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**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2009**

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item appearing on Senate Agenda Number 2, Emergency  
Certified Senate Bill Number 2051.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calling Emergency Certified Bill 2051, AN ACT  
IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING  
PUBLIC HEALTH AND MAKING CHANGES TO VARIOUS HEALTH  
STATUTES. The bill is accompanied by emergency  
certification, signed Donald E. Williams Jr.,  
President Pro Tempore, Senate; Christopher G. Donovan,  
Speaker of the House of Representatives.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Good evening.

THE CHAIR:

Good evening, sir.

SENATOR HARRIS:

Mr. President, I move passage of the emergency  
certified bill.

THE CHAIR:

Acting on approval and passage of the bill, sir,  
would you like to remark further?

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SENATOR HARRIS:

Thank you, Mr. President. I will.

Mr. President, before I give a, just a brief summary of some of the highlights of this bill, I want to thank Senator Harp, the cochair of the Appropriations Committee, and her cochairman, Representative Geragosian of the House, for leading us through this process. I'd also like to thank all of our staff, the nonpartisan staff, our caucus staff for all the hard work that they did. And finally, Mr. President, I'd like to also give thanks to the Office of Policy and Management, led by Secretary Genuario, who we all know and respect so much in this building.

Over several days, late into the evening we negotiated this bill, and I'm very happy to say that everybody gave something, everybody got something. And at the end we actually came up with a wonderful bill, which actually implements the budget and also improves the public health of the state of Connecticut.

Mr. President, I'll give you a couple of the highlights. Sections 138, which is -- through 38, which is the lion's share of the bill actually moves the Office of Health Care Access into the Department

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of Public Health and names the commissioner currently as the deputy commissioner in that new division of the Department of Public Health.

Mr. President, we also take steps to find savings and actually improve our system of health districts and health departments in the state of Connecticut.

We conform oversight of our managed residential communities, which people know as assisted living, to the budget and current practice. We adjust some fees in a very important program, Birth to Three, which helps kids with disabilities from birth to three start off on the right foot, get to school, able to learn. It's the right thing to do -- saves the state money.

We implement a very important program, the SANE/SAFE Program, sexual assault nurses that are skilled -- when the most horrific crime of any happens, rape -- that are skilled at being able to give psychological counseling to the victims of rape, skilled at evidence collection and at medical procedures necessary to deal with women and girls in the state that have been brutalized.

We find savings in DMHAS, through allowing DMHAS to contract with and negotiate rates under Medicaid part D.

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We resolve a very important issue that was decided in a Supreme Court case protecting peer review, that important discussion and analysis between doctors from immediate FOI disclosure, so that we can make sure that doctors work amongst themselves to keep patients safe.

Mr. President, we also do a couple of other important tweaks to our Sustinet board, which as we speak is dealing with the issues of health care reform in the state of Connecticut.

Mr. President, that's -- those are the highlights of the bill, and I urge passage tonight.

THE CHAIR:

Thank you, Senator Harris.

Will you remark further on Senate Bill 2051?

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

Mr. President, I rise in support of this budget implementor. Mr. President, I think it's pretty well known that our side of the aisle opposes the underlying budget that is beneath these implementors.

However, as Senator Harris said, this particular implementor has been negotiated out by all parties to

actually take anything that is objectionable, either to the Governor's office or to the majority party, out of the bill. And what we are left with is very purely implementing language around some very important programs.

And I just want to highlight one. And I think Senator Harris did a great job overviewing the bill that's near and dear to my heart, which is the SANE/SAFE Program. This is a bill that Representative Heinrich and I had introduced in the Public Health Committee. We secured funding for it working with the Governor's office through the stimulus package. And as Senator Harris said, this is something that's going to help the people who have been victimized by one of the worst crimes in society, rape, by actually enabling someone to come to the scene and actually determine if or if not, medically, a rape has happened, so that later in trials it doesn't have to turn into a he-said-she-said situation.

This is a good program that we are implementing, and it is not impacting our budget. And so Mr. President, in looking over the remainder of the provisions in the implementor itself, there were several in drafts before that I would have had

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questions for Senator Harris. Those have been removed, so I want to thank him for his work in making sure that we had a strong implementor before us tonight. And I urge adoption.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further on Senate Bill 2051?

Will you remark further?

If not, Mr. Clerk -- Senator Prague, would you like to speak?

SENATOR PRAGUE:

I would.

THE CHAIR:

Please proceed, ma'am.

SENATOR PRAGUE:

Thank you, Mr. President.

Mr. President, through you to Senator Harris.

Senator Harris, would you point out the part of this bill that deals with the nursing home oversight committee?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

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Through you, Mr. President, there is no part of this bill that deals with that. That will be in the human services implementor bill.

SENATOR PRAGUE:

Okay.

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. President.

Thank you, Senator Harris.

THE CHAIR:

You're welcome, ma'am.

Will you remark further?

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Through you, a question to the Chairman of Public Health Committee.

THE CHAIR:

Senator Harris.

Please proceed, sir.

SENATOR CRISCO:

Yes, Pro-consul. Could you explain the difference in regards to the allocation to health

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districts? There's a different formula -- and how will these health districts be impacted?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, yes.

What this bill does is it eliminates funding. It was 49 cents per capita at the part-time districts. So part-time districts can legally exist, but they don't receive per capita funding. With the idea that we are trying to move into the 21st century in organization in the State of Connecticut to be more efficient, to save taxpayers' money, to spread our costs over a larger area -- we know that that's a tremendous problem that we all face in our municipalities.

