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SENATE PROCEEDINGS 2003 VOL. 46 PART 16 4763-4909

SENATE AGENDA #1

(1) EMERGENCY CERTIFICATION

SB NO. 2001 An act concerning public health, human services and other miscellaneous implementer provisions.

Introduced by Senator Sullivan 5th
Representative Lyons 146th

End of Senate Agenda #1

THE CHAIR:

Senator Looney.

SEN. LOONEY:

Yes, thank you, Mr. President. Mr. President, I ask that the Clerk call the item that appears on Senate Agenda No. 1 and that is Emergency Certified Bill, S.B. 2001.

THE CLERK:

Emergency Certification, S.B. 2001 An Act Concerning Public Health, Human Services And Other Miscellaneous Implementer Provisions, introduced by

Senator Sullivan, Representative Lyons.

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Mr. President. I move acceptance and passage of the emergency certified bill.

THE CHAIR:

Motion is for acceptance and passage. Will you remark? Senator Harp.

SEN. HARP:

Thank you, Mr. President. Mr. President, this is the human services and health implementer bill and it implements all of the provisions of the budget having to do with human services. It makes several changes to the SAGA program or the State Administered General Assistance Program.

It implements cuts to our Health Department. It delays the implementation of our newborn screening program. It basically looks at having the Department of Public Health, the Department of Social Services and CHEFA report to us on how to implement a program to bring nursing homes up to par with sprinklers and makes several changes on licensure for health providers moving from an annual licensure to a biennial licensure and to a triennial licensure for institutions and a quadrennial

licensure for clinics and makes many other changes, all of which implement the budget.

I urge your adoption.

THE CHAIR:

Thank you, Senator Harp. Will you remark further? Will you remark further? Senator Handley.

SEN. HANDLEY:

Thank you, Mr. President. I rise to ask a couple of questions, if I may, through you, Mr. President, of the proponent of the bill.

THE CHAIR:

Please proceed Senator Handley. Senator Harp, Senator Handley is about to ask you a couple of questions. Please proceed, Senator Handley.

SEN. HANDLEY:

Thank you. One of the changes that's proposed in this bill is in the HUSKY A plan, that is the plan for the children and their families who are among the poorest of our community. And we are going to be asking a, I think it's a $25 co-pay for families with income ranges from 50% to 100% of poverty. Is that right, Senator?

SEN. HARP:

No. That's not exactly correct. Let me go through that program for you and then if you have further

questions, I will try to answer them.

THE CHAIR:

In response, please proceed, Senator Harp.

SEN. HARP:

Thank you, Mr. President. The HUSKY A program changes, changes the benefit package to a program that will be identical to the state employee, non-gatekeeper point of enrollment program as opposed to the Medicaid program that it currently links to, or the Title 19 Medicaid Program.

For enrollees with incomes between 50% and 100% of the federal poverty level, they will have a monthly premium of $10 per person or a family premium of $25 per person. Now that is different than a co-pay.

A co-pay is the amount that you pay each time you visit a care provider and the co-pay for this program at all levels will be $3 per doctor visit.

For people who are now covered on HUSKY A with incomes between 100 and 185% of poverty, there will be a monthly premium of $20 and a family premium limit for a family, that is. persons more than one, of $50 per family unit or whichever is less. So, if it's a two person family it would be $40 instead of the $50, but if there's three, instead of it being $60, it would be $50. If there were four, it would still be $50.

This program will require as well, the $3 co-pay for each doctor visit or provider visit and for pharmaceuticals or a prescription, $1.50 per prescription.

And just to clarify a little bit more, for children who are on this program will not be required to pay premiums or for that matter, co-pays but there will be a requirement for the $1.50 for the prescriptions.

THE CHAIR:

Thank you, Senator. Senator Handley, you still have the floor.

SEN. HANDLEY:

Thank you, Mr. President. I'd like to ask, through you to Senator Harp, what the income of a person who is at 50% of poverty is in the State of Connecticut.

THE CHAIR:

Senator Harp, do you care to respond?

SEN. HARP:

Thank you, Mr. President. I believe that the income is, for a family of four, is around $9,000.

SEN. HANDLEY:

Thank you.

THE CHAIR:

Senator Handley.

SEN. HANDLEY:

And this bill would require a family of four making $9,000 to pay up to perhaps $50 a month in premiums.

The next question I have for Senator Harp is, the program of which I think all of us have been very proud, which we have provided a number of services for legal immigrants including Medicaid, food stamps, and some health care. That program is not mentioned in this bill. Is there any plan to continue receiving folks into this immigrant program?

THE CHAIR:

Senator Harp, do you care to reply?

SEN. HARP:

Thank you, Mr. President. Current law ends that program in terms of enrollment on June 30, 2003 and I don't believe that there is language to continue the enrollment.

But those who are currently on the program will not be disenrolled.

THE CHAIR:

Thank you, Senator Harp. Senator Handley.

SEN. HANDLEY:

Thank you, Senator Harp. There is a large segment here on the question of the transfer of assets of folks before, in the process of moving from private pay for hospitalization and other care and receiving medical

care under Title 19. This transfer of assets has been, this issue has been very controversial. Does this bill continue the program as we have been, does it continue the approach toward the program since it hasn't been approved yet, that has been part of our program, that has been part of the waiver in the past, or is there any change?

THE CHAIR:

Senator Harp, do you care to respond?

SEN. HARP:

Thank you, Mr. President. Mr. President, through you, could I ask the questioner to ask the question again. I'm not sure that I understand.

THE CHAIR:

Senator Handley, could you perhaps rephrase your question.

SEN. HANDLEY:

Oh, I apologize to Senator Harp. We have been talking about and dealing with a proposed waiver which is called the Transfer of Assets Waiver, which will require a change in the way in which folks who go onto Title 19, particularly elderly and disabled are, their assets are treated.

That proposed waiver was quite controversial and it appears again in another iteration in this bill and I am

curious, through you, Mr. President, whether there are any changes in this proposal from the original proposal for a transfer of assets program?

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Mr. President. Assumed in the budget are the savings for, that would be accrued should the Transfer of Assets Waiver be approved by the Center for Medicaid and Medicare Services.

What we have in our budget proposal, or the implementer today is the provision that if that waiver is approved by CMS, which it has not been in the past two and a half years, but if it is approved, then it gives the Department of Social Services the ability to waive penalties and grant relief to nursing homes that have been adversely affected by the Medicaid Transfer of Assets policy.

THE CHAIR:

Senator Handley.

SEN. HANDLEY:

Thank you, Mr. President. Thank you, Senator.

We have been concerned also about the SAGA program and the maintenance of the SAGA program as an entitlement for the very poorest single disabled and I

shouldn't say disabled, single folks in the state. Is that program continuing as an entitlement, Senator Harp?

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Mr. President. Through you, the SAGA program is continuing as an entitlement for both sides of the program, the cash side as well as the medical side which means that SAGA recipients are entitled to the cash program if they qualify under the various qualifications and they're entitled for health care under the program.

THE CHAIR:

Thank you, Senator. Senator Handley.

SEN. HANDLEY:

Thank you. That's the end of my questions, Mr. President. I'm sure Senator Harp will be relieved.

My questions have reflected some of the concerns that this bill has raised and I remain troubled by a great deal that is in this bill and I thank Senator Harp for her efforts to help me understand some of it.

THE CHAIR:

Will you remark further? Senator Prague.

SEN. PRAGUE:

Thank you, Mr. President. Mr. President, there is

a section, well, there are many sections in this bill that are very disturbing. But there's one section in particular I'd like to address and that's Section 59 concerning our ConnPace program.

The Connecticut ConnPace program has been a life saver for most of the seniors who cannot afford the cost of prescription drugs and the disabled people who again, cannot afford the cost of our prescription drugs.

We as a state have done nothing to control those costs, but we have given some help to people who qualify according to their income and their assets.

At this point, it was always the income eligibility. Now we're going to establish an asset eligibility, which is okay. The asset eligibility is reasonable, $100,000 for a person and $125,000 for a couple.

But what Section 59 does, is to allow the state to recover whatever they have paid on behalf of the ConnPace applicants after that ConnPace applicant dies.

What I am proposing and for the, for legislative intent and for the record, is that if the surviving spouse has the income and asset eligibility for ConnPace, then the state recovery will not occur until that surviving spouse dies so that the state cannot go in after one member of a couple dies with the other

surviving spouse being left at a very low income eligibility.

This language will prevent that remaining spouse from being completely impoverished.

With that, Mr. President, I'm hoping that will be in the record and this will be adopted as legislative intent. Thank you.

THE CHAIR:

Will you remark further? Senator Harp.

SEN. HARP:

Thank you, Mr. President. I just want to say that I certainly would concur that if there's an opportunity for us to make this adjustment, that we move forward and do that. I believe that many of us assumed that we were thinking of the spouse in terms of the person, the last remaining spouse as the person who dies, so I certainly support that as our intent and when we can, hopefully there will be an opportunity to address this in other language.

THE CHAIR:

Will you remark further? Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Mr. President. Mr. President, I would just rise to briefly associate myself with the previous remarks of Senator Harp.

I, too, agree that it was the intention of many of us during the course of the negotiations surrounding this bill to exclude from the operation of the language of this provision, surviving spouses whose income and assets would render them eligible for ConnPace benefits and so I believe that this is a legitimate issue for us to address over the course of the next several weeks when we'll have an opportunity to revisit the actions we're taking today.

THE CHAIR:

Thank you. Will you remark further? Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. Through you, a few questions to the proponent.

Senator Harp, in relation to the section of the bill regarding the restructuring of the Birth to Three Program, there is language authorizing, or in fact mandating, that the Department institute a fee schedule for those with certain incomes above, I believe, $45,000.

