

PA10-117

SB428

House	5467-5472, 5497-5499	9
Public Health	677-683, 736, 739-742, 749-759, 813-814, 906-908, 910-931, 1158-1223, 1244-1248, 1252-1253, 1450-1460	134
Senate	3957-3965	9
		152

S - 610

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2010**

**VOL. 53
PART 13
3842 - 4128**

cd
SENATE

403
May 5, 2010

Mr. President, if the Clerk would call as the next item of business calendar page 30, Calendar 271, Senate Bill 428.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 30, Calendar 271, File Number 379, Substitute for Senate Bill 428, AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH-RELATED STATUTES, favorable report of the Committee on Public Health and appropriations.

The Clerk is in possession of amendments.

THE CHAIR:

The Chair recognizes the distinguished gentleman from the 5th District, Senator Belushi.

SENATOR HARRIS:

Through you, Mr. President, that would be Blutarisky.

Thank you, Mr. President, you look good this evening.

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

THE CHAIR:

Question before the chamber is acceptance and passage.

cd
SENATE

404
May 5, 2010

Do you care to remark further?

SENATOR HARRIS:

Thank you, I would, Mr. President.

Mr. President, it was a strike-all amendment. The Clerk is in possession of LCO 5727. I ask that it be called, and I be granted permission to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 5727 designated Senate Amendment Schedule "A" is
offered by Senate Harris of the 5th District.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President.

I move adoption.

THE CHAIR:

Request before the chamber is adoption of Senate
"A"? Will you remark further?

SENATOR HARRIS:

Thank you, Mr. President, I will.

Mr. President, as I said, this is a strike-all amendment. It contains all of the public health revisions that we worked on throughout the public health

cd
SENATE

405
May 5, 2010

statutes of revisions. We worked out throughout the session, Mr. President, members of the circle, you might recall that there was an issue involving chiropractors and victims of stroke. We worked diligently to try to work that out. I have to give credit to the leader on the other side of the aisle, Senator Fasano, for all of his hard work in trying to bring a resolution to this issue. But I want to make clear it was not able to happen so we do not have any language in this bill.

But I also want to give credit, in addition to Senator Fasano, to VOCA. They put a lot of very good information on the table and tried diligently to get this matter revolved. We could not do it so we are going to take it in another direction. Senator Fasano and I will continue to work on it -- on this in the summer months and, hopefully, bring this matter to an end.

And, again, I appreciate Senator Fasano's work.

THE CHAIR:

Will you remark further?

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

Just very quickly, I'd like to thank Senator Harris. That is a very difficult aspect of this bill.

cd
SENATE

406
May 5, 2010

And I know there's been a lot of talk in this building. I believe we need to do something. I think something will be done. And it is my hope with Senator Harris, as well as Representative Ritter, who indicated that she will work with us, that we can keep reaching towards an agreement, but, in particular, last night, we got out at -- I don't know, like, 12:30, and Senator Harris, myself and the chiropractors, as well as other people interested, stayed here until almost three o'clock in the morning to see if we could bang out a final resolution, and we got really, really close, but rather than putting something out there that, on the last day, can cause this building to implode and risk other bills, I think it's worthwhile to hold back, see if we can work something out. And I appreciate Senator Harris' time and consideration. Thank you, Mr. Chairman.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further on Senate "A"? If not, the Chair will try your minds. The item before the chamber is the adoption of Senate Schedule -- Senate Amendment Schedule "A."

All in favor, please say aye.

SENATORS:

cd
SENATE

407
May 5, 2010

Aye.

THE CHAIR:

All opposed say nay.

Ayes have it. The amendment is adopted.

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President.

The Clerk is in possession of LCO 5721. I ask that it be called, and I be granted permission to summarize.

THE CHAIR:

Mr. Clerk, please call LCO 5721 to be designated Senate "B."

THE CLERK:

LCO 5721, which will be designated Senate Amendment Schedule "B," is offered by Senator Harris of the 5th District.

THE CHAIR:

Senator Harris, would you please move adoption of the amendment?

SENATOR HARRIS:

I move adoption, Mr. President.

THE CHAIR:

cd
SENATE

408
May 5, 2010

Senator Harris has also requested permission to summarize the amendment. Is there objection to summarization?

Seeing none, please proceed, sir.

SENATOR HARRIS:

Thank you, Mr. President.

Mr. President, another important piece of legislation from the Public Health Committee, this year I want to thank Senator DeBicella for his work, not only on the big underlying bill that we just did by amendment, but on this bill also.

If you flash back a decade ago in the pharmaceutical industry, you heard about a lot of excesses: people going out for lavish meals, giving away items of great value, sending people on golf trips to the Bahamas. Thankfully and we should recognize that some of the great companies here in the state of Connecticut have self-policed, self-regulated. They got that under control. They put in place codes, both -- on the pharmaceutical side, the pharma code; and on the manufacturer's side, the device manufacturers, they have a code, also.

Federal health care reform has actually given us certain disclosure requirements that are going to be

cd
SENATE

409
May 5, 2010

enforced against these companies. This is a compliance bill. All this says is that if you are a pharmaceutical company, you must have a code at least as strict as the pharma code. If you are a device manufacturer company, then you must have a code that is at least as strict as the code of -- used by those companies and you must certify compliance with that code every year.

Mr. President, I move adoption.

THE CHAIR:

Thank you, sir.

Senator DeBicella.

SENATOR DEBICELLA:

Mr. President, just briefly, in full agreement with Senator Harris, this is a common sense, intelligent compromise between all the parties to make sure that our pharmaceutical companies are behaving ethically and are behaving with the highest standards in their dealings with doctors. I encourage passage of the amendment.

THE CHAIR:

Will you remark further? Will you remark further? If not, the Chair will try your minds on Senate "B."

All in favor, please say aye.

SENATORS:

Aye.

cd
SENATE

410
May 5, 2010

THE CHAIR:

All opposed say nay.

The ayes have it. Senate "B" is adopted.

Will you remark further on the bill as amended?

Will you remark further? If not, Mr. Clerk, please announce a roll call vote in progress in the Senate.

THE CLERK:

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

THE CHAIR:

The machine is open.

Senators, please check the board and make certain that your vote has been properly recorded. If all Senators have voted and all votes are properly recorded, the machine will be locked.

Mr. Clerk, you may take a tally.

THE CLERK:

Motion's on passage of Senate Bill 428 as amended by Senate Amendment Schedules "A" and "B."

Total Number Voting	35
Those voting Yea	35
Those voting Nay	0

cd
SENATE

411
May 5, 2010

Those absent and not voting 1

THE CHAIR:

Bill, as amended, is passed.

(Senator Duff of the 25th in the Chair.)

THE CHAIR:

Start again -- Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would move for immediate transmittal
of the last enacted item to the House of Representatives.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, if the Clerk would call as the next
item -- first, let me mark two and then we'll get back to
the first one..

Next item is calendar page 35, Calendar 277,
Senate Bill 394; to be followed by calendar page 22,
Calendar 568, House Bill 5455. So if the Clerk would
call Calendar 277 as the first item.

THE CHAIR:

Mr. Clerk.

THE CLERK:

H – 1089

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

**VOL.53
PART 17
5315 – 5590**

rgd/md/gbr
HOUSE OF REPRESENTATIVES

419
May 5, 2010

signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay. The ayes have it. The amendment is adopted.

Representative Guerrero.

REP. GUERRERA (29th):

And with no objection, I asked that this be moved to the consent calendar.

DEPUTY SPEAKER GODFREY:

Without objection so ordered.

Mr. Clerk.

Representative Merrill.

REP. MERRILL (54th):

Yes, thank you, Mr. Speaker. I move the suspension of our rules to take up item -- Calendar Number 535.

DEPUTY SPEAKER GODFREY:

Suspension of the rules for 535: Any objection? Hearing none, Mr. Clerk, please call 535.

THE CLERK:

Senate Bill Number 428, AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH RELATED STATUTES,

rgd/md/gbr
HOUSE OF REPRESENTATIVES

420
May 5, 2010

favorable reported, the Committee on Appropriations.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

I move acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER GODFREY:

Question's on passage and concurrence.

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this bill represents a series of technical and revisional changes to the statutes governing the Department of Public Health, and the Senate has adopted two amendments.

Mr. Speaker, the Clerk is in possession of LCO 5727. I would ask that the Clerk, please call the amendment and I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO Number 5727, previously designated as Senate Amendment Schedule "A." The Clerk will call.

THE CLERK:

LCO Number 5727, Senate "A," offered by Senators Harris and Debicella, Representatives Ritter and Giegler.

DEPUTY SPEAKER GODFREY:

The gentlewoman asks leave of the Chamber to summarize. Is there objection? Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this amendment which becomes most of the bill makes substantive changes and minor changes to govern -- to laws governing the Department of Public Health programs and health professional licensing and certification. It also contains provisions relating to organ donation information and exemption to the pharmaceutical wholesale licensure requirements, the establishment of the health information technology exchange of Connecticut. And I move adoption -- no, I move acceptance.

DEPUTY SPEAKER GODFREY:

Question is on adoption.

REP. RITTER (38th):

Adoption.

rgd/md/gbr
HOUSE OF REPRESENTATIVES

422
May 5, 2010

DEPUTY SPEAKER GODFREY:

Will you remark further on Senate Amendment
Schedule "A?" Will you remark further?

If not, let me try your minds. All those in
favor signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay. The ayes have it. Senate A is
adopted.

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Clerk
has an amendment LCO 5721. I would ask that the Clerk
please call that amendment and I be granted leave of
the Chamber to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO Number 5721,
previously designated as Senate Amendment Schedule
"B." The Clerk will call.

THE CLERK:

LCO Number 5721, Senate "B," offered by Senator
Harris and Representative Ritter.

DEPUTY SPEAKER GODFREY:

rgd/md/gbr
HOUSE OF REPRESENTATIVES

423
May 5, 2010

Is there objection to the gentlewoman summarizing the amendment? Hearing none, Representative Ritter.

REP. RITTER (38th):

Thank you very much, Mr. Speaker. Mr. Speaker, this adds further provisions to this Department of Public Health Revision bill. Items that were formally contained in Senate Bill 270. I move adoption.

DEPUTY SPEAKER GODFREY:

Question is on adoption.

Will you remark further on Senate Amendment Schedule "B?" Will you remark further on Senate Amendment Schedule "B?"

If not, let me try your minds. All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay. The ayes have it. The amendment is adopted.

REP. RITTER (38th):

I can't hear you.

Move consent?

DEPUTY SPEAKER GODFREY:

Representative Ritter.

rgd/md/gbr
HOUSE OF REPRESENTATIVES

424
May 5, 2010

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, I would like to move this bill as amended to the consent calendar.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Mr. Clerk, Calendar 522, please.

THE CLERK:

On page 31, Calendar 522 -- did we suspend the rules?

Senate Bill Number 121, AN ACT CONCERNING THE EXTENSION OF GENERAL PERMITS ISSUED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION, favorable reported, the Committee on Environment.

DEPUTY SPEAKER GODFREY:

Representative Hurlburt.

REP. HURLBURT (53rd):

Thank you very much, Mr. Speaker. Mr. Speaker, there's a strike all before us --

DEPUTY SPEAKER GODFREY:

How about we move --

REP. HURLBURT (53rd):

I'm sorry. I will.

I move acceptance of the joint committee's

rgd/md/gbr
HOUSE OF REPRESENTATIVES

449
May 5, 2010

Representative Roy.

REP. ROY (119th):

Mr. Speaker, without objection, can I move this to consent?

DEPUTY SPEAKER GODFREY:

Without objection, this item is moved to the consent calendar.

Ladies and gentlemen, I'm going to call on Representative Olson to call today's consent calendar.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. We are about to vote on SB108 SB302 today's lengthy consent calendar. The items we have SB250 HB5398 moved to consent are: SB153 SB175

Calendar Numbers 499, 487, 180, 507, 430, 396, SB412 SB428 535, 497, 522, 517, 510, 155, 466 and 489. Thank you, SB121 SB427 Mr. Speaker. SB370 HB5420 SB354 SB272

DEPUTY SPEAKER GODFREY:

Thank you, madam. And as soon as we get this up on the board.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. Actually, we have already voted on item 430. I want to thank

rgd/md/gbr
HOUSE OF REPRESENTATIVES

450
May 5, 2010

Representative Hamzy for being so diligent and
watching the calendar. I make a motion to remove Item
4370 from the consent calendar. Thank you, Mr. SB153

Speaker.

DEPUTY SPEAKER GODFREY:

I believe we have corrected the error.

As you can see, the consent calendar is on the
board. Representative Olson has moved passage of the
bills on the consent calendar.

Staff and guests, please come to the well of the
house. 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
today's consent calendar by roll call. Members to the
Chamber.

SPEAKER DONOVAN:

Have all the members voted? Have all the members
voted? Please check the roll call board and make sure
your votes were properly cast. If all the members
have voted, the machine will be locked. Clerk,
please announce the tally. Clerk, please announce the
tally.

rgd/md/gbr
HOUSE OF REPRESENTATIVES

451
May 5, 2010

THE CLERK:

On today's consent calendar.

Total Number Voting	150
Necessary for Adoption	76
Those voting Yea	150
Those voting Nay	0
Those absent and not voting	1

SPEAKER DONOVAN:

The consent calendar passes.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. I move to -- I move for the immediate transmission of all times acted upon that require further action in the Senate. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Motion for immediate transmittal to the Senate of all items acted upon needing further action. Any objection? Hearing none, the bills and items are immediately transmitted.

Will the Clerk please call Calendar 430 --

Will the Clerk please call Calendar 422.

THE CLERK:

On page 19, Calendar 422, Senate Bill Number 430,

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 3
649 – 951**

2010

7
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

Thanks for your testimony.

DAN STEWARD: Thank you very much.

REP. RITTER: Have a good day.

DAN STEWARD: You too.

REP. RITTER: A good drive back home.

Next speaker will be Lenny Guercia and -- from the Department of Public Health. And he will be followed by Christine Vogel.

LEONARD GUERCIA: Good morning, Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Len Guercia and I am here on behalf of the Connecticut Department of Public Health to speak to you regarding three agency bills: Senate Bill 428, 403 and House Bill 5450. In addition, the department has submitted written testimony on House Bill 5477, 5446, 5452.

Since you have written testimony in front of you, if you would like, I can make a few brief comments or I have members of the department's team here that can answer questions in the subject matters and subject matter experts specific to the committee and the committee's questions. So, your choice.

REP. RITTER: Thank you.

Let me start by asking right off the bat if there are specific questions on Senate Bill 428 from the committee on any of its sections?

Representative Lesser.

REP. LESSER: Well, thank you, Madam Chair.

I wanted to know if you could talk just briefly about any sections in there relating to mass gatherings and your -- and the committee's -- the department's testimony with regard to that.

LEONARD GUERCIA: Yes, sir. I can. The mass gathering section of the statute, some concern was raised from several of the agricultural fairs around the state. And the department has been meeting the Duram Fair representatives.

The -- Representative Lesser, yourself, and represent -- Senator Meyer and representatives of several different agricultural fairs.

And I believe that the submitted testimony contains consensus to the best of our abilities. We spoke to those folks again last night. There are several representatives from those groups here that I believe will be testifying later in the morning.

REP. LESSER: Mr. Guercia, I wanted to thank you and everyone else at the department, and most particularly, our Chairs for their patience as we work to resolve this issue.

I know agricultural fairs are important to a lot of members of the committee and the Legislature and I'm very grateful that we were able to work together to resolve this and fight for an important component of Connecticut's economy. So thank you very much.

LEONARD GUERCIA: Thank you, sir.

REP. RITTER: Any other questions or comments from the committee?

I have one regarding the second page of your testimony, Sections 47 and 48. And I understand that the department is requesting a change from the section as drafted. And I hope that you could just bring that clearly to our attention. I'm anticipating there may be further testimony later on in the day to this effect.

LEONARD GUERCIA: On the local health component?

REP. RITTER: Yes. Yes. Thank you.

LEONARD GUERCIA: Yes. Would you like me to expound on that now?

REP. RITTER: That would be very helpful.

LEONARD GUERCIA: Okay. The language in these sections was recommended from the Governor's Council On Local Health Regionalization. The current statute effecting the educational requirements of a local director of health to be more consistent between a municipal department and a health district.

The department respectfully requests adding the following sentences to both 47 and 48: Or hold a graduate degree in public health from an accredited school, college or institution.

These will allow the local health director to be a licensed physician and hold a graduate degree in public health from an accredited school or institution, or hold a graduate degree in public health from an accredited school, college or institution.

REP. RITTER: Thank you. So it's my interpretation of that, that indeed, it was not the intention of the department to require that person be a licensed physician. And I just wanted to

10
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

clarify that.

LEONARD GUERCIA: Yes, ma'am.

REP. RITTER: Thank you.

Are there any further questions?

Senator Stillman.

SENATOR STILLMAN: Thank you, Madam Chair.

I've just seen the testimony, so I apologize if -- to you if some of the questions might seem unnecessary.

But in Sections 24 through 31 in your testimony on Senate Bill 428, you're looking for changes in the emergency medical services statutes to allow active-duty US military personnel who have completed national registry emergency medical training at any level to be recognized for certification or licensure in Connecticut.

Can you please share with us where this came from and some idea as to this national registry of emergency medical training? Could you give us a little background on it, please?

LEONARD GUERCIA: Yes, ma'am.

SENATOR STILLMAN: Thank you.

LEONARD GUERCIA: It came to our attention in the spring of last year that the military department, especially those Connecticut Guard's persons, federally, they move towards the national registry as a level of certification at the EMT basic level.

And there were some problems in our statutes

in recognizing those refresher trainings. So we worked with the Connecticut National Guard on a quick fix for -- last year they did some refresher training that satisfied it.

