. Approximately \$800,000.00 was restored to the budget for transportation by ambulance.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. Does Representative Dillon know what the costs of terminating the leases for tenants at the two hospitals that are to be closed will cost the State? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. No, I don't. It was my understanding that they don't have leases that are current now. If they do, I don't know what the cost would be. Thank you. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Okay. Through you, Mr. Speaker. In 1992, the study prepared by the Department of Mental Health, Commissioner Solnit on the future of State hospitals states that "The department should continue to decrease -- and I'm quoting -- "its in-patient population by

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placing many of its longer-term patients who do not receive a hospital level of care in supported community settings."

However, the report emphasized that insufficient placements currently exist and that these services need to be in place prior to either downsizing or consolidating facilities.

My question, through you, Mr. Speaker, is if Representative Dillon knows how many more community placement beds have we gained through this study and are there adequate beds in place to handle this closure? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Thank you. Through you, Mr. Speaker. We have unused capacity at this time in Bridgeport CMHC and in New Haven CMHC. So that there is an expectation that those two facilities will absorb some of the individuals. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker, to Representative Dillon. Do you know if we have gained community beds

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in the last year or so? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon, do you care to respond?

REP. DILLON: (92ND)

Through you, Mr. Speaker. I wonder if you could make your question more specific. Have we gained community beds? What kind of community beds? Where?

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. What I am asking is do you feel comfortable that there are enough community beds to handle this planned consolidation and provide adequate services for mental health and substance abuse patients in the state of Connecticut? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. Based on the information we have at the time, the answer is yes. People -- what we did when we worked on that whole committee for several years to phase people out was to do a very clinical, sensitive evaluation of individuals. And what we had to do was to provide the community infrastructure so that the beds would be used for people who really had acute care needs.

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And the other thing that we had to do and which we must continue our commitment to do is to have a community infrastructure which will support those people.

I know I represent a city that absorbed many of the people that were phased out of the State hospitals in the last three years. Largely because of zoning restrictions, they could not be placed in other towns. And it's very important that we provide community supports. People do get better when they're in the community. When you're in an institution, you tend to react to the institution and you may not get as well as fast. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Through you, Mr. Speaker. I believe one last question to Representative Dillon. Is there anything in this bill that authorizes the sale of either the Norwich and/or Fairfield Hills campuses to a private party? Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I believe there is. You know, I'll have to look at the specific language. But the understanding is the Commissioner essentially

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will develop a plan for the closure. I would say yes.

Through you, Mr. Speaker.

REP. O'ROURKE: (32nd)

So, through you --

REP. DILLON: (92ND)

There is language that would require the Department of Public Works' involvement on the other piece, however.

REP. O'ROURKE: (32nd)

So, through you, Mr. Speaker, it's your understanding that the plan is to sell off the two campuses? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. It is my understanding that it is the expectation that at least one of the campuses will be sold off in total. There is the potential that another campus will be severed and part of it will be sold and part retained. But that is still in the planning stage. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Thank you. And thank you very much,

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Representative Dillon. I do appreciate it. It wasn't my intent to go on and on here. But I did need to flush out certain facts.

And speaking to the Amendment, Mr. Speaker, I think we've established that over the last five years this state has undergone a very specific plan of renovating, modernizing the three campuses. We have sought to de-institutionalize those patients where it was appropriate. But the plan of the State has been to keep the three campuses over and to provide regional mental health and substance abuse facilities and services to the people of the state in these three locations.

And backing up that policy, we have spent 17 million dollars as recently as this year rebuilding and modernizing the Norwich and Fairfield Hills campuses. We will continue to pay off the debt for millions of dollars into the future.

Also, the savings in the budget are probably in serious question. I think we've established that. We have no guarantee today that those revenues from the dish monies will be there.

Mr. Speaker, I believe that we are embarking on an entirely new, 180-degree change of course here, that we've invested millions and millions of dollars in

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these campuses, these facilities. We've heard from the same Commissioner that is currently the Commissioner that this was the best plan of action, the best way to provide services in the past. And now we are changing the story and saying that we need to put them all in one place. And we are going to lose millions of dollars as a result.

We're going to spend another 20 million dollars renovating a campus at CVH that is completely rundown. And I'd like to have had the opportunity to take some of my colleagues out to see some of these buildings and the condition of disrepair that they're in and the kind of money that it will cost to rebuild them.

I think we've also established that the services are not in place either in the regions or in the state as a whole to provide the proper care for mental health patients and substance abuse patients, Mr. Speaker.

And, finally, we are going to sell these campuses. We've established just now that we will sell at least one. We began by selling the Lotto. Now we are going to sell the State mental hospitals, the campuses. And what's next? That's what I want to know.

And I agree with Representative Samowitz. We are selling the house. We're selling the farm and we have no place to go. We don't know what direction we're

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going in.

And for those reasons, this is a bad Amendment and I urge everyone here to vote No. I think that this isn't about saving money or providing services in a more efficient manner. I think we've established that. I do not believe that it is about providing proper and adequate services to care properly for the mentally ill, for those people who are addicted.

What this about is selling off these two campuses. And I think that's the wrong engine to drive our public policy in this important matter, Mr. Speaker. And I urge all my colleagues to vote on this Amendment. Thank you.

REP. WINKLER: (41st)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative Winkler.

REP. WINKLER: (41st)

Thank you, Mr. Speaker. I would just like to rise and comment on this legislation. I do share some of the concern that has been voiced by many of my colleagues in the Chamber.

Since we have been reducing the size of our mental facilities, we have seen an increase in the numbers of homeless in the state of Connecticut. And I'd like to

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ask Representative Dillon a question, through you, sir.

SPEAKER PRO TEMPORE PUDLIN:

Representative Winkler, proceed.

REP. WINKLER: (41st)

Thank you. Representative Dillon, could you answer me if there has been any consideration being given to the idea of maintaining some of the services on a reduced scale in the regions that are being affected by this legislation?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. It would be premature to say exactly where those might be. But the discussions between legislators and the Appropriations Committee and between ourselves and the administration focused on maintaining access in the western part of the state because both public and private providers would be affected with the closure of Fairfield Hills and to strengthen the existing infrastructure of providers in the eastern part. So that the answer is absolutely yes.

We also have pilots going forward for General Assistance duly-diagnosed individuals. So that there has been some attempt to provide a more flexible out-

patient based service.

It isn't clear, really, in terms of the duly-diagnosed which came first because it's very possible that you may have substance abusers who develop symptoms of mental illness because of the substances they've been abusing. So that it's a complex issue. And, also, when someone is homeless, there's a personality disorder of some type, simply because you're living that kind of a life. So that it's a very, very difficult area to give a very simple answer to.

