Legislative History for Connecticut Act

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House Pages:	5303-5370	**68**
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Without objection, so ordered.

Senator Prague.

SEN. PRAGUE:

Thank you, Madam President. Madam President, I missed a vote on Calendar 427. Had I been in the Chamber I would have voted in the affirmative.

THE CHAIR:

The Journal will so note, Ma'am.

SEN. PRAGUE:

Thank you.

THE CHAIR:

Senator Looney.

SEN. LOONEY:

Yes, thank you, Madam President. Madam President, would like to move on Senate Agenda No. 2 under House Bills Favorably Reported from the Public Health Committee, Substitute H.B. 5689. Would ask that that item be marked Go and taken up next.

THE CLERK:

Calling from Senate Agenda No. 2, Substitute for H.B. 5689, An Act Providing Funds For The Department Of Mental Retardation (DMR) Waiting List, as amended by House Amendment Schedules "A" and "C". Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Madam President. I move acceptance of the bill in concurrence with the House.

THE CHAIR:

The question is on passage of the bill in concurrence. Will you remark?

SEN. HARP:

Thank you, Madam President. This bill basically implements the social services aspect of the budget. It ends the asset test that was passed last year in ConnPace. It also ends the estate recovery that was passed in ConnPace.

It adds the dollars to concur with the Governor's funding of the waiting list and makes other changes that implement the budget that we passed recently.

I urge your adoption.

THE CHAIR:

The question is on adoption, excuse me, passage of the bill in concurrence. Will you remark further? Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, for the purposes of a question to the proponent, through you.

THE CHAIR:

Please proceed.

SEN. ANISKOVICH:

Thank you, Madam President. In the underlying bill, Senator Harp, there is, I believe, a section related to the provision of transitional behavioral health services for Iraq veterans and dependents when no federal benefit is available and I am wondering if you could enlighten the Chamber as to the genesis and to the extent there is a fiscal note that relates to that specific section. Would you share with us what the fiscal note reflects?

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Madam President. If you could just hold on for a minute, I'll try to find the fiscal note.

Okay, Madam President, just to quickly read the fiscal note. Basically what this does is to allow DMHAS in collaboration with DCF to provide behavioral health services on a transitional basis for dependent members of certain armed forces reserve units.

The services are only to be provided if there are no available coverages from the Federal Department of Defense. According to the Military Department,

transitional behavioral health services as described in the bill are covered for up to six months under existing insurance sponsored by the federal government. Even under the previous 90 day federal coverage, it is anticipated that few guardsmen or their family members would need such state assistance in the future.

There have been about 5,000 Connecticut National Guardsmen and almost half have been called to active service since 9/11. H.B. 5692 contains $150,000 in DMHAS OE to carry out this provision.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. Madam President, a second question, through you.

I believe Section, and this is with respect to what I believe is Section 20 which has been described to me as a transfer of $800,000 from the Department of Children and Families to the Children's Health Trust Fund and I was wondering, through you, Madam President, if Senator Harp could identify from what place within the Department of Children and Families that transfer is being directed?

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Madam President. Through you, the fiscal note indicates that the $800,000 is transferred form the Community Based Prevention Program's Account.

THE CHAIR:

Senator Aniskovich.

SEN. ANISKOVICH:

Thank you, Madam President. That completes my questions.

THE CHAIR:

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

THE CLERK:

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

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

THE CHAIR:

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

THE CLERK:

Motion is on passage of Substitute H.B. 5689 in

concurrence with the House.

Total number voting 36; necessary for passage, 19. Those voting "yea", 36; those voting "nay", 0. Those absent and not voting, 0.

THE CHAIR:

The bill is passed.

THE CLERK:

Madam President, that completes those items previously marked Go.

THE CHAIR:

Senator Looney.

SEN. LOONEY:

Thank you, Madam President. We have a Senate Agenda No. 5. If the Clerk may call that item.

THE CLERK:

Madam President, the Clerk is in possession of Senate Agenda No. 5 for Wednesday, May 5, 2004, copies of which have been distributed.

THE CHAIR:

Senator Looney.

SEN. LOONEY:

Yes, thank you, Madam President. Madam President, I move all items on Senate Agenda No. 5 dated Wednesday, May 5, 2004, to be acted upon as indicated and that the Agenda be incorporated by reference into the Senate

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have voted, the machine will be locked. The Clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

SB 62, as amended by Senate "A", "B" and House "A",

Total number voting, 150;

Necessary for passage, 76;

Those voting Yea, 150;

Those voting Nay, 0;

Absent, not voting, 1.

SPEAKER LYONS:

The bill as amended passes.

Representative Jim Amann. Representative Jim Amann.

REP. AMANN: (118TH)

Thank you, Madam Speaker. Madam Speaker, I move that all matters requiring further action of the Senate be immediately transmitted to that body.

SPEAKER LYONS:

Hearing no objection, that motion carries.

With that, would the Clerk please call Calendar 402?

THE CLERK:

On Page 24, Calendar 402, SUBST. HB 5689, AN ACT PROVIDING FUNDS FOR THE DEPARTMENT OF MENTAL RETARDATION

WAITING LIST. Favorable report of the Committee on Public Health.

SPEAKER LYONS:

Representative Jack Thompson, you have the floor, sir.

REP. THOMPSON: (13th)

Thank you, Madam Speaker. I'm sorry for the delay.

SPEAKER LYONS:

That's okay.

REP. THOMPSON: (13th)

I move acceptance of the joint committee's favorable report and passage of the bill.

SPEAKER LYONS:

The question before the Chamber is on acceptance and passage.

Will you remark?

REP. THOMPSON: (13th)

Yes, Madam Speaker. Madam Speaker, this is the implementation bill as part of the budget, that part of the budget that deals with the Department of Children and Families, Department of Social Services, Department of Mental Health and Addiction Services.

I would like to run through the bill, the various sections. But first may I call an amendment, LCO No. 5323, and may I have permission to summarize?

SPEAKER LYONS:

The Clerk has in his possession LCO 5323. Would the Clerk please call? The gentleman has asked leave to summarize.

THE CLERK:

LCO No. 5323, House "A", offered by Representative Dyson, et al.

SPEAKER LYONS:

Representative Thompson, you have the floor, sir.

REP. THOMPSON: (13th)

Thank you, Madam Speaker. As I mentioned earlier, there are 43 sections of this bill that covers four major agencies and a good part of the budget that we enacted the other night.

I would like to state at the beginning I believe the implementation bill fairly reflects the contents of the budget. And I will comment briefly on the various sections of the bill.

I move adoption.

SPEAKER LYONS:

The question before the Chamber is on adoption.

Will you remark?

REP. THOMPSON: (13th)

Yes. Thank you, Madam Speaker. Madam Speaker, if I may? Our plan is to present this section by section

very briefly. I will handle those parts of the bill that I'm most familiar with. And at some point, I would yield to Representative Pat Dillon for other sections of the bill.

Sections 1 and 2 increase provider rates under the Medicaid Program. Section 3 revises the Medicaid in-patient hospital rates to create a base discharge rate. All of these are improvements to the present rate structure.

Section 4 implements a managed care pilot program for individuals who are eligible for both Medicaid and Medicare. This program will serve up to 500 duly eligible individuals. And it assumes a net savings of about $50,000.00.

We have had a private-pay assisted living pilot which we have been applying to both Medicaid and Connecticut home care programs jointly. For some reason, we were not able to combine those two programs. This change will allow us to allow a full 75 individuals to enroll in the pilot. It's one of the Governor's initiatives. And we have funds to provide for it.

We are also, under the Department of Social Services, consolidating the management of Medicaid managed care which will provide a consolidated benefit, pharmacy benefit for all beneficiaries, reflecting about

two million dollars in savings from this change.