There is also language in the bill which would allow the Department to institute an additional fee schedule for those making underneath that amount. I'm a little confused by the language in one sense mandating

fees and in the other sense being permissive.

Is it your understanding that there will be fees associated with this program for those persons and those families making under $45,000?

THE CHAIR:

Senator Harp, do you care to respond?

SEN. HARP:

Thank you. I believe that what has occurred in the past is that the Department of Mental Retardation has had the ability to set fees for various services across the population, which means folks under 45 and those above and it, this bill requires, and they've never set those fees for anyone, even though they had the ability to.

This bill basically requires that they set fees for those $45,000 and above on a sliding fee schedule, but it does not take away their ability, their broader ability, to assess fees to everyone in the population. I would guess I wouldn't worry about that too much since it's been something that they've had the ability to do over time and it's just reinforced that we're not taking that away by requiring the other fee schedule.

THE CHAIR:

Senator Murphy, you still have the floor.

SEN. MURPHY:

Thank you, Mr. President. And I would suggest that the language in this bill is to implement the cost savings to the program in the budget and it would just be my feeling that I would hope the Department would take the course first of applying those fees to those making incomes above $45,000 to achieve those cost savings before they look to those in the lower income brackets.

I understand they have had and now continue to have, the ability to impose fees regardless of income. I hope that it would be their wish, as it is mine, that the cost savings in the underlying budget are achieved through fees on folks at the upper end of the scale.

Moving on to, a question or two on the restructuring of general assistance. Senator Handley asked a question whether this is an entitlement and you stated it was. I'd just ask a little bit more specific question.

When contracts go out under this program, I know we can't imagine how this entire program is going to be administered, but would it be your intent that any provider, whether it be a health center or a hospital or a group of doctors signs a contract for the state, a part of that contract would be, in fact, that they have an obligation to continue to provide service to those

clients, whether or not they get paid through the state through the entirety of their contract?

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Mr. President. Through you, it is my assumption that in order to contract for funds through this program that you will, in fact, agree to provide services whether or not you believe that you're being paid adequately for those services. There will be payment. The adequacy, of course, is something that may be debated by providers.

THE CHAIR:

Senator Murphy.

SEN. MURPHY:

One final question on that subject. There is a separate line item for pharmacy services under general assistance. It's my understanding on the general medical services line item that we're spending within available appropriations and thus if there's not money at the end of the year to make payments to providers, they might not be there, on the other hand, so there's not a commitment to spending deficiency.

On the pharmacy line item, I guess my assumption is that that is administered differently. That is because

it is still paid basically on a fee for service basis, that we have a commitment within this budget to spend in deficiency on the pharmacy line item different than what our commitment is on the general medical services line item.

And I guess I'm asking Senator Harp if that, if my understanding is correct.

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Mr. President. Through you, your understanding is correct, that it will be paid on a fee for service and that deficiency spending will be allowed.

And as well, I didn't mention, there is something in the language that allows the Commissioner, if there are extraordinary medical costs, and I'm not talking just about pharmacy here, but hospital costs as well as primary care costs that would come to the federally qualified health care clients and local providers, the Commissioner can increase disbursement to those entities.

THE CHAIR:

Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. Thank you for your responses, Senator Harp.

Just a few remarks on the restructuring of our general assistance program. I think obviously, many of us, you know, I think all of us here were obviously loathe to include these cost savings in some of these restructuring provisions in the budget. But here we are.

And I guess I stand here just today as we go forward and unveil this restructuring now from this hall into the hands of the bureaucracy just to issue a few minor cautions as we do so. There are many questions unanswered as to how we will turn this language into operation in order to continue serving as an entitlement, the general assistance clients of the state.

One, I would say, as we go on to create the system, be creative. In Waterbury, for instance, we have only one health center, with only one satellite and two struggling hospitals. It is not going to be an easy task to find providers in every corner of the state who will take on this burden. It will not be easy to convince them that it will be financially viable for them to do so.

And so one plea to our administration, and to those

of us who will hopefully oversee this is to be creative, to make sure that we reach every corner of the state.

Two, be fair in establishing what benefit levels this program has. There is no guarantee of what benefits will be included for general assistance clients and we have to be careful to create a package so small that we create costs on the other end. There has to be preventative, true preventative services as part of that package.

And last, when the day comes, and I'm almost sure it's going to come, when the money runs out, when we have to make a decision as to whether we are going to continue paying providers, whether we are going to go into a deficiency, be compassionate. For this program to be an entitlement, for that word entitle to mean something, the payments have to back it up. And I know we don't say it in here, but I would hope when that time comes ten months down the road in this fiscal year, that we are back here putting our money where our mouth is and continuing, and continuing that commitment.

I'd like to thank those who spent their time trying to put together what probably was an impossible task. This is a Herculean effort in the short amount of time to restructure what has been a program that has worked as it has for so long. There are many unanswered

questions and I would just hope that those of us in this circle who care about this program endeavor to answer them over the coming months. Thank you, Mr. President.

THE CHAIR:

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

SEN. DEFRONZO:

Thank you, Mr. President. Mr. President, I rise to associate myself with the remarks made by Senator Prague, Senator Handley.

This is a 124 page document with dozens of provisions. Some are good. Some are not so good. We are in many areas being asked to accept significant changes in vitally important programs to the poor and the disabled in order to protect permanent erosion of those programs.

And so we take that challenge seriously and as was pointed out in the case of the ConnPace Program, HUSKY A, HUSKY B, transfer of assets, reorganization of GA, I think these changes are driven by the severity of our economic condition.

But we have, many of us have fought hard to protect the fundamental programs, to keep them in tact. I believe this bill does that. However, we do, we accept the changes that are here in this bill reluctantly and I

know we are, many of us here are pledged to fight to restore those programs to their former levels of funding, to their former levels of eligibility and to once again, hopefully, in the not distant future, protect those in our society who are least able to protect themselves.

Thank you, Madam President.

THE CHAIR: (PRESIDENT RELL IN THE CHAIR)

Thank you, Sir. Will you remark further? Senator Newton.

SEN. NEWTON:

Thank you, Madam President. And I, too, would like to put my remarks with the previous speakers. And I know a lot of work and time went into the budget and the implementers. But I want to just remind everyone sitting around this circle, that whether we like it or not, there will always be poor people who, for no means, or no purpose of their own, will always need state help.

And so, as painful as this looks, we need not fool ourselves that some people are going to fall through the cracks. And I do believe, with all my heart, that government was put in to help people. Whether I like it, whether you like it, it's what government was created for, to help those who cannot help themselves.

And so, no matter what we do here in this circle,

there will always be poor people. There will always be elderly. There will always be a group of people that need our help.

And as I look at this, as painful as it is, and I want to commend Senator Harp, and I can realize how painful some of this stuff had to be, to have to do this at crucial times.

So I would be remiss, Madam President, that if I did not stand up and at least let you know that we're going to always have poor people in the State of Connecticut, those who are locked out and who can't help themselves. And who, by no choice of their own, can't do better.

No matter how much we do for them, there's still a population out there that still will need a hand, whether they're mentally ill, whether they have substance abuse programs, whether they are single males they're going to always need help.

And so, as we stand here, we'll be back. As my friend and I once heard, we can either pay on the front end or the back end, the back end being building more prisons and having to deal with that sort of way than doing it in a way that just gives them a hand.

And so, I want to thank those who worked hard on this and I know our President and other folks struggled

with SAGA and GA to at least keep it. And I know those wasn't easy discussions and easy fights, but I'm here to tell you they're going to stay here and they're going to live in the State of Connecticut, one of the richest states in the union. And one day, we're going to have to address it either on the front end or the back end, and I just hope that should our state turn itself around, that we remember the least of these, those that don't have the lobbyists, those that can't come to the Capitol and voice their opinion, that at least we recognize that.

And so, as painful as it is, Mr. President, this is the best we can do under our circumstances. But I would have been remiss if I didn't stand up and let the circle know that no matter what we pass, we could have done away with SAGA and GA, but there still would have been poor people out there that can't run, can't go away, that's going to need help.

So thank you all for the hard work that you put into this and I'm just hoping that we will revisit it because, as I said to you earlier, we've only got two options. The front end or the back end, and it will cost the state one way or the other and I'm just hoping that we always keep that in mind.

Thank you, Madam President.

THE CHAIR:

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

SEN. SULLIVAN:

Thank you, Madam President. I, too, want to thank Senator Harp, Senator Handley, Senator Murphy, Senator Prague and Senator Aniskovich and all of the folks who, in this circle, at some point through the budget process and the implementing process, have been part of the push and pull on a very difficult, difficult bill as well as their House counterparts.

This bill, as every speaker has suggested, is a mix of risk and opportunity, the sort of thing one always sees in adversity. The risk that we will leave adrift, a significant portion of our population who have nowhere else to turn, but also the opportunity, in some ways.

I'm struck by the beginnings of a philosophy that is reflected here and reflected in some of the works that we have earlier done with respect to Title 19 that begins to suggest that we are a society which asks families to care for all in the family and that it is not sufficient to say that one individual may turn to the assistance of the State of Connecticut, be fully helped, and as part of that, protect their ability to pass along assets to their children or others. Children

and others have an obligation as members of a family and the taxpayers do not have an obligation to protect those assets or to protect that cash or to protect that legacy. We have an obligation to protect the health and safety of the person who needs our care and I think that's, there are several important steps in this bill that continue that theme of looking at a broader sense of responsibility beyond the public fisc and I think we should never hesitate to provide benefits for a person whether it's ConnPace or GA or Medicaid, never hesitate to provide benefits for a person who is truly in need and without resources.

But we should also not be asked to do that simply to allow that person somehow to pass along their wealth to someone else. That is not an obligation that taxpayers should have.