And now I'll respond to the question of whether we're providing more flexible community-based services. The answer is yes. Through you.

SPEAKER PRO TEMPORE PUDLIN:

Representative Winkler.

REP. WINKLER: (41st)

Yes. Sitting on the Public Health Committee, I do know the need to do something along these lines. And I can support doing something along these lines. But it is a concern to me for the people of Southeastern Connecticut as well as the people in the western part of Connecticut that we do provide some sort of services in those regions on a smaller scale so that these individuals do not have to travel down to the

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Middletown area.

And I'm sure that if -- and I hope that people that are going to be overseeing the implementation of this legislation will look at the facilities that are in question and look at the possibility of using them on a much smaller scale to continue providing some of the services that are greatly needed.

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you.

Representative Bysiewicz.

REP. BYSIEWICZ: (100th)

Thank you, Mr. Speaker. Some questions, through you, to the proponent of the Amendment.

SPEAKER PRO TEMPORE PUDLIN:

Frame your questions, Madam.

REP. BYSIEWICZ: (100th)

Thank you, Mr. Speaker. And before I ask Representative Dillon a few questions, I do want to thank her because I know that she was instrumental in making this Amendment a little better for the Middletown delegation than it otherwise would have been. And we do appreciate that.

Nonetheless, I think we're in agreement with Representative O'Rourke. It's still bad for

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Middletown.

But, through you, Mr. Speaker, to Representative Dillon, I have a rather simple question to ask and I really, truly have been trying to get an answer on this from the beginning. And that is why are we doing the consolidation on the CVH campus? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I really don't know the answer to that. You know, no one has asked me that question before. Although, at one point I did suggest that we put everyone in Fairfield Hills. So, you know, it's really -- it's not a question -- I don't know. I mean -- but go ahead. You have other questions. So --

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker, to Representative Dillon. We still haven't had the answer to that question, either. Thank you.

Through you, Mr. Speaker, to Representative Dillon. Isn't it true that CVH is the oldest facility of the three?

REP. DILLON: (92ND)

Through you, Mr. Speaker. I believe that that is

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correct.

SPEAKER PRO TEMPORE PUDLIN:

So, through you, to Representative Dillon. Then given the state of disrepair of virtually half of the buildings on the CVH campus, many of them which were built before the turn of the century, why would we be spending 20 million dollars in bonding money to renovate the CVH campus when Fairfield Hills and Norwich have much more modern and much newer facilities? Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Through you, Mr. Speaker. That really gets to your first question. And I can't really give an answer to you that's going to be responsive. It was going to be probably Fairfield Hills or CVH, either one.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker.

REP. DILLON: (92ND)

Excuse me. Could I yield to Representative Fahrback?

SPEAKER PRO TEMPORE PUDLIN:

Well, no.

REP. DILLON: (92ND)

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Okay. Go ahead.

SPEAKER PRO TEMPORE PUDLIN:

Representative Bysiewicz, you have the floor.

What do you want to do?

REP. BYSIEWICZ: (100th)

I'd like to ask some more questions of Representative Dillon.

SPEAKER PRO TEMPORE PUDLIN:

Okay.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Fine.

REP. DILLON: (92ND)

Great.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker. Representative Dillon, are you aware of any kind of cost/benefit analysis that was done to compare, for instance, the 20 million and more which we will be spending as a state to renovate the CVH facilities and compare those expenditures which might be onward up to 50 million by the time we get through paying the debt and compare that spending with how much we anticipate we will save by closing the other two campuses? Through you, Mr. Speaker.

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SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

Thank you. Through you, Mr. Speaker. That analysis would be very difficult to do because it isn't clear at this point whether or not the sale of the other parcels that would be sold would recapture the investment. So I would say that there might be. But it would be based on some assumptions that still have yet to be tested. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Please.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker. Are there, in fact, then buyers for the Norwich campus and for the Fairfield Hills campus, to your knowledge? Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I have been told by State employees that appraisers have been around. But I am happy to say that I have no direct knowledge of any real estate deals in the making at all. Nothing. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Bysiewicz.

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REP. BYSIEWICZ: (100th)

Thank you. Through you, Mr. Speaker. This Amendment addresses some regional accommodations that are going to be made for the substance abuse patients. What about for mental health patients in the Norwich and Fairfield Hills regions? Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I believe I addressed that question earlier. But because this merger places Addiction Services into the Department of Mental Health and they had divorced ten years ago, actually 13 years ago, there was some question as to the will. So that a lot of focus was placed on the role of Substance Abuse and a commitment to provide for substance abuse services.

In addition, our existing system really did not provide adequate access to underserved populations, even with the existence of Vinaski and of CVH and Fairfield Hills, Berkshire Woods. Women especially were underserved. It was sometimes minorities were underserved. But definitely women were because they couldn't bring their children into those facilities. So that they were inadequate, really, unless you looked at community-based services that allowed for a short acute-care stay and for people to participate in either

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day hospitals in the community or to have some kind of an after-care recovery. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative Bysiewicz.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker. I didn't mean for my question to be repetitive. But I guess what I was getting at was trying to determine why it is there seems to be a distinction in the Amendment between the treatment that we will be putting forth for substance abuse patients and that which we will -- the lack of accommodation we'll be making for the mental health patients in the various -- in the other two regions. Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. First of all, it was not -- as I mentioned, there was a lot of focus on the issue of substance abuse because this had been, if you heard some of the earlier questions earlier, a very contentious issue, something that was proposed to this Chamber in the past and disposed of by this Chamber in the past. So that there was a lot of focus on substance abuse per se.

For mental health, if an individual has an acute psychotic episode our existing tertiary care hospitals

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and community hospitals have adequate beds. So that the issue would be what kind of long-term beds there would be available if an individual -- even if we wiped out the system, for example, a person in my town would go to the tenth floor, go through the emergency room at Yale-New Haven Hospital and enter the tenth-floor psychiatric wing for observation and then a decision would be made about the best placement for that person.

We have a very strong community hospital system and there are many hospitals that have excess capacity. So that wasn't as troubling to some people as the issue of availability of community-based substance abuse because that has been an issue in which we really have faced a policy vacuum for some time.

We have been watching departments fight over turf for so long that we have not been able to move forward and catch up with other states in providing sensitive, culturally-competent substance abuse services. Through you, Mr. Speaker.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker, to Representative Dillon. Currently at CVH there are substance abuse patients and there are mental health patients at the hospital, often in very close proximity. I haven't seen any plans for what will happen when we do the

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renovation. But I would assume with even more patients, both substance abuse and mental health patients, coming to Middletown, that those patients will be in very close proximity to each other.