Under Section 8, we are requiring DSS to extend the Preferred Drug List to additional classes of drugs by June 30, 2005. We are projecting a savings of 12.5 million. However, we believe that that may be exceeded. But that is our target at this time or our target for DSS.

Section 9 imposes a transfer of assets penalty policy for the SAGA Program with a three-month look-back period. The more important -- that's a minor, minor dollar amount. But the amendment eliminates the $1.50 co-payment for pharmaceuticals under the SAGA Program.

Section 10 lowers the dispensing fee once again for pharmacists from $3.30 to $3.15. However, I should point out that along with that we are not making the change in the average wholesale price, which will benefit those same pharmacists. So it's a trade-off to some extent.

We are repealing the estate recovery mandate for enrollees in the ConnPACE Program. And this was something, I think, that many in the Chamber from both sides of the aisle had suggested. To do that, we're providing $250,000.00 to implement the change.

We are also repealing the asset test for the ConnPACE Program. And that will provide or require

about 1.2 million dollars to do that change.

We're changing the Temporary Family Assistance Program eligibility policy. So that -- and this was somewhat controversial. And there will be an amendment in another -- in the OPM implementer. But this bill does make changes which will be carried over into the other implementer. And essentially what it does is it provides -- gives the Department of Social Services 10 days to get the application rolling for a new applicant and then the person is referred to the Department of Labor for an employable plan and that plan -- the Department of Labor will also have 10 days. As it is now, some people wait months before they're able to take advantage of this program.

So our feeling is -- and this was joined in by the Executive Branch -- that the change will enable more people to acquire assistance in a timely way.

Also, the amendment would require that if there is an emergency, the Department will take steps to waive the person with a referral, using either community services or their programs.

Section 15 to 18 restores State-funded medical benefits, home care services, food assistance and so on, to legal immigrants. So the question about the legal immigrants is being addressed not only for the current

year but we're also getting rid of the sunset clause. So it will not be necessary for us to come back every year and renew this again.

Section 19 requires that children who are placed by DCF in out-of-state facilities would have a visit from a DCF worker or somebody contracted by DCF to visit to see that the child is in a good placement. And, also, that within two weeks of placement, there will be a discharge plan that will be agreeable to both the receiving institution and DCF and will hopefully protect the child.

We are -- Section 20 is a rather exciting section. We are -- DCF will enter into a Memorandum of Understanding with the council to administer the Children's Trust Fund. And to do that, we will facilitate a transfer of about $900,000.00 from DCF to the Children's Trust Fund. And that will expand the Nurturing Connecticut Families Network Program within Hartford. The Nurturing Program is what we used to call the Healthy Families Program. It deals with firstborn children and families that we believe or that are assessed to be at risk. The program has been provided in 19 different communities at 19 birthing hospitals. And the money to do that is included in the budget.

I want to point out that this program will ally

itself or build upon a partnership program that DCF has developed with Hartford community leaders. And it will provide for up to eight sites around Hartford. And the reason for this is besides the poverty question that has been raised about the city of Hartford, also Hartford has unfortunately been a leader in the abuse and neglect of children. So we want to provide this opportunity with the cooperation of DCF and the Hartford community, the Hartford/State government and so on to address the needs of these children and hopefully to do some good things.

So Section 21 transfers one million dollars of the funds appropriated to the Department of Education to the Department of Mental Retardation to provide residential services to the DMR waiting list. This may be serendipity, that the program that Senator Cook and many in this Chamber and the Senate Chamber have worked for will be receiving new funds and hopefully will begin a program to reduce not only the waiting list but also in the future to end the waiting list.

Section 22 through 24 is a statutory change which will enhance the Attorney General and the Office of Health Care Access in their review of transfers of nursing home facilities or hospital -- I'm sorry -- non-profit hospitals from the non-private to the profit

section. So it gives us -- it gives those two offices the opportunity to obtain the best information possible to be certain that the change or the transfer is in the best interest of the patients and the community.

Section 25 is a clean-up. It formalizes what has been the practice in the Children's Trust Fund by allowing or approving the trust fund's committee, the council, to employ an Executive Director and staff, which they have been doing and have done over the years. This merely puts it into correct statutory language.

Section 26 I'm skipping. That will be done by Representative Dillon.

Section 27 allows the Department of Social Services to draw down from child support payments to comply better with the TANF regulations. And so that will be an improvement there. It doesn't do any harm for the families or the children involved. It just makes it possible for us to more easily obtain the funding or more clearly obtain the correct funding.

Section 28. Under present law, DSS has discretion in fining nursing homes for failure to participate in the Drug Return Program. And currently, the fine is $30.00 per violation. And since that was deemed to be excessive, this change would allow the Department to set the fine up to $30,000.00.

So far, since 1998, we estimate that the program has saved 1.4 million. And I think of the present legislature, Peggy Sayers was one of the people who worked very hard on that.

Section 29 appropriates 75,000 to the Department of Public Health for a school-based health clinic in Norwich.

Section 30 transfers $75,000.00 to the Community-Based Prevention Programs account under the budget of Department of Children and Families. And that will be used to -- for teen pregnancy prevention.

Section 31 appropriates $50,000.00 to the University of Connecticut for their veterinary diagnostic laboratory.

Section 32 allows up to $250,000.00 appropriated to DSS for the Safety Net Program to be carried forward and made available in fiscal year '05 for an Employment Success Program.

Section 33 and 34 -- excuse me -- 35 and 36 will be reviewed by Representative Dillon.

Section 37. We had a -- as you know, we capped the -- we had a cap on the enrollment for the child care -- child care certificate program. We are removing that. And that will be an open enrollment for child care. Between the Governor's initiatives and our action, we

estimate that there will be 4300 child care sites including money in the Department of Education for the School Readiness that will be available for children to access child care services.

Section 38 is a minor change in the SAGE grievance procedure.

Section 39 gives the Commissioner of Public Health discretion in -- concerning the waiver of certain policies on the transfer of nursing homes.

Section 40 and 41 is a 100-person pilot program to allow personal care assistants. We want to look at that in a closer way with a control group and so forth.

Section 42 changes the effective date of one of the sections of an Act already passed.

And Section 43 repeals the Husky A benefit restriction, associated monthly premiums, as well as the medical and pharmaceutical co-payments under Medicaid, and provides 17.7 million to restore the Husky A benefit package and 14.3 million to eliminate the co-payments. And I think that this is evidence of our support, legislative support, for the program as it is. We believe the intent of the legislature is to continue to provide health care access to all low-income families.

And with that, Madam Speaker, may I yield to Representative Dillon?

SPEAKER LYONS:

Representative Thompson, prior to the yield, sir, if you would move adoption.

REP. THOMPSON: (13th)

I move adoption, Madam Speaker.

SPEAKER LYONS:

Thank you.

The question before the Chamber is on adoption.

And with that, the gentleman has yielded to Representative Pat Dillon.

Do you accept the yield, Madam?

REP. DILLON: (92nd)

Yes, Madam Speaker. Thank you very much. And my speech is shortened now since it was my intent to move adoption if it did not take place before the yield.

I will just talk very briefly about some -- this has really been very positive, except for one major area of human need. But, generally speaking, there are a lot of very positive things in this bill.

And I want to talk just about one little piece that I hope we will never need to use, which is the fruit of conversations that I held with the Military Department beginning last summer. There is a tremendous need for mental health and behavioral health services for our returning troops. In the National Guardsmen, the

Reserves I had picked up last summer, that the disproportionate number of the people who were discharged for psychiatric reasons were coming from the Reserves and the Guard. At that time, the federal law did not cover their benefits.

In close cooperation with the Military Department, I developed some language which is in the bill before you. The Congress, however, acted in November and provided a benefit which expires in December of 2004. The intent of the language in this bill -- because -- because an unprecedented number of the folks who were in the theater overseas are coming from the National Guard and the Reserves, which may very well be a State obligation.