Our goal would be that a guardsman who completes the national registry program as part of their obligation to the Connecticut Guard or the United States military, would have their licensed recognized here in Connecticut.

So we're requesting that this body allow us to make that technical change, so guards folks and reservists don't have to do the same training twice to satisfy both the federal government and the State of Connecticut.

SENATOR STILLMAN: So that you're we are talking about a license to be an EMT.

LEONARD GUERCIA: Yes, ma'am. The certification.

SENATOR STILLMAN: Okay. I'm just looking for some clarification.

This National Registry of EMTs, they have to complete an exam to even be part of that or is it just years of service, or --

LEONARD GUERCIA: No, ma'am. The National Registry of EMTs is a certification and testing body. Connecticut EMTs use that, we use that as our standard, but our statutes didn't allow for this to recognize the refreshers that were done by the Guard.

SENATOR STILLMAN: Did you have a mountain of requests from people to move in this direction to allow folks who've served, served us so well in the military, to now receive their license because it's an opportunity for

employment to continue in a field that they enjoy?

LEONARD GUERCIA: I wouldn't say it was a mountain, Senator. There were six folks that were negatively affected who, four of whom had come back from active duty in the Middle East. And two who were guardsman, who, in their full-time vocations worked for a couple of the commercial ambulances in the state.

And they raised the question of, we just completed our military refresher and now our state cards are expiring and we really don't want to sit through another 30 plus hours of training.

So with our department's partnership with the guard, we're trying to come to an administrative resolution so that these folks meet a single set of standards and it applies here in Connecticut. And the department is very comfortable that the Connecticut National Guard and the US military are fulfilling those obligations based on our conversations with them since the spring of last year.

SENATOR STILLMAN: Okay. I thank you. I appreciate the background. I don't have a problem with it. I was just curious, you know, the genesis of it. Thank you.

LEONARD GUERCIA: You're welcome.

SENATOR STILLMAN: Thank you, Madam Chair.

REP. RITTER: Representative Heinrich.

REP. HEINRICH: Thank you, Madam Chair.

I'm going to wait until we're on Bill 403. Thank you.

REP. RITTER: Are there any other questions from the committee regarding Senate Bill 428? Okay.

Representative Heinrich, did you want to comment, ask questions of Mr. Guercia at this point on Senate Bill -- where are we? Okay. For whichever one it was --

REP. HEINRICH: 403.

REP. RITTER: For -- was it of Mr. Guercia you wanted to ask questions?

REP. HEINRICH: I believe.

Are you testifying on Bill 403 tonight?

LEONARD GUERCIA: I have folks from the agency that can come up and help me with the things that I don't know, which is probably quite a bit on 403.

Would you like me to call that person up now?

REP. RITTER: Sure. Go ahead.

LEONARD GUERCIA: It will be Warren Wollschlager, from our department, ma'am.

WARREN WOLLSCHLAGER: Good morning.

REP. HEINRICH: Good morning. Thank you for joining us.

WARREN WOLLSCHLAGER: My pleasure.

REP. RITTER: I would like to understand better why we are moving from the current model we have to a nonprofit, quasi public entity to do the work on the health, public health exchange.

SENATOR MEYER: Distinguished Chairs Harris and Ritter, and members of the Public Health Committee, thanks for your wonderful service.

I'd like to direct your attention to Items Number 8 and 9, House Bill 5446 and Senate Bill 428.

You know that Connecticut legislates mass gatherings. And that legislation, current legislation often provides for an extensive licensure process for a mass gathering; very cumbersome, very specific, very detailed, very expensive process.

Last year the General Assembly passed, without some of us noting it, an inclusion of agricultural fairs in the mass gathering legislation with a result that agricultural fairs, which had not been subject to licensed processing became subject to extensive and expensive and cumbersome licensing process.

Agricultural fairs are so traditional in Connecticut and they're so important to the quality of our life here. They're run by nonprofit agencies. There's not a lot of money to be made here through a -- because of an extensive overregulation by the licensing process.

And so the bills that you have before you today, as they will be further amended, will exempt agricultural fairs from the licensing process, but require -- require the fairs to submit to the municipality in which they live or reside various kinds of typical information: availability of medical services, availability of fire protection, parking. Those security, those kind of essential services; the towns will be noticed so that

to basic things like fire and security and so forth.

SENATOR KANE: Okay. Thank you.

SENATOR MEYER: Yeah.

SENATOR KANE: Thank you, Mr. Chairman.

SENATOR HARRIS: Any further questions on the mass gathering issue?

Representative Lesser.

REP. LESSER: I just wanted to clarify, Senator Harris, that if we had not worked out this compromise, I think we would have gotten a lot faster invitation to the dunking booth for the fairs.

No. But I did want to thank Senator Meyer just briefly for your leadership. I'm glad this looks like it's been resolved. It's important. It's great to see people working together and hopefully, this will be the last we hear of it.

SENATOR HARRIS: Thank you.

Senator, you can turn it over to Mr. Jaskiewicz now.

CHARLES JASKIEWICZ: Good morning, Chair Ritter and Chair Harris. I appreciate the time to present to you information on Senate Bill 428 and say that as a member of the Governor's appointment to the EMS advisory board, and chairman of the City of Norwich Board of Education, I come before you today to adamantly support Senate Bill 428, especially the proposal in 428, that brings the regional EMS offices under the direction of the

Department of Health and OEMS.

When I was appointed to Governor Rell's EMS advisory board, and when I was reappointed on December 14, 2007, I had to read and sign the ethics and elections policies. I had to read and sign off on the code of ethics and conduct.

And the reason I come here in support of Senate Bill 428 is my wife used to be an employee of the regional council in eastern Connecticut. She was hired in September of '07 and approximately seven months ago she was laid off. It's how this layoff came to be that is disturbing and is the reason why I support this bill adamantly.

I had a great meeting four months ago in Senator Prague's office with Tom Reynolds Commissioner Galvin, Lenny Guercia and the Governor's legal counsel. And one of the things that came to be and why this needs to be done is previously the regional councils had very little oversight.

In May of 2008, my wife was instructed by the president of the regional council to document the time of another employee. The time that she recorded and the time that was being submitted did not correlate. This was clearly the suspicions of time sheet fraud being conducted. It was unethical. It's not -- should have never been done. When she reported that information to the president of the council, the vice president and the secretary of the council, no actions were taken.

After conferring with my uncle, Mayor Joseph Jaskiewicz of Montville, and because of my position as an advisory board member, we felt it necessary to turn over over 200 pages of

71
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

evidence to the state's attorneys office, the DPH, Senator Prague and Representative Reynolds.

The evidence is clear and will indicate with the conclusion of a proper investigation that there is fraud, mismanagement. There is violation of FOI laws. There is violation of labor laws.

As part of a labor law agreement, when my wife filed a CHRO complaint because the other employee started receiving health benefits, and it was never offered to my wife, the little button put on the table is, we'll settle with you, but you have to take a layoff from the regional council. This is no way to operate government.

This is no way -- that there was accountability or oversight of these regional councils. These regional councils have long been overdue to be watched and governed by this State to unify EMS across the state.

I think that bill 428 is really spot on to getting this accountability done and over with, but I also urge this committee today to immediately turn around to this counsel and others, put a freeze on the assets, especially of the council where my wife used to work, because as far as I'm concerned, this State is owed back money for these fraudulent doings that the state's attorney's office is investigating, and the Governor's office.

A piece of this bill is generated because of the information I brought forward to Senator Prague, the Governor's office, DPH and Representative Reynolds. I truly support it. I think that the ironic thing is, is that my wife is out of a job, but the situation is

still present within that office and I think that alone is a travesty.

I hope and urge that you pass 428 overwhelmingly just on this basis alone. I appreciate your time and efforts and I'm available for any questions you may have.

SENATOR HARRIS: Thank you, Mr. Jaskiewicz.

Any questions?

Thank you very much for your time.

CHARLES JASKIEWICZ: Thank you.

SENATOR HARRIS: Next, we have Matt Katz followed by Representative Drew.

MATTHEW KATZ: Good morning -- or good afternoon, Representative Ritter, Senator Harris and members of the Public Health Committee. My name is Matthew Katz and I'm the executive vice president of the Connecticut State Medical Society.

And on behalf of our members, thank you for the opportunity today to present testimony in strong support of Senate Bill 429, AN ACT CONCERNING MOST-FAVORED NATION CLAUSES IN HEALTH CARE CONTRACTS.

This legislation will prohibit the use of contractual clauses by insurers and other contracting entities that are inherently unfair and currently gaining national attention and some prominence for the detrimental impact they have on physicians and access to patient care.

Most-favored nation clauses, though not as common as they once were, do limit competition

REP. RITTER: Our next speaker will be Representative Drew and he will be followed by Peter Freytag.

REP. DREW: Good afternoon and thank you.

Ann Linehan was going to testify with me if that's permissible, Madam Chairwoman. Thank you.

Good afternoon, again, Madam Chairwoman Ritter, Chairman Harris and the honorable members of the Public Health Committee. Thank you for the opportunity to speak briefly. With me is Ann Linehan. And we are speaking in support of Senate Bill 428, specifically I understand it's Section 65 B2, which is at lines -- beginning at lines 3080 on page 97.

What this regards is an organ donation link on state tax returns, and thank you very much for raising this important concept. This idea actually came from a bill that's moving through the Massachusetts Legislature. It's called Laura's Law. And Laura's Law is named after Laura Linehan, who died as a young woman at the age of 20 years old because she could not obtain a liver transplant.

And with me today is Laura's mother, Ann Linehan, who happen to be my first cousin. Ann grew up in Connecticut and moved to Massachusetts to raise her family. Ann is an extraordinarily dedicated advocate for organ donation after she and her family have been all -- what they've been through over the decades, actually.

And in that advocacy, Ann was really the primary person who was able to have this law passed through the Massachusetts House just several weeks ago, as I understand. It's

being considered by the Massachusetts Senate right now.

And Ann has made me aware that what's most fundamental with organ donation is awareness. And this will certainly hopefully create a great bit of increased awareness.

And just to share with the committee, myself and Ann, my legislative aide and a few others are looking into distinctions right now regarding the difference between having a sign up, an electronic sign up on a tax return as opposed to a link to a nongovernmental organization, for example, there's the New England Organ Bank and here's the national organ bank organization -- I'm sorry.

ANN LINEHAN: Registry.

REP. DREW: Oh, registry. Thank you, Ann, for that process.

So we're looking at that distinction. We're looking at the distinction between a traditional paper tax return versus the electronic tax returns. And we will share that information with you to the extent the committee considers that interest. And we'll work with you on substitute language if you would like, if that's appropriate.

But with that, I'd like to introduce my cousin, Ann Linehan, Laura Linehan's mother.

ANN LINEHAN: Thank you. I would like to share with you some facts on why we need more donors. I have a picture here of my daughter, Laura on the left and her best friend Jenna Atturio, both lost their lives at age 20 waiting for liver transplants because of the lack of donors.

Eighteen people die every day waiting for transplants, donors that are not available. A hundred thousand people in this country are waiting right now. One donor can save eight lives. And you are eight times more likely to need a transplant than to be able to be a donor. It's also a fact that if you've heard a personal story, you're more likely to become a donor.

Laura's story is very long. I'll give you just a few highlights. She was born with liver disease. She was my third daughter, born September 11, 1987; had a transplant when she was two.

It was a great, successful transplant. We felt as though we had won the lottery. Jenna also had a transplant at age two and they became good friends, grew up together in the transplant clinic at Children's Hospital.

As they got older, both of them started to have issues with their transplanted livers. When Laura was in sixth grade we received a letter from Children's Hospital that they had done a look back and realized they gave her blood infected with hepatitis C at the time of her transplant when she was two. The hepatitis eventually destroyed her liver. Jenna's liver failed for other reasons.

Jenna died in 2006 waiting for a liver that never became available. She was listed in Massachusetts. Laura was relisted for a liver at Mass General Hospital. She was number 108 on the o-blood type list. Mass General did approximately 40 transplants a year across all blood types.

And we could do the math and we saw especially after Jenna passing away that it wasn't going

to happen in Massachusetts. We read an article that we had seen in the Providence Journal about the Mayo Clinic in Jacksonville, Florida, where they do five times as many transplants as they do at any hospital in New England. So we packed our bags and we moved to Florida.

We left all the doctors that Laura had been seeing her whole life. We left our family. We left our friends. I closed my business and we went down to Florida and we met a whole group of people from New England waiting for livers as well as other organs.

We waited, we waited. Laura got sicker and sicker and she finally died April 4th, the day a liver became available. We had gone on TV the night before, made a plea for a donor. Five in the morning we got a phone call. A donor was available. We went to the hospital. The med flight came in. Security brought the cooler in. We kissed Laura goodbye. She went off to surgery and within an hour they told us they couldn't do the transplant. She was too sick to get through the surgery and she died at 6 p.m.

They told us that if they had found a donor probably two weeks earlier, this would have been different. I tell you as a parent to watch your child dying, knowing there's something that could save her, but you can't put your hands on it -- is a pain that can't be described.

The desperation that we felt at that time; every time a doctor came into Laura's ICU room, she would say I have a question for you. Can you find me a liver? I need a liver. I'm desperate. It was out of their control. We need to inform people about this need for

organs. We need to inform as many people as possible.

And after Laura died I was doing her taxes and I thought to myself, this is the place that so many people are doing their taxes year after year after year, what a great spot to ask people if they want to be an organ donor. We need to get the information out.

There's much greater awareness in Florida and many other states, but in New England we have these wonderful hospitals, but we don't have enough donors. Please help me get the word out so no one else has to suffer the way Laura did because a donor is not available, and ultimately, lose their life. Thank you.

SENATOR HARRIS: Thank you, Ms. Linehan, for that compelling testimony, for your courage in coming here and turning a personal tragedy into something that I hope will be good for many, many more people in the future.

And Representative Drew, as usual, a yeoman's job spotting issues and leading. So we appreciate that.

We also, just to let you know, did pass a bill out of this committee to update our uniform act on anatomical gifts to try to actually make it easier, make it better, I guess, context for people to be donors and to try to encourage that. So hopefully, we can wed these two ideas together and take a step forward here in Connecticut.

ANN LINEHAN: Thank you.

SENATOR HARRIS: Are there questions?

Thank you very much.

84
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

REP. DREW: Thank you.

ANN LINEHAN: Thank you.

SENATOR HARRIS: Next, we have Peter Freytag followed by First Selectman Francis.

Kurt, you'd be -- you're going to be next. So Peter I think is first and we'll take --

And after Ms. Francis, then Kurt, you would be next.

PETER FREYTAG: Representative Ritter, Senator Harris, members of the committee, thank you for the opportunity to come before you today and talk briefly about our support for Senate Bill 429.

My name is Peter Freytag. I'm the chief financial officer for Bristol Hospital. We're sort of out of order because Kurt was going to come here first and sort of set the stage for me, but the medical society did a great job presenting the essential position.

I've provided you with written testimony, so you all have that in front of you. What I'd like to do is just give you a couple of examples of how we believe the most-favored nations clauses in these contracts do not work to the benefit of either the providers or the citizens in the state of Connecticut.

In order to set the stage, what I'd like to do is give you an example of a situation in our market where we have one national insurance company that controls over 50 percent of the insurance market in Bristol, Connecticut, which is our primary service area.

As a result of the MFN provision that has been

in our contract since 1989, which to date we've been unable to get out of that contract, we're required to comply with the terms of that MFN provision.

Now we all know about Charter Oak, so we don't need to go about talking about that. I think all of you are aware of that issue, but we recently had a situation where we had a local company; 70 employees, they asked for bids from competitive insurance companies.

And one of the largest concerns companies in the country refused to even bid on the contract for that manufacturing company because they couldn't compete. Because of the MFN provision, the insurance company that controls that market has the best rate and they can't compete with that rate.

The second example I can give you is a very large national insurance company came to us who wants to contract with us, and has told us that they would insist on a parity agreement, an MFN agreement in their contract, because they can't competitively compete in the city of Bristol against that other company that has the dominant marketshare and the best price.

I'd be happy to answer any questions for you.

SENATOR HARRIS: Thank you very much.

Any questions for Mr. Feytag?

Representative Heinrich.

REP. HEINRICH: Thank you, Mr. Chairman.

I'm trying to wrap my mind around this. I appreciate your testimony very much and perhaps answering a few questions that may

seem rather elementary.

From your testimony, am I understanding correctly that the smaller insurance company or the other insurance company was also insisting on the most-favored-nation clause because if they didn't they couldn't compete with the larger company in Bristol?

PETER FREYTAG: Correct.

REP. HEINRICH: Okay. So one engenders the other.

PETER FREYTAG: Correct.

REP. HEINRICH: So once one company is allowed to, then the other companies almost have to.

PETER FREYTAG: We actually have a contract with them right now and in order for me to agree to that equal rate provision or that parody or that MFN, whatever you want to call it, I would actually have to lower the rates that they pay the hospital and it is substantial. It is substantial. And if we do that, then we can't even meet our financial requirements to operate.

I mean, we're struggling right now in a market that is -- doesn't have enough competition. I mean, we believe that if we can bring more insurance companies in and there could be more robust competition, then the community -- everybody is going to benefit.

REP. HEINRICH: That brought up another -- something else that came to mind your testimony is the competition issue. I think a lot of -- at least I'm learning that many of the laws that we have in place in the insurance arena have iffy consequences because they assume a competitive market, where we don't necessarily have a robustly competitive

87
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

market.

Am I interpreting your testimony correctly in than way?

PETER FREYTAG: Well, I'm going to try and answer it. As you know, there aren't a lot of insurance companies here in the state of Connecticut as it is. We have a fairly limited number. So they're all sort of fighting in the same market space.

To the extent that somebody has control over the market and with his equal rate provision or this MFN provision that they have and can enforce it, they can drive other competitors simply out of the market, because they can't go in and offer the same rates.