And I would also add a third group of patients and those are the ones who come from Whiting Forensic to Connecticut Valley Hospital. And I'm wondering, through you, whether you have any concerns about having those three very different kinds of patients in very close proximity to each other. Through you, Mr. Speaker.

REP. DILLON: (92ND)

Through you, Mr. Speaker. I guess the short answer is yes and no. I mean it's -- first of all, speaking as an individual because I don't believe I can commit the department, what we have before us is a document that provides for the development of a plan. So that I can't really say in any very rigid order either which facility is going to be closed first or which patients are going to be moved first.

But it would seem to me that the most sensible thing to do would be to move the mental health patients first and that, to whatever extent possible, try to maintain State-operated substance abuse beds in the other areas.

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Now, that is still something that is subject to a plan and that is something that really would have to involve many individuals. But the security of the -- it is much easier, it would seem to me -- I mean I used to spend a lot of time at CVH when I was a direct provider and I used to drive clients up there. So that I know the facility, although I haven't been there in about ten years. Well, I have, actually. For meetings with your delegation, actually.

But it would seem to me that the security issue is simpler with the mental health patients than it is with the substance abuse and that before individuals were removed, it would really take a lot of planning and a lot of community involvement,. Through you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative.

REP. BYSIEWICZ: (100th)

Through you, Mr. Speaker. The reason I ask the question is because we have heard from employees at CVH and also from members of the City of Middletown and the outlying areas about their concern for having this mixture of patients which already exists. And there have been problems with respect to security. And so this is a tremendous concern to those of us in

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Middletown because thus far we don't have a situation that works and we are concerned that things will get worse. Through you, Mr. Speaker. I guess that's just an aside.

And I wanted to thank Representative Dillon for her answers to my questions. But I would just go back to the first one which I asked her, which was why are we doing this consolidation in Middletown? And since we don't really have an answer to that question, I couldn't possibly support this Amendment.

Thank you.

REP. DILLON: (92ND)

Through you, Mr. Speaker. If it increases your comfort level in any way, the expectation is that there will be about 800 patients there. In the 1960's, there were about 4,000 and in 1987 there were 2,119. So that there would be dramatically -- it would be about a quarter of the people who were there only about seven or eight years ago.

But you're absolutely right. I read an article in the Hartford Courant about Mr. Carney. And I spent much time in your lovely town about the time of Mr. Carney's escape. So that it's clear that we've made a lot of progress, but we still have a long way to go.

REP. BYSIEWICZ: (100th)

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Through you, Mr. Speaker. Just a final comment. I appreciate Representative Dillon's last point. It's true that in the 1950's there were almost 5,000 patients at CVH. But that was a different era when patients were committed in a very different way and for very different reasons than they are now. And it doesn't, unfortunately, increase our comfort level in Middletown that we will have less patients there than we did in the 1950's or in 1987.

Thank you.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Madam.

REP. FAHRBACH: (61st)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative Fahrbach.

REP. FAHRBACH: (61st)

Thank you, Mr. Speaker. I'd just like to respond to a couple of the concerns that were raised by previous speakers. One of them has to do with why the consolidation is taking place at CVH. And there are two m i

That is because CVH is more centrally located in the state. And the other is because Whiting Forensic Institute is located there. And in order to move any

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of the residents of Whiting Forensic, it would take many more millions of dollars to build a new facility elsewhere.

Regarding the costs involved in renovations of Fairfield Hills, Fairfield Hills right now, the operating budget is approximately 28 million dollars a year. Once Fairfield Hills and Norwich are closed, the State would realize a savings of approximately 15 million dollars a year.

Most of the costs involved, the 17 million dollars that was mentioned as far as renovations are concerned, dealt with maintenance of the facilities, required maintenance of the facilities, roofing and the like.

In addition, two years ago the legislature required that two of the buildings be air conditioned and that involved considerable cost.

If residents, if clients were to be moved to Fairfield Hills or Norwich, renovations would have been required at either one of those facilities as well. And, therefore, the 20 million dollar estimated cost of renovating CVH really would probably be about the same amount that would have been required to renovate either one of the other facilities.

Basically, I think that what we're doing is in the best interests of the citizens in Connecticut. If we

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are truly trying to privatize services for the individuals who are located at Fairfield Hills, we would be saving a considerable amount of money by moving them to CVH.

Right now, that facility is housed on 700 acres. The buildings, of which there are about 150, only encompass about 200 of those acres. There are less than 150 residents at Fairfield Hills Hospital. And the operating plant that is located at Fairfield Hills provides heating and cooling services to all of the 150 buildings. So none of the buildings could be closed individually. All of them would have to remain open and maintained because of the one heating plant.

I think that answers the questions that were raised. Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Ma'am.

Will you remark?

REP. DILLON: (92ND)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative Dillon.

REP. DILLON: (92ND)

I'm sorry. I just wanted to make sure that I moved adoption of the Amendment. Thank you.

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SPEAKER PRO TEMPORE PUDLIN:

I thought you did.

REP. DILLON: (92ND)

Yes.

SPEAKER PRO TEMPORE PUDLIN:

Representative Serra.

REP. SERRA: (33rd)

Thank you, Mr. Speaker. I rise to make a statement regarding CVH. The issue at hand that I see as a lifelong resident of Middletown and have intimately knowledge of CVH, Whiting, Riverview Hospital, Long Lane, really boils down to two things and it really is, with the State of Connecticut, it's money and, with the City of Middletown, it's a quality of life that is being affected as it becomes the dumping ground for the state of Connecticut.

I was there the day that Jessica Short was tragically murdered. I can still see her as I close my eyes. I've seen Middletown slowly being eroded as the State of Connecticut, in my last three years up here I see, continues building, as they say, two Connecticuts as we write off many of our major cities.

What we have is Middletown telling this legislature that we have done our fair share. We meet the affordable housing criteria. We've got all these

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State facilities in Middletown. What is happening now as the State of Connecticut had embarked on this de-institutionalizing of mental patients, it's been a tremendous impact on Middletown Downtown area. Police are there every day picking up patients, ambulances. The Department of Mental Health is down on our Main Street every morning distributing medication to the people who are walking around.

So what we're really saying here, Mr. Speaker, is that we've done our fair share and that we think that by centralizing these services in Middletown is not fair to Middletown, but it is also not fair to the residents of the state of Connecticut who need this type of service that is provided by the various hospitals throughout the state of Connecticut.

Mr. Speaker, I ask that when the vote be taken, it be taken by Roll Call. Thank you.

REP. GYLE: (108th)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

The gentleman has asked for a Roll Call vote.

REP. GYLE: (108th)

Mr. Speaker? Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Let me try your minds. All those in favor of a

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Roll Call vote signify by saying Aye.