I have one disappointment in this, well, there are probably many, but I want to stand and express one because Senator Prague was good enough to point out something that we all think needs to be fixed. There is something else that I think needs to be done when we come back here again.

And that is the absence of the behavioral health partnership from this bill. It is, to be sure, among some, a contentious issue but to the extent that we make

some important steps in this bill towards addressing the mental health needs of children and adults, we continue to operate in the State of Connecticut with a system that is really divided that does not work well in a whole sense for the entire delivery of mental health care services and needs.

The administration has put forward a proposal for a behavioral health partnership which has been embraced by most of the advocates in the mental health community because they understand that the impact of it will be to bring sense and sanity, collaboration and cooperation, to what has been a divided world of care.

I have no doubt that there will be a need to address the checks and balances that need to go with that step and to assure ourselves that we will not be trading off improved services for one by diminishing services for another.

But when we get back here, I hope to have the opportunity to work with Secretary Ryan, to work with my colleagues here in the Senate on the Public Health and Appropriations Committees that we will next time have a good behavioral health partnership bill in front of us that we can pass and that we can pass in the House.

It's a missing piece. But this is an imperfect bill. We can take steps in the weeks ahead to do

better. I do want to thank again the people who worked on this. Hard times require hard decisions, but never hardheartedness and I think that summarizes the way in which this bill has been written.

THE CHAIR:

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

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, I rise, too, to thank those of my colleagues who participated in the creation of the bill as before us. I think Senator Sullivan is right to end his remarks with a reference to the difficulty of the choices that were before us, many of which were forced upon us by the fiscal circumstances that we find ourselves in.

And while it is clear that a variety of the choices that we're making today, we're making solely for the reason of achieving a level of savings in the budget that is necessary to comply with our constitutional obligation to balance the budget, there are also a variety of proposals that are before us in this bill and will be before us in others to come from the House, that promise something more than merely a short and perhaps even a long-term savings to the coffers of the state.

Some of the provisions before us actually will

serve for perhaps some difficult reasons, to improve the kind of service that we deliver to those who cannot help themselves, as Senator Newton has described them.

The SAGA population in particular, is a population that I am familiar with and familiar with the obstacles that exist to those folks who are trying to access health care and other services.

And as Senator Murphy has pointed out, the real issue here going forward, is how we translate the policy choices and even the details that we have laid out in the bill before us into a practical working change in government.

And so, I want to, for that purpose, offer my own remarks with respect to the creation of a record on the sections that deal with the changes to the SAGA system in this bill.

I think it's clear that this bill creates an entitlement to cash assistance under the SAGA program, one would argue maintains the entitlement nature of the cash assistance and that guarantees those cash payments to individuals who quality.

On the medical services side of the SAGA program, I want to make it clear that the language before us creates an entitlement to access services at a federally qualified health center, a community health center or

other similar health care provider as spelled out in the legislation or designated by the Commissioner of the Department of Social Services.

However, it would be misleading to suggest that the entitlement is something more than that. And in particular, I think it's important to make clear that the entitlement that's created by this bill is an entitlement to receive those services that are offered at those health centers or other providers as spelled out in the legislation.

And that in addition to those health services that may be provided by the health center, there are ancillary or other services that the Department will, through the Commissioner's office, reimburse for outside of the payments that the Department will be making to community health centers and others to provide the basic medical care that is called for under this bill.

And I offer these comments merely for the purposes of making clear what it is we do today and making clear what I think will be the steps that will be taken going forward by the variety of executive branch agencies who are going to be asked to put in place the changes that we spell out today in this bill.

I believe it's important for us today to make the kinds of statements that we're making with respect to

our principles and our hopes and our expectations about what government is and about what we're about the business of doing here. I think it's equally important for us to be clear that we send an equally clear message about what we're doing to the executive branch as it undertakes to implement or administer what we are passing here today.

Thank you, Madam President.

THE CHAIR:

Thank you, Sir. Will you remark further? Senator Looney.

SEN. LOONEY:

Yes, thank you, Madam President. Just briefly, would like to add my commendations to those offered previously of all that worked so hard in putting this bill together which has so many diverse elements and weighed so many crucial interests of the state.

One element, one section of the bill I would like to point out is that section that deals with what I think is currently and will become an ever-increasing challenge to our state government and to the people of the state, and that is dealing with the mental health problems of those who are charged with criminal offenses.

We have an increasing number of people in the

criminal justice system and charged with crimes who have an underlying mental health problem. And there is a section, or several sections of the bill, Sections 13 to 17 that deal with the issue of alternative incarceration for people with psychiatric disabilities and provide some greater flexibility for judges to send criminal defendants who are found to be incompetent to stand trial to treatment programs other than confinement at Connecticut Valley Hospital. That is going to be a very important innovation in our system.

It also, the bill also authorizes the judges to order periodic examinations of incompetent people charged with serious crimes who have been placed in DMHAS custody. It is something that we are recognizing as an ever-increasing challenge because every year reports indicate that people who are in the criminal justice system, every year there is a reported increasing incidence of those who have a variety of mental health problems in addition, obviously, to the alcohol and substance abuse problems that plague so many people in that system.

So this portion of the bill will try to build some greater flexibility into our system providing other ways of evaluating and treating the conditions that have led people into those conditions.

It also provides for more effective monitoring. Under current law, courts must order competency examinations when there is a question of competence to stand trial and those reports must indicate whether there is a substantial probability that the person if treated, will regain competency within the time he could be held for the offense with which he is charged.

But under the bill, those reports must also state whether an incompetent defendant appears eligible for a civil commitment monitored by the judicial department's court support services division. That is also an important innovation that could lead to better supervision and care.

In addition to the hearings that are required under current law, that instead of requiring judges to send people they find likely to become competent to the restoration unit at CVH, the bill allows them to give custody to DMHAS and provide for placement in a treatment facility the Department chooses pending civil commitment.

So this is an important innovation. It's a bill, it's in the direction of recognizing that we must have greater ways and greater flexibility of dealing with people who encounter the criminal justice system and have an underlying mental health problem.

I wanted to draw the Chamber's attention to that because I think that among so many provisions in the bill that are dealing with limitations on benefits or difficult choices, this is one I think that actually provides for a creative approach to actually addressing a need to a greater extent and is a harbinger of what I hope will be more progressive changes to come.

Thank you, Madam President.

THE CHAIR:

Thank you, Sir. Will you remark further? Senator Harp.

SEN. HARP:

Thank you, Madam President. I just wanted to tell the Chamber about the process of getting to this bill and to thank everyone who was involved in it. Actually, negotiations ended yesterday morning at a quarter to eight after having negotiated for almost all week and certainly most of the day and afternoon and evening and early morning of yesterday. And it took a lot of personal restraint of those around the table who honestly have differing views and yet, everyone exercised that and I want to commend all of the leaders for doing that.

But after we talked and negotiated, the Office of Fiscal Analysis under the direction of Susan Schimelman

had to go and actually, I don't know when they slept, but had to prepare our fiscal analysis. The Office of Legislative Research had to do the OLR reports on these bills and the LCO had to actually write the bills. It took a lot of work. They were in the room while we were negotiating and then after we finished in the not even wee hours of the morning, it was almost late morning, they had to go and actually prepare these documents.

So I want to thank them publicly for the work and commitment to the people of the State of Connecticut. I want to thank publicly as well, our attorney, Joel Rudikoff for the work that he did on behalf of our understanding the language as it was developed.

And certainly this is not a perfect picture for the State of Connecticut but our economy is not at its best and I certainly hope that it improves in the future and that we're able to do more of the things that define us as Connecticut and make us proud of the work that we do on behalf of our residents.

THE CHAIR:

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

THE CLERK:

A roll call vote has been ordered in the Senate.

Will all Senators please report back to the Chamber.

A roll call vote has been ordered in the Senate. Will all Senators please report back to the Chamber.

THE CHAIR:

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

THE CLERK:

Emergency Certification S.B. 2001.

Total number voting, 32. Necessary for passage, 17. Those voting yea, 24; those voting nay,8. Those absent and not voting, 4.

THE CHAIR:

The bill is passed.

Senator Looney.

SEN. LOONEY:

Yes, thank you, Madam President. Madam President, there may be some points of personal privilege or announcements. If there are not, would ask that the Chamber stand in recess. There will be caucuses to prepare for the remainder of the bills today.

THE CHAIR:

Before we recess the Chair will ask if there are any points of personal privilege or announcements? If not, seeing no points of personal privilege, the Chamber

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CONNECTICUT
GEN. ASSEMBLY
HOUSE

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SPEAKER LYONS:

The legislation passes. Representative Amann.

REP. AMANN: (118th)

Thank you Madam Speaker. I move for the immediate transmittal to the Senate.

SPEAKER LYONS:

Hearing no objections the motion passes for immediate transmittal to the Senate. Would the Clerk please call Emergency Certified S.B. 2001.

CLERK:

S.B. 2001, AN ACT CONCERNING PUBLIC HEALTH, HUMAN SERVICES AND OTHER MISCELLANEOUS IMPLEMENTER PROVISIONS. Introduced by Senator Sullivan and Representative Lyons.

SPEAKER LYONS:

Representative Patty Dillon you have the floor madam.

REP. DILLON: (92nd)

Thank you Madam Speaker. This is the bill that, I move the acceptance.

SPEAKER LYONS:

You are correct madam; the bill was called so if you would move acceptance and passage of the bill then we can go to summarization. That would be correct.

REP. DILLON: (92nd)

Thank you Madam Speaker. I move acceptance and passage of the bill and request permission to summarize.

SPEAKER LYONS:

The question before the Chamber is on acceptance and passage. At this point then madam you do have the permission of the Chamber to summarize.