This language is there, that in the unlikely event that Congress either does not extend the benefits which are necessary for the folks who are overseas in December 2004 or if they make it permanent but they restrict in any way their access to mental health and substance abuse services, this language commits the State to provide a transitional benefit so that the folks who are coming home will have transitional benefits until they are certified for those benefits by the Veterans Administration.

That is the intent of this language. Our fiscal

note indicates that at this moment it may not cost us a penny because it's there just in case something goes wrong in Washington. But it would have cost a lot of money if we had passed it last year because Congress hadn't acted. But they have. We're doing it there because there are folks and we want to make sure that they get what they need when they come home.

I do, however, have one concern that is not here. And I would like to pose a question, through you, Madam Chair, to the Chair of the Appropriations Committee, Representative Dyson.

SPEAKER LYONS:

I believe at this point Representative Thompson must -- you have to go back to Representative Thompson.

Representative Thompson, if you would yield the floor, I will call on the lady for -- in terms of a question.

REP. THOMPSON: (13th)

Yes, Ma'am. Yes, I will.

SPEAKER LYONS:

Okay. Representative Thompson has given up his right to have the floor. Thus, I will call on Representative Dillon for the purposes of discussion. And I believe the lady at this time would like to pose a question to Representative Dyson.

REP. DILLON: (92nd)

Thank you very much, Madam Speaker. And I stand corrected on my procedural error. You're quite right.

Through you, Madam Speaker, to Representative Dyson. There's one section which is missing here from this language concerning the Behavioral Health Partnership and the Department of Mental Health and Addiction Services.

As you may remember, this has been -- this is a project which is approximately a 250-million-dollar deal and has been quite complex and discussed over some time.

The budget that we received from the Governor had a fund in it for Behavioral Health Partnership.

Through you, Madam Speaker, to the Chair of the Appropriations Committee. Is there at this time an account called Behavioral Health Partnership?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dyson.

REP. DYSON: (94th)

Through you, Madam Speaker. No, there isn't.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Madam Speaker. Through you again. Is

it your understanding then, based on the fact that the Appropriations Committee and this General Assembly eliminated that account, that expenditures or removal of certain kinds of dollars from the Department of Mental Health and Addiction Services for that intent would not be -- would not reflect the legislative intent of the budget adopted by this General Assembly? Would you agree with that, Representative?

Through you, Madam Speaker.

REP. DYSON: (94th)

Through you, Madam Speaker. Yes, I would.

SPEAKER LYONS:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Madam Speaker. And it had been my intent to restore the language which was expunged. And I hope to put it on another vehicle with a number of my friends in the Chamber and in the other Chamber. But I did want that to stand as legislative intent because this is a very complicated issue for a very vulnerable group of people.

But I do want to thank the members of the Assembly and I do particularly want to praise the people in the Military Department. I have been very, very impressed with the operation that they are doing. They are

reaching out to folks as soon as they come home to Fort Drum to make sure that they get what they need. The language here makes sure that nobody falls through the net when they come back in case anything goes wrong in Congress, which we know it doesn't.

And thank you very much, Madam Speaker.

SPEAKER LYONS:

Thank you, Madam.

Will you remark further on the legislation before us?

Representative McCluskey.

REP. McCLUSKEY: (20th)

Thank you, Madam Speaker. Through you, a question either to the proponent of the amendment or perhaps the distinguished Chair of the Appropriations Committee?

SPEAKER LYONS:

Sir, if you would direct it to one or the other.

REP. McCLUSKEY: (20th)

I'll pick the former first, Madam Speaker. Through you, Madam Speaker, to the proponent of the amendment. Concerning the amendment, we are essentially repealing all the authority for benefit changes and premiums under the Husky Program. Would that be accurate?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. Yes. That's the intent.

REP. McCLUSKEY: (20th)

Thank you.

SPEAKER LYONS:

Representative McCluskey.

REP. McCLUSKEY: (20th)

Thank you, Madam Speaker. And first I would like to thank you personally for your efforts to restore the cuts in the benefits and the elimination of the premiums on the Husky Program. I know that you have been an advocate for health care in this General Assembly. And you have my deepest respect and appreciation for that.

But, Madam Speaker, through you, my concern over what we did last year -- we did in this -- in this amendment, we do propose to repeal the authority of the benefit changes. But, through you, Madam Speaker, to the proponent. It's my understanding that DSS is continuing to pursue an effort to seek a Medicaid block grant application. And I would like to know if the gentleman is familiar with any effort to DAS, in spite of our efforts through this amendment, to repeal the benefit changes in the premium to continue seeking a

Medicaid block grant waiver.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. I am aware that there is such interest in seeing some change. I made some remarks at the end of my presentation that I believe the changes that were made then were ill-conceived, did damage to the Health Care Access Program. And what we're doing this evening is restoring and repairing some of the damage.

But I must warn you that the -- some of the action that we took, for example, eliminating or suspending -- I'm sorry -- suspending the Husky Program for low-income families is now under a court order. And that program, for those people that remain in it, will be available until April 1. And after April 1, this legislature, our State will have to take some action to continue to protect those people until the fiscal period ends and then the suspension ends and we'll go back to normal.

And I think going back to the original plan is what most people and I think our State wants to do. It provides good health care insurance for many of our low-income working families and so forth.

So any change in that -- and some of the changes are really quite disturbing, at least to me. I would think it would be our intent with this legislation to send a message that we want to build on what we have, rather than change it and possibly harm health care coverage for children and families.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative McCluskey.

REP. McCLUSKEY: (20th)

Thank ou Madam S eaker. Throu h ou. And I appreciate the gentleman's comments. I just want to raise the concern of this legislator regarding the Medicaid block grant proposal. And I'll be brief.

In 19-- excuse me. In 2002, we found out that the 11/15 waiver process didn't have, I believe, an adequate check and balance; that during the transfer of assets waiver proposal that was submitted to the Health and Human Services Secretary, that even though the Human Services Committee of which I was serving on at that point unanimously rejected the transfer of assets waiver and even though the Appropriations Committee adjourned, taking no action on the transfer of asset waiver, that that waiver application moved forward.

And I'm just cautioning the Chamber that we do not

want this to happen to the Medicaid block grant proposal. And as some of the members of the Chamber know, I had put an amendment on this bill to prohibit the administration from seeking a Medicaid block grant waiver or, at the very least, Madam Speaker, to get some kind of affirmative approval or ability of this General Assembly, the Legislative Branch, to have influence over this. Because a Medicaid block grant waiver is a fundamental transformation of this entitlement program.

So I will be voting for this House Amendment and the bill, but I just want to raise the Chamber's attention that we found out in 2002 that almost ten years ago we ceded our ability to have influence over the 11/15 waiver process and in the fundamental transformation of the Medicaid Program by the initiative by the Bush administration to block grant Medicaid. This General Assembly must have input, and not only just input in this, but we should be partners in designing such a proposal, if this General Assembly thinks that that's the best thing to do. We should not be in a process that we currently have which would allow the committees of cognizance to both unanimously reject this waiver and the waiver application move forward.

So I'm hopeful that we will be having an opportunity before midnight to vote on such a proposal.

But I do my colleagues to support this amendment.

Thank you, Madam Speaker.

SPEAKER LYONS:

Will you remark further?

Representative Villano.

REP. VILLANO: (91st)

Thank you, Madam Speaker. Madam Speaker, I support the amendment. The Human Services Committee has worked on a number of issues that are reflected in the implementer. And we're pleased to see that the initiatives that we assigned the highest priority to are alive in the implementer. And I'm referring to especially the repeal of the ConnPACE estate recovery provision, the repeal of the asset test in the ConnPACE Program. The implementer repeals the SAGA co-pay for prescription drugs. And in both places for illegal aliens lifts the moratorium on new applications for Medicaid and Food Stamps. And, finally, Madam Speaker, the implementer also has open enrollment for the Child Care Subsidy Program.