VOICES:

Aye.

SPEAKER PRO TEMPORE PUDLIN:

I'm sorry. In the opinion of the Chair, the 20 percent is not met.

Will you continue on the Amendment, House "A"?

REP. GYLE: (108th)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative Gyle.

REP. GYLE: (108th)

Thank you, Mr. Speaker. I know that change is frightening, but I'm going to urge support of this Amendment anyway. It's a case of damned if you do and damned if you don't.

You know, we've been criticized for not being specific enough. There's not enough specificity. But, you know, if we try to be very specific, we're going to lock out any legislative input at all. We do have guidelines. They may not be as concrete as some people may wish. But the parameters that we've established do address the specific areas of concern.

And I can assure you that not only the legislature but advocacy groups are going to be very closely

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monitoring this. And they will be assisting the various departments during this time of transition.

We're not putting people out on the street. I wish people would disabuse themselves of that notion. We are de-institutionalizing. Absolutely. But I think it's significant that no one at Fairfield Hills has lost their job because of de-institutionalizing. We're sending those people into the communities with the help and the support that they need.

This is not a half-baked idea. It's not something we're doing haphazardly. We're doing this very, very thoughtfully and carefully. And when we talk about quality of life, the quality of life of a mental patient is just as important to them as it is to us. And they don't want to be locked up for years at a time.

I agree with you that there is recidivism in substance abuse just like there is in mental illness. It's a chronic recurring illness at some times. And those are the times where they're going to need beds. Those beds are most centrally located at CVH.

And please keep in mind that when all of the people are moved from Norwich and from Fairfield Hills to CVH, there will be no more people there than there were three and a half years ago. That's not the 50's.

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That's the 90's.

So this is not a major influx of mentally ill people and substance abusers and homeless, potentially homeless people. These are the people that Fairfield Hills has accommodated well and that Norwich has accommodated well. But when we have less than 120 people, are going to spend 28 million dollars to keep a plant open? That's not an intelligent use of resources, not when we have other issues to address that are of equal concern to us.

So I would ask my colleagues, even though parts of this Amendment are not what I would have wanted it to be -- but that's what happens with a bipartisan Amendment. If everyone is a little unhappy, maybe we did it right.

So I would ask you to support this Amendment. It goes in the right direction. It gives us the guidelines we need. And it gives us the flexibility to implement it within the next few years, not tomorrow. We're not sending school buses down there to pick up the patients and deliver them to CVH's campus. Believe me, it will take a while. But when we do, we will do it in a compassionate, thoughtful, cost-effective way.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Madam.

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REP. SERRA: (33rd)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative Serra for the second time.

REP. SERRA: (33rd)

Mr. Speaker, for the second time. So there's no misunderstanding amongst my colleagues, I want you to know that, first of all, you're invited to Middletown and I will buy breakfast or lunch as we tour Middletown's Downtown.

If we were guaranteed that people who were going to come to Middletown would be under supervision -- growing up as a young man, we had four to 5,000 people at CVH. It never affected the community because they were under custodial care of the State of Connecticut. In the morning they were fed. They were bathed. They were medicated. They went to school, arts and crafts.

But what we have now since that program began in the early 60's or the late 60's of de-institutionalizing, we have them out in the street.

Now, granted, if they take their medication, it's provided to them in the morning, fine. If they don't take their medication, we have problems. And I see it. I work in local government. I'm on Middletown's Main Street every single day. The police are there.

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Ambulance service is there. CVH police are down there.

So I'm not -- I'm standing here telling you that we are a compassionate community. But what we're saying is enough is enough. And we have other institutions. In fact, we are engaged not in a battle with the State of Connecticut -- we have a war because after we get through with this issue, we have to move on to the Long Lane issue, which is another story that I'm not going to belabor with you today. But I'm sure that we'll be discussing this at a future date.

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, sir.

Representative Jarjura.

REP. JARJURA: (74th)

Thank you, Mr. Speaker. Mr. Speaker, I'd like to start off by first of all commending my dear colleague in front of me, Representative Dillon. I know she's worked very, very hard on this issue and she's been inundated with a lot of concerns by a lot of different people and has tried to address those concerns in this Amendment.

And I've been sitting here listening to this debate very intently. And as a prelude to this day coming, in late February I decided to go up to

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Fairfield Hills Hospital, the grounds there, to see what was going on and what it looked like. And I had intended maybe to spend maybe half an hour or 45 minutes. And I ended up spending about nine and a half to ten hours touring the facility and each and every component thereof.

And, quite frankly, I was very impressed with the care both in the State-operated portions, which is for the mentally ill, and with Berkshire Woods, which takes care of our substance abusers.

And as I walked through the halls of the Berkshire Woods, a number of the clients there had gotten wind that I was in the building and came forward to tell me some of their stories and how that, you know, they had hoped that this would be the last time that they would need this type of care, but that they were very thankful for a facility and how difficult it was to get treatment for I think one of the most debilitating and devastating sicknesses, alcoholism and other substance abuse.

I then went over to the third portion of the facility, which was run by the Department of Corrections. And it's a facility for non-violent people, also substance abusers. And I guess that's also scheduled to be closed.

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I think Representative -- some of the Representatives have hit up on the issue. The facility, at least Fairfield Hills -- and I did not go out to Norwich, so I won't speak about Norwich -- is architecturally and building-wise probably one of the best facilities, State facilities, that I've seen.

The doors and woodwork are all solid wood, oak wood, mahogany wood. And I'm not sure if they'll take this into consideration. But I think from a historical point of view, some of these buildings are irreplaceable. And they were all -- and this was a surprise visit, so it's not like they had a chance to prepare for me to be there. They were all very meticulously and elegantly kept.

I don't know what the answer is, ladies and gentlemen. I do know -- and I'm the first to admit I did vote for this year's budget. And I understand that in speaking to Representative Dyson that this is part of the budget. And I agree with Representative O'Rourke. I think some of the savings here are very illusory.

To see the amount of money spent renovating Fairfield Hills -- and from what Representative Bysiewicz has told us, the condition of CVH is of less quality there. I think it's -- I just hope we're not

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moving in haste. Because it seems we spent 17 million dollars in haste for property that we're going to sell and I would assume the buildings there are not going to be commercially utilizable. So they'll have to be destroyed. So that's -- I mean I hope we can recoup our money in the sale of that vast amount of real estate if this does come to pass.

The other portion is -- and maybe I'm a dinosaur on this issue -- I don't believe de-institutionalizing -- and with all due respect to what Representative Gyle said -- is the way to go. I have seen the effects of individuals, as Representative Serra has mentioned, on the streets of Waterbury who have come out of these institutions and I believe they are not being treated very -- I don't think they're being treated very humanely by society. And I think they get better treatment or more protection, if you will, in a facility.