It's also a problem we're trying to, in some ways, regionalize our health districts, as we are with other services, not only to save money, but also because we are now in the 21st century, and we face issues such as pandemics. We face homeland security issues. And we need to have these more significant health departments and districts to be able to get federal funds out, to be able to organize to keep

people safe.

In addition to the part-time health districts, Mr. President, what we also do is change the per capita spending. We lower it when it comes to municipal districts. This is to, of course, conform to the budget that we passed last month -- or earlier this month. And what it does, it says if you are going to be a municipal district, you have to have -- now have 50,000 people or more and you're going to then get a dollar 18 per capita. That amount is actually the same as it was before, but it's in our budget.

With respect to districts, which are now one or more -- excuse me, two or more towns, to qualify as a district under this bill in conformance with the budget you now either have to have 50,000 people or three or more towns together. And the per capita rate that you will get if you are one of those districts is a dollar and 85 cents in conformance with the budget.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Through you, to the Chairman, could you kind of

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describe what the impact is going to be if a town cannot combine with other towns to reach the 50,000? Will they be deprived of health care services?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

It's 50,000 people or three or more towns. So through you, Mr. President, if I'm understanding this correctly, if you have only two towns, Senator Crisco, are you asking what would be the impact of only the two towns?

SENATOR CRISCO:

Correct.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes. That is correct, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, you could still have a health district, but you would not be entitled at some point to the per capita funding.

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Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Through you, again to the Chairman, what will you receive? You -- then there will be no funding at all?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, not under this funding formula of the per capita rate. I can't tell you that there are not other private, federal, and perhaps, even some state funds available, but this funding will not be there.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Through you, again to Senator Harris, but let's say it's almost -- a community cannot find another town or two to combine. It seems that we're penalizing, Mr. President to Senator Harris, a town through no fault of their own. And what safeguard is there, what safe harbor is there for this town?

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Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, the towns that I know that are now searching, are all actively talking to other partners. So currently, I'm not aware of any town that cannot find another partner. To the extent that becomes a real issue, we -- one of the benefits of us extending out our work during this year is that we have a session right around the corner, and that would be something that we would be interested in entertaining on the Public Health Committee.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. President.

Through you to Senator Harris, I appreciate your answers. Thank you.

THE CHAIR:

Thank you, sir.

Will you remark further on Senate bill 2051?

Will you remark further?

If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

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Immediate roll call vote has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call vote has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Senator Crisco and Senator Slossberg.

Have all Senators voted? Have all Senators voted? Well, if all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on passage of Senate Emergency Certified Bill 2051.

Total number voting	31
Those voting Yea	24
Those voting Nay	7
Those absent and not voting	5

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President.

Mr. President, would move for immediate

transmittal of Emergency Certified Senate Bill 2051 to  
the House of Representatives.

THE CHAIR:

There's a motion on the floor for immediate transmittal to the House of Representatives. Seeing no objection, so ordered, sir.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President.

Mr. President, would yield the floor for any members seeking recognition for purposes of announcement or points of personal privilege.

THE CHAIR:

At this time the Chair will entertain any points of personal privileges or announcements.

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

Just briefly, there are moments in one's life that ought not to go without recognition. And we have a staff person in the corner, who I'd ask to rise. Hugh MacKenzie, who is going to celebrate his 50th birthday in less than 48 hours.

So I'd like the members to extend to him a happy

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Would Representative Andrew Fleischmann please come to the dais and lead us in the Pledge of Allegiance.

REP. FLEISCHMANN (18th):

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

SPEAKER DONOVAN:

Will the Clerk please call Emergency Certified Bill Number 2051.

THE CLERK:

Bill 2051, AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING PUBLIC HEALTH AND MAKING CHANGES TO VARIOUS HEALTH STATUTES, introduced by Senator Williams and Representative Donovan.

SPEAKER DONOVAN:

The Chair of the Public Health Committee, Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, it's a pleasure to be here this evening. And -- sorry, Mr. Speaker.

Mr. Speaker, I would move for passage of this

emergency certified bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is on passage of the emergency certified bill in concurrence with the Senate. Will you remark, madam?

REP. RITTER (38th):

Yes I will, Mr. Speaker.

Mr. Speaker, the purpose of this bill, essentially, is to implement the provisions of the budget. And before I request permission to briefly summarize, I would like the opportunity to thank my colleagues and some of the people that participated in its preparation, Mr. Speaker.

SPEAKER DONOVAN:

Please proceed, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I would like to officially thank my colleagues, not only here in the House, but in the Senate. The chairs of the Committees on Appropriations, my cochair of the Committee on Public Health, and our ranking members.

This bill was actually discussed extensively, and

in that process, both the secretary of OPM, Secretary Genuario and his staff, participated along with representatives from the Governor's office. It's my belief, Mr. Speaker, that that did indeed result in a bill that has been thoroughly looked at by, not only both sides of the aisle, but the administration as well as the legislative branch. And I think it gives us a better bill.

In addition, the staff, OFA and OLR as well as, particularly, the staff on the Committee on Appropriations, put a lot of time into this. And I do want to thank them for making the process move along.