REP. DILLON: (92nd)

Thank you Madam Speaker. This is a very large bill to summarize. For the efficiency of the Chamber I will identify very quickly what some of the different sections of this very large and complicated bill do. The first section codifies reductions that were made in the local health departments last year in the last budget the cuts were made without changing the statues. There are no new cuts; however, this does codify an $800,000 cut that was made last year. That is the first three sections.

Two sections four and five continue a newborn screening account and dedicates certain fees to maintaining that account. Number six establishes a vaccine fund and an assessment to continue our universal immunization program. The next section implements a compromise, which will change the entitlement program from the birth to three program and institutes certain co-pays. The next section suspends the tobacco fund for

two years. The section after that includes language concerning sprinklers in nursing homes. The section after that, section 12, establishes a group home pilot for acquired brain injury. The sections 13 to 18 include the restoration of beds in CVH, including accelerated rehab.

Section 19 and on down includes extending some of the licenses that we have in the Department of Public Health to either two or three years, which will be neutral from a revenue point of view but will relieve the workload on the department. The sections after that implement that and that includes nursing homes, administrators and massage therapists, acupuncturists, barbers, hair dressers, electrologists, hearing instrument specialists and so forth.

The following sections, include MEHIP provisions make a delay of one section of the statutes concerning in public areas. Suspends vision screening for two years, it adds a number of fees for auto racing and ferries. Section 42 on deals with the State administered general assistance program, the entitlement is maintained for individuals. The cash assistance which was originally going to be eliminated is restored, although at a lower rate, with a preference to the individual --

SPEAKER LYONS:

I know the lady is trying to explain a very very complicated bill. So if we could please give her our attention. Representative Dyson, oh my gosh there is a D there, Representative Dillon.

REP. DILLON: (92nd)

And he is Irish but we don't look alike. There is also language concerning dispensing fees on pharmacies. HUSKY B cost sharing school-based health credits and also cash credits for liquid assets, for CONPACE, hospital finance concerning disproportionate share. Freezing up some in-patient rates for hospitals, institutes co-pays for pharmacies. Introducing flexibility in the nursing home waiting list.

Conforming to a federal regulation concerning our current error rate on food stamps. Permitting pathologists to be reimbursed. A program which will require OPM to begin targeted case management in the Department of Health and Addiction Services. And um, also language, which will continue existing language, which sunsets this year which distributes the money for community health centers. Thank you Madam Speaker.

SPEAKER LYONS:

Thank you. Would you remark further on the legislation that is before us? Representative Dargan.

REP. DARGAN: (115th)

Thank you Madam Speaker. I rise in support of this complicated and complex bill that's before us. More specifically in section 92. Madam Speaker what has become a very difficult session for all of us one thing that we all can agree upon today is the protection of public safety of our elderly in our nursing homes by in this section that we require the retrofitting of sprinkler systems in our nursing homes in the State of Connecticut.

Earlier this year when we were here meeting in February in the State Capitol in Hartford not far from here there was a tragic incident where there was a loss of life. By this section here tonight it really shows the leadership of you Madam Speaker, of Representative Ward, Senator Sullivan and DeLuca in the Senate and also our Governor. In my 13 years here I've never received a letter from the sitting governor saying, let's go forward with this bill.

So with the leadership of all of us here, Democrats and Republicans, and our Governor if there's one bright spot in this legislative session after a tragic incident in our State today we will move forward to protect all of our elderly in our nursing home facilities in the State of Connecticut. Thank you very much Madam Speaker.

SPEAKER LYONS:

I thank you very much for your remarks sir. Will you remark further? Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Madam Speaker through you a few questions to the proponent of the bill.

SPEAKER LYONS:

Please frame your question.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. First of all through you Madam Speaker to the proponent. I'd like to ask some questions regarding the HUSKY program. It's my understanding that some of the premium of the, that the bill intends to impose premiums on HUSKY A parents and children. And I want to know through you Madam Speaker, is the proponent of the bill aware of any other states for their S-Chip life program, do they do such premiums? Through you Madam Speaker.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. No I'm not. But I know that there are a number of states, number one some of them are not as generous as we are Texas springs to mind. And number two; there are some of the other states

with fiscal problems so that it's really a moving target. So that what I knew two months ago I feel has been overcome by events. Through you Madam Speaker.

SPEAKER LYONS:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Through you. My understanding when the were some thoughts early this session to preserve the HUSKY aid program for individuals over, for adults, that by imposing premiums that would drive down the utilization. That a certain number of people would no longer apply for the program.

OFA has in the past predicted a certain decline in the enrollment of the program as a result of the premium. And I wanted to know, through you Madam Speaker to the proponent. Has OFA run similar numbers as to how many people will no longer take advantage of the HUSKY program because of this bill? Through you Madam Speaker.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. As the Representative from West Hartford may know, the Office of Fiscal Analysis does estimate that there will be savings of $2.8 million in fiscal year '04 and $2 million in fiscal

year '05. I'm sorry but I can't help you on the details of that though. They haven't disaggregated for us exactly where the savings may come. And it may well be that it isn't all from decreased utilization. I don't know that. But those are the savings included. Through you Madam Speaker.

SPEAKER LYONS:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you and through you Madam Speaker. So that in addition to this General Assembly earlier this year throwing off about 20,000 HUSKY adults we're not sure how many HUSKY adults and children will be thrown off the program as a result of the imposition of these premiums, is that correct? Through you Madam Speaker.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I think I understand what you're saying. But I want to, I guess I would maybe refer that to language. The way that this would work is they wouldn't typically be thrown off. If they didn't pay the premium they would no longer be in the program, but that's different than being thrown off. And so then if they're not rendered ineligible so that I realize it

sounds harsh and I don't really mean it this way but to a certain extent if they didn't pay the premium there would be at least - even though it would be painful - there would be at least a partly voluntary access to it. We're not rendering them ineligible. Through you Madam Speaker.

SPEAKER LYONS:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. And I understand what the proponent of the bill is suggesting that in fact we're not making a policy decision to throw them off. But the Office of Fiscal Analysis earlier this year when we were thinking of imposing a premium to the HUSKY adults that we later decided that we were going to cancel there. The OFA did estimate a certain number I think it was in the area of about five- percent, I could be wrong. We're making a policy choice because we know, or OFA knows, that by imposing a premium on these HUSKY clients, that in fact is what it will do. Through you Madam Speaker.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I think that a lot of people are chatting between us. But I think I understand

what you are saying and certainly to the underlying norm of the question I agree with you. If you're saying to the Chamber that you disagree with this, I think a lot of this very very tough. But when the analysts tried to make a judgment about the impact of any policy change we make they make certain assumptions and they do a differential.

So they may say well, will this 50% of the people and you look at a certain fee level. And you say if it's high it will affect 50% of the people given their income level it would be very punitive. The judgment that five percent would find it a hardship is still very very bad to those five percent, but given what was contemplated it's better than a lot of the other things that were being looked at. Five percent is low.

And even so, they would still have the opportunity to have do it. That was a judgment based on a probability and not on the knowledge of what people would do. Through you Madam Speaker.

SPEAKER LYONS:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker, through you and to the proponent. I understand that not everything in the bill was perhaps something that she negotiated or that she

was in support of. But that she's responsible to bring out today's bill and hopefully can answer some questions on the nuts and bolts because this is a very serious policy issue. This particular implementer bill has enormous negative impact on the quality of health for our less fortunate Connecticut residents.

I want to move on to another subject in that's SAGA. We've been told that we're still maintaining an entitlement program for healthcare for SAGA and I'd like to ask the proponent a few questions. My understanding is that we're block granting the payments to the providers for SAGA medical and that after that amount runs out that these providers are going to be obligated to pay, to basically provide their services free. Is that an accurate statement? Through you Madam Speaker.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I'm not sure that I understand your question totally. But I'm going to say something and perhaps you could help me to understand whether or not what I'm saying is responsive to your question. The language as I understand it preserves an entitlement which attaches to the individual. There is no provision in the bill for deficiency spending in the

event of a crossover run. Which by default may mean a block grant. I don't know that the instrument is totally spelled out in that way. I should say that it existed and there was a provision in statute for years, which made it very clear that there was a binding entitlement.

That was removed during the group negotiations after the adoption of the personal responsibility act, which was also "welfare reform" because on a bipartisan basis there was a decision that MEDICAID should be expanded for children. And that we would eliminate the statutory obligation that existed at that time for an entitlement for SAGA. But that the commitment was made by OPM that they would run it as if it were an entitlement.

Even though the language was done so that many people have been here once you see something go you know that there are multiple hurdles down the road if you want to dismantle it a little bit further. I was really very disappointed personally on that but I have to trust the process. There were many Democrats who supported removing that language at the same time that we were negotiating that. And so be it, you live and die by the process, or the people do as you might say.

So that language isn't in statute any more. That has been run as if it were an entitlement because we had

an agreement that it would be run as if it were one. So there is a preserved very specifically in statute that the individual who is on General Assistance is entitled to services. There is no guarantee that a provider will get deficiency spending.

However, there is language and conversation about applying for a federal waiver so that there would be a piece of it that would not be deficiency spending in the way that we do now but would address the same concern as if it were uncompensated care. Which by the way, is the model that Massachusetts uses. They don't have general assistance but they have this huge fund off on the side that they call uncompensated care. I don't know that I like that.

If I were a provider I would not if you're asking my opinion or aside from the history of it. However, we also have a policy that's bipartisan to maximize federal funds. Those of us who were disappointed in the way things are going are hoping that at least doing it through an uncompensated care instrument if there is cost overrun will permit us to attract some federal money if we're successful in getting an extra dish waiver. Through you Madam Speaker.