I do understand that a lot of the de-institutionalization occurred at the urging of advocates for these individuals through various court cases. But -- and there are more than -- I'm sure all legislators have their stories. But an individual as recently as last year released from Fairfield Hills Hospital just for no apparent reason -- and it could

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have been a lack of taking their medication -- lunged at and stabbed the clerk at the Dunkin Donuts down on Lakewood Road. And she lost a lung but, thank God, she's living and she's coming back.

But I mean that's just one instance. I mean these horrible acts could have occurred anyway regardless of whether a person is released from Fairfield Hills. But I think in looking at some of the buildings that are now housing individuals who were released from various State institutions, whether they be substance abusers or sufferers of mental illness, in the Waterbury area, I could tell you that these buildings which once housed senior citizens, that seniors are afraid to live there, do not house seniors any more, and with no bad reflection on the State workers who visit these individuals to make sure their meds, that the police officers in Waterbury will tell you they have to have one or two cars every day just to try to quell some of the disturbances that do take place.

I'm not quite sure how I'm going to vote on this Amendment, as you can well tell. But I do want to say that I heard a lot from the workers at Fairfield Hills Hospital and the patients. And I can tell you that they're, very scared. But I guess with any change people will be scared.

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I just hope we're not back here in three years or four years at the request to then establish a regional facility outside of CVH and one in our area and maybe one in Eastern Connecticut because we have got to stop, ladies and gentlemen, this jerky motion and just keep spending money and then say, "Oh, no. That was the wrong direction. We're going to go in this direction now."

And it's no reflection, again. I commend Representative Dillon for her hard work in this area. I do understand, as Representative Dyson has indicated to me, this is a matter of the budget. And I will continue to listen if anybody else has anything to say.

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Representative Jarjura.

Representative Sellers.

REP. SELLERS: (140th)

Thank you, Mr. Speaker. I'd have to concur with many of the colleagues. Dollars and cents, common sense. And I can truly tell you that I wasn't here earlier this morning for many of the votes just based on the Fairfield Hills project in itself, but not for a business matter or anything less than my own child.

My own child has been a patient at the Fairfield

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Hills Hospital now ten months. Prior to that, 18 months through Berkshire. And although this is probably not the type of thing that people like to listen to and it's certainly not the things that I like to talk about, I do have a problem with the Fairfield Hills Hospital closing. If not certainly for the geographic location of it, but certainly for all of its beauty and all of the services that it had actually rendered.

And I would strongly stand in support of more facilities and at that location. They're doing a wonderful job there. We're in the process of putting the Sellers family back together just by the services that that program seems to be rendering.

So it's the kind of things that I hate to have double standards on. And I'm not one to speak very much nor am I going to speak long. But I do not favor Fairfield Hills closing.

Thank you.

SPEAKER PRO TEMPORE PUDLIN:

Thank you very much, Representative Sellers.

Will you remark? If not, let me try your minds. Ladies and gentlemen, all those in favor of House "A" signify by saying Aye.

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Aye.

SPEAKER PRO TEMPORE PUDLIN:

Opposed Nay?

VOICES:

No.

SPEAKER PRO TEMPORE PUDLIN:

The Ayes have it. House "A" is adopted.

Will you remark further on the bill as amended?

Representative McDonald. Good afternoon, Madam.

REP. McDONALD: (148th)

Good afternoon, Mr. Speaker. Mr. Speaker, I have an Amendment. Just a minute. I forgot to put my glasses on.

SPEAKER PRO TEMPORE PUDLIN:

We can wait for you to put on your glasses, Ma'am.

REP. McDONALD: (148th)

Okay. Mr. Speaker, I have an Amendment, LCO 7090. Would the Clerk please call and I be allowed to summarize?

SPEAKER PRO TEMPORE PUDLIN:

Will the Clerk please call LCO 7090, House Schedule "B"?

CLERK:

LCO 7090, House "B", offered by Representative McDonald.

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SPEAKER PRO TEMPORE PUDLIN:

Madam has asked leave to summarize.

Proceed.

REP. McDONALD: (148th)

Yes, Mr. Speaker. This Amendment returns to the original statutory language as to how we go about hiring or appointing, the Governor goes appointing a Commissioner of Public Health. It's been in the paper for the last -- twice in the last week. And I'd like to explain just a little bit about how this happened.

I was approached by someone from the Governor's Office, asking if I would agree to return the statutory -- are there objections or something? Oh. They don't have the Amendment.

SPEAKER PRO TEMPORE PUDLIN:

Representative Ward.

REP. WARD: (86th)

Mr. Speaker, I have absolutely no desire to delay this proceeding at all, but I think we don't have the Amendment on this side.

SPEAKER PRO TEMPORE PUDLIN:

Well, then we'll stand easy for a moment until the Amendment is delivered.

(House at ease)

REP. McDONALD: (148th)

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Mr. Speaker? Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative McDonald.

REP. McDONALD: (148th)

I understand other people have Amendments. And I would be willing to withdraw mine until they can straighten it out. And maybe somebody else would like to offer their Amendment.

SPEAKER PRO TEMPORE PUDLIN:

Well --

A VOICE:

You can't withdraw it. It's already been designated.

SPEAKER PRO TEMPORE PUDLIN:

It's already been designated. And I think we'll just stand easy until the Amendment is delivered.

REP. WARD: (86th)

Mr. Speaker?

SPEAKER PRO TEMPORE PUDLIN:

Representative Ward.

REP. WARD: (86th)

Because I understand what the Amendment is, I don't know that having the exact photocopy of it is going to be insisted upon by this side of the aisle. I think the Representative in explaining it, we can

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understand what it is adequately, Mr. Speaker. So I would withdraw the previous objection.

SPEAKER PRO TEMPORE PUDLIN:

With withdrawal of that previous objection, may I suggest, Representative McDonald --

REP. McDONALD: (148th)

Yes.

SPEAKER PRO TEMPORE PUDLIN:

-- that, rather than summarize, be thorough.

REP. McDONALD: (148th)

Mr. Speaker, LCO 8135 which Representative Dillon just put forth, the major Amendment, it is Section 22 of that Amendment. So if you would go to Section 22 of the major Amendment that Representative Dillon brought out, you will find what my Amendment is.

Section 22 is present statutory language. And if you'll look on Line Number --

SPEAKER PRO TEMPORE PUDLIN:

Representative McDonald, if you could wait one second please?

REP. McDONALD: (148th)

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SPEAKER PRO TEMPORE PUDLIN:

Anne? One second.