We have clear evidence based on the Office of Health Care Access that we know that cross subsidization takes place between markets. You artificially drive prices down in the markets that you control by paying providers less and then you pay providers more in other markets where you don't have control. It happens and you can go to the marketshare data that OHCA puts out and you can find clear evidence of that.

REP. HEINRICH: So in a very simplified way, these provisions in the contracts actually lead to less competition.

PETER FREYTAG: Absolutely. And they hurt the providers as well.

REP. HEINRICH: Okay. Thank you. I appreciate your testimony.

Thank you, Mr. Chairman.

88
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

SENATOR HARRIS: Thank you, Representative
Heinrich.

Representative Ritter.

REP. RITTER: Thank you, Mr. Chair.

Hello again, in a short period of time. We
did this last night.

I'm just glancing over at the people who've
signed up to testify on this bill. And I
notice that Bristol Hospital is the only
Hospital I have on my list.

And I wondered if there are peculiarities to
your institution that make this a bigger issue
or if you feel that this is really something
that's, perhaps, extends beyond the bounds of
Bristol Hospital in terms of its harm.

PETER FREYTAG: Well, it certainly goes beyond the
bounds of Bristol Hospital. I don't know how
many hospitals in Connecticut have these in
their contracts. We know that we believe that
most do. There's a possibility that some of
the larger institutions don't that have -- or
exist in much larger markets.

In terms of the question of, why are we the
only hospital? Well, at this point, it's
early in the process. We're trying to rally
support with other hospitals in Connecticut.
The association is taking this issue up at a
future board meeting.

Unfortunately this meeting got scheduled when
it did and so that's why we're here.

REP. RITTER: Thank you. And fair enough, in
helping to answer my question. So I'm sure
that there will be more discussion ahead of us

89
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

given those circumstances.

Thank you, Mr. Chairman.

SENATOR HARRIS: Thank you.

Any further questions?

Seeing none, appreciate it.

PETER FREYTAG: Thank you.

SENATOR HARRIS: I'm told that Laura Francis is not here. I don't see Representative Sawyer here -- oh. There she is.

Good timing, Pam. Welcome.

REPREP. SAWYER: Thank you, Mr. Chairman --

SENATOR HARRIS: I was looking on the side, not to that side.

REPREP. SAWYER: -- and ranking members, nice -- and members, thank you very much for having me here today. I'll make it very, very brief.

HB 5452
HB 5446

Volunteer health services on a temporary basis: granting temporary licensure for out-of-state personnel; I'd like to applaud the State Dental Association. Those that have been very involved in the Mission Of Mercy. It will be March 12th and 13th, I'm doing an advertisement for them. I'd like thank you all. So (inaudible) for putting them up for two days -- two days for their free dental services.

Obviously, it's imperative that we have as many dentists as possible and in the future, obviously, this is a type of situation we like to see grow and expand and it can with this

Thank you very much.

Next, we have Representative Sayers followed by -- we'll go -- I'll get it straight.

REP. SAYERS: Thank you. I'm here to testify in support of Senate Bill 400 for insurance coverage of school-based health clinics.

In recent years we have begun to recognize the important role that these clinics play. They are a major source of preventative care, health care for our uninsured children in our major cities. Not only do they keep the students healthier, but they save transportation costs as well as time lost from school.

Having said this, we fund these clinics through state monies and Medicaid funding. If a child has private insurance, although they may bill the insurance, the insurance will not pay. This is not because of the quality of care school-based health centers provide. They are full-service clinics, including behavioral health as well as dental care and all the staff are fully qualified.

SB428

They lack one criteria that would qualify them for insurance reimbursement, in that they follow the school year schedule and are not open 12 months of the year. This bill would make them a qualified provider and eligible for insurance coverage.

If a student had to leave school for a doctor or a dental appointment, it would be covered, but they would lose that additional time away from school and parents would lose time from work transporting them. We cover other areas such as minute clinics as well.

This bill would recognize the quality of care

provided by the school-based health services and provide to that private insurance.

And I do have -- want to make one more comment on another bill, one section of another bill, actually. And it's Senate Bill 428, Section 53 H. It -- which talks about locked psychiatric units in chronic disease hospitals.

Just to make a comment that these units are well-qualified to treat residents admitted under an emergency certificate. They are staffed by full-time psychiatrists and APRNs.

I was happy to see this in the bill. Nursing homes have a great problem getting services for residents when they experience an acute episode of their psychiatric illness. And the chronic disease hospitals have really filled in the void. They take these residents. They stabilize them and then they go back to the home from which they were residing.

So I think this is a very important piece of legislation and I also want to support that. Thank you.

SENATOR HARRIS: Thank you, Representative.

Are there any questions?

Representative Sayers, it's always good to have you back at public health. We, Betsy and I strive everyday to live up to your good service and legacy of this committee. So --

REP. MUSHINSKY: Well, thank you. I'm honored.

SENATOR HARRIS: Thank you for all.

Next, we're going onto Senate Bill 403, Kathy

236
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

SENATOR HARRIS: Thank you very much.

Any questions? Thanks.

Actually that was the end of that bill. And we go on now to 5446. Thomas Zagurski, E. Chiappetta -- Eugene Chiappetta, excuse me. And then Doug Hayman -- Doug something.

THOMAS ZAGURSKI: Good afternoon, Senator Harris, Representative Ritter and distinguished committee members. My name is Thomas Zagurski. I hail from the great city of Plymouth, which is also known as Terryville. I'm here to represent the Connecticut Association of Fairs.

We have 51 fairs in our organization. We're here to talk about the mass gathering legislation. The mass gathering legislation currently affects about half of our fairs. Sitting to my right is our legislative director, Gordon Gibson.

And let's see -- I'm speaking today in support of Raised Bill 5446, AN ACT CONCERNING MASS GATHERINGS AND its companion bill, Section 42 of Raised Bill 428, AN ACT CONCERNING REVISIONS FOR THE PUBLIC HEALTH RELATED STATUTES.

The mass gathering law has been on the books for approximately 40 years, but in 2009, our fairs had been exempt. They didn't meet the threshold operating more than 18 consecutive hours. And last year that was reduced to 12. Public Act 09-232, effective October 1, 2009 lowered the threshold to 12 consecutive hours which made many of our fairs subject to the mass gathering loss.

Most of our member of the fair have been held

in the same patient for many years and one of the largest annual events in our towns. The organization itself is a charitable organization. Most fairs are charitable organizations run by volunteers. The volunteers who manage and operate these fairs have worked cooperatively with their local officials said over the years they have developed a standard protocols and procedures that fit their local situations and they entertain in a save environment and sanitary environment.

Compliance with the requirements of mass gathering law as amended in Public Act 09232 would have disrupted a system that is worked well for many years. For the past three weeks, representatives from the association of Connecticut Fairs, Durham Fair, and the Department of Public Health, has worked to address the problems with this bill. As a result of, the Department of Public Health has now submitted a proposed revisions to both the Raised Bill 5446 and Section 42 of Raised Bill 48, the new legislation is normally effective October 1st following its passage.

In this case, the Association of Connecticut Fairs asks that these revisions to the mass gathering laws be made effective upon passage so that they will be in effect during the 2010 fair season which runs from July to October.

I want to take a moment to publicly thank the staff of the Department of Public Health, in particular Karen Buckley-Bates for all the time and effort they have put in resolving the issues that were created by the passage of public act 09232 and also Representative Matthew Lesser his help in bringing the parties together.

It's reassuring to know that our elected legislators and the Department of Public Health and work together with the Association of Connecticut Fairs and our member fairs in such a cooperative manner. I would have started this by telling you I would have never made that three-minute rule, but I guess I didn't. Thank you.

Are there any questions?

SENATOR HARRIS: Are there any questions?

Representative Lesser.

REP. LESSER: Thank you, Mr. Chairman.

I just wanted to thank you very quickly for all your work of, all your patience and your help and I'm hopeful we'll get this resolved after today. Thank you.

THOMAS ZAGURSKI: Thank you.

SENATOR HARRIS: And I would echo that for myself and the entire committee. Thank you very much.

THOMAS ZAGURSKI: Thank you very much.

SENATOR HARRIS: Eugene Chiappetta.

EUGENE CHIAPPETTA: Good afternoon, Senator Harris, Representative Ritter, committee members. I'm Eugene Chiappetta. I live in Woodbridge, but I happen to be president of the Durham fair. I've been a fair member for 30 years. Durham fair, we are all volunteers. Is the largest single fundraiser for all of our civic, social and church groups and community. We try to give back as much as we possibly can.

MAG MORELLI: Good afternoon, Senator Harris, Representative Ritter, members of the Public Health Committee. My name is Mag Morelli and I'm the president of the Connecticut Association of Not for Profit Providers for the Aging, or CANPFA, an association of not-for-profit providers of aging services.

CANPFA is pleased to submit testimony on three bills today and to present on the Senate Bill 428. I submitted written testimony and I'll just touch on some of the issues that we raised in our testimony. We wanted to comment on two sections of Senate Bill 428, which is proposing revisions to the public health related statutes. We also like to propose our own list of suggested revisions to the public-health code as it relates to skilled or the facilities. We submit these revisions as a means of potentially saving nursing home costs without compromising resident care.

In 428, in Section 9, these other proposed changes to the oversight of nursing facility management services and there are two aspects of this section that we find problematic. These would be through line 382 through 384 and the first issue is that the Department of Public Health authority would be expanded so that they could initiate disciplinary action against a management company because it is not in good standing in another state other than Connecticut. And we have -- we find that -- we raise some issues with that.

In the same section DPH is proposing that they would be permitted to issue civil monetary penalties against a management company for class A and class B violations that occur in a nursing home, but the nursing home is already subject to civil monetary penalties for the same violation. And so that would mean two

finances would be assessed for the same violation and in some instances the management company is related -- is a related party to the nursing home, so they would be doubly fined for the same instance.

And Section 17 of the bill -- oh, you see. I'm sorry if you didn't hear me before. And Section 17 of the bill this has to do with nursing home administrator licensure reciprocity and we had suggested to the Department of Public Health and had submitted language last year that is not adopted of this portion of the bill that DPH is suggesting changes to.

That has to do with administrators who come in to Connecticut from surrounding states. Recently we had three administrators who were recruited in to Connecticut to work in a very high level positions in the State of Connecticut and they were required to take Connecticut's basic eight month nursing home administrator licensure course.

This course is very rudimentary for an experienced administrator and we feel it's unnecessary. It's expensive and causes an eight month delay in the licensure process. And so we've submitted requested change that would allow someone who's coming in from a neighboring state, who is currently practiced and licensed as a nursing administrator, to receive reciprocity -- I mean, endorsement immediately on their licensure.

We've also shared this information -- this language with the Department of Public Health and they have agreed to work with us if you are in agreement.

REP. RITTER: Thank you very much. And thank you,

242
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

also for your suggestions. Are there questions or comments from the committee? Seeing none, thank you very much, Mag.

MAG MORELLI: Thank you.

REP. RITTER: Next we'll be hearing from (inaudible) oh, forget it. You knew that before me.

CHERIE SACHIEL-FLINT: Certainly.

REP. RITTER: Followed by Charles MacKenzie.

CHERIE SACHIEL-FLINT: It's late in the day. You just kind of threw it together.

Good afternoon, Representative Ritter and Senator Harris and committee members. Thank you for allowed me to be here today my name is Dr. Cherie Sachiel-Flint and I am from Vernon and I am in support of Senate Bill 428, specifically Section 13, which is on page 17 and 18 and offer suggestions to improve it.

My family and I moved back home to Connecticut last year in January to be closer to our extended family, after my having been in practice in Texas for approximately 14 years, 10 of which were in my own practice. During that 14 years I also received my fellowship in pediatric chiropractic and my certification in clinical nutrition.

I graduated Texas Chiropractic College in 1995 with honors, a year before there was a national board exam, part four. I could go into more of that national board stuff if you want to afterwards. I can explain it if you don't know it. It is also known as the clinical competency exam.

However, the Texas Board of Chiropractic Examiners, even though the part four was not there, did provide a practical exam for our class based on the proposed outline at the time for the upcoming new exam. And I looked at the statutes and it does today meet all the great practical exam provisions of Section 20-28 of the Connecticut chiropractic statutes for an applicant to have passed.

My application was denied because I did not take part four, which was what the DPH now uses as their practical exam requirement. When the DPH was contacted by myself again and the Executive Director of the Texas board of Chiropractic Examiners regarding this practical exam that was given, I was told by the DPH, and I quote, that experience does not matter in Connecticut, unquote. Of course, I was floored at that.

Even though other states require a part four -- if you've find out, look at their statutes, et cetera, online -- today as well as in Connecticut, most, including Massachusetts, New York, Rhode Islander, Texas, Vermont and California, to name a few, will also look at experience and the date of examination as well in granting licensure so that part four may not be a necessary requirement for licensure for certain cases.

Senate Bill 428 addresses this issue. Five years experience is justified for the safety of the Connecticut residents. I would like to propose that the bill be amended to grandfather all the applicants whose licensure was not granted in Connecticut to do this reason, not having part four, but having plenty of experience. And those that were the applications that were in 2009 to the present.

In addition, those applications should be reviewed as per the date they were originally presented, as some like myself could not practice over the last year or so due to not having a license in Connecticut and had to take other jobs. This would be a conflict of the present state statute for this, but which states it has to be a period continuously in the last five years.

Also since my final no was given to me in July of 2009 as in other doctors as well that I know of, I have let my Texas license go inactive as I was not planning to move back to Texas. I was staying here. Therefore, my earlier statement of reviewed per the date presented would have these applications still considered eligible for (inaudible) consideration with this bill.

I came up here with my family, ready to be an asset to Connecticut. I'm from here. Including wanting to own my business. I know there must be applicants in the same situation. No matter what one field -- what field one is, despite what the current chiropractic statutes read, experience should and does matter and should be considered when making a decision for granting licensure in Connecticut. Thank you.

SENATOR HARRIS: Thank you, Doctor.

Any questions? Appreciate it. I would suggest that the changes that you put on the record today --

CHERIE SACHIEL-FLINT: Uh-huh.

SENATOR HARRIS: -- if you could provide the committee, through the clerk, with some

language or write those down --

CHERIE SACHIEL-FLINT: Okay.

SENATOR HARRIS: That would best ensure that it's reviewed and potentially amended that way.

CHERIE SACHIEL-FLINT: Excellent. Thank you, Senator.

SENATOR HARRIS: Thank you very much. I appreciate you bringing this issue to our attention. Thanks to Senator Guglielmo also.

Next, Charles MacKenzie followed by Stephen Paine and then David Lowell. No Charles MacKenzie. How about Stephen Paine?

STEPHEN PAINE: Thank you, Senator Harris and Representative Ritter and distinguished members of the committee. My name is Steve Paine. I have been a licensed Chinese medicine practitioner in Hawaii and Hong Kong for the last 20 years, in fact, the only American licensed to practice in Hong Kong.

And I've also been running the American Chamber of Commerce in the Hong Kong Health and Wellness Committee for the last three years, in which, we have helped the 800 companies from America, who are doing business in China, to reduce their health care costs.

We've tried to be very innovative and creative in bringing people from all over the world into that process because Hong Kong is a very Universal City. And apropos of that, I was very pleased to see that Sections 14 and 49 of Senate Bill 428 address the language which makes it much more comprehensive fair and transparent for Chinese medicine practitioners to come to Connecticut.

I think this is a very smart move on the part of Connecticut in view of the fact that the single best way to reduce health care costs is not to incur them. And Chinese medicine is based upon not incurring health care costs. It's based upon helping people stay healthy and not having entered into the whole system in which the administration of disease treatment factors become the currency.

So I think that it was prescient on the part of the committee to modify the language such that it's much more reasonable and I look forward to the opportunity to help to contribute to the dialogue, as do the practitioners who are in the same boat as I am, and as the previous testifier also are. And that we wanted to return to our home states and make a difference and now at least we have an opportunity to do so.

Thank you very much.

SENATOR HARRIS: Thank you, Doctor.

Any questions?

Thank you very much.

STEPHEN PAINE: Thank you.

SENATOR HARRIS: Seeing none, David Lowell followed by Karen Spargo and then Dr. Brian Lynch.

KAREN SPARGO: Good afternoon to Senator Harris and Representative Ritter my name is Karen Spargo. I am the director of health for the Naugatuck Valley Health District and a member of the Connecticut association of directors of health. The association opposes Sections 47 and 48 of Raised Bill 428 as they relate to

the qualifications of a local health director.

This bill would require any new director to be both a medical doctor and have a degree in public health. Last legislative session, the Governor, established through Executive Order 26, a council to advise her on issues related to our public health system.

I served as a Representative on the council and during the council's deliberations one recommendation was to align the qualifications of a local health director so that those for a municipal director and a district director were in the same.

Under existing statutes, the qualifications for municipal directors and district directors are currently different. It was never the intention of the council to require local health directors to have both an MD and a degree in public health. We were told that this was an editing error, a simple mistake. We have no reason to doubt that given the significant ramifications of the proposed language, that this is not true.

First, a graduate degree in public health or master's of public health, MPH, is the recognized degree for public health professionals. There is considerable difference in the study of medicine and treatment of individuals with disease versus that of public health and prevention of disease among populations.

Second, it is unconscionable to impose a salary requirement of an MD MPH on municipalities at a time when the State has already cut support for local public health and the qualification requirement is unjustified.

Third, any municipality needing to fill a health director position would be extremely hard pressed to find such candidates. According to UConn, of the 38 dual degree candidates that have graduated from the program, not have gone into local health practice in Connecticut or elsewhere, for that matter.

As a member of the Governor's counsel about the intention of the statutory language change was very simple to align the qualifications of both district and municipal health directors to require the following, all local directors of health should hold a graduate degree in public health. We have attached our specific recommendations for these changes to this testimony.

We thank you in advance for correcting what was seemingly a simple editing error. Thank you.