And, in conclusion, let me say I endorse Representative McCluskey's remark about the need, the real serious need, about the legislature asserting its primary role as the policy-making body for the State of Connecticut and enact some restriction on the Department

of Social Services moving forward on its own as a de facto policy-making body by filing these applications and turning our Medicaid Program upside-down. And I hope we can work together on that.

Thank you very much.

SPEAKER LYONS:

Thank you, sir.

Representative Marie Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Thank you, Madam Speaker. And thank you not just for this opportunity to speak on behalf of something that has been vital for the years that I've been here, which is social services, but thank you for the bill that -- the DSS implementer that we have before us.

Last year, my heart broke. And I'm sure you and others knew. But I want to say to you, to the President Pro Tem of the Senate, to Marc Ryan and to all of those members and staff that worked on that, I thank you. I thank you. But, more importantly, the indigent and less fortunate of this state say "I thank you."

SPEAKER LYONS:

Thank you very much, Madam.

Will you remark further? If not, let me try your minds.

All those in favor --

REP. WARD: (86th)

Madam Speaker? Madam Speaker?

SPEAKER LYONS:

Yes, sir? On the amendment?

REP. WARD: (86th)

Yes, Madam Speaker.

SPEAKER LYONS:

Please proceed.

REP. WARD: (86th)

Madam Speaker, I have a few -- I guess I would say observations, concerns and concerns regarding it. I'll start with an observation. The amendment before us is entitled An Act Providing Funds for the Department of Mental Retardation, DMR, Waiting List. And I do find within this one section it does that.

I recognize the importance of proceeding with budget implementers. And so I won't ask for a clarification regarding our rules of germaneness. But it's certainly a very expansive reading as we proceed to take a million dollars for DMR, a policy I wholeheartedly support, wish it could probably have been more that's affected in this, and then write everything we wish to write with regard to the Department of Social Services.

One of the areas where it seems to me, if I'm

reading this correctly, that we have authorized additional spending for the State is for certain qualified aliens as defined in federal law and that we provide benefits that the federal law no longer requires that we provide and that this provides benefits that were not provided -- let me rephrase that.

I believe this -- our statute had sunsetted entry into the programs that had provided benefits and this removes that sunset. So that within the body of the bill, we are dealing with medical and similar benefits for immigrants.

And if I may, Madam Speaker, to Representative Thompson, I believe, the proponent of the amendment?

SPEAKER LYONS:

I apologize, sir. Did you frame a question for him?

REP. WARD: (86th)

I was asking permission to frame the question, Madam Speaker.

SPEAKER LYONS:

Please proceed.

REP. WARD: (86th)

Through you to Representative Thompson. Am I correct that there are several sections, I believe starting around Section 15, that this bill deals with

providing medical or social service benefits to those who are in this country in the status of alien or other legal immigrant? Am I correct?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. You're correct. It restores State-funded medical benefits, home care service and food assistance to legal immigrants.

SPEAKER LYONS:

Representative Ward.

REP. WARD: (86th)

I thank the gentleman. Madam Speaker, another question, through you, to the proponent. Through you, Madam Speaker, to Representative Thompson.

In Section 20, it appears we're providing $883,000.00 from the Department -- from DCF to the Children's Trust Fund Council for a Nurturing Families Program. Through you, Madam Speaker. Does this in any way affect any requirements under the consent decree or any revisions to the consent decree? Is a judge going to say, "That's a nice program, but you under-funded DCF"?

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. Madam Speaker, in our judgment, it would support the exit plan or the present planning for the Department. Prior to the advancing this idea, we did sit down with the Court Monitor, Mr. Cyree, as well as with Senator Harp and the Chairperson of the Children's Trust Fund, to review this proposal.

The Court Monitor informed us -- I could quote him -- that this is probably one of the best uses of our money and helping the Department of Children and Families to meet its obligations. He would not or could not quote on the funding part of it. That's up to us.

But we believe that it's -- it comes out of a partnership program that has been developed over the years between the city of Hartford and -- when I say the city of Hartford, I'm talking about not the city government but groups within the city that have been working with the Department of Children and Families to differentiate between those cases that are severe and require formal action by the Department and those cases which can be referred to an entity within the community.

So the Nurturing Children's part of that will be to work with -- from prenatal right up to five years old with families that are most at risk for abuse and

neglect.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Ward.

REP. WARD: (86th)

Thank you, Madam Speaker. I do thank the gentleman for his answer. Through you, Madam Speaker. Does the Children's Trust Fund Council presently have an Executive Director?

REP. THOMPSON: (13th)

Excuse me, Madam Speaker. I was listening but I didn't quite get the question. I'm sorry.

SPEAKER LYONS:

I'm sorry. Representative Ward, if you would repeat the question, sir?

REP. WARD: (86th)

Thank you, Madam Speaker. And, through you, the question is whether the Children's Trust Fund Council presently has an Executive Director.

REP. THOMPSON: (13th)

Through you, Madam Speaker. The answer is yes. And they've had an Executive Director for some years. A few years ago, we separated the Children's Trust Fund to -- it had been standing alone. It had been housed in the Department of Children and Families. The Council

had been appointed and so on. But, apparently, the authority to employ staff and so on was not spelled out in that legislation. So this corrects that and provides that -- it formalizes what is presently the practice of that trust fund.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Ward.

REP. WARD: (86th)

Again, I thank the gentleman for his answer. And I think he anticipated my next question; that is if they already had staff and they already had an Executive Director, why in Section 25 of the bill we were authorizing it.

And if I may, just one more question then, through you, Madam Speaker, on this issue to Representative Thompson?

REP. THOMPSON: (13th)

Through you, Madam Speaker.

SPEAKER LYONS:

Please proceed, sir.

REP. THOMPSON: (13th)

Thank you.

REP. WARD: (86th)

I didn't ask the question yet, Jack.

REP. THOMPSON: (13th)

Oh.

REP. WARD: (86th)

My question was for how many -- for how many years have they employed staff without this statutory authority? Through you, Madam Speaker.

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. I believe when we -- the program originally started, it was through in-kind services from three different departments. But the Trust Fund was housed in the DCF. And they had provided a person on a part-time basis. As the Trust Fund developed and more money was received both through contributions and through State funding and the development of the Human Services Program, they employed a full-time Executive Director. If my memory serves me correct, that's probably five or six years ago.

As they took on staff, they employed them out of their funds on a consulting basis. These are really -- and they became full-time employees. I believe they have a handful of employees, four or five employees, including secretarial staff.

So I believe OPM thought that -- recommended that

we would formalize this so that it meets and complies with the personnel practice and Civil Service laws of the state. And that's what we're doing.

Through you, Madam Speaker.

REP. WARD: (86th)

And through you, Madam Speaker. Are the -- is the current Executive Director and the current staff -- are they State employees today, prior to the passage of this amendment?

REP. THOMPSON: (13th)

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Well, I'm under the impression that the Executive Director has been treated as a State employee from almost day one. The other people, I believe, have been recently incorporated into the State service. But I believe this puts a stamp of approval on it. So I'm not sure of the time table on that, when they were gradually assumed into the State service.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Ward.

REP. WARD: (86th)

Again, I thank Representative Thompson for his answer. I would tell you that at first I was always puzzled by the name Children's Trust Fund because ordinarily if it's a trust fund, it's got a lot of money to do its activities. And I keep seeing every year we keep giving the trust fund State taxpayers' dollars. And I have no objection to any of the work that they do. But I've always felt that the name was a little bit perhaps misleading. And if, in fact, they're employees or mostly State employees, that's not generally -- we don't usually have State employees running trust funds, with the possible exception if they're connected with a university or something of that sort, although even those are usually paid out of the private sources.