In quickly summarizing the bill, Mr. Speaker, I will briefly mention the major topics that it covers in its 60 sections. Major topics would be the transfer of the office of -- I'm sorry. Excuse me. The transfer of the Office of Health Care Access to the Department of Public Health, the restructuring of our health departments, an adjustment on the fees and insurance caps for the Birth to Three program, the Department of Mental Health and Addiction Services giving them the ability to bill and contract under Medicare part D, which will save us a significant money, adjustments to our existing pretrial alcohol

and drug programs, the establishment of an advisory committee under DDS to look at contracts that are anticipated to change from a master contract to an attendant's fee-for-service contract, and finally, the UConn Health Center Trust Fund for malpractice claims.

Those are the major issues, and I will be happy to entertain any questions. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Will you care to remark further? Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. Good evening.

I have some questions for the proponent, through you, please.

SPEAKER DONOVAN:

Please proceed, sir.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

In Sections 39 and 40 and 41, it looks like we're eliminating some funding for certain municipalities that presently, I think, receive varying amounts of money per capita. Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, I believe Representative Chapin is talking about the changes in the funding for the local health departments, and under this bill there will be no funding from the State for part-time health departments.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, so in Section 39, in lines 1482 through 1484, where we're deleting that section, it would appear that, presently, these part-time health departments receive 49 cents per capita. Is my understanding of that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

So, could the gentlelady explain to me why we've -- we're taking this path, where we're eliminating funding to these part-time districts? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you. Through you, Mr. Speaker, this is part of an effort that has been ongoing between the Department of Public Health and the administration to discuss a more regional effort for forming our health districts.

I would like to add one correction to a possible misinterpretation to my earlier statement. I stated that there would be no funding. I meant that under the state -- the changes proposed by this bill, there would be no automatic per capita funding, which as the good Representative has indicated, is currently set at the amount of 49 cents. That does not mean opportunities for other state funding through grants, through a variety of other programs, through DPH, federal, or outside sources could not be utilized.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker, and I thank the gentlelady for that further explanation in regard to the part-time health departments.

If we move on to the next section, to Section 40, it would appear that there had been funding for these full-time health departments that were not regional departments on a per capita basis. Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, I believe that that dollar amount was set at \$1.18 for these full-time health departments. Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, a question to the Representative's question. Is he talking about the amount of funding that these full-time health districts received prior to this legislation or under this legislation?

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

That is correct. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

One moment, Mr. Speaker.

Mr. Speaker, under this legislation, beginning on lines 1499, any municipal health apartment shall receive a funding per capita of \$1.18 if they fulfill certain conditions. The conditions all remain the same, with the addition of one and that is if it serves a population of 50,000 or more in that municipal health district.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, could the gentlelady tell me how many municipalities who presently receive the per capita amount of \$1.18 are under the population threshold of 50,000, and therefore, would be losing the dollar 18 per capita? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, I do not have that information with me at this time.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

My own health department, as well as my regional planning agencies, another sanitarian, our health director, e-mailed me. And I was wondering if the gentlelady could confirm that towns that may be included might be East Hartford, with 48,000 -- a population of 48,000? And that's based on the Department of Public Health's 2007 population

estimates, Glastonbury of 33,000, Guilford of 22,000, Madison at 18,000, Middletown at 47,000, of course, my own municipality at 28,000, the town of New Milford.

Would these be the types of municipalities that would be losing out on the dollar -- \$1.18 per capita if this bill were to pass? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, the Representative listed a fairly lengthy list of towns. And I would repeat that the population of the municipal health department would determine its eligibility, whether it meets the threshold of 50,000 or not.

I will add that the Department of Public Health has information about these -- about the populations of these towns updated from the more recent census. In this case, it was in the year 2000. I don't have at hand the precise number for the town of East Hartford this moment.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker and again, through you, so can the Chairman of the Public Health Committee tell me if the payments that the towns are receiving -- have been receiving in the past, are they based on annual changes in the population based on those estimates that the Department of Public Health maintains? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it is my understanding from conversations with the Department of Public Health that they are updated. Yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. And again, through you, as I look at, as I move on to Section 41, since New Milford's hasn't even reached 30,000, and I suspect that it will be a while before they reach 50,000, as I look at Section 41, it looks like new Milford would have the opportunity to join with other municipalities to be considered for a higher per capita grant?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. And would New Milford be able -- be eligible for this higher level of grant if they joined with one other municipality? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I will clarify that it is -- that they would be eligible for this grant if they either formed a district with three or more towns or reached that population level of 50,000.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, in line 1529 it talks

about those three or more municipalities irrespective of the combined total population of such municipalities. My interpretation of that would mean New Milford could join with, perhaps, Sherman and Washington, which have roughly 3,000 people in each town, and still be substantially under 50,000.

But if I'm interpreting that language correctly, then they would still be eligible, regardless of not reaching the 50,000 population threshold for this higher level of per capita funding. Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you.

And I would assume that the incentive of the higher per capita grant and trying to encourage towns to form these more regional districts is simply one where someone may believe that regionalism may actually be a better approach. Is that correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I would agree with that statement.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, so suppose there aren't any eligible surrounding towns that would want to join or that -- or my own town can only find one other town. What would happen in a case such as that?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, if Representative Chapin's town was only able to find one other town, it would not qualify for the higher reimbursement under this statute.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

Can the Chairman of the Public Health Committee tell me what would be required to go from a single town health department to a regional health department? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I would direct the Representative's attention to lines 1527 through approximately 1530. It would have to form a district that has a total population of 50,000 or more or be composed of at least three municipalities.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, so as long as these three towns join together, is that all that would be required, some sort of interlocal agreement for them to be eligible for this higher per capita rate? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, that would be upon application to the Department of Public Health. Yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

As I read lines 1527, it would appear that upon application to the Department of Public Health, assuming these requirements are met, then they shall annually receive from the State an amount equal to and so on.