Excuse me. It was a great five hours, but you're

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doing it again. So if we could please quiet down a bit? This is a long debate, but it will move faster if you are very quiet. Thank you.

Representative McDonald.

REP. McDONALD: (148th)

Yes, Mr. Speaker. If the members will look at Line 876 in the master Amendment, you will find that a third job description has been added for the Commissioner of Public Health. The previous language before that in Section 22 is the present statutory language. So what we have is adding a third qualification.

I would like to just give you a little summary of what happened and how we came to this pass. I was approached by the Governor's Office, oh, maybe five or six weeks ago. And the Governor had in mind a candidate that he would like to be the Commissioner of Public Health. And I would like to accommodate the Governor because I've always been a firm believer that a person like the Governor or Superintendent of Schools or a Mayor should have the people around him who he can trust and who he wants to do the job.

So I agreed that I would go along -- I didn't want to be too rigid -- with a change that would call for a Masters Degree in Public Administration and at least

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ten years experience in the administration in Public Health. So the other ranking members and Chairman of Public Health concurred.

What happened after that was a lot of going back and forth between me and the Governor's Office. And I don't want to bore you by the changes. But it all came down to the fact that the candidate does not have a degree in Public Administration, but, instead, he has a degree in Political Science.

And I was a little bit taken aback by that because the local Directors of Public Health, your Directors in your municipalities or your local Health Districts, have a requirement that they be an M.D., plus a Masters of Public Health or just a Masters of Public Health, essentially the same qualifications for the Commissioner.

And I was a little reticent because the Commissioner of Public Health has a great deal of contact with local Public Health Directors and local District Health Directors. And I was just a little bit worried that they would not respect the new Commissioner if he has a Masters of Political Science.

So I right now am putting through this Amendment. I don't think that when we have qualifications in a statute listed for what the Commissioner should be,

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that we should throw them out the door just like that when a candidate comes along.

When we're doing that, we're taking the candidate is giving us the job description instead of the candidate fulfilling the job description that's already on the statutes. And if we did this all the time, who knows what would happen.

We're either going to have requirements in the statute, if we want them; otherwise, let's throw them all out of all statutes and say, "Hire anybody you want."

At 4:00 or 5:00 in the morning last Saturday morning, the Senate -- they must have been a little bit or half asleep -- they changed it to four categories. In the Senate Journal for that night they have Masters Degree in Public Administration or Public Policy or a minimum of ten years experience of Public Health. That "or" does not even require a graduate degree of any kind, indeed, not even a high school education. So I don't know what they were doing up at the Senate.

But if we want somebody that has more than a high school education as Commissioner of Public Health, then I say that we should go back to the statute, what it was.

I'm very sorry because I would have liked to

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accommodate the Governor. But I don't think they were very forthcoming when they told me he had a Masters Degree in Public Administration when, indeed, it's a Masters Degree in Political Science.

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Representative McDonald.

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. It's with a deep sense of irony and ambivalence that I rise to oppose this Amendment.

SPEAKER PRO TEMPORE PUDLIN:

The question is on irony and ambivalence. Will you remark, Madam?

REP. DILLON: (92nd)

Thank you. I once was in the same position as Representative McDonald. And I am in deep sympathy with this Amendment. And as things went forward and this policy appeared to be attached to a person, it caused me to reflect on the motives behind my own position in opposition to the changes.

And it occurred to me that we were essentially attempting to secure by statute what we have been unable to secure through the political process. And

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that is an adequate voice for the Public Health community in this building.

In 11 years I have frequently seen major matters of Public Health policy determined essentially by lawyers from the insurance industry and the hospitals. I hear more in this building about money than I do about health outcomes.

And that's one of the many reasons why I would prefer to leave the statute the way it is. But, frankly, that hasn't always gotten us where we wanted to go.

It's also true that -- I will give you two examples of exactly how the Public Health field has not only not only been limited to people who were trained in Public Health, but has been founded by people from other disciplines. And I'll narrow that to people -- could the Speaker be --

SPEAKER PRO TEMPORE PUDLIN:

Thank you very much, Ma'am.

REP. DILLON: (92nd)

Thank you. I'll narrow the examples to people from our own state. Frederick Olmsted is remembered today as the individual who designed Central Park. He was born in the Naugatuck Valley. He attended Yale University and lived in New Haven. His major

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contribution, however, was one of the founders of the Public Health field. His training was in Civil Engineering. He served on the Sanitation Commission of the Civil War. And all of his work in the area of drainage and all over this country essentially helped to build the foundation of what is today our public water systems.

We are able to build on that today. Whole populations were wiped out in epidemics of cholera and diphtheria because of the water systems prior to the Civil War. A lot of the pioneers of the Public Health movement came from Civil Engineering.

Likewise, in a more contemporary example, the authors of the Diagnosis-Related Groups, which now is the underpinning of our Medicare system, were designed by two other people from Yale University, John Thompson, who was trained as a nurse and taught at the Nursing School, and Bob Fetter, who is an Operations Analyst who taught at the School of Organization and Management. Both of those are giants in the field of Public Health and neither one of them has a degree in Public Health.

I would suggest to you that the language that we have before us, first of all, does not eliminate the requirement for Public Health, which I believe is

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salutary. Second of all -- could we have some quiet, Mr. Speaker? It's really chatty over here.

SPEAKER PRO TEMPORE PUDLIN:

It must chattier there than there. But wherever it is, please be quiet. Representative Dillon has the floor.

Proceed, Madam.

REP. DILLON: (92nd)

Thank you. This adds an additional stringent requirement which I expect future Governors might find onerous. And that is a minimum of ten years management experience in the field of Public Health.

None of these requirements are going to guarantee us that we're going to get a good manager or that we're going to get someone who necessarily has political support from the Governor's Office, from OPM or from our two Chambers.

However, I believe that this language would help us to get an individual who not only has the support of the Executive Branch but who knows the department, knows how to use talent. And I fully expect that the author of this Amendment before us, which I oppose, will be very fiercely holding people's feet to the fire to make sure that they deliver on Public Health policy and I expect to join her in that effort.

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Nonetheless, I oppose the Amendment.

SPEAKER PRO TEMPORE PUDLIN:

Very well.

Will you remark further on the Amendment?

Representative McDonald.

REP. McDONALD: (148th)

Yes, Mr. Speaker. I think the point I was making is that we have a statute that lays out the credentials for somebody in this department. Representative Dillon is talking about Mr. Olmsted and he's talking about Civil Engineers back in the olden days. No doubt they were the best people possible. I don't know if there was such a statute.

But, you know, let's not just disregard the statute. If we're talking about some other matters in this Assembly, I can't imagine many people standing up and saying, "It doesn't matter what the statute said. Let's go our own way." We don't hear that very often.