I also had a concern -- and it seems this may just be complying with current law. So the concern may be misplaced. But a concern that as we were giving them an additional $860,000.00 for a program and, at the same time, authorizing and employing staff, that perhaps we were hiring staff and not putting money directly into the program.

And so, with that, Madam Speaker, just an additional question, through you, to Representative Thompson?

SPEAKER LYONS:

Please frame your question, sir.

REP. WARD: (86th)

In the money that this bill provides to the trust fund from the Department of Children and Families, is any of that authorized to be used for the employment of staff by the Children's Trust Fund or its council or is the money into direct services for the children it's intended to serve?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. As I understand it, all of the Children's Trust Fund programs that are in the field, they're performed by people working out of local non-profit agencies, the local communities in which they work. Generally, the local hospital provides a site for their programs. And in Hartford, it's planned to continue that as well.

They will be employed at -- by the site, whoever is running the site. It will be done by request for proposals and so on. And they'll contract. In Hartford, for example, the -- each side will be about $200,000.00. And that will provide for outreach workers, all the assessments they do of families and so

on. The rest of it is quite often in-kind either services or in-kind contributions by local hospitals, local governments.

I guess the -- I don't mean to drag this out. But the best examples are cities like Danbury, Norwalk, Manchester, Waterbury, where they have developed a coalition and the only money that we're putting into that is the $200,000.00 for the site itself and the staff itself.

They have a program, for example, that's grown out of this in which they use volunteers. For example, in my community, every newborn is greeted, whether it's a firstborn or not. But only the firstborns will qualify for the program and they'll qualify if they're at risk. And it's voluntary.

So -- and about your concern about putting a lot of money in here, actually, the money they raise is much greater than we contribute to the various sites. So it's a good program. It works. It depends to a large extent on volunteers and the cooperation of the local community, the local hospital, the local VNA and so on.

Through you, Madam -- Mr. Speaker.

(Deputy Speaker Hyslop in the Chair)

SPEAKER HYSLOP:

Representative Ward.

REP. WARD: (86th)

Good afternoon, Mr. Speaker.

SPEAKER HYSLOP:

Good afternoon.

REP. WARD: (86th)

Mr. Speaker, again, through you, if I may, a question to Representative Thompson?

SPEAKER HYSLOP:

Proceed, sir.

REP. WARD: (86th)

To Representative Thompson, I think this is my last question. In Lines 806 through 811 of the amendment, it talks about a report for each non-profit, short-term, acute care, general or children's hospital and some requirements of reporting regarding transfer of assets. I can't figure out where that came from or what it's intended to do.

So my question, through you, Mr. Speaker, is what's that for? What's it intended to do? And why is it here?

REP. THOMPSON: (13th)

Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Thompson.

REP. THOMPSON: (13th)

Would you give me the section number on that?

SPEAKER HYSLOP:

Representative Ward.

REP. THOMPSON: (13th)

I don't have the --

REP. WARD: (86th)

It's in -- through you, Mr. Speaker. It's in Section 22. And it's Sub-Section C of Section 22.

SPEAKER HYSLOP:

Representative Thompson.

REP. THOMPSON: (13th)

Well, the intent of the section and that is to enable the Attorney General's Office and the Office of Health Care Access to obtain the information so that they can make an intelligent decision and a fair decision while protecting the interests of the people being served and the community.

And if I haven't been more specific, would you want to repeat the specific -- if I haven't been more specific, do you want to repeat the specific language you used?

SPEAKER HYSLOP:

Representative Ward.

REP. WARD: (86th)

I don't wish to belabor it. I'm not sure I heard

the answer. But I think the gentleman said he didn't have more specific information. I'll try to find that out another way. Thank you, Mr. Speaker.

And, Mr. Speaker, I have some overall comments on the amendment. But it's fairly obvious to me the amendment will be adopted and become the bill. So I'll save those comments for that time.

Thank you, Mr. Speaker.

SPEAKER HYSLOP:

Will you remark further on House "A"?

Representative Gibbons.

REP. GIBBONS: (150th)

Thank you, Mr. Speaker. I wanted to speak on the amendment, if I may please.

SPEAKER HYSLOP:

Proceed.

REP. GIBBONS: (150th)

This amendment is a resolution of the many bills that came before Human Services, the Children's Committee and Aging this past year. It's really the budget that we ended up adopting in this Chamber last week. While I didn't support the budget, it wasn't for the reasons that are listed in this amendment. These, on balance, I do support.

There are many good things in this document. For

instance, it repeals the ConnPACE asset -- estate recovery test. It has elimination of the ConnPACE asset test. And I wanted to caution those of us who are going to vote in favor of this amendment that the asset test is something that we may have to revisit at another time. We just didn't have a chance to work out all the parameters this year. So for right now, the asset test will be gone.

This document also transfers funds to the DMR waiting list, something that many people have been working on for a number of years. And one thing that I tried to work out this year with the help of a lot of my colleagues was the establishment of a 100-bed pilot program for seniors in the Personal Health Care Program rather than putting them at home in another health care program.

I recognize some of the concerns of Representative Ward and some of the other people who may be hesitant to re-institute many of the cuts that we put in last year's budget. But, given the fact that we have a surplus this year, I think that we made too many drastic cuts on some of our frailest and poorest citizens last year. So I, for one, am going to support this document today.

Thank you, Mr. Speaker.

SPEAKER HYSLOP:

Will you remark further on House "A"? Will you remark further on House "A"? If not, we'll try your minds.

All those in favor signify by saying Aye?

VOICES:

Aye.

SPEAKER HYSLOP:

Those opposed?

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

Will you remark further on the bill as amended? Will you remark further on the bill as amended?

Representative Ward.

REP. WARD: (86th)

Thank you, Mr. Speaker. Mr. Speaker, the bill before us -- and in answer to some of my questions to Representative Thompson did indicate that there are several sections that deal with immigrants and legal aliens. There's also a bill on our calendar that deals with the same subject, obviously in a different way, and deals with whether or not -- whether driver's licenses for those same folks ought to be tied to the date of their legal status to be here. Since it's my impression that that bill is not likely to be called and this bill is likely to sail through and because I think it's an important issue, I'd ask that the Clerk please call LCO

No. 5333 and I be permitted to summarize.

SPEAKER HYSLOP:

Clerk, please call LCO 5333, House "A". And the Representative has asked leave to summarize. House "B".

THE CLERK:

LCO No. 5333, House "B", offered by Representative Ward.

SPEAKER HYSLOP:

Representative Ward.

REP. WARD: (86th)

Thank you, Mr. Speaker. Mr. Speaker, members of the Chamber, what this amendment does -- and it's word for word the same language as a bill that's on our calendar. And it says that the Commissioner of Motor Vehicles, in issuing a motor vehicle operator's license to a person who is a resident of this state and not a citizen of the United States and whose presence in the United States is pursuant to any provision of federal law of limited duration, that the driver's license that is issued shall contain within the date that the legal status -- legal right to remain in our country terminates. So that some would not --

Mr. Speaker, in addition to that, it provides the department can adopt regulations to implement the provisions of it.

And I move adoption.

SPEAKER HYSLOP:

The question is on adoption of House "B".

Will you remark further, sir?

REP. WARD: (86th)

Yes, Mr. Speaker. Thank you. It's an issue that's been before the Chamber for the last year or two. In fact, it's been successfully reported out of the Transportation Committee, I know, this year because it's on our calendar. I think in the year before as well. Which is simply -- very simply a matter of public policy of whether we believe the driver's license, which is commonly used as an identification card, may not have been its principal purpose, but we all know that it's the most common identification that's sought from individuals when they go to lots of places to prove who you are, to cash a check, to get admittance, purchasing alcoholic beverages, to enter certain places. They may ask for a driver's license.