SPEAKER LYONS:

DEP. SPEAKER CURREY:

Representative McCluskey of the 20th.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Through you to the proponent. I appreciate your comments regarding this. I guess the first thing I'd like to ask is for purposes of legislative intent, this SAGA medical which we repealed apparently the statutory entitlement is going to be administered as if it's an entitlement? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. No that was the agreement in 1997 that it would be administered as if it were an entitlement. I don't know that legislative intent would carry very much weight here because I think that only remains if the statute we were adopting was vague. And I don't think it's vague at all. It's very clear. I don't think my opinion would offset that. And that is that the entitlement attaches to the individual and not to the provider. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Through you to the

proponent. Is the proponent aware of any other entitlements that we don't run as a deficiency or don't allow it to run as a deficiency and is essentially a block grant? Because, through you Madam Speaker, I think this is an area that it's entitlement by name but by practice it will not be an entitlement.

So I want to know as the proponent has been very familiar with the budgetary process as it relates to healthcare delivery in the State, I wanted to know if she was aware of another types of entitlements that are in practice administered this way? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. It depends upon what you mean. I mean most states don't have a general assistance program like we do. This goes back to colonial days really and it expanded over time. I think it was town aid to paupers. Excuse me Madam Speaker I'm sorry. I suppose I would say yes I guess. Because there are a number of states, New York and Massachusetts who basically don't have, even in the northeast, that basically run these things as uncompensated care.

And they have different forms, I think in New York

they have a pool, in Massachusetts it's a lot more complicated, so yes and no. It is an odd hybrid in the sense that we're guaranteeing that you have access and to a certain extent you're on your own to find a provider and so that's the problem.

But the reality is that the provider would have access as we go forward we hope with the HIPAA waiver and we look at maximizing federal funds, which we all support more or less. That that would, treating it as if it were uncompensated care would offset the fact that we are not having deficiency spending. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Through you, I was trying to get was whether the State of Connecticut had any other entitlement programs where we essentially say you're entitled to this benefit but we're tapping the amount of money that we're going to provide for this entitlement. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Thank you Madam Speaker. I guess not. But before

MEDICAID managed care theoretically we had a MEDICAID rate but you didn't have any guarantee that anybody would treat you. And so you were on MEDICAID but the whole point of managed care was that at least you have a contract that you have access. And so I would say no, but all these things evolve is all I'm saying.

Under the old MEDICAID you have an entitlement as an individual but you have no guarantee that a provider would be willing to see you. And as we speak there are a lot of physicians who do not take people on MEDICAID. And so for a tiny piece of it I would say it's a little bit similar to MEDICAID. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker, through you. Actually the proponent raised another issue that I was going to ask her anyway, which was the fact that do you believe that some of the co-pays required by MEDICAID, SAGA and HUSKY clients are in fact going to drive providers from providing those services? I think you may not have caught the full question so I'll repeat it again.

Madam Speaker, my understanding is as the gentle lady said that many physicians and dentists are opting out of the MEDICAID program and do you believe that this

requirement that the providers collect co-pays for many of these services are going to in fact be a billing and you know a bureaucratic inconvenience to the providers and they're just going to say we're not going to participate any more in the program.

We're not going to ask poor people to fork over money before we provide services, we're not going to be put in that position of collecting that money or you know trying to maybe eating it. Like apparently the pharmacies are doing with the co-pays that we enacted earlier this year. And they can't afford to absorb the cost and so they'll just not participate in the program.

Does the proponent have any knowledge on what would be going on with this issue? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I say with some embarrassment since my husband is a physician. That one of the embarrassing things about what I think is a very well trained physician workforce is how few of our doctors participate in MEDICAID at all. If they drop out their participation in some of the subspecialties their failure to participate is a scandal it's embarrassing to me personally. As someone who is trained in health and

something, it is my expectation and many others that the hospital clinics and the federally qualified health centers and some of the other health specialties will carry the weight on a lot of this and that will not be new. They've been doing it all along. And the number of individual physicians who are terrific, even though the profession in general does not have a fabulous record. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. And through you, a couple more questions through you on SAGA medical. Is the proponent aware that there was actually an offer by the federally qualified clinics and by the hospitals to actually just, instead of reorganizing service delivery, but just in fact achieve the same cost savings. That the bill provides in the SAGA medical but to remain the entitlement and the way the services are delivered. So that in fact we're saving the same amount of money in our budget but that were going to insure, protect the entitlement of SAGA medical. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. Yes I am aware of that.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. I think it's important to have that on the record. That the provider community was able and offered in fact to achieve the same cost savings in this bill but in a way that preserved and protected the safety net for healthcare for the most vulnerable residents. Thank you for those comments. Madam Speaker, through you.

Is the proponent aware that several years ago there was a thought to actually get an 1115 waiver of the federal government so that the SAGA medical at that time could actually have a federal match? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. Yes, absolutely. I don't know if the question is arguing that we should have done it. The 1115 waiver does give tremendous contracting power to the executive branch, which I believe some individuals may not particularly want to happen. But absolutely yes, I think it was about SAGA about six

years ago. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Through you Madam Speaker to the proponent. I share your reservations regarding 1115 waivers, I guess my point was being that another way to approach cost savings in SAGA medical would have in fact been to give up some flexibility to the executive branch, preserve the entitlement and get the federal government to pay half the program. But there was a policy was made, my understanding is, by the executive branch not to do that. And not to get a 50% reimbursement on this program. Through you Madam Speaker.

Madam Speaker I wanted to ask some questions as it relates to the CONPACE program. Because I think that program is again wrapped in this budget implementer in a way that I didn't think we were going to be doing when we adopted the budget two weeks ago. Actually I'd like to reverse that. On the SAGA medical at one point in one draft of the bill there was something that if a SAGA client were denied could appeal but during the appeal they couldn't get SAGA medical. Is that still in this bill? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I'm not sure, I could look at it and get back to you if you'd like.

REP. MCCLUSKEY: (20th)

Yes, and I apologize through you. I was trying to find that piece in the bill. I had seen it in an earlier version. I think that's important. We're going to say to people that you can appeal a denial of SAGA medical and in the interim you're not going to get it. So you know, what are those people going to do? They're going to go to the hospital and they're going to the emergency room and the State of Connecticut is going to pay through the nose in emergency room care.

It's important for this Chamber to hopefully get that answer before we finally vote on the bill. But I will move back to the CONPACE. There were a couple issues as it relates to CONPACE. The first one is that it's my understanding that when someone in the future - I'm not exactly sure of the effective date of that portion of the bill - that estate of the person who was on CONPACE is going to have to pay back all those costs related to the CONPACE. Is that an accurate statement? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. Yes that is my understanding.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

And so, we're really transforming this program through you Madam Speaker, aren't we? So that we're basically turning CONPACE into a welfare program, you were indigent; you're going to say that you're going to have to pay back the benefits. So I think it's important when we decided as a General Assembly many, many years ago to establish a CONPACE program it was never to my understanding or contemplated that we were going to ask the CONPACE recipients of the State to have to pay back the money.

I guess I'd like to know is the savings, I assume we're going to. Oh, let's ask a few questions on this. Does the Department of Revenue Services or DSS have the personnel to in fact go after the estates and process all those claims? Through you Madam Speaker. And if they can't do it within the current one, does the bill provide for additional staff to go after these estates

of the CONPACE recipients? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I don't know what assumptions OFA made on the number of people that are expected to pass away every year who are on the program. So I can't answer to that. But there is no provision for additional staff that I'm aware of. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you, through you Madam Speaker. I also wanted to ask the proponent regarding the transfer of assets provisions of this bill. Through you Madam Speaker. It's my understanding that the budget that we adopted earlier two weeks ago didn't make any changes or savings as it relates to the transfer of assets.

And I want to ask a couple of questions. Through you Madam Speaker, in line 2890 it says that they're going to presume that someone who made a transfer of their assets was done in order to qualify, to essentially take advantage of the MEDICAID program. And that this presumption may be only rebutted by a clear

and convincing evidence that the transfer eligibility or potential eligibility for medical assistance was not a basis. Through you Madam Speaker. How is a little old lady or a gentleman who may have made an innocent transfer to their children or grandchildren. How are they going to prove that a standard of clear and convincing.

Because it seems to me Madam Speaker, through you to the proponent, that we've now adopted a napoleonic code of law. That you're guilty until proven innocent. And I'd like to know how is the little old lady going to prove, by a clear and convincing, if they don't have the luxury of an attorney. If they're not, you know have the where with all to have a private counsel or someone to provide such.

How are they going to prove by that standard that an innocent transfer that they made and was in fact an innocent transfer? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. You're quite right it's dreadful. And actually your question goes to the heart of the dilemma that we face in the MEDICAID program. MEDICAID was not designed to be a volunteer care

program. MEDICAID was the redheaded stepchild of MEDICARE; it was designed for the poor. It became a program for seniors because of market failure. MEDICARE worked and people started living longer and it became expensive. And the private sector has not provided the insurance that we need.

It does not have an instrument and all of a sudden 80% of our MEDICAID dollars ended up being spent on 20% of the people who are in nursing homes. It goes to a fundamental flaw. First of all because we don't have universal healthcare and so we have no instrument for containing costs.

That's one of the major benefits for universal healthcare that you have some instrument for cost containment. We have no instrument for doing that. And second that MEDICAID that was never designed for seniors, it was designed for the poor and it was adopted at the same time as MEDICARE ended up because people lived longer and because the market failed ended up being a senior program.