SENATOR HARRIS: Thank you very much.

Questions? Dr. Lynch and then Dr. Pappas and then Bonnie Gauthier.

BRIAN LYNCH: Good evening, Senator Harris, Representative Ritter, members of the Public Health Committee. I'll be very brief. I'm Dr. Brian Lynch. I represent the Connecticut Association of optometrists. I've been practicing in Branford for 28 years now and representing the optometric association for -- as legislative chair for about 25 of those.

I'm here to render testimony supporting S.B. 428, especially Sections 55 and section 18. Section 25, this provision with the low optometrists to participate in hospital

249
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

foundations. As you know, the foundation law was passed last year. Authorized physicians, podiatrists, chiropractors to participate in treat their patients. We would like this -- to have this option also. Our specific chapter of the statutes, 380, needs to be referenced in the law to allow optometrists to participate in health foundations. We would encourage or support of Section 55.

The Connecticut Association of Optometrists believes that the medical foundation structure can lead to increased access to the health care system for the people of Connecticut and we'd like to have the art community to participate in it.

We also support Section 18, which clarifies the statutes to allow an RN to execute the orders of an optometrist, provided it's within their scope of practice.

I thank you for your consideration.

SENATOR HARRIS: Thank you, Doctor.

Any questions?

Have a good night.

BRIAN LYNCH: Have a good weekend.

SENATOR HARRIS: Dr. Pappas. Bonnie Gauthier.
Bonnie, you're up. And then Charlie Tufts at the end.

Hello, Bonnie.

BONNIE GAUTHIER: Good afternoon, Senator Harris.
My name is Bonnie Gauthier and I'm the president and CEO of Hebrew Health Care in West Hartford Connecticut. Hebrew Health Care

as a 109 year history of providing services to the aging of the Greater Hartford community and our nonprofit organization offers a constellation of services across the care continuum, including specialty hospital services under our chronic disease hospital license at the hospital at Hebrew health care, also in West Hartford.

I'm here today to speak in support of a particular section and Raised Bill 428, specifically Section 53H, which concerns psychiatric services provided in a chronic disease hospital setting. This section will correct an inconsistency between existing disease hospital license requirements and current Medicare participation regulations and will thus enable chronic disease hospital providers with separate Medicare certified psychiatric units to provide optimal services to their patients.

At the hospital at Hebrew Health Care we serve more than 300 geriatric patients each year with psychiatric diagnoses and multiple medical co-morbidities, many of whom are admitted to our hospital directly from skilled nursing facilities across our state.

This legislation will assure that we will be able to serve this frail, elderly population optimally in our special, Medicare certified psychiatric unit within our chronic disease hospital. And I urge your support of this section of Raised Bill 428 in your deliberations on the entire bill. Thank you very much.

SENATOR HARRIS: Thank you, Bonnie. I appreciate everything about your input.

251
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

Any questions?

Thank you very much.

BONNIE GAUTHIER: Thanks very much.

SENATOR HARRIS: Charlie.

CHARLIE TUFTS: Good afternoon, Senator Harris, Representative Ritter and the public health committee. My name is Charlie Tufts. I'm chair of the Connecticut EMS Advisory Board and chairman of its legislative committee. I'm also the immediate past president of the Southwest EMS Council.

I'd like to address two issues on Senate Bill 428 implementing changes in the public statutes. Changes of the moment status for the five regional EMS coordinators and proposed changes in the membership on the Connecticut EMS advisory board.

Section 59 new, three years ago a plan was developed and presented to the advisory board to reorganize the regional council system. Part of that plan was to make the regional coordinators state employees in the Office of Emergency Medical Service. The board endorsed the action and reaffirmed that endorsement today.

We strongly believe the regional councils are critical to the statewide EMS system at providing technical assistance, planning and development of the local EMS services and providing a voice for the local municipalities in EMS services. Concern has been raised regarding the durational employment status however, and therefore, the future stability of the statewide EMS structure. We strongly endorse that the coordinator status would

become permanent employment to support the regional councils.

Section 56, subsection (b) of Section 19a-178; the advisory board, however, is very concerned that the S.B. -- that the bill proposes changes to our membership and our structure without our input. We believe this was an oversight, as was cited in just a few testimonies ago, but we want to make you aware of it. The 41 person membership number had been deleted and the five regional coordinators had been added as voting members.

We were created by the Legislature in 1998 by Public Act 98-195 to advise the Governor, the General Assembly and the commissioner of Health on all matters concerning the emergency medical service in the State of Connecticut. The 41 members of the board are all volunteers and it does include five positions representing the regional councils.

We welcome the presence and input from the regional coordinators, but feel it is a conflict for a state employee to have a vote on this board. We request you to restore the wording of the original statute.

Additionally, the statute also requires the Department of Health to provide staff to the advisory board. We request administrative staffing for the advisory board become part of the regional coordinator's job description as state employees and that the director of OEMS confer with the chairman of the advisory board as to the selection of the employee by this staff.

SENATOR HARRIS: Thank you very much.

Any questions?

Thank you, Charlie.

CHARLIE TUFTS: Uh-huh.

SENATOR HARRIS: Next, we're onto Senate Bill 405.
Edwin Norse followed by Ron Krom and then Fran
Martin.

Mr. Norse. Mr. Krom. Fran Martin. Allison
Cunningham. Looks like Marlane Clark.

I guess there's -- on the last sign up sheet
of their, but not here was Rob Ziegler.

ROBERT ZIEGLER: Thank you very much, Senator
Harris, Representative Ritter.

SENATOR HARRIS: You're welcome.

ROBERT ZIEGLER: My name is Bob Ziegler and I'm
here representing Emergency Resource
Management which is one of the two licensed
management service organizations in
Connecticut through DPH OEMS. And I'm here
today to talk in favor of Senate Bill 428, but
with some minor clarifications or
modifications.

As a management service organization, we're
sort of otherwise ill defined in the
regulation and so what I hope to serve is an
ability to sort of clarify some roles.

In Section 20, Section 19A 180, in the
definition subsection B, the first sentence
references any person, management service
organization or emergency medical service
organization, but yet in section --
sentence -- the second sentence, it eliminates
the definition of management service
organization. And so I just look to include

that into and make consistent in the definition.

In Section 24, Section 19a 175 in definitions and, in definition number one, where it talks about a emergency medical service system, I love to include in their the term use of management service organizations. It speaks of -- means a system which provides for the arrangement of personnel. I would like to include, including the use of management service organizations; just further quantifies our abilities and existence within the system.

Further along in the definitions, Definition Number 10 where it speaks of emergency medical service organization. Again, to include the use of management service organizations. I would like to see admitted into there.

And lastly, in Definition Number 19, and references management service. In many areas of the regulation it references management service organizations, yet under the -- technical definition it says management service. So first I'd look for clarity and consistency to add the word "organization" to the definition.

And within that definition of management service, would like to further clarify that as of January 1st of this year, definitions in terms of personnel have been changed. So to just simply have placed it there the use of emergency -- licensed or certified emergency medical service personnel, versus giving an actual title.

And so those are my inclusions. I have submitted testimony for those as well in the hope that he will vote in favor of including those.

255
rgd/mb PUBLIC HEALTH COMMITTEE

March 12, 2010
10:00 A.M.

SENATOR HARRIS: Thank you. Now, and Mr. Ziegler, I thank you. Now, in your testimony you actually have those -- the language that you described.

ROBERT ZIEGLER: That is correct. Correct, sir.

SENATOR HARRIS: Okay. Thank you.

Any questions?
Thank you very much.

ROBERT ZIEGLER: Thank you.

SENATOR HARRIS: We've had people signing up on the sheet out there, but not letting the Clerk's no. In order for you to actually get called, you need to come over and actually let the Clerk's no also. So please do that.

SB428

Next, because of that we have missed Paulette Payne-Hill.

PAULETTE PAYNE-HILL: Good afternoon, Senator Harris and Representative Ritter. My name is Paulette Payne-Hill and I am the founder and president of CEHJ cosmetology and barbering Academy and I am here on the behalf of barbers.

As it stands now in the statute, it has that the barbers that go to cosmetology school have got to do the same amount of hours as one who wants to be a hairdresser, which is 1500 hours. And to become a barber, it does not take 1500 hours and the curriculum for barbering is different from the curriculum for hairdressers.

We have, right now, I have five and my academy who want to be just barbers. And they have to

go through the whole curriculum of the 32 chapters, rather than the 23 that they have in the barbering book. This is the barbering -- professional barbering book that is out there for barbers and this is the one that I have to give them theory on and it has four pages in it for barbers.

And I would just like for the statute to be changed for a barbering exam to come back to the state of Connecticut, because as it stands, there is not even a barbering exam. And for the hours to be lowered for those who want to become barbers. I have met with Senator Coleman and Ms. Jennifer, I think it's Buckley and Jill from the Public Health Department. They have -- and there was another individual. And they all are -- I believe they were in agreement.

My thing is that if we want to have licensed barbers in the state of Connecticut, we should offer them a curriculum in a course where they do not have to have wigs and enhancement braiding, facial makeup, nails and tips and acrylic nails, UV nails, the things that are not -- that do not go along with barbers. This has been a pet peeve of mine for a while so I take it personal.

And I appreciate you listening to me today. I apologize for my appearance, but I didn't get word until 12:20. So thank you for listening to be and please take this into consideration.

SENATOR HARRIS: You look fine. Thank you.

Representative Bartlett.

REP. BARTLETT: Thank you, Mr. Chair.

And thank you for coming. I apologize for not

having my hair -- my shape up done, but I guess I'll go in the morning.

I totally understand what you're saying and I think that I'm glad that you came forward and bringing it to the attention of the committee. I won't say where I've gone, but I mean it certainly happens where you have folks that do a great job in terms of this profession, but haven't -- they don't have that license and that definitely occurs out there. And if we made it easier and made it more realistic, I think most of those folks would go and -- and get a license and be licensed.

And I think that the important part of -- and I don't know what the curriculum -- maybe you could speak to it, but I think it has to do with hygiene and that piece that needs to be something that everybody really knows because you're using your hands and your using tools and you're touching people's head and face and that's the part that you don't want people just open up a shop without having the proper training and understanding that entire aspect.

So I hope the committee, you know, considers you know, what you're proposing here today.

PAULETTE PAYNE-HILL: Thank you.

SENATOR HARRIS: Thank you.

Senator Coleman.

SENATOR COLEMAN: Thank you.

First, Ms. Hill, let me commend you for the initiative that you've undertaken on this issue. I admire your perseverance, and, as well, the knowledge and the experience and expertise that you bring to the issue.

Let me ask this question, do you know -- are you able to enlighten me concerning of the 1500 hours that are currently required in order to obtain a barbering license, how many of that 1500 hours are devoted to curriculum on cosmetology?

PAULETTE PAYNE-HILL: 1499.

SENATOR COLEMAN: Most of the --

PAULETTE PAYNE-HILL: Very, very, I mean it's very -- like I said, there is four pages on barbering. In my ladies standard cosmetology book that I must teach, four pages are on barbering. And that is it and anybody that comes into the field or comes to the school and their green and don't know anything about it, they are not really going to get what they're coming for and that's why they stop going to school and go out of there and barber on their own.

And I would like to just add this, I know I'm over my three minutes, but we did have a gentleman that came to CEHJ after going to the state boards six times and failed six times. And all he wanted to do was be a barber. I have his name if you want it because he did come to CEHJ and we gave him a crash course and he made it on the seventh.

SENATOR COLEMAN: From your comments, I'm assuming that the exam that was administered to this individual that wanted to be just a barber was predominately questions concerning cosmetology.

PAULETTE PAYNE-HILL: Predominantly questions on women's hair, the thin curls, the roller jets, on-base or off-base. All of that and it has

nothing to be clipping.

SENATOR COLEMAN: Okay. And a further comment, I'm sure you're dismayed as am I, that Senate Bill 428 as it appears before us, doesn't include any language changes concerning --

PAULETTE PAYNE-HILL: Right.

SENATOR COLEMAN: -- the concern that you're expressing today and I'm hopeful that before the bill comes before the committee's -- comes before the committee for the committee to act on it, there will be such language changes proposed or suggested by the department or LCO for the committee to consider because I do think that your point is well taken.

I think that there are people who want to work at this particular occupation who are being precluded from working at this particular occupation, number one, because they can't afford to pay for 1500 hours, a thousand hours would be much more manageable and reasonable for them. But, also, because of the 1500 hours, very little of that is targeted toward construction concerning barbering.

PAULETTE PAYNE-HILL: Right. Yes. You're absolutely right.

SENATOR COLEMAN: Again, thank you for coming forward and for bringing this issue to my attention. I think there is a jobs aspect to what you're talking about and I'm looking forward to working with you to hopefully bring this to a successful conclusion.

PAULETTE PAYNE-HILL: Thank you very much and I really do hope that we can get those hours down to at least a thousand hours for anyone who wants to be a barber. Thank you.

SENATOR COLEMAN: Thank you, Mr. Chairman.

SENATOR HARRIS: Thank you, Senator.
Representative Ayala.

REP. AYALA: Good afternoon. Thank you for your testimony.

I would say in the city of Bridgeport, we have the same issue as well, but one of the complaints that I get from the licensed barbers is the fact that there are a lot of rogue barbers that are out there and they are actually cutting hair at barbershops that are legitimate or may be somewhat legitimate. I mean, there are some issues.

And part of the problem that we're seeing Bridgeport is the fact that there seems to be a barbershop on every other block in certain districts in the city. And we're trying to deal with that issue. And I hear as far as, I guess, the standard in regards to hours of being about a thousand hours, what do you think should be some standards that ought to have -- that should be included in there as well?

Because as I heard Representative Bartlett talk about the issue of hygiene, I think that that's extremely important, but coming from you, to you directly work in the profession. What do you think some of the standards ought that we ought to be looking --

PAULETTE PAYNE-HILL: The professionalism is one of my very pet peeves. It's -- the professionalism -- customer service, you know, if you have that customer service -- I knew my brother went to a barber for many years. And not that he was the greatest barber but he had

good customer service. Okay. And customer service, hygiene and just being a clean environment, profession -- I just can't stress professionalism.

If you get a professionalism in there, everything else will fall into place. When you pull up those pants, everything else will fall into place.

REP. AYALA: Thank you. I appreciate those comments, but I would also say that I think we need to be very careful as well. We have individuals that are in this profession that have worked really hard to live up to every expectation that we ask of them.

And in a time where we have diseases and all kinds of viruses that can be spread very easily, I think that we also need to ensure that there is a standard of care that our barbers are having.

And once again, I just want to preface my statement by saying the fact that I know that a lot of barbers that have done it, have their license and are concerned about the fact that there's a proliferation of these rogue barbers going around. And I don't know if it's happening in anybody else's cities, but I can definitely say that in Bridgeport we definitely have I think we do many barbershops for the number of people that live in the city. Thank you.

SENATOR HARRIS: Thank you.

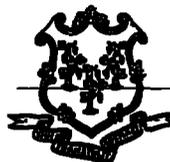
PAULETTE PAYNE-HILL: Thank you.

SENATOR HARRIS: Thank you very much.

PAULETTE PAYNE-HILL: Thank you very much.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 4
952 – 1258**



State of Connecticut
HOUSE OF REPRESENTATIVES
 STATE CAPITOL
 HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE THOMAS J. DREW
 ONE HUNDRED THIRTY-SECOND ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
 ROOM 4027
 HARTFORD, CT 06106-1591
 HOME (203) 256-8050
 CAPITOL (860) 240-8585
 TOLL FREE (800) 842-8267
 FAX (860) 240-0208
 E-mail Thomas.Drew@cga.ct.gov

VICE CHAIRMAN
 PLANNING AND DEVELOPMENT COMMITTEE

MEMBER
 GOVERNMENT ADMINISTRATION AND ELECTIONS
 COMMITTEE
 TRANSPORTATION COMMITTEE

Testimony

SB 428 "An Act Concerning Revisions to Public Health Related Statutes"
 Representative Thomas J. Drew
 March 2010

Chairman Harris, Chairwoman Ritter and Honorable Members of the Public Health Committee, thank you for this opportunity to testify in strong support of SB 428, specifically Section 65(b)(2). This section of the bill is what I refer to as Laura's Law, Laura's law is named after my cousin Ann's daughter Laura who died while waiting for an organ transplant.

This section is modeled after a similar law that has recently passed the Massachusetts State House, where Massachusetts has added to tax return documents a link to the Registry of Motor Vehicles website where people can register as an organ donor. Connecticut currently does not have the capability to register to be an organ donor online, so what this section does is allow for a space on tax return documents where people can indicate their consent to become an organ donor, the department of revenue would then send this information to the Department of Motor Vehicles to be added to the database that they already maintain.

Thank you for allowing me to testify today on this very important legislation. I look forward to working with you to move this through the process. I'd be happy to answer any questions that you may have.

12 March 2010

Senator Jonathan A. Harris
Representative Elizabeth B. Ritter
Co-Chairs
Public Health Committee
Room 3000
Legislative Office Building
Hartford, CT 06108

Dear Senator Harris & Representative Ritter:

On behalf of LifeChoice Donor Services and New England Organ Bank, the Federally designated organ and tissue procurement organizations in Connecticut, we support the updated Section 65 Subsection (b) of Raised Bill SB428, An Act Concerning Revisions To The Public Health Related Statutes. There continues to be a critical shortage of organs and tissues for transplantation. CT has 1,200 candidates on the waiting list: 1,028 waiting a kidney transplant, 113 liver, 19 pancreas, 18 Kidney/Pancreas, and 19 awaiting a heart transplant.