And I would like to make it very clear that I do not know this candidate. I met him once for 12 hours. I hear he is a very, very effective administrator. It has nothing to do with the candidate. It's whether or not we're going to obey the statutes or we're not going to obey the statute. If we don't like the statute, then we should change it.

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But right now, to change a statute by appointing somebody that does not fulfill the requirements is what we're talking about, ladies and gentlemen. And no doubt this candidate may be the best Director of Public Health we ever had. I had faxes on my desk this morning from -- one of them was from the Public Health Director of Greenwich. He wants the Commissioner to hold the same credentials as he holds. I had other faxes on Friday.

So we're talking about whether the local Directors of Public Health will look up to and follow the direction of a person who has a Masters Degree in Political Science. That's what the issue is. No doubt he might be a good Public Health Commissioner. I have nothing against him. I don't know him. But that's what the question is before you.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Ma'am.

Will you remark further on House "B"?

Representative Ward.

REP. WARD: (86th)

Mr. Speaker, thank you.

SPEAKER PRO TEMPORE PUDLIN:

Sir.

REP. WARD: (86th)

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Mr. Speaker, I rise to oppose the Amendment. I think if we look at the entire context, we are reconfiguring three agencies, restructuring them. In doing that, we are establishing new qualifications for the position. When you look at what the Department of Health under the new configuration will be asked to do, I think the requirements that are in House "A" that was adopted are reasonable requirements for selection of a new Health Commissioner.

I would urge the Chamber to reject the Amendment and move forward with this bill. Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

On House "B".

Representative Fahrback.

REP. FAHRBACH: (61st)

Thank you, Mr. Speaker. That's why Representative Ward is our leader, because he said some of the things that I was going to say.

But I have an editorial from this morning's Hartford Courant. And although I don't normally agree with the Hartford Courant and it doesn't normally agree with me, I have to agree with some of the statements that were made.

We are restructuring the agency and with that

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restructuring we need different credentials for the Commissioner. The fact of the matter is, as pointed out in the editorial, the position pays about \$84,000.00 a year. You're not going to find too many physicians that are going to want to work for that salary.

In addition, it takes experience to run a State agency and knowledge in running that State agency. And regardless of who the candidate is, if that person has experience and can delegate their responsibilities, they would be much better as a Commissioner than someone who came in who had no experience at all in running a State department.

I urge everyone here to defeat this Amendment.

SPEAKER PRO TEMPORE PUDLIN:

Representative Wasserman.

REP. WASSERMAN: (106th)

Thank you, Mr. Speaker. I hadn't intended to speak, but I have to clear up a misconception here. And I'm speaking in opposition to the Amendment.

I want to make it very clear both as a person who has a degree -- I have a Masters in Public Health from Columbia University and I have been a Director of Health for many years here in the state of Connecticut. The requirements, the old requirements, in the statute

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for the Commissioner of Public Health only say a degree, a graduate degree in Public Health. It is not the same as that required for Directors of Health who have to have a graduate degree in Public Health from an accredited school. And an accredited school is a School of Public Health. It's a professional school. That degree is very different from what even the current language reads.

So that even if we were to accept the Amendment, we would not be achieving what most Directors of Health -- and as I said, I'm one of them -- would want to see ultimately.

Thank you.

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Ma'am.

Representative McDonald?

Representative Ryan.

REP. RYAN: (139th)

Yes, Mr. Speaker. As an optometrist, I took a series of courses to certify me in Public Health delivery. And I, therefore, was going to speak in favor of the Amendment because of the fact that certain criteria that are needed in establishing Public Health policy and because of the restructuring of this particular department and the fact that it will no

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longer be delivering health care services but will, instead, be putting forth public policy on how health care delivery services should be established.

I would have to say that the Amendment as it stands is probably the proper way of choosing someone who will be overseeing this. You're going to need someone who is going to be able to understand and write up epidemiological reports and put them into some type of format that will be able to be used by the health care delivery people responsible for health care delivery throughout the state, people responsible for Public Health at the local level as well as the State level. And I think the criteria as set forth in Representative McDonald's Amendment are proper.

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Will you remark further on House "B"? Will you remark? If not, let me try your minds. All those in favor of House "B" signify by saying Aye.

VOICES:

Aye.

SPEAKER PRO TEMPORE PUDLIN:

Opposed Nay?

VOICES:

No.

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SPEAKER PRO TEMPORE PUDLIN:

The Nays have it. "B" is defeated.

Will you remark further on the bill as amended?

Will you remark? If not, staff and guests to the well of the House.

Representative Donovan.

REP. DONOVAN: (84th)

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Chamber, please come to order. Thank you very much.

You have the floor, sir.

REP. DONOVAN: (84th)

Thank you, Mr. Speaker. Mr. Speaker, I didn't want this bill to go before any discussion on what I consider one of the most important aspects of this bill. And that deals with the State pursuing a Medicaid waiver, 1115 waiver.

As you know, in this state the number of uninsured has grown from eight percent of the population only a few years ago now up to 12 percent and it's growing. Small businesses are having hard times making ends meet and giving health insurance to their workers. And with the growth of more temporary help among the work force, more and more people are finding that they do not have

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health insurance where they work.

Also, as our state faces huge layoffs, especially in the southeast portion of our state, there is a lack of health care to move things along.

And, Mr. Speaker, as we talk about welfare reform, what better way to assist welfare reform than to provide health care to workers?

A number of states have applied for these waivers. And as in a similar waiver just applied by our state this past year, our state is behind. A number of states have applied for this waiver and have been granted waivers by the Federal Government. They've increased their health care coverage for people in their state, working people, have reduced their uncompensated care and have moved people off welfare and into jobs.

Although we're behind, we can learn from others and we put together this unique opportunity to save money and increase enrollment for health care. Congressman Shays when he was here, I caught him in the hallway and asked him what was the status of it and he says, "You ought to move on this as quickly as possible." And he thinks it's very important for us to move for 1115 waiver because it maximizes our chances for Federal dollars to help with health care.

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So this is very important. We need to make sure we do it right. We have the Consumer Protection involved. We have the Marker Reform involved. And we expand the health care coverage to help the people in our state.

Thank you, Mr. Speaker.

SPEAKER PRO TEMPORE PUDLIN:

Representative McDonald.

REP. McDONALD: (148th)

Thank you, Mr. Speaker. Mr. Speaker, I also would like to rise to talk about the 1115 waiver. 1115 is a demonstration waiver. And the first one that was given was given back in 1990. The Federal Government gave one a year. The first state was Oregon, then Kentucky -- no. Tennessee got one. I forgot the other two. But they were only giving one a year until this February where I noticed when I was reading that all of a sudden in one month they granted five new waivers.