Because it is used so commonly as an identity card and because of our policy of issuing a driver's license for I believe it's now four or perhaps six years, we are in a situation if someone who perfectly appropriately and perfectly legally is issued a driver's license when they are appropriately and legally in our country will

still hold that driver's license, it will have an expiration date well beyond when that person is legally allowed to be here. It would be appear to be a valid ID. In fact, on its face is a valid ID. But would be held by someone who does not then have legal status.

To avoid that from occurring, what the Transportation Committee appropriately did and what this amendment does is say that the driver's license should expire on the date that the right to remain in this country expires. In other words, it ties the driver's license to the date on the immigration card which says when you're a legal resident.

And, Mr. Speaker, I urge the members to support the amendment. And I would also ask that when the vote is taken on this amendment, it be by Roll.

SPEAKER HYSLOP:

The question --

Representative McCluskey, for what reason do you rise, sir?

REP. McCLUSKEY: (20th)

Mr. Speaker, I rise to raise a point of order.

SPEAKER HYSLOP:

What is your point of order?

REP. McCLUSKEY: (20th)

I question the germaneness, Mr. Speaker. The

underlying bill does revisions to the DMR, the DSS statutes and maybe DMHAS. I'm not exactly sure. This specific bill, which I'm very familiar with, having served on the Transportation Committee, is almost exclusively regarding the Title XIV of the General Statutes regarding motor vehicles. So I question its germaneness.

Through you, Mr. Speaker.

SPEAKER HYSLOP:

The Chamber will stand at ease.

(Chamber at ease)

SPEAKER HYSLOP:

The Chamber will come back to order.

Representative McCluskey raised the point of order as to germaneness of the House "B" that is before us. And let me just say that the underlying bill contains provisions that permit legal immigrants to receive certain social services benefits. The amendment that is before us concerns the Department of Motor Vehicle authorization to issue license to legal immigrants. Authority to issue license to a group and authority of that group to receive social services benefits are not sufficiently relevant to the subject matter of the original bill. Therefore, your point is well taken, Representative McCluskey. According to Mason's 402.

Will you remark further on the bill as amended? Will you remark further on the bill as amended?

Representative Roy.

REP. ROY: (119th)

Thank you, Mr. Speaker. Mr. Speaker, the Clerk has an amendment, LCO NO. 5298. I ask that it be called and I be allowed to summarize.

SPEAKER HYSLOP:

Clerk, please call LCO 5298, to be designated House "C". And the Representative has asked leave to summarize.

THE CLERK:

LCO No. 5298, House "C", offered by Representatives Roy, Walker, et al.

SPEAKER LYONS:

Representative Roy.

REP. ROY: (119th)

Thank you, Mr. Speaker. Mr. Speaker, what we simply are doing is adding three chronic, life-threatening diseases and the treatment there, the medications there, into the bill in Section 8, Sub-Section F.

I urge adoption.

SPEAKER HYSLOP:

The question is on adoption of House "C".

Will you remark further, sir?

REP. ROY: (119th)

Yes. Thank you, Mr. Speaker. After the word "drugs", comma, we add "and medications used to treat diabetes, asthma or cancer", comma, and pick up the word "reimbursement".

Thank you, Mr. Speaker.

SPEAKER HYSLOP:

Will you remark on House "C"? Will you remark on House "C"?

Representative Stripp.

REP. STRIPP: (135th)

Thank you, Mr. Speaker. Mr. Speaker, through you, a question to the proponent of the amendment?

SPEAKER HYSLOP:

Proceed, sir.

REP. STRIPP: (135th)

Is there a fiscal note that you could share with us perhaps?

SPEAKER HYSLOP:

Representative Roy.

REP. STRIPP: (135th)

Through you, Mr. Speaker.

REP. ROY: (119th)

I have not seen one. We're checking right now,

sir.

SPEAKER HYSLOP:

Representative Stripp.

REP. STRIPP: (135th)

Thank you, Mr. Speaker. That gives me great concern because this may be a very costly amendment. I would hope that we would either PT or the bill or put this aside for the moment so we can determine what kind of cost this particular amendment is going to engender to the taxpayers of the state of Connecticut.

Thank you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Roy.

REP. ROY: (119th)

It simply says --

SPEAKER LYONS:

Excuse me. Representative Roy, would you like the floor, sir? Would you like the floor, Representative Roy?

REP. ROY: (119th)

Yes, I would, Mr. Speaker.

SPEAKER HYSLOP:

Representative Roy.

REP. ROY: (119th)

Thank you, Mr. Speaker. It simply says that the --

it reduces savings in the bill. The amendment exempts the Preferred Drug List any drugs used for diabetes, asthma and cancer. The change will reduce the savings assumed for the PDL. However, as the classes of drugs to which the PDL will be applied have not yet been determined, it is not known to what extent this change will reduce the savings.

SPEAKER HYSLOP:

Will you remark further on House "C"?

Representative Thompson.

REP. THOMPSON: (13th)

Thank you, Mr. Speaker. Mr. Speaker, under our present law, certain drugs, mental health drugs, are exempt from the prior authorization. And that was done after some deliberation and consideration. Under our present -- as we move forward on this plan, no drug will be denied anyone. It's how we're going to pay for that drug that is the issue. And in all due respect to Representative Roy, we're crafting a very delicate budget here. And I would propose that we defeat the amendment. I pledge to Representative Roy and the co-makers of the amendment that this will be part of the -- as we go forward, this will be part of the consideration of those drugs that we will consider for such exemption. But at this time, it may be premature.

I know the mental health drugs, that was after considerable public hearings and so forth. And at that time, we limited the exemption to those, that form of pharmacology.

So I urge a No vote.

SPEAKER HYSLOP:

Will you remark further on House "C"? Will you remark further on House "C"? If not, we'll try your minds.

All those in favor signify by saying Aye?

VOICES:

Aye.

SPEAKER HYSLOP:

Those opposed?

VOICES:

No.

SPEAKER LYONS:

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

Will you remark further on the bill as amended?

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. A question for Representative Thompson please, sir?

SPEAKER HYSLOP:

Representative Thompson. Excuse me.

Representative Sawyer, proceed, Madam.

REP. SAWYER: (55th)

Thank you, sir.

Representative Thompson, may I ask a question, sir, regarding Section 10 of the amendment that's been adopted, sir? In that particular amendment -- section of the bill, Section 10, it talks about reducing the dispensing fee from the current $3.30 to $3.15. Could you share with me please if you know how many times we have reduced that particular dispensing fee over the last few years?

Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Madam Speaker. I believe we went from 4.15 to 4.10, I believe, to 3.50. At least three times.

Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. I would concur, if my memory serves, with Representative Thompson, plus one more. We've gone from 4.10 down to 3.30. But I would like then to ask the following question. Could

Representative Thompson please share with me today what is the current average wholesale price minus whatever the percentage is? I'm looking for the percentage that follows.

SPEAKER HYSLOP:

Representative Thompson.

REP. THOMPSON: (13th)

The average wholesale price, I believe the Governor had recommended an increase in that. We -- this bill would maintain that same average wholesale price. I'm not sure whether 12 or 12-1/2. But we're maintaining what is present. And over the years, I believe the pharmacists have argued for both not doing the dispensing fee and not increasing the average wholesale price percent. And I've never been quite able to -- one group will say the dispensing fee is more valuable than the average wholesale price, but sometimes the same people and others come back and say the average wholesale price.