And so a lot of the states that are having a lot of trouble paying for this are adopting a number of measures because the program was set up as a program for the poor. Which meant that any senior who wanted to qualify for it had to spend themselves into poverty to

be eligible. We should have another program. MEDICAID is not the best instrument for people in long-term care. But the private sector failed and the public sector picked it up. It's imperfect but we're doing the best we can with the limited tools we have. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. Through you, and I share the proponent's concern that seniors may be utilizing the MEDICAID program because the private sector, that the profit is not there, the economics aren't there so to provide affordable long-term care insurance that really provide the services that seniors are going to need in the remaining years of their life in an affordable premium.

But through you Madam Speaker, this clear and convincing evidence standard I think to me is very disturbing. At least since I've been in the General Assembly and prior to that following the General Assembly I don't ever recall that we have placed a negative burden on the people in the State of Connecticut to prove that what they were doing was right and not wrong. This bill, this part on the transfer,

assumes that the people who made a transfer were making that transfer to do something wrong and they have to prove by a clear and convincing standard that what they weren't doing wasn't, they weren't guilty but they're innocent. And that's very disturbing. I think that as a policy matter for this General Assembly is a precedent is very disturbing.

I guess I'd ask the proponent is she aware of any other parts in our statute regarding benefits where we say if someone made a decision that we assume their decision was to do something wrong and that they've got to prove by clear and convincing evidence that what they were doing was right? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

I'm looking very carefully at the language in the section that you're referring. I don't see anything here that says that what they're doing is wrong. It simply says that it should be presumed that they made the transfer to a enable them to obtain or maintain eligibility for medical assistance. I don't necessarily think there's anything wrong in trying to become eligible for medical assistance. It's economic behavior.

There are lawyers all over this state that are

taking workshops on how to tell your clients to transfer assets. This language doesn't say it's wrong. It simply says that we will assume that when you do that you're doing it with that intent that's all it says. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. And I would say to the proponent that maybe that is the case. But I think based on the transfer of assets waiver that was submitted by the executive branch over the opposition by committees of this General Assembly and I believe at least in one case unanimous opposition, bipartisan opposition to this. That the problem I have with this is that we're changing the deal right? The proponent is absolutely right.

There are some attorneys that advise seniors and say make a transfer of assets, wait three years and you can get into a skilled nursing facility compliments of the State of Connecticut. But the problem is that the waiver application that we submitted to the federal government said it's not a three-year look back - and I appreciate comments for purposes of legislative intent because I've heard different things on this issue. But

my understanding is it used to be three years from the time you made that decision you could kind of wait out the clock and you could go into this program.

But my understanding of the transfer of assets waiver that was submitted to the federal government from the time that we're aware that the senior made the transfer. So they could have made a transfer two years ago, I find out at DSS today that they did that. And I can penalize them and prevent them from being in a skilled nursing facility on the MEDICAID program, hopefully, unless they can prove by a clear and convincing standard that the transfer was innocent.

I could prevent for five years their ability to get into a skilled nursing facility. For purposes of legislative intent, is that the understanding of the proponent of the bill? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. With respect I have to say there are a lot of things in there and I can certainly do that myself. I'm not sure what the question. If you're asking about the waiver what's before me is the language in the bill that we're bringing out here. I can't speak to the waiver; I don't

have that language in front of me. I guess I have to say again on legislative intent. As important as I think we all are legislative intent matters when the law is vague. I don't see any vagueness in the language that we've adopted in any of our waivers. I don't see any breakness in the language in this bill.

I don't think anything that I could say to this Chamber in this discussion would outweigh the very clear language in the statute. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker and through you. I guess I understand that the proponent may not recall. I certainly don't recall, I voted on against the transfer of assets waiver as a member of the Human Services Committee last year. I think the problem is, we're going to a clear and convincing standard. We're assuming that the people made the transfer - you're right it's not a bad thing to try to get on a program in order to provide for the long-term care of one of our loved ones.

But the problem is that when you wed this clear and convincing standard with the administration's proposal that's sitting Washington to have a five year prospective look, then that really is a substantive

change in the ability of seniors to qualify potentially for this program. I don't want to belabor and tire out further my friend the gentle lady from New Haven. But Madam Speaker the reason why I was doing this is not just an exercise to see how long I can stay on my feet Madam Speaker.

I just have to say that this bill disturbs me. This disturbs me as a Democrat, it disturbs me as a public official, it disturbs me as a resident of the State of Connecticut. I understand that we're going through very challenging fiscal times. In 1991 this Chamber went through very difficult times. Fortunately for me I was only a spectator in 1991. I didn't have to make the difficult decisions that the proponent and others who are survivors of 1991 did.

But I think it's important that at that time when I believe our budget was any where in the neighborhood of $7 or $8 billion, we had a revenue shortfall of about $2 billion because I think we bonded a half billion dollars, we did the income tax. We actually deferred $217 million in unfunded pension liabilities for the record that year because of the challenging fiscal times.

But at that time Madam Speaker, we didn't do things that are in this bill. When the insurance industry was

panicking, when the banking industry was panicking, when the federal government was dramatically reducing defense expenditures. When we were on the rope we didn't make these policy decisions that are contained in this bill. This is wrong. I urge my colleagues. I know it's difficult. I know it's extremely difficult given this artificial deadline imposed upon this Chamber and in the upper Chamber to act on this bill, to vote no.

But you know what? I was elected by my constituents to do what I think is right and to take the consequences of those decisions. If I felt that everyone was making an equal sacrifice, then you know maybe this bill etched before us would be reasonable. This is not a reasonable sacrifice. We are asking people, the poorest; the most vulnerable of us to make inordinate sacrifices.

In the budget we ask people on tax assistance who are defined as unemployable - we at one point had in the early 90's about 20,000 people on general assistance. We are down to about 6,000. We cut their tax assistance by 40% an enormous cut in their benefits. And this bill continues in that trend of going after the most vulnerable in our society.

We can do better as a General Assembly Madam Speaker. And you know not only can we do better but we can do it more fiscally responsible. Because I would

argue Madam Speaker that some of these cuts and benefit reductions they're not going to save us the money that OFA or other people thought, it's cost shifting. Right? The SAGA medical is cost shifting.

We're saying as a state we're telling the SAGA clients, you're entitled to health care but you know what we're capping our exposure to that entitlement. So you know if you get sick and the reimbursement that we are giving to the providers has been exhausted that was provided they have to suck it up. Or maybe that provider would choose not to participate in this SAGA medical program because they're afraid of their financial exposure and their fiduciary obligation. They may choose not to participate.

We may find out in the fall next year that we've dismantled the SAGA medical through the way we structured this. It's very disheartening to me that we've made these policy decisions in an apparently bipartisan fashion. I believe that many parts of this bill will just drive up utilization of uncompensated care, more expensive uncompensated care in our emergency rooms.

People are not going to stop, people will continue to get sick after we pass this bill and they're going to near care and they're going to need assistance by this

General Assembly and this great State.

This bill dismantles many of the safeguards that we have fought so hard in the past to do. The SAGA program, which as the proponent said, has been with this state before we were a state in the colonial period. And the HUSKY program what's signals are we saying? I've got to say one other thing on the SAGA.

You know in 1997 this General Assembly chose to take over SAGA. We were paying about 90% of the SAGA program but it was town administered. So within five years of us taking over this program we've decided that we're going to cut the cash assistance by 40% and we're going to drastically alter the healthcare delivery.

And guess what Madam Speaker? Madam Speaker this is not going to eliminate the obligation of towns to take care of the poor that they have under law. This is not going to diminish the obligation of hospitals and clinics to provide healthcare. But what this bill does do is it is penny wise and pound-foolish. From both an economic and a moral standpoint this bill is woefully inadequate and I urge my colleagues to reject it. Thank you Madam Speaker.

DEP. SPEAKER CURREY:

Thank you sir. Representative O'Neill of the 69th.

REP. O'NEILL: (69th)

Thank you Madam Speaker. It's difficult to follow such an impassioned speech with what I am about to discuss. Which actually is something that arose during the bill review on the House side. We detected what appears to be some kind of confuse in line 3405. And I guess I would perhaps put a question to the proponent regarding that. The sentence that I have in mind to look at would be, if such families become - then it says - ineligible coverage group under federal law.

And it goes on to say the commissioner will do something about that. We're not clear as to exactly that first part of that first clause I guess it would be on line 3405 was supposed to be. We assume that that in fact is not quite correct. We didn't prepare an amendment we were sort of hoping a little bit of discussion on the floor would clarify it for the benefit of LCO.

Through you Madam Speaker. I would put the question to the proponent the sentence that begins on line 3405 could that be for clarity explained through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon of the 92nd.

REP. DILLON: (92nd)

Thank you Madam Speaker. Through you Madam Speaker.

Thank you very much to the Representative from Southbury. I assumed that this language was if such family becomes ineligible for their coverage group. I don't know if that makes sense to you. But I thought that was what it meant. And if so, that perhaps could be remedied by the legislative commissioner's office when it's codified. If not, I don't think, I think it looks like some words were inadvertently omitted. I don't know that it's a contradiction. If not, I assume that we could handle it in a text session.

But in some kind of a text revise in a later session. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative O'Neill.

REP. O'NEILL: (69th)

Oh yes, thank you Madam Speaker, I think that does seem to make sense. And if that's, I'm assuming that, that is the intent as expressed by the proponent of the bill. Thank you Madam Speaker.

DEP. SPEAKER CURREY:

Thank you sir. Representative Villano of the 91st.

REP. VILLANO: (91st)

Thank you Madam Speaker. Madam Speaker I also have problems with a number of sections in this bill. I'm troubled by a number of the issues that Representative

McCluskey raised in questions with Representative Dillon and he did so very thoroughly and expansively. But I, so I won't repeat them because I wouldn't be able to do as good a job I don't think. Nevertheless I did want to underscore for the sake of my colleagues in the Chamber the importance of some of the sections that are troubling and should have been deleted.