- * The purpose of this section of the bill would provide another venue for CT residents to show their support of life saving organ and tissue transplantation.
- * This bill would also provide an annual opportunity to make a designation decision rather than the normal six year license/state ID renewal cycle.
- * This bill would increase decision making access to all CT tax payers in addition to those CT residents who have already have decision making access through their License or state ID.
- * The bill also provides for transfer of registered donor's information to the Department of Motor vehicles' database that both LifeChoice Donor Services and New England Organ Bank have indirect access to under Section 14-42a of Public Act No. 05-121

Thank you for considering this important bill in support of organ and tissue donation.

Respectfully,

Charles MacKinnon

Education Manager
LifeChoice Donor Services
Windsor, CT

THE CONNECTICUT CEMETERY ASSOCIATION INC.
INCORPORATED 2007



P O Box 63
 Ansonia, CT 06401
 Office 203-734-3577
 Fax 203-734-2570
www.ctcemetery.org

March 12, 2010

Testimony of Armand A. Chevrette
President - Mountain Grove Cemetery Association, Bridgeport, CT
Chairman - Mausoleum Legislative Committee of the Connecticut Cemetery Association
Public Health Committee

Good afternoon Chairpersons Senator Harris and Representative Ritter and members of the Public Health Committee:

My name is Armand Chevrette; I am president of Mountain Grove Cemetery Association in Bridgeport. I am here representing the Connecticut Cemetery Association as Chairman of the Mausoleum Legislative Committee. The Connecticut Cemetery Association represents over 100 cemeteries in the State and is made up of religious, municipal and non-sectarian cemeteries. There are over 50,000 mausoleum crypt spaces that have been constructed in our member cemeteries in community mausoleums over the past 40 years. This number does not include privately owned family mausoleums that have put on family lots in cemeteries over the last 150 years.

I am here to testify in support of with an additional amendment to:

Raised Bill No. 428, An Act Concerning Revisions to the Public Health Related Statutes - Page 49, Section 50, Sub-Section B (2).

We are in favor of the proposed amendment to change the ABS plastic requirement to a nationally accepted composite plastic material. We strongly suggest that an additional amendment be made narrowing the requirement to all deceased persons who are not embalmed. This would be in keeping with the original bill submitted by Representative Geigler in January 2009 which was changed in the legislative process to include all deceased persons being entombed in crypt or mausoleum.

Our suggested change would read as follows:

Any deceased person who is not embalmed and who is to be entombed in a crypt or mausoleum shall be in a casket that is placed in a zinc-lined or nationally accepted composite plastic container or, if permitted by the cemetery where the disposition of the body is to be made, a non-oxidizing or nationally accepted composite plastic tray.

The State Department of Public Health has been the final authority since the construction of community mausoleums started in 1969. In order to build a community mausoleum the final plans must be submitted to DPH prior to construction. Approval is based primarily on three requirements: a venting system for gases, a drainage system for fluids into a drywell and that all crypts are pitched back toward the drainage and venting systems in the rear of the crypt. The department will do interim inspections and also do the final inspection after construction and issue a CO to allow the cemetery to sell entombment rights to its families.

Most cemeteries with community mausoleums have within their own operating procedures requirements addressing deceased who are not embalmed. Less than 1% of all entombments are not embalmed. According to Robert Scully at the DPH there have been only 1 or 2 instances where the DPH was involved in these matters in the last 20 years and they are of the opinion this is a non-issue. The Commissioner of DPH has additional authority through its current regulations to step in and rectify any situation they deem a detriment to public health and safety.

Thank you for your consideration



Champions Consultancy & Training Ltd.

**Stephen Lord Paine
497 Dowd Avenue, Canton Village
Canton, Connecticut 06019
Home Phone 860 693 4948 Call Phone 860 603 0572**

January 5, 2010

**Senator Kevin Witkos
Legislative Office Building
Room 3400
Hartford, Connecticut 06016**

RE: Request for assistance with acupuncture licensure in Connecticut

Dear Senator Witkos,

Senator Witkos, I have recently returned to the United States with my wife, Cheryl, and my children Shandie, 12, Jaira, 8, and Everett, 4. Our family has been living in Hong Kong, where, until one month ago, I had been practicing for eighteen years as the only American licensed to practice Chinese medicine in Hong Kong. We settled in Connecticut because it is the land of my birth and the home of my family for eleven generations. I love my country and I love my native state. I would like to get busy working here and make a significant contribution with the knowledge and experience that I have gathered. However, for the moment least, my ability to practice my profession has been denied me

I received a letter (enclosed) on September 15, 2009, from the Connecticut Department of Public Health, stating that my application to practice acupuncture in Connecticut had been denied.

There are two methods by which individuals may be licensed in Connecticut.

The first is elaborated in Section 20-206bb, Connecticut General Statutes. The reason cited for my denial under this statute was as follows:

**Stephen Lord Paine
497 Dowd Avenue, Canton, Connecticut 06019**

(Paragraph 6, page 1, letter from Department of Public Health to Stephen Lord Paine, September 15, 2009): *"Your application has been reviewed and it has been determined and you are not eligible for acupuncture licensure as outlined above as you are not a graduate of an acupuncture program accredited by the ACAOM"*

It is true that I did not graduate from an acupuncture program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine, (ACAOM). However, I could not have graduated from such a program as ACAOM was not yet accrediting schools when I was training 28 years ago. I did, however, graduate from a program approved by the California State Board of Medical Quality Assurance, whose standards are generally viewed as more stringent than those of ACAOM.

In my application for Connecticut licensure, I enclosed documentation for the Connecticut Department of Public Health which demonstrates that I have far exceeded the minimum requirements represented by the ACAOM. I completed 608 didactic hours of the 850 didactic training required by schools accredited by the ACAOM, at California Acupuncture College. In order to comprehensively understand my field, I completed an additional 1550 didactic hours by graduating from a Comprehensive California Medical Quality Assurance Board approved tutorial program. Beyond that, I completed an additional 270 hours of didactic training prior to certification by the National Board of Acupuncture Orthopedics, for a total of 2428 documented didactic training hours in the United States (chart on page 2 of my enclosed May 16, 2009 letter to the Connecticut Department of Public Health). This total exceeds the 850 didactic hours required by the ACAOM by 1578 hours.

In order to more fully develop the competency which would allow me to safely and effectively treat patients, I completed an additional 238 hours of didactic training at the Advanced Acupuncture Training Program in Beijing, sponsored jointly by the WHO (World Health Organization) and the China Ministry of Health, which is generally believed to be the most prestigious acupuncture training program in the world. Beyond that training, I completed an additional 250 hours of didactic training at the Postgraduate Institute of Oriental Medicine in Hong Kong, for a total of 488 hours of international didactic training. In sum, I have submitted documentation for 29 didactic hours, including 608 of the 850 didactic hours required by the ACAOM, 2428 of which were in the United States.

The second method by which one may be granted licensure in Connecticut is: (Paragraph 7, page 1, letter from Department of Public Health to Stephen Lord Paine, September 15, 2009) ... *"pursuant to Section 20-206bb(c), Connecticut*

General Statutes, which authorized the Department to grant a license by endorsement to an acupuncturist who is currently licensed in another state, if such state has requirements for licensure determined to be substantially similar to, or higher than those of this state..."

The reason stated for denial of licensure under the statute is as follows: (Paragraph 1, page 2, letter from Department of Public Health to Stephen Lord Paine, September 15, 2009) *"This office has reviewed the statutes and regulations from the Hawaii Board of Acupuncture and it has been determined that the licensure requirements for acupuncture in Hawaii are not similar to or higher than those of this state. Specifically, Hawaii does not require completion of 60 semester hours, or its equivalent, of postsecondary education and does not require successful completion of a course in clean needle technique..."*

Union College has submitted documentation that not only have I completed 60 semester hours of postsecondary education, but I have received a Bachelor of Arts degree in Sociology from Union College in Schenectady, New York. This is the equivalent of 120 semester hours, according to the U.S. Department of Education (www.ed.gov/international/usnei/us/credits.doc).

I've also submitted documentation of my having successfully completed the Clean Needle Technique Portion (CNTP) of the Comprehensive Written Examination (CWE) of the National Certification for the Commission of Acupuncture and Oriental Medicine Acupuncture (NCCAOM) Examination.

Cited as a reason for denying my licensure was: (Paragraph 1, page 2, letter from Department of Public Health to Stephen Lord Paine, September 15, 2009) *"...applicants who are educated and trained outside of the U.S. may be eligible after an individual review and equivalency determination is made. Connecticut law does not provide the Department the statutory authority or administrative discretion to accept a third party determination of equivalency of education completed outside of the United States to that of an ACAOM accredited program."*

There is no need to consider my international education training as I have already far exceeded the didactic and clinical hours required for licensure in Connecticut, and, on the basis of my U.S. training, I have been licensed in Hawaii since September 4, 1990.

I therefore submit that I have not only met, but have exceeded, the statutory requirements to be granted a license by endorsement as an acupuncturist is who is currently licensed in another state.

Senator Witkos, I respectfully request your help in getting licensed by asking you to introduce legislation on my behalf. May I have a meeting with you and with your legislative assistant(s) to discuss the specifics of my request?

I've spoken with senior officials within the Department of Public Health and within the Connecticut General Assembly and have been offered their support in helping me become licensed in the state of Connecticut. What is required is a rider attached to a bill. These officials have offered to provide you and Representative Tim LeGeyt with the specific language of this rider. My understanding, Senator Witkos, is that both you and Representative LeGeyt, as the elected officials in my district, would need to sponsor the rider to the bill. My understanding is that the acquiescence of the Public Health Committee's Ranking Members, Senator Dan Debicella and Representative Janice Geigler; Vice-Chairs Senator Gayle Slossberg and Representative Linda Gentile; and Co-Chairs Senator Jonathon Harris and Representative Elizabeth Ritter would also be required.

The health and the safety of the Connecticut citizenry would be well-served by my licensure. Will you help me get licensed, Senator?

Respectfully,

Stephen Lord Paine

Attached (SEE BELOW): Letter from Department of Public Health to Stephen Lord Paine, September 15, 2009

TESTIMONY SUBMITTED TO THE PUBLIC HEALTH COMMITTEE OF THE
CONNECTICUT GENERAL ASSEMBLY

MARCH 12, 2010

Submitted by **Bonnie B. Gauthier, Hebrew Health Care, West Hartford, CT**

**Regarding Raised Bill No. 428
An Act Concerning Revisions to the Public Health Related Statutes**

My name is Bonnie Gauthier and I am the President and CEO of Hebrew Health Care in West Hartford, CT. Hebrew Health Care has a 109-year history of providing services to the aging of the Greater Hartford Community and offers a constellation of services across the care continuum, including specialty hospital services under our Chronic Disease Hospital License at the Hospital at Hebrew Health Care, also in West Hartford.

I am here today to speak in support of a particular section of **Raised Bill 428**, specifically **Section 53 (h)**, which concerns psychiatric services provided in the chronic disease hospital setting. This section will correct an inconsistency between existing chronic disease hospital license requirements and current Medicare participation regulations, and will thus enable chronic disease hospital providers with separate Medicare certified psychiatric units to provide optimal services to their patients.

At the Hospital at Hebrew Health Care, we serve more than 300 geriatric patients each year with psychiatric diagnoses and multiple medical co-morbidities, many of whom are admitted to our hospital directly from skilled nursing facilities across our state. This legislation will assure that we will be able to serve this frail elderly population optimally in our special Medicare-certified psychiatric unit within our Chronic Disease Hospital; and I urge you to support this section of **Raised Bill 428** in your deliberations on the entire bill.

Thank you.



Stephen Lord Paine
497 Dowd Avenue, Canton Village
Canton, Connecticut 06019
Home Phone 860 693 4948 Cell Phone 860 605 0572

January 5, 2010

Senator Kevin Witkos
Legislative Office Building
Room 3400
Hartford, Connecticut 06019

RE: Offer to serve on advisory committees or legislative taskforces for the 2010 legislative session on behalf of the Public Health Committee of the Connecticut General Assembly and to inform and facilitate initiatives emphasizing self-responsibility, early intervention, and the low-cost, high-yield strategies of wellness programs.

Dear Senator Witkos,

My name is Steve Paine and I am one of your constituents from Canton. I read your bill: " *An Act Concerning Wellness Incentives*", Substitute Bill No. 962 (*_SB00962APP_042809_*) with interest and enthusiasm. I congratulate you. In whatever capacity I am able, I would like to work with you and the Public Health Committee of the Connecticut General Assembly to implement practical applications of provisions of your bill. I have an extensive background as a practitioner, organizer and speaker in the area of Preventive Medicine and Corporate Wellness. I offer to provide support to 2010 legislative initiatives emphasizing self-responsibility, early intervention, and the low-cost, high-yield strategies of wellness programs.

From my undergraduate days at Union College in Schenectady, New York, and throughout my professional career, I have been living and promoting the principles and practices that you have managed to get into law. At Union, as president of the Student Social Action Committee and chairman of the Schenectady Food Co-op, I helped revamp the food services program and implemented nutritious, organic, and vegetarian alternatives. As president of the Hawaii Acupuncture Association, I helped our practitioners within the

Stephen Lord Paine
497 Dowd Avenue, Canton, Connecticut 06019

Workers' compensation and No-fault insurance plans, to use exercise, proper diet, emotional and attitudinal, counseling to assist injured workers and drivers to return to work more quickly and at a lower cost than the patients of other practitioners. Our association was commended by the Hawaii state legislature for helping to reduce the cost of treatment of injured workers.

In Hong Kong, where, until one month ago, I had been living and working for eighteen years as the only American licensed to practice and Chinese medicine in Hong Kong, I continued those efforts. For the past three years, as chair of the American Chamber of Commerce in Hong Kong Health and Wellness committee, I have worked closely with my colleagues in the Chamber and within the Hong Kong business community to develop programs and practical examples of wellness programs to assist in the revision of the Hong Kong Government's Hospital Authority.

In February 2009, I hosted the American Chamber's first annual full day seminar, entitled *"Return on Investment through Corporate Wellness Programs"*. Keynoting the seminar was the former governor of Hong Kong and a staunch advocate of healthy living and preventive medicine, Sir David Akers Jones. We attracted highly-regarded advocates of early intervention and lifestyle medicine including Dr. Judith Mackey, recipient of the British Medical Journal Lifetime Achievement Award for work in curbing smoking world wide; Professor Anthony Hadley, who created the Hadley index which measures the hospital costs of pollution and smoking on a minute by minute basis; and, Dr. CS Lee, Director of Corporate Wellness for Procter Gamble's 10,000 plus employees in the Asia Pacific region. The seminar echoed the conclusion of more than 500 international peer reviewed studies, that every dollar spent on reducing health risks and on early intervention yields more than five dollars in reduced costs and increased productivity of the workforce. Wellness programs, strategies which induce self-responsibility, are the highest and best use of the healthcare dollar.

In December 2008, I was asked by Roche (Switzerland), makers of Tamiflu®, and medical publishers Elsevier Health Sciences (Holland), to co-chair a distinguished panel of international experts in a seminar entitled *"Corporate Pandemic Preparedness in Asia Pacific."* This forum was covered in the press throughout Asia and provided a further indication that lifestyle choices including proper diet and hygiene, regular exercise, meditation, prayer and other stress reduction strategies have a large influence on the capacities of individuals, companies and populations to cope more successfully with pandemics.

Finally, and most directly relevant to your bill, I've worked closely for the last three years with Swiss RE a reinsurance company the largest in the world which does the actuarial work and writes the policies for insurance companies all over the globe. I have enclosed in this letter a copy of the most sophisticated and popular of the wellness insurance plans which is being sold by Prudential insurance throughout the world, but not to my knowledge, in Connecticut. I would like to help you and your colleagues interest insurers in the private and public sector with this template or policy.

The National Guild of Acupuncture and Oriental Medicine, AFL-CIO member, Local 62, of which I am the delegate for New England and New York, will be using this template from Swiss RE sold by Prudential, as an offering to members of police, return all, municipal, state, and Federal, it is union members. We embrace it because it makes explicit many of the same lifestyle modifications upon which Chinese medicine bases its consultation advice. The result is a win for insurers, as these policies are popular, a win for employers, as they result in a healthier workforce, and a win for states, as the utilization of other more costly health care services is significantly reduced.

Wellness is a noble and highly worthwhile political goal. On April 5, 2009 I had the honor of spending a day with Senator John McCain when he and Senator Lindsey Graham of South Carolina came to Hong Kong for an informal ocean cruise with the leadership of the American Chamber of Commerce in Hong Kong and the United States Consul General's office. Having enjoyed his books Character is Destiny, Why Courage Matters: The Way to a Braver Life, and Worth the Fighting For and having spoken earnestly with him, there is no better example of one who leads a self-responsible life emphasizing healthy thinking, exercise and diet than John McCain.

Senator Witkos, I have recently returned to the United States with my wife, Cheryl, and my children, Shandie, 12, Jaira, 8, and Everett, 4. I settled in Connecticut because it is the land of my birth and the home of my family for eleven generations. I love my country and I love my native state. I would like to get busy working here and make a significant contribution with the knowledge and experience that I have gathered.

In summary, Senator Witkos, I offer to serve on advisory committees or legislative taskforces for the 2010 legislative session on behalf of the Public Health Committee of the Connecticut General Assembly and to inform and

facilitate initiatives emphasizing self-responsibility, early intervention, and the low-cost, high-yield strategies of wellness programs.

Would you kindly let me know if I can be of service, Senator Witkos?

Respectfully,

Stephen Lord Paine
497 Dowd Avenue
Canton, CT 06019
860 693 4948
860 605 0572 (cell)



Champions Consultancy & Training Ltd.
Steve Pains, OMD, Doctor of Oriental Medicine (Hong Kong)
Listed Chinese Medicine Practitioner, Licensed Acupuncturist (Hawaii)
16th Floor Hing Wai Bldg. 36 Queen's Road Central, Hong Kong
(T) 852 2523 8490 (F) 852 2521 3365 steve@stevepaineomd.com
www.stevepaineomd.com

May 14, 2009

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION
ACUPUNCTURIST LICENSURE UNIT
410 CAPITAL AVENUE, MS# 12APP
P.O. BOX 340308
HARTFORD, CT 06134-0308

Dear Connecticut Acupuncturist Licensure Unit,

I am submitting additional information for your consideration which I trust will result in my endorsement for Connecticut acupuncture licensure.