So it's our -- it's our believe that by not doing what the Governor recommended and cutting his reduction in half and maintaining the average wholesale price at its present amount, it's a break-even for the pharmacist. Well, it's not a break-even exactly. There is a loss of about 1.2 million across the state.

Through you, Madam -- Mr. Speaker.

SPEAKER HYSLOP:

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. And the following question, if I may, sir, through you to Representative Thompson? Have we not put onto the pharmacists the implementation of prior authorization and the new Medicare prescription drug wraparound in the last year or so?

Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Thompson.

REP. THOMPSON: (13th)

Through you, Mr. Speaker. If I understand the question correctly, the pharmacist is an active player in the prior authorization. But it's the doctor that -- there may be additional work load, that's true, on the part of the pharmacist contacting a doctor's office to clarify with him or her that the -- why they didn't use a generic drug rather than a brand drug and that sort of thing. There is additional work for the pharmacist.

Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. I'd like to thank the gentleman, kind gentleman, for his answers. You know, you've heard me speak over the years if you've been around. If you're a freshman, forgive my indulgence here. We're all known what a neighborhood pharmacist is. It's been replaced, unfortunately, not very slowly. It's been replaced very quickly because the pharm-- small town independent pharmacies are dying off very quickly. And the die-off began in the 90's when the State changed its policy, when the State changed the average wholesale price index and they dropped it significantly.

We are not paying the average wholesale price for drugs. We're paying the average wholesale price minus 12 or 12-1/2 percent. Let's just start with that factor and what we're looking at when we're talking about these drugs.

The other part of the equation for these small pharmacists is the dispensing fee. When we look at the history of the dispensing fee, if my notes are correct, from 1989 to 1902 -- I'm sorry -- 2002, a period of 12 years, the pharmacists did not ask for a single increase. 12 years. That's a long period of time.

But then what does the State do? The State in its

wisdom doesn't sit down and figure out an increase for them because an increased workload. No. They cut the dispensing fee from $4.10 to $4.85 and then the following year we cut it to $3.60 and then we cut it again to $3.30 just last June.

When we are in very difficult fiscal times, I guess I understood part of those cuts. We're not paying the whole price for the average wholesale price. And now what I'm going to tell you is that we're not paying the whole price for the dispensing fee.

What we've looked at is four successive budget cuts on top of 13 years of no increase. We're taking -- we're putting on the backs of the small pharmacists, the independent pharmacists, but also on the big pharmacies this particular type of a cut.

I would be so bold as to say that the pharmacists' work has increased dramatically with the implementation of prior authorization and the new Medicare prescription drug wraparound. They are the go-between between the doctor and the patient. No question about that.

Pharmacists have also been hit hard by the co-pays. We've heard that over and over again. Because they've been forced to absorb the loss when customers were unable to pay the $1.50 fee. Let's add that on top of the price.

Pharmacists are the only providers who have had a decrease over the years consistently in four successive budgets. Now, in the small towns, I will tell you that oftentimes the small town pharmacist is the first place that people turn when they have a medical need, whether it's for an over-the-counter medication that they wish to take or if it's a question about a medication that they already had. "Is this the medication that's giving me the upset stomach? Is this the medication -- could it possibly be giving me the headaches because it's contradicting with the other medication that I'm taking?" The pharmacists are the first line for sometimes people's health needs.

The State of Connecticut this year alone -- and we had this budget debate last week -- has a 240-million-dollar surplus. Mr. Speaker, it is my contention that we should not be taking out this kind of money -- and I will tell you it's significant money. I will tell you that you're taking this money out of the backs of some very hard-working people, people who donate their time to their communities, people who give many, many, many hours back. And the State is treating them like this in four consecutive years?

We've watched a number of independent pharmacies close at the rate that's been unbelievable. And it's

been directly related to what the State has done. Can the small independent pharmacy compete with the very large pharmacy? For things like shampoos, no, they cannot. But they're extremely competitive when it comes to offering customer service, being the hometown guy, knowing their clients, knowing the patients, knowing the docs as well.

So we as a State here are saying what? That we don't value you? I think it's a very sad day when we have a 240-million-dollar surplus that we're taking it out on some of our smallest of businessmen and women at a time, Mr. Speaker, when we are having a shortage of pharmacists in the state.

I took the opportunity to figure out just how much money are these pharmacists going to lose because of this. Want to talk about a drain on their economy? 1.2 million dollars. So I'd ask you not to look at it as a mere 15 cents but look at it as a four-year consecutive decrease in the money and the State's obligation for these people to take State clients and that we are now looking at, I can guarantee you, the further closure of the small independent pharmacists.

Mr. Speaker, this isn't good for the citizens of the state of Connecticut. It's not good for health care in the small towns, in the suburban districts and the

few that remain in the urban centers. And it's also not good for our small businessman.

Mr. Speaker, this is the wrong way to go. And I think it's hypocritical in a year when we have a 2.4-million-dollar surplus.

Mr. Speaker, I have an amendment to fix this. Would the Clerk please call LCO No. 5349 and I be allowed to summarize?

SPEAKER HYSLOP:

Clerk, please call LCO 5349, to be designated House "D". And the Representative has asked leave to summarize.

THE CLERK:

LCO No. 5349, House "D", offered by Representatives Ward and Sawyer.

SPEAKER HYSLOP:

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. It's a very simple amendment. And it says that it would strike Section 10 in its entirety and renumber the remaining sections accordingly. And I move adoption.

SPEAKER HYSLOP:

The question is on adoption of House "D".

Will you remark further?

REP. SAWYER: (55th)

Thank you, sir. I think it's obvious what this does. What this does is it holds harmless those pharmacists that have already taken the four cuts. They've taken the brunt of it, whether they're small or whether they're the large chain pharmacies.

Mr. Speaker, I think I've made my argument before I brought out the amendment. And I won't take any more of the Chamber's time. Mr. Speaker, though, I would ask that we have a Roll Call on this.

SPEAKER HYSLOP:

The question is for a Roll Call when the vote is taken.

All those in favor of a Roll Call signify by saying Aye?

VOICES:

Aye.

SPEAKER HYSLOP:

When the vote is taken, it will be taken by Roll.

Will you remark further on House "D"?

Representative Thompson.

REP. THOMPSON: (13th)

Thank you, Mr. Speaker. Mr. Speaker, I'm sympathetic to the arguments made by Representative Sawyer. We've heard these arguments in the past. In

fact, I think I may have made a few of those arguments. However, the fact remains that there were three different changes or adjustments that we made that -- one was the increase in the -- or decrease in the dispensing fee. It was, I must point out, an increase of what the Governor had originally recommended. So, from our perspective, we had cut in half the -- what we believe the Governor had required.

Number two, the average wholesale price, as I mentioned earlier, has been a major concern of the pharmacists.

Number three, the co-pay under the SAGA Program, that is also removed. So the pharmacists who brought to my attention having to eat that dollar-fifty because they could not require the person to produce the money, they had to produce the prescription, that has been eliminated. And that's some savings to the pharmacists.

So, all in all -- we were here the other night and we were arguing the cap against the tort reform bill regarding malpractice. And it seemed to me that -- I was on the losing side that night, too. But it seems to me that no matter where you go in the health care field, whether it's prescribed drugs, treatment by obstetricians, various exotic drugs being experimented, the cost of health care in our country is out of

control.

We have some proposals tonight which have long-range implications, at least for prescribed drugs. For example, in expanding the formulary, one of the tests run by those people working on this compared the cost of ten of the top drugs that would be probably in the formulary, the cost under a proposed formulary against the cost of those same drugs through Canada. This is hard to believe, but the savings would be somewhere in the neighborhood of 28 million dollars.

Now, we're already arguing that we can get drugs cheaper in Canada. But with some of the proposals we are making here with the formulary and so on have long-range implications which I think will benefit everyone, including pharmacists.