And so I consulted with some people from Washington. And, sure enough, the reason they were giving more waivers is that President Clinton didn't get his way with national health care. So his administration was looking for ways that you could increase the number of insured people.

And how you do it with a demonstration waiver is

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you put as many Medicaid people on managed care as you can. In our case, we're hoping to put everybody who is on General Assistance in the 1115 waiver, people who are on Supplementary Social Security, the blind, the disabled, the Governor's Initiative of Long-Term Care. And then we can expand it to other people.

For example, when a young woman gets off of welfare and goes out to get a low-income job, one of the main reasons she comes back onto welfare is because of health insurance.

Some states have included these young women in the waiver and their employers have agreed to pay \$50.00 a month towards the insurance. So they would pay it into the pool. And that's a lot cheaper than having one of these women come right back into welfare.

The 1115 waiver is different from the one that we applied for for the AFDC clients that's supposed to be approved very shortly because it allows you to change some of the rules and regulations of Medicaid itself.

The waiver that we applied for for the AFDC clients keeps all the old Medicaid rules in place and then just switches to managed care.

Let me give you an example of what one of the state, I think Ohio, did. They required a co-pay for medical insurance -- medical office visits from the

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clients, \$1.00 a visit to the doctor, 50 cents per prescription. And so you can do things like that. You can change a lot of different rules. And in doing so, you save quite a bit of money.

The consultants that worked with us on this predicted in the first year that we are granted a waiver that this state should save between 80 and 100 million dollars.

The purpose of this is to take that 100 million dollars and expand the coverage to people who are just above the poverty line. These are families that make eight, ten, \$12,000.00 a year.

CBIAA was very supportive of this waiver because it does another thing. The more people you have insured, they're paying their bills at the hospital. Then we really have reduced the uncompensated care pool. We really -- they're paying their bills now. The hospital doesn't have as much uncompensated care.

These waivers take about a year to write and that's why we have in this Amendment a deadline of May 1. And as Chris Donovan just said, I was talking to Chris Shays while he was here, too. The Federal Government has given 11 of these waivers out.

Up until now, we're a little bit ahead of the game because Chris Donovan went to Washington to get the

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information way back in March. And I heard from OPM last month they sent some people down. And there are now 42 people, 42 states in line to get the waiver.

We want our waiver to go fast. We don't want it to be like the 1915 waiver we sent last year where we were one of the last states in the country to send it. Mississippi was behind us. And so we would like to be a progressive state. We'd like to be able to save this 100 million dollars and we'd like to go forward very fast.

I would like to say that this was an initiative of the whole Public Health Committee. And I had tremendous support from Norma Gyle on the waiver. We had all the members on the committee working very hard for this. And we hope that in the upcoming months when the working committee is working that we will be able to expedite this. And I think it's one of the bright spots of this legislative session and that maybe we can help poor people get some insurance and it will be better coverage than they ever had before.

Right now, the General Assistance people that run to the emergency room are not getting good care. They would get the primary physician the same as everybody else. We'll save money that they're not going to the emergency room. And we should have a lot healthier

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group of people out there.

And I was very happy to have so many people working with me on this. And I think it's going to be a great thing for the state of Connecticut.

Thank you very much.

(Speaker Ritter in the Chair)

SPEAKER RITTER:

Thank you, Madam.

Are we ready to vote? If so, staff and guests come to the well.

REP. O'ROURKE: (32nd)

Mr. Speaker?

SPEAKER RITTER:

Representative O'Rourke.

REP. O'ROURKE: (32nd)

Thank you, Mr. Speaker. I'll try to be brief. We had hoped to offer an Amendment directing the State to keep Norwich Hospital and Fairfield Hills Hospital open and add it to this bill because, as Representative McDonald and others have pointed out, there are many good parts of this bill.

Unfortunately, I just found out the Amendment strikes the entire bill. It was badly flawed.

But I need to ask all of my colleagues to oppose this bill before we vote on it for the reason that the

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consolidation of the State mental hospitals is wrong. It has been sold to us as a matter of saving money in the State budget, providing 14 million dollars of additional dish monies which we have already established are possibly not going to be there. We have no idea that we can count on them.

We do know that by closing the hospitals, we are going to be flushing 17 million dollars that we have already invested in those two fine campuses down the drain and we will be required to spend an additional 20 million dollars renovating a dilapidated campus at Connecticut Valley Hospital.

We know that we'll have to spend additional monies on transporting clients to Middletown. And we know that this represents a 180-degree change of course over where this state has been headed in providing adequate care for the mentally ill and the substance abuse patients of the state of Connecticut.

Just in conclusion, ladies and gentlemen, I don't think that this change is about saving money for the State of Connecticut. I think we've proven that. It is not about providing adequate health care for the people of the state. I think it's being driven by politics and a desire to sell these two campuses.

And I will just ask and urge everyone here to vote

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down this bill so we can step back and put something better together that really serves the needs of the people of our state. And I thank all of my colleagues for their indulgence. And you, also, Mr. Speaker.

(Speaker Pro Tempore Pudlin in the Chair)

SPEAKER PRO TEMPORE PUDLIN:

Thank you, Representative O'Rourke.

Will you remark further? If not, staff and guests to the well of the House. Members please be seated. The machine is open.

CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber. The House is voting by Roll Call. Members to the Chamber please.

(Roll Call vote taken)

SPEAKER PRO TEMPORE PUDLIN:

If all the members have voted, your votes are properly recorded, the machine will be locked.

Clerk, please take a tally.

(Tally taken)

SPEAKER PRO TEMPORE PUDLIN:

Please announce the tally.

CLERK:

SB 1164 as amended by House "A". Total number voting, 146; necessary for passage, 74; those voting

prh

280

House of Representatives

Monday, June 5, 1995

Yea, 111; those voting Nay, 35; absent, not voting, five.

SPEAKER PRO TEMPORE PUDLIN:

The bill passes.

At this time are there any points of personal privilege?

Representative Graziani.

REP. GRAZIANI: (57th)

Thank you, Mr. Speaker. For a point of personal privilege?

SPEAKER PRO TEMPORE PUDLIN:

Your point, sir?

REP. GRAZIANI: (57th)

Okay. Thank you. Ladies and gentlemen, to all my friends out there, I'd like to introduce you to my wife, Alma, my daughter, Elena, and the newest arrival to the Graziani family, born January 30, Justin Edward Graziani.

APPLAUSE

SPEAKER PRO TEMPORE PUDLIN:

Sir, thank you for the point. We needed it.

Are there other points?

Representative Lyons.

REP. LYONS: (146th)

Thank you, Mr. Speaker. I would make a motion for