First of course is the transfer of assets. Never during the course of putting the budget together were the transfer of asset considered. And here it pops up in the implementer when we all thought that it was dead. As a matter of fact the later application submitted a year ago in February is still languishing in the federal government in CNS. And CNS frankly in an exchange of correspondence with DSS and others has indicated it has serious questions about the validity of the claims made by the proponents of the transfer of assets.

Particularly with the amount of money it would save. And the presumptions that it makes about people transferring assets to cheat their way onto the program. As a matter of fact at the public hearing the questioning of one of the proponents of the bill at that time they admitted, DSS spokesperson admitted that their records show that there are very few people who qualify for MEDICAID benefits to get into nursing homes do in

fact cheat. The number of cases qualified is very low. So that is surprise to see it in there and I find it unfortunate that it is there. As Representative McCluskey has said the SAGA program should have remained instead of being capped. And that to us is a betrayal of our commitment to the poor. I find that the sum total of the bill was not only to implement what the budget said but to squeeze savings out of the people who can least afford to have their benefits cut back.

We're squeezing the people who don't have anywhere else to turn. And the programs that they rely on for their health and welfare and other benefits it is unfortunate that they become the victims of that. The same thing goes with trying to recover the assets of CONPACE benefits that is to recover assets from their estates. Illegal immigrants are shut out from this. HUSKY A benefits.

Imagine people who earn less or half of the poverty level in today's figures it's about $4,400. They would be required under this bill to pay for their medical services. For all of these reasons and others that to me are too numerous to enumerate. I think the bill is flawed, fatally flawed, I don't think it can be fixed with an amendment. I did have an amendment, which I will not call, which would have deleted a number of

amendments. But even if that succeeded I don't think the bill is worth saving and Madam Speaker, I'm going to vote against it.

DEP. SPEAKER CURREY:

Thank you sir. Representative Walker of the 93rd.

REP. WALKER: (93rd)

Thank you Madam Speaker. Madam Speaker, I rise and I'm trying not to get up and talk and repeat a lot of what my colleagues say but I feel that this is very very important. Because I think we're making a very very serious decision here with this bill. I think what we're doing is we're determining people's life and death situations.

I think what we're determining who is going to thrive in our communities now and who is not. What we're deciding on is what type of health care, what type of education, what type of quality of life we're giving for our seniors in this bill. I think we really need to look at that much more seriously. We are taking circumstances and passing on to organizations like our hospitals and our community health based clinics and saying now you take care of it because we cannot manage it and we don't have the money.

But we're cutting these agencies and these communities and these clinics quickly and daily. And

we're increasing the number of people that they have to serve. So what we're doing is we're denying health care for every citizen in this community beyond what we have in the past. I'm very very upset with this because one of the things that I see is we also changed language in policy for the way we implement the Department of Social Services.

And the way we implement some of the general statutes that we pass here. Several times in this bill we have changes of titles, we have changes of words - and just slight words, which is very interesting. We change one word from implement to operate. And that happens several times throughout this bill. I don't understand what the difference is, but I'm sure we'll find out in the next few months. What we do is we're changing what happens in the care in the emergency rooms.

We're reducing the amount of healthcare that children get in their schools. And yet we continually say we cannot do any better. I can't believe that we cannot do any better. I understand that we are at the middle of budget crisis. I understand that we have to pass something. But this is not what we need to pass. There are several times in here where we are basically attacking poor people and seniors. And using them as our

target. I really have a problem with it. So I have some questions to the proponent of the bill.

DEP. SPEAKER CURREY:

Please phrase your question madam.

REP. WALKER: (93rd)

Thank you Madam Speaker. In section 82 we talk about required prescription drugs under MEDICAID. And one of the interesting phrases in there is 'to be dispensed in the most cost effective dosage.' To the proponent of the bill, could you explain to me that means.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. No.

DEP. SPEAKER CURREY:

Representative Walker.

REP. WALKER: (93rd)

Thank you. All right, my next question in section 43 where we talk about payments to hospital are within available appropriations. Do you have any idea what the bottom number is for that line? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I wonder if you could direct me to the line.

REP. WALKER: (93rd)

Section 43, I don't know the number.

REP. DILLON: (92nd)

Excuse me just one second.

REP. WALKER: (93rd)

On page 44, which line is that? Through you Madam Speaker, which line are you at?

DEP. SPEAKER CURREY:

Representative Walker.

REP. WALKER: (93rd)

Excuse me just one second. I can't find it.

REP. DILLON: (92nd)

Through you Madam Speaker. I wonder if I could. Are you simply asking about the disproportionate share section. Which particular line item are you talking about?

DEP. SPEAKER CURREY:

Representative Walker, through the Chair.

REP. WALKER: (93rd)

I'm sorry, through you Madam Speaker. I believe it's in sections 1476, or line 1476. The commissioner shall within the available appropriations make payments

to such based on their prorated share, the cost share provided under the number?

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. Yes, thank you very much. It's about $46 or $47 million. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Walker.

REP. WALKER: (93rd)

Yes, through you Madam Speaker. That is separate from the DISH payments? This is another pool of money correct? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. Yes, it's $46 or $47 million.

DEP. SPEAKER CURREY:

Representative Walker.

REP. WALKER: (93rd)

Thank you Madam Speaker. Thank you to the proponent. I think my colleagues have covered mostly everything that I probably would have said and some have

them done it extremely eloquently. But I really am concerned about what we're doing and how we're doing and to whom we're doing it. We continually, bill after bill, budget after budget reduces the healthcare and quality of life in so many communities around this state. I think that we need to look at that because we are going to have to pay one way or another.

I think it would be much more fiscally responsible if we established a program and we establish the way we process everything that going through these bills a lot more clearly and a lot more I guess not clearly with a lot more compassion and a lot more understanding of what our constituents really need.

We shouldn't try and just pass a bill here that's going to be quickly resolved and signed so that we can make sure that everything else continues as status quo. Families out there who are on SAGA who have to now pay a co-pay or they have to pay for their prescriptions. They're living off $90.00 a month, $150.00 a month or $200.00 a month. I don't know anybody in here that could possibly do that.

I do not know anybody in here who has a family of four with an income of $45,000 that can do a sliding scale fee pay for their children in order for them to work and contribute to our community. The birth to three

program is a very very vital program. We need to maintain it and we need not to exclude it from other families. There are so many other programs in here that we are not excluding and we are separating from our communities. We need to not do this quickly.

This is not the appropriate bill for us and I will be voting no against it. Thank you Madam Speaker.

DEP. SPEAKER CURREY:

Thank you Madam. Representative Thompson of the 13th.

REP. THOMPSON: (13th)

Thank you Madam Speaker. I rise to speak against the implementation bill. I do it for several reasons. One, incidentally if there is anybody from the Human Services, Children's Committee, Public Health Committee or Appropriations Committee sitting in the House at this time I would appreciate it if you would listen to this and if I'm wrong about anything, please take the floor and correct me.

But I address myself to section 72, 73 and I think it's 96, which is the HUSKY plan. I will agree with Representative McCluskey to the general assistance in my judgment is no longer an entitlement program when you pay for services within appropriations somebody is not going to get services and somebody is not going to get

paid. But in any event in addressing myself to the HUSKY plan. I'll begin by saying that one, I don't think the proposals are worthy of this House. I don't think the proposal that is before us are worthy of this General Assembly and finally I don't think the proposal that's before us is worthy even of this administration.

I'll explain that. This administration is proposing this HUSKY change. It did not come before - to my knowledge - it did not come before the Human Services Committee, it did not come before the Children's Committee, it did not come before the Public Health Committee, it certainly did not come before the Appropriations Committee in this form.

Since Senator Cook several years ago to her credit, came to us in the Human Services subcommittee with a proposal to expand health insurance for low income, especially low income workers. It was modeled on a Milwaukee plan. I took that proposal very seriously. Actually I ordered 151 copies of that Milwaukee plan, which I distributed to as many people as I could find willing to take it and look through it.

That was a proposal that had a lot of interesting ideas. We examined it, there was a committee set up to look at it further and so on. So the idea of changing how we provide healthcare to low income people has

always been out there. And believe me the idea of cost sharing, premiums and so for people covered by the HUSKY plan has also been out there.

But to the best of my knowledge we never went below 151% of poverty. We actually offered a plan that would have provided some form of cost sharing and premium coverage. But when you stop to think of it, this plan would start with 51% of the poverty level.

Now if my arithmetic is right if a person was working 40 hours a week making minimum wage they would be earning more money than somebody at 50% or twice as much money as somebody a the 50% poverty level. There is no available income to pick up cost sharing. There is no available income to these folks. Representative McCluskey is right. When you impose even $1.50 or a buck or $10.00 on low-income people you are going to loose coverage for those people. They simply will not be able to afford it.

They don't have the income. So where do they go? They go to the federally qualified health centers. They have no obligation to treat people beyond what they're already doing; the hospitals have no obligation beyond emergency care. So you're effectively cutting off literally thousands of people. And that to me is not right. And here's where I fought the administration.

Whether it's on this proposal or some of the other proposals with general assistance. There is no plan; there is no plan that adequately addresses the healthcare needs of thousands of our citizens. We are looking at emergency programs.

And believe me the book that we all got this past week and so on has a whole series of steps that the Departments of Public Health can take to address emergency services. The blackout in New York City and across the country last night demonstrated to me I think how people react when other people are in need. The kindness and generosity of our people is out there. And we're saying to our people we're representing a group by denying basic healthcare to thousands of the poorest people in our state, it doesn't make sense.

It's not worthy of this House; it's not worthy of this General Assembly. Because as I have said, we have four standing committees, at least four standing committees, this proposal never would have gotten through any of those standing committees. The administration knows that, you know it, I know it, everybody else knows it. Because it's outrageous to deny basic healthcare services to the poorest people in this State and that's what you'll do.