It would appear that the application that's being referenced in this section has to do with the potential receipt of that grant money. Can the gentlelady tell me, is -- are there any other requirements for municipalities to join together to become a health district, or is it simply a matter of agreeing amongst themselves and then saying to the Department of Public Health, we've now formed a health district? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, the bill stipulates that upon application to the Department of Public Health each district that meets the qualification would be able to receive this from the state.

The bill further goes on to, beginning in line 1536, stipulate the provision that the commissioner of public health must approve their program and budget of the health district. In addition to that, as is -- and that is the case today, that is the case under current law -- as is also under current law today there must be an appropriation of not less than one dollar per capita from the annual tax receipts of those member towns. And again, that is current law, not changed by this statute.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And I thank the Chairlady for answers on the requirements to become that -- a health district.

As I stated earlier, I believe there are 15 -- or 16 full-time departments that do not exceed 50,000 in population that would be in jeopardy of losing the per capita funding unless they joined with other

municipalities. It's my understanding that 9 of the 16 full-time departments serve as mass dispensing leads for vaccination plans.

Could be Chairman of the Public Health Committee tell me if she's aware, if she could verify that that's true? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I believe that to be the case.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, in assuming that additional responsibility, is the gentlelady aware if there's any additional funding to play that role? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, as I mentioned previously, yes. There is additional funding from a

variety of sources. Representative Chapin specifically mentioned the mass dispensing needs, which I know is something of critical interest today, and that is the case.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And again, through you, so presently, my own municipality, a single town municipal health department, may be eligible. I'm not sure if they're receiving it, but they may be eligible for additional funding for being one of these mass dispensing leads.

If they were to form -- join with two other municipalities and form a district, can the gentlelady tell me if there would be any impact in jeopardizing that funding? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I believe the answer to that is no.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

As stated earlier, and I believe it's confirmed by the Chairlady, it would appear we're moving in this direction as an incentive to regionalization. Is the Chairlady aware of the Governor's Executive Order Number 26, which does similar things? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I am aware of this executive order.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker.

And I guess I'm left wondering why we're doing this today when the Governor's executive order outlines a timeline where this board, I believe, which has been convened and meeting since May or June, and I believe one of the requirements of the executive order that is that they would be reporting the results of those meetings after a six-month period. Is that the

gentlelady's understanding as well? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker, and again, through you, could the gentlelady explain to me why we would choose to move forward in this manner today rather than wait for the outcome of this group, which should be at the end of this calendar year? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I'll give you a small amount of history to this in answer to Representative Chapin's question. This proposal originally came from the Governor's budget address and her budget to the Appropriations Committee.

At the time, the qualifications for forming these districts were a little bit different than they are in

this particular piece of legislation. So it is my understanding that, at the time, in spite of the Governor's executive order or in concurrence with her executive order, she felt it prudent, and the committee agreed, that this would be an appropriate time to move ahead with this effort to provide an incentive, really, for us to be able to give some of the benefits of regionalization to the Department of Public Health.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker, and I thank the gentlelady for her -- all of her answers on this.

Mr. Speaker, I believe a lot of the concerns that I had previously have been addressed, but unfortunately not all of my concerns have been. We've spent a lot of time talking about municipal mandate relief. We've patted ourselves on the back for doing a good job in holding towns harmless on statutory grants.

But we seem to be -- at the same time, we seem to be taking away these additional funding opportunities.

This is a -- clearly a case of, today, my own municipality has available to them roughly \$33,000 that they've had in the past, that if this bill were to pass, they suddenly would no longer have. Those concerns linger.

I'm not sure whether I have a high enough comfort level at this point to support the bill, but I thank the Chamber for their time and the Chairman of the Public Health Committee for all of her answers.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Rowe.

REP. ROWE (123rd):

Thanks.

Good evening, slash, morning, Mr. Speaker. Great to be here.

SPEAKER DONOVAN:

Good evening, sir.

REP. ROWE (123rd):

Following up on the health district issue, if I could maybe pose a quick question or two, and make a point, if I could, to the chair of Public Health.

Am I correct that Section 41, which deals with

the full-time health districts, would not allow for a municipality with fewer than 50,000 that has joined with another municipality -- now there's a grouping of two -- to receive funding at all under this, this statutory formula?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. That would depend on the population -- I'm sorry, Mr. Speaker. That would depend on whether a population threshold of 50,000 were attained.

If you'll recall to my answers, the threshold is either a total population of 50,000 or more, or three or more municipalities. And that would determine the level of funding that would be available to that municipality.

SPEAKER DONOVAN:

Representative Rowe.

REP. ROWE (123rd):

Thank you. And I ask because a few years ago in response to -- well, in an effort to save money, the towns of Monroe and Trumbull joined together and came up with a -- their own health district. And it's

worked out wonderfully well. Last year, the health district received funding of about \$130,000 from the State under the current formula.

Recognizing that this might be coming down the pike, we endeavor to bring -- and the populations of those two fall just under 50,000 people. We've got about 37 in Trumbull, and Monroe doesn't quite help us enough.

So we're in a tough spot. We made overtures to the town of Easton. And Easton is being courted by Westport. And Shelton doesn't need to get involved with us. And Stratford, maybe I'll talk to the mayor about that or something later.