Connecticut has every right to expect that anyone granted the privilege of practicing acupuncture in the state should be competent and well-trained. The documentation I present here I will establish that my training and my clinical experience are exceptional.

Having begun my acupuncture training more than 25 years ago, I performed due diligence and identified the best educational opportunities in California, Hong Kong, China, and Hawaii. My applications for training were accepted and I completed extensive training. I have documented that training in my submission.

The minimum requirements for Connecticut are for 1350 hours of didactic and clinical training, of which 500 are clinical hours. I have enclosed documentation of 4008 hours of didactic and clinical training, of which 2916 are didactic and 1092 are clinical hours.

Stephen Lord Paine
497 Dowd Avenue, Canton, Connecticut 06019

Here is a summary:

Source of training	Didactic	Clinical	Didactic & Clinical
Calif Acupuncture College	608	0	606
Calif Approved Tutorial Program	1550	700	2250
China Ministry of Health / WHO	238	147	385
Postgraduate Institute OM	250	200	450
National Board of Acu Orthopedics	270	45	315
TOTALS	2916 DIDACTIC	1092 CLINICAL	4008 CLINICAL AND DIDACTIC

Beyond what is minimally required for licensure, I have logged more than 30,000 hours of clinical practice in my fulltime clinical practice from 1988 to 2009. I have logged an average of approximately 1550 clinical visits per year. This is based on a weekly clinical visit average of about 31 patients. For stretches of my career, (as indicated in the enclosed letter of reference from Dr. D. Scott McCaffrey of WorkStar Occupational Health Services, Hawaii), I have averaged more than 60 patient visits per week.

Beyond competency in the academic area, a practitioner should perform to the satisfaction of those who employ him and to the satisfaction of his patients. I have presented several letters of endorsement from those who have contracted my services as a licensed acupuncture practitioner. I have also provided a number of patient evaluations which demonstrate that my performance on their behalf was more than satisfactory.

An additional measure of my standard of competence is the fact that I am the only American who has been permitted to practice acupuncture in Hong Kong. I've enclosed in my submission evidence of my authorization to practice in Hong Kong.

I have here included a number of articles which I have written and interviews which I have given to various news media over the last twenty years. I am the author of all the materials included in my website www.stevepaineomd.com which

has received high praise from peers, clients and internet rating services, particularly www.google.com.

I have done my best to integrate into the conventional medical system having worked with medical doctors for my entire 20 year career. I have also given hundreds of public talks to explain and promote Chinese medicine.

I have worked to raise standards of practice within the field. I served as president of the Hawaii Acupuncture Association and was instrumental in helping create and gain the adoption of "*Acupuncture Practice Guidelines*" for Hawaii which have served as a model for other state acupuncture associations. I have, for many years been active in NOMAA, the National Oriental Medicine Accrediting Agency, www.nomaa.org, serving as a commissioner of NOMAA and currently as the Hong Kong advisor for NOMAA.

I was recently selected to represent New York State and the New England states for the National Guild of Acupuncture and Oriental Medicine, an AFL-CIO member organization. (endorsement enclosed)

In order to promote the principles of Chinese medicine, which emphasize preventive medicine, self-care, and responsibility to others, I created and have served as chairman since July 2007 of the American Chamber of Commerce in Hong Kong Health and Wellness committee. The American Chamber in Hong Kong is the largest international American Chamber and represents more than 800 of the largest American companies doing business in Hong Kong and China. On April 5, 2009, I met with Senator John McCain (R-Arizona) and Senator Lindsey Graham (R-South Carolina) who expressed their support for our efforts.

In December, 2008, I was asked by the Dutch medical publishers Elsevier Health Services / Excerta Medica (Greater China) to chair the event "*Corporate Pandemic Influenza Preparedness in Asia Pacific*". The panel which I chaired consisted of international experts from England, Australia, and China and was a major media event. (Programme Book enclosed)

On balance, I believe that my credentials, my training, my clinical experience, my demonstration of social responsibility and my service to both patients and the larger society, have demonstrated beyond any question, my acceptability for licensure as an acupuncturist in Connecticut.

I intend to help acupuncture integrate more fully into the western medical system and to work closely with conventional providers and allied health professionals.

Acupuncture can be of enormous help in resolving the health issues that face Connecticut's residents. I hope to be a leader in the field elevating the performance of my fellow acupuncturists and serving all the citizens of the state of Connecticut.

The table of contents of this submission is as follows:

- Communication with state of Connecticut
- Communication with state of Hawaii
- Communication with state of California.
- Test scores Hawaii and NCCAOM
- Steve Paine resume and backgrounder
- Transcript Union College
- Transcript California Acupuncture College
- Transcript California Board of Acupuncture approved tutorial program
- Certification China International Acupuncture Training Centre
- Certification Post Graduate Institute of Oriental Medicine
- Certification National Board of Acupuncture Orthopedics
- Professional distinctions and leadership positions
- Professional articles by Steve Paine
- Interviews in international media
- Endorsements from colleagues and employers
- Endorsements from patients

Ann McCarthy-Linehan
3 Wyoming Heights
Melrose, MA 02176
781 665 3980

It is a fact that people generally do not think about organ donation unless they are connected to it in some way, shape or form. Did you know that you are eight times more likely to need an organ transplant rather than be able to be a donor? It is a fact that people are more likely to become a registered donor after hearing someone's personal story. SB428

The story of my daughter Laura is a long one so here is a brief version.

September 11, 1987, my life changed forever. My third daughter was born, my lovely Laura, and life was practically perfect. She slid into her spot as our third daughter, same clothes, toys, activities. I knew how to do this. What was different? Liver disease, I did not know how to do liver disease. Laura was nine months old and on a routine doctor's visit it was discovered that she had a much enlarged liver and kidneys. After being admitted to Children's Hospital she was diagnosed with Tyrosenemia. The only option for her was a liver transplant. We were so grateful because pediatric liver transplants were very new. On my ninth wedding anniversary, November 15, 1989, we received the call and Laura had a successful liver transplant. We had won the lottery and life was practically perfect once again.

Life continued. Lots of doctor's appointments, lots of medicine but life was good. Laura became friends with other kids in the transplant clinic, transplant buddies. One girl in particular, Jenna, was Laura's best buddy spending school vacations together, chatting on the phone and being there for each other when illness and health issues took over.

So, one summer day, two days after school was dismissed for the year, the door bell rang. It was a registered letter from Children's Hospital. We are sorry to inform you but we gave your daughter blood infected with Hepatitis C during her surgery in 1989. Please have her tested. Yes, Laura had Hep C.

Skip ahead. Jenna was having trouble with her liver as well and was listed for a second transplant. She became sicker and sicker yet no donor. December 22, 2006, Jenna passed away, waiting. The impact of Jenna's death on Laura can not be described. Her best friend, her confidant was gone. Laura was getting sicker and was listed for a second at this time. She was number 108 on the O blood type list at Mass General Hospital. They were doing approximately 40 transplants per year across all blood types. I knew we needed a miracle. And then we thought we found it. We read an article written by Allen Zembo "Life or Death, it depends where you live". The Mayo Clinic in Jacksonville was doing 5 times the number of transplants as any hospital in New England. So we packed our bags and moved to Florida. I closed my business, we left all of Laura's doctors, our family and all our friends. We arrived in Florida to meet all our new friends from New England, waiting for livers. We waited; we stayed awake at night listening to med flights waiting for the phone to ring. It did not. Laura got sicker and sicker. March 16, 2008

Laura entered the hospital for the last time. In the emergency room they told her about something that was going to happen in three weeks. She looked at me and said, "Mom, I won't be alive in three weeks." She died 18 days later. During that time we felt emotions of fear and desperation. Laura asked every doctor who entered her room "can you get me a liver, I'm desperate. I think I am going to die." They responded that it was out of their control. April 3, 2008 we were on TV making a plea for a donor. We woke to the phone ringing at five am to the joyous news, we have a donor. Laura's father and I ran to the hospital to the ICU. The helicopter landed, the cooler was brought in with the donor liver. We kissed our unconscious Laura and said our prayers and went to the waiting room. Within an hour we were told it was too late. Laura could not survive the surgery. She died at 6pm.

Why am I doing this? The Boston Globe said I was a mother who will talk to anyone who will listen. I hope no parent ever has to watch their child die when there is something that can save them but you can not put your hands on it.

Please, make your wishes known and register to become an organ donor.



CONNECTICUT

EMERGENCY MEDICAL SERVICE

ADVISORY BOARD



My name is Charlee Tufts, and I am Vice Chairman of the CT Emergency Medical Service Advisory Board and Chairman of its Legislative Committee.

I would like to address two issues in SB 428 implementing changes in the Public Health Statutes: change of employment status for the five Regional EMS Coordinators and proposed changes in the membership on the CT EMS Advisory Board.

Sec. 59 (NEW):

Three years ago a plan was presented to the CT. EMS Advisory Board to reorganize the regional council system. Part of that plan was to make the regional coordinators state employees in the Office of Emergency Medical Service. The Board endorsed that action, and reaffirms that endorsement today. We strongly believe the Regional Councils are critical to the state-wide EMS system in providing technical assistance, planning and development of the local EMS services, and providing a voice for the local municipalities and EMS services. Concern has been raised regarding the "durational" employment status and therefore the future stability of the state-wide EMS structure. We strongly endorse that the coordinators status will become permanent employment to support the regional councils.

Sec 56. subsection (b) of section 19a-178a:

The Advisory Board, however, is very concerned that SB ⁴²⁸~~424~~ proposes change to our membership and structure without our input. The 41 person membership number has been deleted, and the five regional coordinators have been added as voting members.

The CT EMS Advisory Board was created in statute by the legislature in 1998 by public act 98-195 to advise the governor, the general assembly and the Commissioner of Health on all matters concerning emergency medical service in the state of CT. The 41 members of the board includes five positions representing the regional councils. We welcome the presence and input from the regional coordinators, but feel it is a conflict of interest for a state employee to have a vote on this board. We request you restore the wording of the original statute.

Additionally, the statute creating the CT EMS Advisory Board requires the Department of Health to provide staff to the advisory board. We request administrative staffing the advisory board become part of the regional coordinators job description as state employees, and that the Director of OEMS confer with the Chairman of the Advisory Board as to the selection of the employee to provide staff for the EMS Advisory Board.



Connecticut Association of Optometrists

35 Cold Spring Road, Suite 211
Rocky Hill, CT 06067
(860) 529-1900 www.cteyes.org

Statement of the Connecticut Association of Optometrists
before the
Public Health Committee
SB 428
March 12, 2010

Sen. Harris, Rep. Ritter and members of the committee:

I am Dr. Brian Lynch and represent the Connecticut Association of Optometrists (CAO) here today on Senate Bill 428. By way of background, I have practiced optometry in Branford for more than two decades and currently serve as legislative chair for the association.

I want to offer brief testimony on SB 428, *An Act Concerning Revisions to the Public Health Related Statutes*.

CAO strongly supports Section 55 of the bill. This provision would add Optometrists to the list of providers who are authorized to contract with and treat patients enrolled in networks established by a hospital foundation. As you know, the foundation law was passed last year (PA 09-212). That law authorized physicians, podiatrists and chiropractors to participate and treat patients. We would like to have this option also, but our specific chapter of the statutes—380—needs to be referenced in the law. Many times legislation is drafted that does not make the distinction between Medical Doctors who provide care (Ophthalmologists) and Optometric Doctors (Optometrists). Section 55 makes this needed distinction and thus includes Optometrists as authorized providers.

The Connecticut Association of Optometrists believes that the medical foundation structure can lead to increased access to the healthcare system for the people of Connecticut. We would like to have the opportunity to participate in this.

Finally, I would note that Section 18 adds to the list of practitioners who authorized to write written orders and medical regimen to a registered nurse. The professions added include Optometry—we support this change.

Thank you.

CADH

Connecticut Association of Directors of Health, Inc.



Board of Directors

Richard Matheny
President

Charles Petrillo, Jr.
Vice President

Karen Spargo
Treasurer

Roseann Wright
Secretary

Leslie Balch

Edward Briggs

Timothy Callahan

Steven Huleatt

Paul Hutcheon

Thad King

Maryann Lexius

Neal Lustig

Patrick McCormack

Robert Miller

Wendy Mis

Carlos Rivera

Baker Salsbury

241 Main Street
2nd Floor
Hartford, CT 06106
Ph: 860-727-9874
Fx: 860-493-0596
www: cadh.org



Public Health
Prevent Promote Protect

PUBLIC HEALTH COMMITTEE

Friday, March 12, 2010

RB 428 AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH RELATED STATUTES

My name is Karen Spargo, I am the Director of Health for the Naugatuck Valley Health District and a member of the Connecticut Association of Directors of Health. The Association opposes Sections 47 and 48 of Raised Bill 428 as they relate to the qualifications of a local health director. This bill would require any new Director to be BOTH an MD and have a degree in public health.

Last Legislative Session, the Governor established through Executive Order 26 a Council to advise her on issues related to our public health system. I served as a representative on the Council and during the Council's deliberations, one recommendation was to align the qualifications of a local health director so that those for a municipal director and a district director were the same. Under existing statute, the qualifications for municipal directors and district directors are different. It was never the intention of the Council to require local health directors to have BOTH an MD and a degree in public health.

We were told that this was an editing error, a simple "MISTAKE." We have no reason to doubt this given the significant ramifications the proposed language would create.

First, the graduate degree in public health or Masters in Public Health (MPH) is the recognized degree for public health professionals. There is considerable difference in the study of medicine and treatment of individuals with disease versus that of public health and prevention of disease among populations. Second, it is unconscionable to impose the salary requirement of an MD/MPH on municipalities at a time when the state has already cut support for local public health and the qualification requirement is unjustified. Third, any municipality needing to fill a health director position would be extremely hard pressed to find such candidates. According to UCONN, of the 38 dual degree candidates that have graduated from their program, none have gone into local public health practice in CT or elsewhere.

As a member of the Governor's Council the intention of this statutory language change was very SIMPLE, to align the qualifications of both District and municipal health directors to require the following:

- All local directors of health should hold a graduate degree in Public Health

We have attached our specific recommendations for these changes to this testimony. We thank you in advance for correcting what was seemingly a simple editing error.

Suggested Language Changes

Sec. 47. Section 19a-200 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The mayor of each city, the warden of each borough, and the chief executive officer of each town shall, unless the charter of such city, town or borough otherwise provides, nominate some person to be director of health for such city, town or borough, which nomination shall be confirmed or rejected by the board of selectmen, if there be such a board, otherwise by the legislative body of such city or town or by the burgesses of such borough within thirty days thereafter. Notwithstanding the charter provisions of any city, town or borough with respect to the qualifications of the director of health, on and after October 1, 2010, any person nominated to be a director of health shall hold a graduate degree in public health. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010.

Sec. 48. Section 19a-244 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

On and after October 1, 2010, any person nominated to be the director of health shall hold a graduate degree in public health. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010.



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Testimony of the Connecticut Insurance Department

Before the Public Health Committee
March 12th, 2010

Raised Bill 428--An Act Concerning Revisions to the Public Health Related Statutes

Thank you for the opportunity to submit testimony on **Raise Bill 428**. Section 64 of the bill proposes to designate the Office of the Healthcare Advocate as the state's independent office of health insurance consumer assistance. The Insurance Department opposes this bill as unnecessary and asks that this section be removed from the bill.

We believe that this provision has been offered in anticipation of the passage of a federal health care reform proposal that calls for states to establish an office of health insurance consumer assistance or an ombudsman program to serve as an advocate for people with private coverage in the individual and small group markets. Since no health care reform bill has been finalized, let alone passed, we view this action as premature and speculative as well as unnecessary. In Connecticut, we already have two agencies legislatively established to advocate and assist private insurance consumers.

In 1999, in response to the special consumer needs that arose in connection with managed care, the legislature undertook sweeping managed care accountability legislation, which included creation of a Managed Care Ombudsman Office, now known as the Office of Healthcare Advocate. This office was established to assist consumers by providing education, referral and assistance to individuals about means of obtaining health insurance coverage and services, their rights and responsibilities under managed care plans, and with the filing of complaints and appeals with managed care organizations. That office reported that it handled over 2300 consumer complaints in 2009.

While the Healthcare Advocate's Office is a relatively new consumer advocacy entrant, Insurance Commissioners have been protecting, assisting and advocating for the private insurance consumers of Connecticut since the appointment of the first commissioner in 1865. In 1871, the legislature established an Insurance Department which included staff to administer and enforce the insurance laws of Connecticut and provide consumer assistance and

protection. The Division of Consumer Affairs was formally identified by statute in 1987 and pursuant to the relevant portion of Connecticut General Statutes Section 38-9, receives and reviews complaints from residents of this state concerning their insurance problems, including claims disputes, and serves as a mediator in such disputes in order to assist the commissioner in determining whether statutory requirements and contractual obligations within the commissioner's jurisdiction have been fulfilled.

The Consumer Affairs Unit and the Market Conduct Unit are within the the Consumer Services Division. The Market Conduct Unit performs examinations of insurance companies, health care centers, and medical utilization review companies doing business in Connecticut to analyze how the insurance market and the individual companies meet the needs of Connecticut consumers. The examinations are conducted to ensure equitable treatment of policyholders and claimants, and compliance with statutes and regulations. By partnering the Market Conduct Unit with the Consumer Affairs Unit, the Insurance Commissioner has created a synergistic environment where bad actors identified through our complaint handling in Consumer Affairs are referred to our Market Conduct for investigation and enforcement actions, up to and including license revocation.