And there will be people out there, there are

people out there now who I think take advantage of the system, sure a handful. There'll be people out there no matter what you'll do, there'll be some way they'll get care. Whether it's a doctor that will treat them without cost or charge and so on. But to the vast majority it means that kids will go without pediatric care, adults will go without services.

People will postpone going to the doctor and so on. It will hurt the economy. You've heard all of these arguments I don't want to repeat them. But the big question is, and what's hanging over this House and over this General Assembly is, if we don't do something by midnight the Governor will veto the budget bill.

Well, I say vote this bill down. Say to the Governor we'll be very happy to sit down with you and discuss all of these - and some of these as Representative Dargan who's sitting up at the podium now -- has mentioned one section which he says truthfully is a good thing for this State. And I agree with that, there are lot of sections in this bill.

We can come back here; we've never been under this type of deadline. Governor's have signed budget bills and we've worked out the implementation. Even the budget document that comes out with explanation of this is probably not going to be done until October. So there's

no real emergency that the Governor is imposing. Except to use his bully pulpit to bully us.

If the people of this State, if the people of this State said to their Representatives what are you doing taking away healthcare from the poorest in our State, why are you doing that? I don't think we'd have a good answer. We could say well we have all these financial problems.

I think that would fall on deaf ears with the majority of our residents. And maybe I'm wrong about that and I hope I'm not. But if we just go ahead and do this we no longer have - they will require a waiver. We no longer have any veto over the waiver. We can say we think it's a terrible idea when it comes before our committee structure. We can say it's a terrible idea.

It doesn't mean a hill of beans. They'll just send it one down to Washington. Hopefully somebody down in Washington will say hey wait a minute, since the inception of MEDICAID everybody under 100% of poverty has been covered, at no cost. Since the inception of it, over 30 years. And we're going to drop it down to 51%. It seems to me, I don't know of another state that is doing anything like this.

Other states have changed, other states have put in cost sharing and payments and so on. Nobody has gone

down to 51% to my knowledge. Think about what we're doing here. All we have to do is vote this down, the Governor can sign the budget and we can come back here an talk more about this. And have a reasonable rationale approach to this. I'm chairman of the Human Services subcommittee. I think Representative Adinolfi is the ranking member. He can correct me if I'm wrong. We never had anything like this before us. We had the concept before us that there would be cost sharing and so on.

But we never had anything as drastic as this. It's bad legislation. The Governor can cool his heals for the weekend and we can come back and do it properly. To avoid, to evade, or to go around, make an end run around the committee process I think is not the way to do business in this legislature especially with something as important as this, as critical as this.

It behooves us I think to put an end to this particular part of it. We can discuss HUSKY; we can discuss other ideas. But there's no need to do this. The savings in it isn't worth the trouble, isn't worth the pain and suffering that a lot of people will experience. I'll leave you with one anecdote. At a meeting of hospitals in Fairfield County the issue of a child with a tumor behind his eye was brought up. The child was in Bridgeport hospital - I wasn't there this was reported

back to me. The child was an emigrant, didn't have any healthcare cover, wasn't eligible. The hospital took him in, discovered this tumor and needed surgery. They tried other places within the State of Connecticut. The one place could have done something like this had the surgeon capable of doing it, said they couldn't take the child he didn't have any coverage.

That is beyond my imagination or comprehension that that could happen. I think they reached out to some medical facility in Boston where the child was taken in. But the reaction of the people there as told to me by one of the persons who attended that meeting was that people are aghast why didn't he come to us, we would have tried to do something. You know I think that's the way most people would react. But unfortunately there are doctors, there are practitioners, there are health services who are going to say, sorry you don't have health care coverage we can't treat you, we just can't.

And that's unfortunate. So for those reasons, for those reasons I'm saying vote against this. It's not going to be the end of the world. It will not, I hope, will not mean a veto. I hope the Governor comes to his senses on that threat. And we can go on and do this properly and not deprive people who are in great need of the health care coverage that they need. Thank you.

DEP. SPEAKER CURREY:

Thank you sir. Representative McCluskey for the second time.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker for the second time I'll be very brief. I just want to get two clarifications on the record. As I read this voluminous bill and I try to digest it I see more questions as is normal in this Chamber Madam Speaker. Madam Speaker through you to the proponent. On line 1349 it says, starts for persons whose benefits from the temporary family assistance program that have been terminated for time limited benefits or for compliance with a program requirement shall be eligible for cash assistance under the program.

Through you Madam Speaker the way that I read this, that this is new language. Is this, and I understand that perhaps DSS perhaps have regulations and they already currently provide this. But I want to know through you Madam Speaker is this a change in how we do business in the State of Connecticut? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I believe this is

existing language although it is changed around a bit. But this language was adopted previously. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you through you Madam Speaker and I appreciate the clarification from the proponent. The other thing that I had mentioned earlier in my first comments I had found what I was looking for. It's section 44, line 1511 on page 48. It's regarding when an applicant for SAGA cash or medical is aggrieved by a decision. It's my understanding reading through the fiscal note that the current policy of DSS when someone appeals a decision is that they currently receive cash or medical benefits. Through you Madam Speaker.

Is this a policy change in statute? Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. And thank you very much to the Representative from West Hartford for finding the sight that you were talking about. I believe that you are correct. That this changes the system so that it's

less like unemployment and more like workers' comp. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you, through you Madam Speaker. I'm not completely familiar with workers' comp but I think at least you get healthcare when you're appealing a decision. But through you Madam Speaker, I need to get this on the record and I didn't check the fiscal note. Do we know how much the State of Connecticut is going to be saving by telling SAGA, potential SAGA applicants when they feel aggrieved by a decision by DSS that they're no longer going to have cash assistance or medical assistance pending a hearing.

I think that's important for the record to know, how much OFA has determined that when we make this change in state policy, how much we're saving.

DEP. SPEAKER CURREY:

We'll give Representative Dillon a moment to the answer.

REP. DILLON: (92nd)

Through you Madam Speaker. I don't have, I have the big number in my head and I don't have the breakout in my head. If the Representative from West Hartford would

give me a moment to check my notes.

DEP. SPEAKER CURREY:

Representative Dillon.

REP. DILLON: (92nd)

Through you Madam Speaker. I've been looking through the fiscal note, as you may know already it is not broken out in the fiscal note. We are trying to get the staff that came up with the aggregate number. Unfortunately I haven't been able to get that number for you, but I'd be happy to get it to you later. Through you Madam Speaker.

DEP. SPEAKER CURREY:

Representative McCluskey.

REP. MCCLUSKEY: (20th)

Thank you Madam Speaker. I don't want to delay the Chamber too much. But I think that really just begs the question. If we knew how much we were saving by denying these people cash assistance and medical assistance pending a hearing decision we could make a rationale choice as a General Assembly, this Chamber as to whether or not we want to move forward with that. If we knew that we were saving a significant amount of money.

If we knew that there were numerous people that were appealing decisions and they had no merit. And they were just scaming the system. That would make a reason,

I would support a change in our policy on this issue if I felt that there were people not deserving of SAGA who were basically staying on the system by appealing the decision continuously. But it really disturbs me Madam Speaker.

This is a population that by definition can't have assets more than $250,000, excuse me, $250.00, $250.00 and unemployable by statute. We've determined that the only people now eligible for SAGA are unemployable. Yet if the DSS Commissioner made a mistake. Every now and then a commissioner of this great state makes a mistake. And our residents might be aggrieved by that decision.

But our most vulnerable people that are eligible for this program are not going to have cash assistance or medical assistance during the time of their appeal. Is that what we really want to do here Madam Speaker? Is this really the policy decision that this Chamber wants to make? I think not. Thank you Madam Speaker.

DEP. SPEAKER CURREY:

Thank you sir. Would you care to comment on the bill before us? If not, the House will stand at ease for a few moments.

DEP. SPEAKER HYSLOP:

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

machine will be open.

CLERK:

The House of Representatives is voting by roll call, members to the Chamber. The House taking a roll call vote members to the Chamber please.

DEP. SPEAKER HYSLOP:

Have all members voted? If all members have voted please check the board to make sure your vote is properly recorded. If all members have voted, the machine will be locked. The Clerk will take a tally. The Clerk will announce the tally.

CLERK:

S.B. 2001.

Total Number Voting	120
Necessary for Passage	61
Those voting Yea	73
Those voting Nay	47
Those absent and not voting	30

DEP. SPEAKER HYSLOP:

Emergency certification passes. Representative Amann.

REP. AMANN: (118th)

Thank you Mr. Speaker. Mr. Speaker move for the immediate transmittal to the Governor please.

DEP. SPEAKER HYSLOP:

Seeing no objection so ordered. Clerk please call Emergency Certified bill, S.B. 2002.

CLERK:

S.B. 2002, AN ACT CONCERNING THE CONNECTICUT RESOURCES RECOVERY AUTHORITY. Introduced by Senator Sullivan and Representative Lyons.

DEP. SPEAKER HYSLOP:

Representative Dyson.

REP. DYSON: (94th)

Thank you Mr. Speaker. I move acceptance of the Joint Committees favorable report and passage of the Emergency Certified bill please.

DEP. SPEAKER HYSLOP:

The question is on acceptance and passage, will you remark?

REP. DYSON: (94th)

Thank you Mr. Speaker. Mr. Speaker this bill essentially deals with making some changes in the CRRA and also it allows for - under current law CRRA is permitted to borrow $115 million and this section splits this amount into one $22 million for '03 and '04 and two, $93 million for fiscal year '05. And there is no state impact and no municipal impact. I move adoption.

DEP. SPEAKER HYSLOP:

Will you remark further on the bill? Representative