But we -- I guess, maybe, let me ask a further question. Assuming -- assuming what I've said, that we've got a district of two because we wanted to regionalize, and it falls just below 50,000, am I correct that there's no grace period for our health district to beg, borrow, and plead with a neighboring municipality to join us? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, in conversations with

the Department of Public Health to particularly that point, it is my understanding that those two towns would have, essentially, until nearly the end of the fiscal year to be able to complete any arrangements that they might have to attract a third or to boost their population over 50,000.

And if they were indeed able to make that threshold, they would be then -- qualify for the higher funding for the entire fiscal year,  
Mr. Speaker.

SPEAKER DONOVAN:

Representative Rowe.

REP. ROWE (123rd):

Thank you.

If I could follow up on that. Since we're doing this budget implementer in September for the fiscal year that began, you know, July 1st, forgive the, perhaps, the silly question, but are we talking about coming up with these few extra thousand people going out through June of '10, or has that window foreclosed on us because we're doing this, you know, after the fiscal year has begun?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it is my understanding that would be through the fiscal year that ends in 2010.

SPEAKER DONOVAN:

Representative Rowe.

REP. ROWE (123rd):

So if we come up with -- if we break the 50,000 barrier, we can't get Easton or others to join us, and we're -- it's a great health district. Anyone who's looking, I encourage you to come and look at our health districts. Some very exciting things going on in the Trumbull/Monroe health district, but for legislative intent, perhaps, if our health district grows to beyond 50,000, regardless of getting another municipality, we'll be eligible for the funding and the new rate of a dollar 85 per capita. Is that correct? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, that population amount, to clarify, and I discussed this earlier, would be based on the

2007 population estimates.

So what would have to happen is Representative Rowe's health district would have to look at expanding by, perhaps, another town to use their 2007 population estimate to add to those two towns. But if that were the case, it is my understanding they would be eligible for the higher amount of funding.

SPEAKER DONOVAN:

Representative Rowe.

REP. ROWE (123rd):

Thank you. And I'll sit down in a second.

But just to be clear, so the only option for my health district, our health district, would be to get a neighbor -- it doesn't have to be neighboring municipality, but realistically, a neighboring or nearby municipality to come onboard, at which point we do it by June 30, '10, we're picking up, you know, a hundred thousand dollars plus, fair to say?

Incorrect? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, that is my understanding.

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SPEAKER DONOVAN:

Representative Rowe.

REP. ROWE (123rd):

Okay. Thanks for your time. Thanks for your  
indulgence.

SPEAKER DONOVAN:

Thank you Representative.

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Hello, Mr. Speaker.

SPEAKER DONOVAN:

Hello, Representative.

REP. KIRKLEY-BEY (5th):

How are you, dear?

I have a couple of questions to Representative  
Ritter pertaining to the section that deals with this  
corporation that's going to be put together for some  
hospital association or something, the hospital  
something fund.

And based on what I'm reading, please help me, is  
the hospital that we're talking about, UConn Medical  
Center.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Could I ask Representative Kirkley-Bey to please refer me to either the line or the section in the bill.

REP. KIRKLEY-BEY (5th):

It's on page 9887 -- oh, that's the LCO number. I'm sure -- on page 83 of 87.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes. That is the UConn Health Center.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

And they're going to be able to, based on line 2632, negotiate their own purchase prices of the insurance, develop administered self-insurance fees and what commissions they're going to pay for these insurance policies?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I believe Representative Kirkley-Bey is describing a portion of the procedure under current law that requires the University Health Center to maintain a medical malpractice trust fund.

Under current law, they are indeed required to do that. They've been doing it for quite some time, and the proposed change that is asked for in this legislation is a little bit further along.

Beginning in lines 2637, the proposed change has to do with the requirement that the amount of that fund no longer be based on an actuarially determined amount. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Yes, through you, Mr. Speaker to Representative Ritter, what is the amount of the fund currently?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it is my understanding from the UConn Health Center that following the budget sweeps that we were made -- that were made a couple of

weeks ago, the amount in that fund at this moment -- let me back up. It started at around \$25 million. In the current fiscal year we swept \$10 million, leaving a current balance of approximately \$15 million.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

It says here that the foundation or the commissions or whoever have the discretion to use this money in any way possible. Can this money be used for the problem that we've all been concerned about, especially in Hartford, a merger with Hartford Hospital and St. Francis -- I mean and UConn. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, no.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Thank you. Thank you, Representative Ritter.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Miner of the 66th District.

REP. MINER (66th):

Thank you, Mr. Speaker.

Mr. Speaker, I just wanted to try and get a clarification. I was listening to a couple of questions earlier with regard to reimbursement. And I've looked quickly through the statute book, and it appears that there is a timeline in some instances for developing a regional health district.

And as I read through the statute, it may not be exactly the same in every town. Some charters may dictate how it's done. Some may be done by general statute. I thought I understood the Chairlady to say that if at any time during this current fiscal year a municipality qualified, their reimbursement rate would be figured at the rate of, I guess, it's a hundred -- a dollar 85 retroactive to the beginning of the fiscal year. Is that based on costs, true costs, or is that based strictly by a population formula? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, that is based on a per

capita.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

So in the case of maybe a small municipality that currently spends very little money for a part-time health district person, is it conceivable that, should they become eligible next May, that they would receive reimbursement in excess of what it actually cost them? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, the amount of reimbursement that they -- that would be received by the entire new health district would be the one -- assuming they qualified -- would be \$1.85 per capita. I hope that answers the Representative's question.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

Not exactly. What I'm trying to, I guess, find

out is, I understand our interest in pursuing regionalization. I, like others, think it makes sense in many scenarios to do that sort of thing, especially if it provides better service for less money.