In 2008, the Consumer Affairs staff handled 2881 health insurance related complaints and recovered \$1.74 million for consumers; in 2009, the numbers grew to 3104 health insurance related complaints and we again recovered in excess of \$1 million for consumers. In addition, all consumer complaints that are determined to be justified against the insurer or present questionable conduct on the part of the insurer were referred to Market Conduct for investigation and possible administrative action.

These numbers clearly reflect that Connecticut consumers already have their choice of agencies to assist them in their health insurance concerns and do not need further legislation to make sure they have proper assistance and protection.

The Connecticut Insurance Department appreciates this opportunity to express our opposition to section 64 of Raised Bill 428.



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 12, 2010**

SB 428, An Act Concerning Revisions To The Public Health Related Statutes

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony in support of **SB 428, An Act Concerning Revisions To The Public Health Related Statutes**. CHA opposes this bill as written, specifically with respect to Sections 19 and 20.

Section 19 of **SB 428** amends Section 19a-14 of the General Statutes, adding a new subsection (e) which would prevent the Department of Public Health (DPH) from issuing a license to any applicant against whom any disciplinary action is pending or who is the subject of an unresolved complaint with a professional licensing authority in another jurisdiction. CHA supports the intent of this section, to ensure that physicians practicing in Connecticut continue to be of the highest standards. As written, however, the language may be too limiting. It is our understanding that some states' licensing authorities may place a practitioner on administrative suspension if they have not complied with all of the administrative requirements of that state's licensing law (e.g. submission of their most current proof of insurance). In some instances, the applicant may not be in compliance because they are in the process of moving to Connecticut. To address this issue, CHA respectfully requests that Section 19 be amended as follows:

Section 19a-14 of the 2010 supplement to the General Statutes is amended by adding subsection (e) as follows:

(NEW) (e) The department shall not issue a license to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint with the professional licensing authority in another jurisdiction. The provisions of this subsection shall not apply to minor administrative failures as determined by the department.

Section 20 of **SB 428** amends subsection (b) of Section 52-1460, which protects a patient's sensitive medical information and only allows its release to the department under limited and narrowly drafted circumstances. As written, Section 20 of **SB 428** modifies these strict protections and would allow the department access to sensitive medical information even if such information is protected by attorney-client privilege. CHA is not certain of the goal behind the modifications in Section 20 and would like to work with the Committee and DPH to address the concerns which gave rise to this section. As written, however, CHA urges the Committee to delete Section 20.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

Statement of the Connecticut Chiropractic Association
to the Public Health Committee

SB 428
March 12, 2010

Sen. Harris, Rep Ritter and members of the committee:

My name is Dr. R. Mark Pappas. I am a licensed Chiropractic Physician, currently practice in West Haven and am here today on behalf of the Connecticut Chiropractic Association in regard to Senate Bill 428, *An Act Concerning Revisions to the Public Health Related Statutes.*

CCA supports the inclusion of Section 13 in the bill. Essentially, this provision deals with "licensure by endorsement," the mechanism where qualified out-of-state practitioners can obtain a license in Connecticut without having to retake the examination. Most practitioner statutes include this type of provision.

A license to practice in Connecticut is only granted after DPH investigates the applicant's educational record, training, conduct and confirms they have passed a similar licensing examination in their prior state.

DPH supports Section 13. It allows "licensure by endorsement" for an out-of-state Chiropractic Physician who meets all of the Connecticut requirements except for a portion of the examination (Part 4) where it did not exist when they were originally licensed. This would generally apply to Chiropractic Physicians who have held a license or practiced prior to 2004.

CCA would also like to request that you include an additional provision in SB 428 relating to a temporary permit to practice.

We have a situation where students complete their studies, graduate from an accredited Chiropractic College, take the licensure examination but cannot begin practicing for a month or two until the results of the exam are certified. We would propose that these individuals be able to obtain a temporary license to practice for up to 120 days under the direct supervision of a licensed Chiropractic Physician. I would note several other professions have this type of temporary permit—we would like to have it extended to the Chiropractic statute as well.

I am attaching proposed language to implement this change and hope the committee will consider it.

Finally, Section 18 adds to the professions who may write orders for medical regimen to registered nurses. We would request that Chiropractic Physicians be added to this list on line 652.

Thank you.

Temporary Permit to Practice Chiropractic

Add a new subsection to Section 20-27

(e) Any person who is a graduate of an approved United States chiropractic college and who has filed an application with the department may practice chiropractic under the direct and immediate supervision of a licensed chiropractic physician in this state for a period not to exceed one hundred twenty calendar days after the date of application. If the person practicing pursuant to this subdivision fails to pass the licensure examination, all privileges under this subdivision shall automatically cease.

New England Organ Bank

One Gateway Center, Suite 202
Newton, MA 02458

24-hour number: 800/446-NEOB
Office number: 617/244-8000
Fax number: 617/244-8755

March 12, 2010

Senator Jonathan A. Harris
Representative Elizabeth B. Ritter
Co-Chairs
Public Health Committee
Room 3000
Legislative Office Building
Hartford, CT 06106

Dear Senator Harris and Representative Ritter,

New England Organ Bank supports Section 65 of Raised Bill 428 - An Act Concerning Revisions To The Public Health Related Statutes - that would provide a new and innovative way for residents of Connecticut to register as donors through the state tax return forms.

A recent poll conducted by the Gallup organization suggests that 78% of the US population is "likely or very likely to have their organs donated," however, currently only 35% of the licensed drivers in Connecticut have registered as donors. There is, therefore, a clear need to offer both additional pathways for registering as donors and greater awareness about how to register. We believe that the ability to register through the tax form process would be of great benefit to the over 4,000 patients in New England awaiting a life-saving transplant.

New England Organ Bank would be pleased to work with the Department of Revenue Services to make this registration information available to the local organ procurement organizations in a manner similar to the system we have already established with the Department of Motor Vehicles.

Should you have any questions, please feel free to contact me.

Sincerely,



Sean M. Fitzpatrick
Director, Public Affairs



Visit our website at www.neob.org

Accredited by
• Association of Organ Procurement Organizations
• American Association of Tissue Banks

Written Testimony - Gregory B. Allard, President
Council of Regional Chairpersons (CORC)

Public Health

March 12, 2010

My name is Greg Allard and I am the President of the Council of Regional Chairpersons also known as CORC. CORC is comprised of Emergency Medical Service Regional Council Presidents and the Regional EMS Coordinators of each Regional Council

My testimony today is related to Sections 58 and 59 of Senate Bill No. 428 "An Act Concerning Revisions to the Public Health Statutes". It is unfortunate that the verbiage we have agreed upon did not make it into the bill before it came out. CORC has been actively working on this language with the Department of Public Health Office of Emergency Medical Services and Representatives Orange and Ryan. We are very appreciative of everyone's efforts thus far and we understand that while these changes are not seen in this bill now they will end up in the finished product.

As part of my testimony I attached the language I believe will be viewed in the final product

In the event that you have questions please feel free to contact me. Thank you

Respectfully submitted,

Gregory B. Allard
American Ambulance Service, Inc
One American Way
Norwich, CT, 06360
860 886.1463

This verbiage should replace Section 58 sub-section (a) of Senate Bill No. 428. We want to ensure the Regional EMS Coordinators continue to assist the emergency medical services council as it pertains to CORC.

Sec. 58. Section 19a-182 of the Connecticut General Statutes is repealed and the following is replaced in lieu thereof (*Effective July 1, 2010*):

- (a) The emergency medical services councils shall [be the] advise the commissioner on area-wide planning and [coordinating agencies for] coordination of emergency medical services for each region and shall provide continuous evaluation of emergency medical services for their respective geographic areas. As directed by the commissioner, the regional emergency medical services coordinator for each region shall facilitate the work of each respective emergency medical services council, including but not limited to, representing the Department at Council of Regional Chairpersons meetings.

This verbiage should replace the first sentence in Section 59 of Senate Bill No. 428. The date change from January 1, 2010 to June 30, 2010 is important in that some councils are without a Regional EMS Coordinator. This is due to funding not being available to re-hire replacements prior to January 1, 2010.

Sec. 59. (NEW) (*Effective July 1, 2010*) Any individual employed on June 30, 2010 as a regional emergency medical services coordinator or as an assistant regional emergency medical services coordinator shall be offered an unclassified durational position within the Department of Public Health for the period of July 1, 2010 through June 30, 2011, inclusive, provided no more than five unclassified durational positions shall be created..



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
American Medial Response :-Campion Ambulance Service :- Hunter's Ambulance Service

Testimony of
David D. Lowell, President
Association of Connecticut Ambulance Providers

Public Health Committee

Friday, March 12, 2010

Senator Harris, Representative Ritter and distinguished members of the Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers.

I am speaking today on behalf of our membership in opposition of section 23 of Raised Bill No. 428, An Act Concerning Revisions to the Public Health Statutes.

It is our position that the language as written in this section makes unclear and jeopardizes the integrity of the certificate of need process currently in place. The Department of Public Health has cooperatively worked with our industry to modify the language and a copy of the mutually agreed upon language is attached.

Connecticut's Emergency Medical Services System is a balanced network of volunteer, municipal, private and not-for-profit service providers. The system was developed in the 1970's to provide structure and set quality standards for the delivery of emergency medical care and transportation. The system has the integrity of high quality care and vehicle and equipment safety accountability through three related and essential components of our regulations:

- Certificate of Need Process.
- Rate Setting and Regulations.
- Primary Service Area Assignments.

Maintaining the integrity of the Certificate of Need process is essential. The language (as amended) continues to promote efficiency of process while allowing for the proper review and oversight of the balance of Connecticut's EMS system.

In closing, I urge the committee to not support section 23 as written and instead support the substitute language as presented in the attached document.

Respectfully Submitted,

David D. Lowell
President

Sec. 23. Section 19a-180 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) No person shall operate any ambulance service, rescue service or management service or otherwise transport in a motor vehicle a patient on a stretcher without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, rescue service or management service, as defined in subdivision (19) of section 19a-175, as amended by this act, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services, [and the emergency medical services council of such region and] The commissioner shall hold a public hearing for new or expanded emergency medical services applications to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder that operates in the service area identified in the application shall,

upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, rescue service or management service, the commissioner shall issue the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) Any person, management service organization or emergency medical service organization which does not maintain standards or violates regulations adopted

under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct which warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents which concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

(c) Any person, management service organization or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

(d) Any person guilty of any of the following acts shall be fined not more than two hundred fifty dollars, or imprisoned not more than three months, or be both fined and imprisoned: (1) In any application to the commissioner or in any

proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.

(e) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

(f) Each licensed or certified ambulance service shall secure and maintain medical oversight, as defined in section 19a-179, as amended by this act, by a sponsor hospital, as defined in section 19a-179, as amended by this act, for all its emergency medical personnel, whether such personnel are employed by the ambulance service or a management service.

(g) Each applicant whose request for new or expanded emergency medical services is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services shall be void and the commissioner shall rescind the approval.

(h) Notwithstanding the provisions of subsection (a) of this section, any licensed or certified ambulance service that seeks to increase the level of clinical care provided by such organization from basic life support to advanced life support may apply to the commissioner to increase such level of clinical care on such forms prescribed by the commissioner. The application shall include, but not be limited to: (1) The name of the ambulance service; (2) the names of the chief executive officer, the emergency medical service medical director and the emergency medical service coordinator of such organization; (3) the sponsor hospital of such organization; (4) the level of clinical care that the organization seeks to provide; (5) a copy of the organization's current patient treatment guidelines; (6) a copy of the organization's quality assurance activities and quality improvement activities; (7) a personnel roster that contains the names and licensure or certification status of those employees who are qualified to provide the level of clinical care referred to in the application; and (8) a copy of the organization's professional liability insurance or other indemnity against liability for professional malpractice. The chief executive officer of the ambulance services organization shall attest to the accuracy of the information contained in an application submitted to the Office of Emergency Medical Services pursuant to this subsection. Upon making such application, the applicant shall notify, in writing, all other primary service area responders in any municipality or abutting municipality in which the applicant operates. Except in the case where

a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner no later than fifteen calendar days after receiving such notice, the commissioner shall have thirty days from the date of filing the application to either approve or reject the application and provide the applicant with written notification of such determination. Written notification of any application that is rejected by the commissioner shall contain the reasons for the rejection. If any such primary service area responder entitled to receive notification of the application files an objection with the commissioner within the fifteen calendar day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(h)] (i) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer, hospital-based or municipal ambulance service may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be

required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(i)] (j) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection [(h)] (i) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection [(h)] (i) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

(k) Notwithstanding the provisions of subsection (a) of this section, any licensed or certified ambulance service that seeks to initiate billing services may apply to the commissioner on such forms prescribed by the commissioner. The application shall include but not be limited to: (1) The name of the ambulance service; (2) the names of the chief executive officer, the emergency medical service medical director and the emergency medical service coordinator of such organization; (3) the sponsor hospital of such organization; (4) the levels of clinical care provided by the organization; (5) the primary service area of the organization; (6) the number and type of emergency vehicles in the organization's fleet; (7) a copy of the organization's workers' compensation policy; (8) a copy of the organization's professional liability insurance or other indemnity against liability for professional malpractice; (9) written justification for the request to bill for service; and (10) proof of notice sent to bordering communities to the primary service area and the regional emergency medical services councils. Upon making such application, the applicant shall notify, in

writing, all other primary service area responders in any municipality or abutting municipality in which the applicant operates. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner no later than fifteen calendar days after receiving such notice, the commissioner shall have thirty days from the date of filing the application to either approve or reject the application and provide the applicant with written notification of such determination. Written notification of any application that is rejected by the commissioner shall contain the reasons for the rejection. If any such primary service area responder entitled to receive notification of the application files an objection with the commissioner within the fifteen calendar day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section. The provisions of this subsection shall not apply to a management service, as defined in section 19a-175, as amended by this act.

Written Testimony of the
Connecticut State Medical Society
Connecticut ENT Society
Connecticut Urology Society
Connecticut Society of Eye Physicians
Connecticut Dermatology and Dermatologic Surgery Society
Connecticut Chapter of the American College of Surgeons

**On S. B. No. 428 AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH
RELATED STATUTES.**

Before the Public Health Committee
On
March 12, 2010

We (the above-listed organizations) thank the department, and Ms Buckley-Bates, for their help on this bill, and their responsiveness and openness. We have concerns about two passages in the proposed bill: lines 643-653, and lines 2878-2894. Our first concern is that the original language in line 652 would create a major expansion of scope for the listed professions, one which merits careful consideration, and has not been publicly debated. Fortunately, the department has been very helpful in working out more appropriate language to achieve the laudable goal of making sure patients in many settings can receive their duly prescribed medications without interruption. The language proposed, as we have it, would change lines 652-653 by deleting "...podiatrist, optometrist..." from 652 and adding enabling language after 653, as follows:

651 medical regimen under the direction of a licensed physician, dentist,

652 physician assistant[, podiatrist, optometrist] or advanced practice

653 registered nurse. A registered nurse may also execute orders issued by licensed podiatrists and optometrists provided such orders do not exceed the nurse's or the ordering practitioner's scope of practice.

We support this rewording of this section, as it achieves the goal of proper patient care, without impacting scope of practice.

The second concern we have is in the section (55) dealing with Medical Foundations (lines 2878-2894). These are special corporations set up to allow hospitals and large health systems to integrate their care with each other and with other providers in integrated inpatient-outpatient systems. Given that optometrists do not have hospital privileges at any major institution in this state, including the words "..., an optometrist licensed under chapter 380..." in lines 2893-4 is inappropriate and could represent an unintended expansion of scope. This wording did not appear in any version of the original bill that was debated and passed through a variety of

committees, and both chambers, last year. The supporting documentation in statute and in the bill summary indicates that optometrists already have the ability to form corporate entities, even those including other providers (ophthalmologists) for the purposes of practicing, so there is no significant restriction on them currently and no relief given by adding them here. We strongly oppose incorporation of this language into statute.

We appreciate the department's receptiveness to our concerns and willingness to work these issues through. We would be happy to continue working with you on this bill, and in the future. Thank you.

**TESTIMONY OF GARY B. O'CONNOR
BEFORE THE PUBLIC HEALTH COMMITTEE
OF THE GENERAL ASSEMBLY**

MARCH 12, 2010

REGARDING RAISED BILL NO. 428

My name is Gary O'Connor. I am a partner at the law firm of Pepe & Hazard LLP. I have had more than 15 years of experience representing ambulance providers in the State of Connecticut. I am here on behalf of the Association of Connecticut Ambulance Providers (the "Association"). I originally came here to speak in opposition to Section 23 of Raised S.B. No. 428; however, I believe we have just reached a resolution with the Department of Public Health regarding Section 23 and I incorporate the agreed language as an attachment to my written testimony.

Nevertheless, since the Raised Bill before you does not reflect the revised language I believe it is necessary, for the record, to explain why the Association is adamantly opposed to Section 23. Section 23, in its current form, will profoundly disrupt the emergency medical service system in Connecticut without any tangible savings to the State. By far, it is the single greatest attack on the EMS system in decades. Ironically, while the legislature this session faces the enormous challenge of placing the State's fiscal house in order, we are here today discussing proposed legislation that will negatively impact a system that has operated safely and efficiently for the past 30 years.

More than 30 years ago, this legislature determined, in its wisdom, that the old free market system, in which emergency medical services had operated, did not work. That system raised legitimate concerns about unanswered calls, deficient coverage of

rural and suburban areas, and unnecessary inefficiencies where multiple services responded or even raced to a call. History had also shown that under the previous free market system, other serious abuses existed that affected patient safety and the integrity of EMS in Connecticut. They included: fights among responding providers as to who would transport the patient, payoffs, and a pattern of bogus calls being placed to competitors.