So this is a hit. There's no question about it. And I have a local pharmacist in my community that's probably one of the largest programs in dispensing Medicaid prescribed drugs to consumers in the nation perhaps. At least he told me that he thought it was the largest in the nation. He has a fleet of vans. So he's one of those people who would argue against this. And I'm very sympathetic to it.

But we do have -- as I mentioned earlier, we have a very fragile budget. We believe we're doing some good

things with long-range implications for the benefit of those people most in need in health care. And it's true. There are people, doctors, druggists, nurses and so on, other providers who are suffering in our present system. And we've got to change that system. But it may have to be done gradually. And along the way, some people will benefit sooner than others. But the long-range goal is to provide access to health care for everybody.

And so I reluctantly speak against the amendment. I urge my colleagues to vote No.

SPEAKER HYSLOP:

Will you remark further on House "D"?

Representative Caruso.

REP. CARUSO: (126th)

Thank you, Mr. Speaker. Mr. Speaker, I reluctantly rise to support Representative Sawyer's amendment. And this is in no way out of my respect for Representative Thompson, who I think does a tremendous job here in the legislature.

But we have discussed this issue time and time again. And sooner or later, we have to address a serious issue. And this issue deals with not where the drugs are manufactured or where we purchase these drugs. It's those that dispense these drugs, which are the

pharmacies and, in particular, the independent pharmacies.

Before I got into the legislature, the City of Bridgeport roughly had 20 to 25 independent pharmacies. We're down to approximately three right now. And each and every year that we call upon these pharmacies to dispense the medications, whether to ConnPACE recipients or Medicaid recipients, we are not compensating for their increase in costs. Each year the cost of running a pharmacy increases, whether that be electrical costs of running the facility, whether that be increase in salaries for the pharmacist or staff, whether that be increase in insurances and other needs that are so necessary.

And since 1988, the pharmacies have not received an increase. As a matter of fact, when I spoke to my local pharmacist, what the legislature did last year with co-pays for Medicaid recipients, the pharmacies in many ways picked up the $1.50 because the recipient couldn't pay that amount. And the pharmacy once again took it on the chin.

I believe that this is a step in the right direction to bring attention to this issue, to say to the pharmacies that we respect their time, we respect the valuable service they provide to the community and

we respect what they're doing for the most vulnerable in our community.

And, Madam Speaker, I support the amendment. Thank you. Mr. Speaker.

SPEAKER HYSLOP:

Will you remark further on House "D"? Will you remark --

Representative Ward.

REP. WARD: (86th)

Thank you, Mr. Speaker. Very briefly. Just in agreement with what Representative Caruso just said and also one of the arguments earlier raised against the amendment suggested that we really can't alter the budget and that pharmacists will benefit from another section of this bill.

I just want the Chamber to understand. The benefit they may get in another section of the bill is not affected by this. So it's not either/or. This is completely separate from the rest of the bill. It simply deletes a new section of the law which would reduce the amount pharmacists are paid by the State of Connecticut when they fill a prescription.

In addition to that, the argument usually made is this is a budget implementer. It's sacrosanct. It's got to be solidly the budget deal. Well, on a voice

vote a few moments ago, the deal's already been changed. We took three drugs that used to be required to be within the Preferred Drug List and on a voice vote, this Chamber took those drugs out. I don't really disagree with the policy of taking the three out. But there was clearly a financial impact to that. The fiscal note is somewhat vague on it because we don't know what all the savings will be. I wouldn't be a bit shocked if this amendment is less impact on the budget than the other amendment that was just adopted. But one certainly can't make the argument that you can't change anything in the budget because there was a final deal; because it was already changed just a few moments ago on a fairly quiet voice vote.

I would urge the members to support this. I believe the estimated cost in fiscal analysis is about 1.2 million dollars. There have been other things that have gone on in this Chamber in the last couple of days that will have a bigger financial impact than that on this overall budget.

I urge the members to support the amendment.

SPEAKER HYSLOP:

Will you remark further on House "D"? Will you remark further on House "D"? If not, staff and guests to the well of the House. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber. The House is voting House Amendment Schedule "D" by Roll Call. Members to the Chamber.

(Speaker Lyons in the Chair)

SPEAKER LYONS:

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

The Clerk will please announce the tally.

THE CLERK:

On House Amendment Schedule "D",

Total number voting, 149;

Necessary for adoption, 75;

Those voting Yea, 61;

Those voting Nay, 88;

Absent, not voting, 2.

SPEAKER LYONS:

The amendment failed.

Will you remark further on the legislation that is before us?

Representative Ward.

REP. WARD: (86th)

Thank you, Madam Speaker. Madam Speaker, I rise, as I indicated before, to talk on the bill as now amended. Representative Gibbons said it correctly. There is a lot that's good about this amendment, a lot that both sides of the aisle can agree with. Just as I said on the budget, I think there is some good and some not so good or perhaps I said good and bad.

I indicated at that time that one part of the budget I did not support and could not support an implementer that contained it was the part that changed our policy which requires recipients of State -- I'm sorry -- that requires recipients from the State of Connecticut of their health care, that, regardless of income, if they qualify, they never pay any part of it whatsoever for one of the most generous health care systems anywhere. It's the Cadillac of plans. And even if you're above poverty level, this amendment says you should never pay a penny for any of that service. You should never so much as a dollar or a dollar and a half for a prescription, even if it was a $200.00 prescription. You should never pay anything for it.

I believe reversing that course is bad public policy. I understand there's a strong difference of opinion on that matter. And I certainly respect the

right of the majority that changed the budget and to put 32 or some-odd million dollars into that.

In the long run, I think that's a mistake, not only in controlling costs but in being realistic about what's in the health care plans and the effective way to deliver health care.

I think it makes sense if people have some means, that they contribute in some small way to the very large cost of health care. Just as we have State employees that contribute, just as everyone in the private sector contributes if it's an employer-paid plan.

So I, for one, certainly leave each individual member to vote as they would wish on this, as they always may. I, for one, will be voting No in protest over the reverse of the policy that I didn't think was just cost savings but I thought was sensible that says based on income, you may have to pay a little bit to receive the State's Cadillac health care plan.

Thank you, Madam Speaker.

SPEAKER LYONS:

Thank you.

Will you remark further on the legislation that is before us? Will you remark further on the legislation that is before us? If not, staff and guests come to the well. Members take your seats. The machine will be

opened.

THE CLERK:

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

SPEAKER LYONS:

Have all the members voted? Have all the members voted? Would the members please check the board to make sure that your vote is accurately recorded? Time is moving. The machine will be locked. The Clerk will take a tally.

The machine is open, but you need to be -- you need to move in here. I am not keeping the machine open. Or it's not open. I know it's not open. But we'll still --

Representative Currey, how would you like to be recorded?

REP. CURREY:

In the affirmative.

SPEAKER LYONS:

Representative Currey in the affirmative.

Representative Dyson, how would you like to be recorded?

REP. DYSON: (94th)

In the affirmative, Madam Speaker.

SPEAKER LYONS:

Representative Googins?

Representative Dyson in the affirmative.

Representative Googins?

REP. GOOGINS: (31st)

In the affirmative.

SPEAKER LYONS:

Representative Googins in the affirmative.

Representative Amann, are you seeking recognition? No, I don't think you are.

With that, would the Clerk please announce the tally?

THE CLERK:

On HB 5689, as amended by House "A",

Total number voting, 151;

Necessary for passage, 76;

Those voting Yea, 139;

Those voting Nay, 12;

Absent, not voting, 0.

SPEAKER LYONS:

The legislation as amended passes.

Representative Amann.

REP. AMANN: (118th)

Thank you, Madam Speaker. Madam Speaker, I move that all matters requiring further action of the Senate be immediately transmitted to that body.