What I want to be sure about here is the way it's been described that you don't actually have a windfall. That someone could conceivably have a very part-time public health person and then by virtue of qualification within any time in the fiscal year, be eligible retroactively for, let's say, nine months of a reimbursement rate at which they really didn't expend the money. Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I have -- it's my understanding that typically, the expenditures are in the range of 5 to 11 dollars per capita total. So it's difficult to imagine that this situation could actually arise.

And if I had another minute, I could also point the Representative to the provision in the bill that requires that if there are excess funds, that those funds roll over to the next budget year.

So I would respond that I believe the prospect of a windfall is not great. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And I guess to go back to the issue of when this actually takes effect, understanding that most municipal -- well, all municipalities were required by state statute to have a budget in place months ago. For those that are not able to complete this task or choose not to complete this task, it would seem to me that with an effective date upon passage, we're actually setting up a cost to the municipality because we're not going to fund them, that they're going to automatically become ineligible for funding even at the 49 cents rate. Is that -- am I correct there? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, in conversations with the Department of Public Health around this point, it is my understanding that at this point in time the

only districts that have received funding through their allotments are health -- are regional health districts, I believe.

So I do not believe there -- I believe there would be indeed funding that would come to all qualifying health districts upon passage of this bill.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And so I think I understood what you said. And what I think I understood you to say was that if you qualify there will be money available to reimburse the municipality.

What I'm concerned about is those that Representative Chapin talked about, that currently qualify under the statute as we know it today, but won't qualify until there's some change, either by forming a region of three towns or more, having a 50,000 population or more. And for those scenarios where they're not eligible or not capable of doing that, will they receive no funding this year? Through you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

With the provisions of this bill, Mr. Speaker, they will not get funding until they join. So I'm not particular -- so with the passage of this bill and these rules that would come into effect, that essentially would set up the funding stream going forward. Any municipalities that would, as we have said earlier, qualify for new or increased funding before the end of the fiscal year would be eligible to receive it, and those that do not would not. That would indeed be the case.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And so for those municipalities, in not wanting to say that the, you know, state that the information provided by Representative Chapin was purely accurate with regard to the numbers in the towns, but if there were towns that had a population, single population of 48,000, and they have been operating a budget that anticipated a reimbursement rate of some number from

the State of Connecticut, by passage of this bill, now in September, we are making them ineligible, and therefore they have a hole in their budget. Is that correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, with the passage of this bill, that could indeed happen.

I would like to remind the Chamber, Mr. Speaker, that -- and bring their -- extend their memory back to yesterday's discussion, when we were discussing a previous bill and the benefits of regionalization.

It's -- I think it's well understood that there are benefits of both efficiency as well as professionalism with regionalization, but I know there also may indeed be situations that are not as ideal for every community in the state moving forward.

What this provides is, what I would call a carrot and a stick approach to a regionalization issue that we've struggled with for years. And certainly, this does not mean that, as I said, it will be perfect for everybody, but I think we've spent an awful lot of time discussing things we need to be thinking about as

a state as we move forward in a more regional direction.

And if we're really unable at this point to be able to understand that, indeed, there may be some communities that have a harder time as they make these changes, and unable to face that reality, I think we're going to have a very difficult time moving forward.

I would encourage my colleagues to think on that as they discuss with each of the 169 towns that we have in the state of Connecticut, why in many, many cases our costs seem to constantly go up, and it only seems to get harder and harder for those communities to meet their expenses.

And the provisions that are in this bill were put in the bill this way as a beginning of an attempt to, really, to help our communities and to bring a different kind of service to them overall at a lower cost. And consequently, and while I understand we can each stand up here and talk about our towns and the difficulties that they're going to have, I hope that all of my colleagues will also weigh those benefits when they consider and hopefully support this bill.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker. And I, too, share the gentlelady's comments with regard to the possibilities of better service and lower costs. The point I've tried to make is, effective upon passage, it's going to stick somebody with a bill if they're not able to accomplish what we want them to accomplish by the end of this fiscal year.

I think if we were really, truly interested about a carrot and stick approach, the carrot would be the additional money, and the stick would be that you'd lose it on July 1st of 2010. But what they do is they lose it this year. Their budgets are done. People are employed. So now they're going to go back to their health districts and go through a lot of gyrations about what job changes and what service changes need to occur to live within an operating budget.

I think the districts -- serve in the communities that I represent -- are larger than this. And so I'm not so sure that this is going to affect any of my

constituents, but it seems to me that it is going to affect somebody. And with regard to affordability, if what Representative Chapin said was true, that you've got some that are being reimbursed and 49 cents, let's say, I'm not so sure it's going to save the State any money, especially if we're going to pay them retroactively at a dollar 18, or whatever.

So, Mr. Speaker, I, too, will sit and listen to the rest of the debate, if there is any, but I am concerned about the language effective upon passage. And I think if we were really trying to move people in this direction, knowing the fact that what we're dealing with is today rather than back in May, it would have been more effective if we did it in a year from now.

Thank you.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Walker. Representative Walker.

Representative Hamzy.

Representative Carson.

REP. CARSON (108th):

Thank you, Mr. Speaker. If I may, through you, a couple of questions to the Chairman of the Public

Health Committee.

SPEAKER DONOVAN:

Please proceed, madam.

REP. CARSON (108th):

Thank you.

Through you, Mr. Speaker, Representative Ritter, I know that you and I had a private conversation about this earlier, and I've expressed my concerns regarding the health departments and the funding. We also did so in committee. And I believe as Public Health Committee members, we heard from numerous small towns and organizations representing those small towns that this would absolutely have a negative impact on their funding.

We've been talking in the last -- first of all, I would like to thank Representative Chapin specifically and certainly some of the other speakers for really zeroing in on some of the issues related to -- in the sections addressing the public health districts.

So thank you for kind of doing the layup on this. But for me, how I'm looking at it in a couple of different ways: One is that three of my four towns will absolutely be negatively affected by this. And some of those towns have come together in the past and

have attempted to form districts. But for one reason or another, there are just some people who don't want to do it and they may continue not to want to do it. I may, you know, we may have a couple of towns in my district who will and who are willing to regionalize. However, if you can't get that third partner you are going to lose funding. And I do not think that this is the appropriate approach.

I also -- I know I'm getting to a question eventually -- I also am appreciative of Representative Chapin addressing the Executive Order 26. And knowing that we still have months to go before we really do get a report from that commission, it does not make any sense whatsoever to me to be voting on this issue tonight while we are still awaiting information.

And I, too, think about how successful we were in some ways last night with the probate court bill, where we thought that the issue was so very important that we took the time to study it. I know it's been studied for years, but we actually took that extra time.

We stood firm as a Legislature before the summer -- well, sort of during the summer. And we said, you know, you've got to come back with a

decision. You've got to have public hearings on this one specific issue. Everyone across the state gets to come and voice their concerns. And I'm very concerned that we didn't take a similar approach for something like this if we believe it is so important.

So to one of the questions, again, through you, Mr. Speaker, what are -- just other than the sake of regionalization, can you share with me some of the changes or some of the issues that are not being addressed in our current system that we see -- we expect to see improved with regionalization?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

And I would first like to thank Representative Carson for her time in discussing this issue. We have spent quite a bit of time discussing it, and as Representative Carson undoubtedly remembers, the Committee on Public Health has entertained different proposals and discussions around different ways to encourage regionalization or the formation of larger health districts over the years that we've both served on the committee. And this is not a particularly new

issue. And Representative Carson has done a good job of explaining the particulars of her immediate towns and the problems that she anticipates that they may have in dealing with this particular statute.

I would like to talk for a moment about some of the anticipated benefits. And the first one has to do with the ability to bring a higher, or in some cases, in some cases a higher or different level of professionalism to the towns. Unfortunately, in many cases today we find that we are dealing with issues that are very different from the issues that we had to deal with 10 or 15 years ago from the perspective of public health, emergency preparedness and planning for the contingency plans for different eventualities that may indeed affect the public health.

The most obvious one we're all thinking about today is the H1N1 virus, known as the swine flu. And I know our department has spent numerous, thousands of hours working on this particular issue as have people all across the state.

We have, as a state, relying on -- at different ways, in this particular case do, through the mass dispensing centers, different ways to deal with this particular issue. If we were ultimately to consider

that, we may have a different structure in our health districts. It would be a much easier or different proposal to talk about administration of a program of this size.

And if you were, Representative Carson, to extend that thinking to other unfortunate eventualities, different types of diseases, different climate emergencies, unfortunate acts, acts of violence, I think the words of the Department of Public Health concerning the potential benefits of their ability to deal with a situation are pretty clear, that this would enhance our ability to respond.

I'm losing -- I'm rapidly losing my train of thought. It's late. In addition to that, it's -- there are overall acknowledged efficiencies of scale. I know when this proposal first came to us there was quite a bit of discussion in the appropriations subcommittee as to where exactly that would occur: Would it be at 60,000; would it be at 75,000, which originally was proposed.

This particular proposal was, I think, a bit more generous to the structure of our state, to our 169 individual towns, and we chose 50,000. And it may well be that, as we move in this direction, we

discover that we want to make further adjustments and that, perhaps, this is not precisely the best threshold for us to choose.

Perhaps there would be instances, as Representative Carson has outlined, where two towns -- or her towns in particular, or others, are unable to come to an accommodation and are never able to fully realize the benefits or to bring those benefits to their residents and surrounding towns and the rest of this state. In that case, as Representative Carson well knows and will undoubtedly be present on the committee to participate, we will indeed be available to look at this situation again. I don't think there are very many of us in this chamber, actually, that contemplate that that might not occur. We're probably pretty sure that we'll be back taking a look at it again.

And so I would also offer that to the Representative in an attempt to, perhaps, satisfy some of the concerns that she clearly has for her towns.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Carson.

REP. CARSON (108th):

Thank you, Mr. Speaker.

And really I do appreciate Representative Ritter's comments. And actually, believe it or not, we're on the same page, because I, actually, am very concerned about the major issues that we have to address on a statewide basis. And I certainly want to make sure that every region of the state, every town in the state, every city in the state is fully prepared for any one of these potential crises that we may face.

If we think this is so important, why aren't we guaranteeing, and I'm saying this maybe rhetorically, but why would we not be guaranteeing that every town is fully served? You are not -- we are not guaranteeing that every town is served if we're leaving it up to a third town to combine with them to make sure that we have the funding to make these -- some of these things happen, and some of this information, that whether it's education or whether, of course, the dispensing issues or whatever -- I know, at least, my understanding is we're fully prepared for that, even though it may be difficult with our current structure.

I'm very concerned, again that certainly we all -- we all are fully prepared for whatever situation we face, but I also think if it is that significant we should be doing -- we should have a different approach, the way we did the probate court system only yesterday.

I think it was a better approach. It did allow the towns to come together. It did allow the towns to have a public hearing. It did give the Legislature, you know, the authority along with the Governor at the end of the day, but the players were all at the table.

In my particular area we have ten communities in our region who, their health directors meet on a monthly basis. They have done so for the last five years and there are some towns within those communities who only have part-time health directors. Some have full-time and there's one regional, or one full district, but they are able to do it and they have a regional approach. And they have been doing it efficiently.

And I think instead of this approach, I think we should be considering regions such as the HEFCO region, who have found an approach to probably accomplish what we're attempting to accomplish

tonight.

And I thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you Representative. Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

I have just a few questions about the proposed bill before us.

SPEAKER DONOVAN:

Please proceed, sir.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

Through you to the Chairman of Public Health -- or Chairwoman of Public Health.

Starting on line 1586, it looks like there are a couple of additional appointments that are being made to the Sustinet board of directors. And through you, Mr. Speaker, why are these changes being made?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, it's my understanding these changes are being made at the request of the committee because we -- because the committee realized

upon looking at the nine members of the board that there was not sufficient representation in the categories that are mentioned in lines 1603 through 1605.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

Included in line 1605 is an appointment made by the comptroller, and it's my understanding that the comptroller not only sits on this board, but also cochairs it. So how does this increase representation of the comptroller on the board of the Sustinet?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, I'll speak to legislative intent in that that these appointments address the particular issues that are mentioned in lines 16 through 1604. And I will read them.

In individuals with expertise in either the

reduction of racial, ethnic, cultural, and linguistic inequities in health care, or multicultural competency in the health care workforce.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

And through you, that would be one additional appointment of the two that are proposed by this change. The second being a direct appointment by the comptroller. Through you, Mr. Speaker, is that accurate?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker.

Actually I mentioned one, two, three, four, five -- five or six actual competencies that are contemplated through these appointments.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker.

I understand. I've read the bill, and I understand that it's very specific that the person who's appointed by the health care advocate must possess the qualifications that are identified in this proposed change, but that still remains to be one appointment of the two additional appointments that are called for in this bill.

Through you, Mr. Speaker, is that accurate?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I would state that it is a very little interpretation -- would indeed indicate that the appointment made at -- by the health care advocate would be in those particular competencies.

But I would speak to the issue of legislative intent upon reading it that there are, as I said, I believe six or seven different issues there. And certainly it would be the intent that both of these appointments speak to those issues.

SPEAKER DONOVAN:

Representative Hamzy.

REP. HAMZY (78th):

I'm a little confused now. Because if you read the language that's proposed in this LCO number -- I'm sorry. In this E-cert Bill, 2051, currently there are nine members of the board of directors of the Sustinet Health Partnership. This proposal adds two additional members to make it eleven.

As this reads, one of the additional members is appointed by the health care advocate who shall be an individual with expertise in either the reduction of racial, ethnic, cultural -- and it goes on and on, and the other one is just a straight direct appointment made by the comptroller, with no qualifications called for in this bill.

Through you, Mr. Speaker, is that accurate?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, as I indicated previously, that would be an accurate representation.

SPEAKER DONOVAN:

Representative Hamzy.

REP. HAMZY (78th):

And my question to the Chair of Public Health is

this structure was passed just three months ago over the veto of the Governor with nine members on the Board of Directors. And if you fast-forward to tonight, we are adding two additional members to this very newly created board of nine members. And my original question was, why are we doing that?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, as I indicated earlier upon the original appointments of the nine people to the board, these particular competencies did not appear to be predominantly present among the nine people currently representative -- representing the board. And that there were requests that we take a look at adding in order to provide these levels of expertise.

SPEAKER DONOVAN:

Representative Hamzy.

REP. HAMZY (78th):

Thank you, Mr. Speaker. And I thank the Chair for her answers.

My interpretation of why this change is being

proposed is that the current makeup of this board was not going in the direction of the predetermined outcome which was anticipated when the board was created. And so by adding another two members, who will tilt the balance of the board to achieve the predetermined outcome that was anticipated when this board was created just three short months ago, is the reason why this change is being made tonight.

And it's pretty amazing to me that when there is one outcome that is anticipated and when the deliberations or the discussions or the results of the original appointments are made, which may not achieve the outcome that was predetermined, we changed the rules of the game. And we changed the makeup of the board in order to ensure the predetermined outcome. That's my interpretation of what's going on here.

And while it certainly is the prerogative of the majority party to do that, I think it's a little dangerous to go down that road to achieve something of this nature.

And Mr. Speaker, I appreciate the time.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the emergency

certified bill? Would you care to remark further? If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call vote. Members to the chamber, please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board to make sure your vote has been properly cast. If all the members voted, the machine will be locked. The Clerk will please announce the tally.

THE CLERK:

On House Bill 2051.

Total Number voting 128

Necessary for adoption 65

Those voting Yea 94

Those voting Nay 34

Those absent and not voting 23

SPEAKER DONOVAN:

Emergency certified bill passed.

(Inaudible) -- order.