As a result of the abuses and inefficiencies of the system, the legislature created a highly regulated public utility model built on three pillars: the primary service area, the Certificate of Need process and regulation of rate setting. Under existing legislation, only one EMS provider is designated for each level of emergency medical services in a particular geographic area, called a primary service area. This designated provider, known as the primary service area responder or PSAR, is highly regulated by DPH and obligated to: (i) to provide high quality emergency medical services on a 24 hour a day, seven days a week basis as needed by the community; (ii) predict and plan for the need of the PSA; (iii) maintain an inventory of trained and qualified EMS personnel, vehicles and equipment; and (iv) coordinate services with medical controls through a sponsor hospital. The ability of the PSAR to fulfill these obligations is crucial for a sound EMS system in Connecticut. In recognition of these obligations, the State granted certain entitlements to the PSAR. The PSAR is assured of receiving first rights to all emergency calls in the PSA and, therefore, the bulk of the emergency revenues for those calls. These revenues, *in part*, enable the PSAR to fulfill its obligations under statute and regulation.

The second pillar of the EMS system is the Certificate of Need process. Under existing legislation, providers may only provide new or expanded emergency medical services through Certificate of Need proceedings. For instance, if a new company decided that it wanted to open a new ambulance service in the State of Connecticut, it would have to apply to the Commissioner and show through the Certificate of Need proceedings that there was a legitimate need for the new service. Likewise, an existing entity that wanted to double the number of vehicles it had on the road would also have to apply to the Commissioner and justify the need for the additional vehicles. The Certificate of Need requirement was based on some sound public policy, namely, the unregulated creation of new or expanded emergency medical services would undermine the very efficient yet fragile emergency medical system that had been established in the State.

The third pillar is the regulation of EMS provider rates in the State. Any EMS provider who seeks a rate increase beyond the prescribed healthcare inflation index, must file an extensive application which includes comprehensive details of its financial operation and justification for the rate increase. Under this process the Commissioner has the opportunity to insure that the provider is operating efficiently and will only receive a reasonable rate of return.

The EMS system, based on these three pillars, has worked effectively in Connecticut for the past 30 years. Section 23 of the proposed legislation would vicerate the Certificate of Need process for existing EMS providers. As currently written, Section 23 would allow existing EMS providers to short-circuit the Certificate of Need process in a number of important areas. First, any existing EMS provider will be able

to increase its number of ambulances and other EMS vehicles by filing a short-form application without objection from other EMS providers. Secondly, existing certified ambulance providers will be able to convert to a licensed provider status by simply filing a short-form application with DPH. These changes will have the unintended consequence of flooding the system with additional providers and ambulances capable of performing non-emergency ambulance transportation. This will pose a tremendous financial hardship to PSAR's who have historically covered part of the cost of fulfilling their PSA obligations through revenues received from non-emergency transports. If this scenario were to occur, a number of the commercial ambulance providers, who have been the backbone of the State's EMS system, would be forced out of business. The highly safe, efficient and cost-effective system that we have become used to will no longer exist. We will revert back to a system of coverage gaps, inefficiencies and long response times.

We are hopeful that the new language for Section 23, which has been agreed upon by DPH and the commercial ambulance providers, will be adopted because it addresses our concerns and maintains the integrity of the EMS system. Until it is adopted, we must respectfully oppose Section 23 of S.B. No. 428.

Thank you.



900 Chapel St., 9th Floor, New Haven, Connecticut 06510-2807
Phone (203) 498-3000 • Fax (203) 562-6314 • www.ccm-ct.org

THE VOICE OF LOCAL GOVERNMENT

TESTIMONY
of the
CONNECTICUT CONFERENCE OF MUNICIPALITIES
to the
PUBLIC HEALTH COMMITTEE

March 12, 2010

CCM is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 93% of Connecticut's population. We appreciate this opportunity to testify before you on issues of concern to towns and cities.

CCM has concerns with sections 47 and 48 of Raised Senate Bill 428 "An Act Concerning Revisions to the Public Health Statutes" which would mandate education requirements for local directors of health.

Section 47 and 48 of SB 428 would, require that "local directors of health hired on and after October 1, 2010 be a licensed physician and hold a graduate degree in public health from an accredited school, college, university, or institution. Those directors of health hired prior to October 1, 2010 are exempt from such requirements."

CCM is concerned that stricter education requirements may result in increased costs for local health departments and districts. Of course public health directors should be professionals. But there is no compelling reason to think that to be a good director one needs to be both a MPH degree and be a physician. Such a stringent requirement will shrink the pool of available applicants, driving up their salary requirements.

The State cut funding to local health districts and departments last year. Local health responsibilities remain the same, indeed they have grown in recent years, particularly as part of the new focuses on responses to homeland security and pandemic flu concerns.

In short, state funding is down while local responsibilities are up. This is not the time to pass any type of laws that increase costs for local governments, especially when the benefits are not evident.

As you are well aware, municipalities are struggling to continue to provide necessary programs and services to their residents. The State should not mandate additional requirements on local health departments and districts without an increase in State per capita funding.

##

If you have any questions, please contact Donna Hamzy, Legislative Associate
via email dhamzy@ccm-ct.org or via phone (203) 498-3000.

TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE

Seth A. Leventhal, EMT, MS, PA-C

March 12, 2010

State of Connecticut: Senate Bill No.428: An Act Concerning Revisions To The Public Health Related Statues.

This testimony is given in support of Senate Bill 428. Senate Bill 428 contains provisions that would revise the recertification process for professional health care providers who want to remain certified as Emergency Medical Technicians (EMT's). The current recertification process requires all EMT's to participate in a 25-hour refresher course, and pass both a written exam and practical skills exam.

Licensed health care provides are trained to a level that exceeds the training provided at the EMT basic level. The educational requirements for licensed / registered health care providers (Physicians, Physician Assistants, Advanced Practice Nurses, Registered Nurses) exceed those required to obtain EMT basic level certification. Furthermore, licensed healthcare providers are mandated to participate in continuing medical education courses in order to maintain licensure. These continuing educational requirements often exceed those required for EMT recertification.

The current recertification process for professional healthcare providers who wish to maintain EMT certification is a lengthy process which does not substantially contribute to a core knowledge base. Senate Bill 428 recognizes the core knowledge base, advanced training, and professional continuing medical education requirements of licensed healthcare providers. The revisions would require that licensed healthcare providers maintain licensure in their designated health profession and satisfactorily demonstrate practical skills at the EMT level as required for EMT recertification.

These revisions are important to retain experienced, licensed healthcare professionals within the EMS system. Many skilled licensed healthcare professionals may leave EMS and give up EMT certification because of the onerous recertification process. These revisions will help maintain these licensed individuals within the EMS system without compromising patient care.

Thank you for your consideration.



Testimony Before the Public Health Committee

March 12, 2010

Andrew Meiman, PA-C, MPH

Senate Bill No. 428: An Act Concerning Revisions To The Public Health Related Statutes.

This testimony is given in support of SB 428.

Senate Bill 428 contains provisions that would revise the recertification process for professional health care providers who want to remain certified as Emergency Medical Technicians (EMTs). The current recertification process requires all EMTs to participate in a 25-hour refresher course, and pass both a written exam and a practical skills exam. Physicians, registered nurses (RNs), physician assistants (PAs) and advanced practice registered nurses (APRNs) are required to follow the same process as non-licensed providers. Licensed health care professionals are trained to a level that exceeds the training provided to EMTs, and they maintain these skills in the course of their patient care activities. Physicians, PAs and APRNs are already required to compile continuing education credits to maintain their state license. The current recertification process is a lengthy and unnecessary burden to prove their ability to provide care at the EMT level.

At a time when volunteer efforts in emergency medical services (EMS) are lagging, revisions to the recertification process recognize the potential contributions of health care professionals who wish to volunteer their time and participate in this valuable activity. The proposed revisions in SB 428 recognize the advanced training, experience and continuing education acquired by licensed health care professionals. The revised recertification process requires that the applicant maintain their state license as a health care provider and satisfactorily demonstrate their practical skills. Revising the process may increase the likelihood that these professionals will retain their certification, remain active in EMS, and may increase the likelihood that others will do so as well.

Thank you for your consideration of this testimony.



CONNECTICUT COUNSELING
ASSOCIATION
A Branch of the American Counseling Association

March 12, 2010

Re: Section 52 of SB 428, AAC Revisions to the Public Health Related Statutes

Dear Senator Harris, Representative Ritter and Members of the Public Health Committee, my name is Michael Gilles, I am the Acting President of the Connecticut Counseling Association and a professor of Counselor Education at Western Connecticut State University. I am here to testify in support of Section 52 of Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes.

The Connecticut Counseling Association (CCA), chartered over 83 years ago, represents Licensed Professional Counselors (LPC's). A Professional Counselor has received a master's degree or higher from a program meeting the standards outlined by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).

LPC's have been licensed in Connecticut since 1997 and have been allowed to receive reimbursement from third party payors for services rendered since 2000. Currently, Connecticut has over 1,400 Professional Counselors.

Section 52 will clarify the current professional statute for counselors by adding the word "diagnosis".

This technical revision will bring the statute in compliance with the Mental Health Parity law (Sec. 38a-514), entitled "Mandatory Coverage for the Diagnosis and Treatment of Mental or Nervous Conditions", which includes the word "diagnose" in the description of the professions allowed to be reimbursed by a third party payor for services rendered.

Section 52 would also clarify the statute which implies diagnosis through the inclusion of the current word "treatment" in the definition of a Licensed Professional Counselor. Diagnosis is an essential part of the process of clinical assessment, treatment planning and counseling.

Finally, Section 52 will align Connecticut law with 37 other states that include the work "diagnose" or "diagnosis" in outlining the scope of practice of the profession in their respective professional statutes.

Licensed Professional Counselors hope that you will support this technical clarification supported by the Department of Public Health and the Connecticut Counseling Association.

Thank you for your consideration.

Sincerely,

Michael Gilles, Ed. D., NCC, LPC
Connecticut Counseling Association Acting President



The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES
STATE HOUSE, BOSTON 02133-1054

KATHERINE CLARK
REPRESENTATIVE
32ND MIDDLESEX DISTRICT

STATE HOUSE, ROOM 254
TEL. (617) 722-2220
FAX: (617) 722-2821
Rep.KatherineClark@hou.state.ma.us

Committees on:
Education
Judiciary
Municipalities & Regional Government

March 12, 2010

The Honorable Jonathan Harris, Chairman
The Honorable Betsy Ritter, Chairwoman
Honorable Members of the Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

Dear Chairman Harris, Chairwoman Ritter, and Honorable Members of the Public Health Committee,

Please accept this as my testimony in support of Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes. While this bill seeks to address many important issues facing the public health sector, I would like to voice my strong support for Section 65 of this bill. Section 65 proposes a solution that will help make organ donation easier and more accessible for those interested in providing lifesaving organs or tissues.

Currently, only 28% of Connecticut adults are registered organ donors. This ranks CT in the bottom 20 states of registered organ donors. These low statistics indicate a need to raise awareness for organ donation and create more accessible means for individuals to register to become organ donors. Section 65 of this bill aims to address this serious problem by allowing an individual to register to become an organ donor on their tax return. By creating an additional avenue for individuals to sign up as organ donors, the State of Connecticut will not only raise awareness for the critical need for organ donation, but it will also ensure that fewer and fewer individuals die while waiting for a lifesaving organ transplant.

As a member of the Massachusetts House of Representatives (but a native of Woodbridge CT) I filed similar legislation this past year. House Bill 2717, An Act Establishing an Organ Donation Registration Fund, has been passed by the House of Representatives and seeks to create an organ donation advisory council, establish a voluntary fund to be used on organ donation awareness and education, provide organ donation information and ability to register as a donor with state income tax forms, and study the feasibility of becoming a donor when a person registers to vote.

In 2008, there were 708 organ transplants performed in Massachusetts. Approximately 80% of those on the wait list in 2008 did NOT receive an organ. Since 1995, 2,948 patients have died while waiting for a transplant at a Massachusetts transplant center. Nearly 3,000 individuals are currently still waiting for a life saving transplant in Massachusetts. Patients often wait for many years for a life saving organ transplant. Unfortunately, time runs out for thousands of them in the United States.

In order to address this disparity between the supply of and demand for organ donors, the Massachusetts House of Representatives passed my bill, and it is now before the Massachusetts Senate Committee on Ways and Means. This bill, also known as "Laura's Law," is in honor of Laura Linehan, a Melrose, Massachusetts resident who lost her lifelong battle with liver disease after waiting for a lifesaving liver transplant. If enacted, Laura's Law will provide the necessary financial, organizational, and educational means to increase the number of organ and tissue donors in Massachusetts. An increase in donors, whether in Massachusetts, Connecticut, or anywhere in the United States, will save lives and honor Laura's life in a profound way.

I request the Committee vote favorably on this legislation. Please do not hesitate to contact my office should you require any further information.

Sincerely,

Katherine Clark

Katherine Clark
State Representative



CONNECTICUT SOCIETY OF ACUPUNCTURE AND ORIENTAL MEDICINE

91 Woodhaven Road, Glastonbury, Connecticut, 06033 / 860-633-5395 / csaom.org

FTR – RB-428

Senator Jonathan Harris
Representative Elizabeth Ritter
Co-Chairs, Public Health Committee
Connecticut General Assembly
Room 3000, Legislative Office Building
Hartford, CT 06106

March 12, 2010

Dear Senator Harris, Representative Ritter:

Re: Raised Bill 428, Section 49
(*AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH RELATED STATUTES*).

The Connecticut Society of Acupuncture and Oriental Medicine (CSAOM) is a non-profit, professional organization supporting Acupuncture and Oriental Medicine.

CSAOM is supportive of deleting section 49 of the current bill, and willing to assist the Committee and the Department of Public Health in addressing any issues of Acupuncturist licensing.

We share the understanding that passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) acupuncture comprehensive examination and point location examination, as well as the clean needle technique examination are important components of any license application.

Thank you for the opportunity to provide our perspective and expertise on this matter.

With best regards.

Debra Diers, L.Ac., R.N.
President
Connecticut Society of Acupuncture & Oriental Medicine

Jeffrey S. Bond
19 Westwoods Road
Burlington, CT 06013

March 12, 2010

Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106
Phone: 860-240-0560

Public Testimony for Support and Approval of S.B. No. 428, Section 63 as amended;

There shall be a rebuttable presumption that the commissioner shall approve an application for a general permit to allow the installation of a dry hydrant in an area where there is no alternative access to a public water supply.

Mr. Chairman
Members of the Public Health Committee

My name is Jeffrey S. Bond. I am a resident of Burlington Connecticut and a member of Burlington Volunteer Fire Department. I would like to support S.B. No. 428, Section 63 as amended; There shall be a rebuttable presumption that the commissioner shall approve an application for a general permit to allow the installation of a dry hydrant in an area where there is no alternative access to a public water supply.

The purpose of this Bill is to facilitate the inland wetlands activity permit process for a dry hydrant if there is no alternative access to a public water supply. Variations in local regulations delay the permit process and inhibit the development of dry hydrants. Firefighters lack the resources, time and expertise to complete the various permit applications necessary under the current system. During the past year, two dry hydrant applications in Burlington took over nine months to obtain the permits necessary to install the hydrants. This proposed legislation helps simplify and establishes a uniform statewide process for dry hydrant permits.

Dry hydrants are permanent structures placed into a water resource, (lake, pond or stream) that enables many rural State of Connecticut fire departments to access water for fire suppression. In many parts of the State, there are no public water supplies. Fire departments, many of them volunteer, must rely on water from portable tankers, ponds, or streams to provide the water necessary to put out a structure fire. A fire in Simsbury in 2009 required an estimated 90,000 gallons of water, over 800 gallons per minute to provide for firefighter safety and fire suppression.

A dry hydrant provides the fire department access to large volumes of water everyday. These hydrants are placed in water below the ground frost and surface ice enabling them to be used in every season. They provide a reliable water resource to the fire officer, reduce homeowner insurance rates, provide for increased firefighter safety and keep very large fire tanker trucks from multiple emergency trips to and from a water source.

This amendment will allow many rural fire departments to take advantage of a single agency with the resources, knowledge and expertise to help strategically develop dry hydrants for fire protection. Currently, the Department of Environmental Protection (D.E.P.) is the lead agency for the distribution of federal funding that supports dry hydrant development and placement.

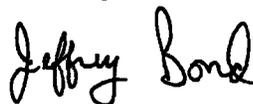
In 2007, the 242 Connecticut Fire Departments submitted loss reports in excess of \$56,000,000. There were 235 reports of civilian injuries and 25 civilian deaths. Dry Hydrants provide the necessary fire protection in rural areas not serviced by public water supplies. A recent dry hydrant installed in Burlington cost \$2,300.00 after a \$1,000.00 grant provided through the D.E.P.

A dry hydrant is cost effective, has a minimal impact on the environment, reduces homeowners' insurance rates and improves firefighter safety.

S.B. No. 428 as amended is designed to facilitate and increase the development of dry hydrants in Connecticut. It will provide for a more efficient permit process that increases Public Safety.

Please support your local fire services by supporting S.B. No. 428.

Sincerely,



Jeffrey S. Bond

Enclosures



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE March 12, 2010

Leonard Guercia, Chief, Operations Branch (860) 509-7101

Senate Bill 428 - An Act Concerning Revisions to the Public Health Related Statutes

The Department of Public Health supports Senate Bill 428 and respectfully requests the opportunity to submit amended language to the Committee on several sections

Sections 2 and 3:

These sections will update the role of the Healthcare Associated Infections Committee as a legislatively authorized advisory committee to the Department, rather than a body with the degree of autonomy and authority more akin to that of a board or commission. The change to move the date of the annual report from October to May would reflect data reporting by calendar year rather than by parts of the year as it is now.

Sections 4 through 6:

Allows for the protection of and patient access to their medical records in the event a facility closes, or a physician retires, abandons or otherwise abruptly closes his/her practice.

Sections 7 through 10:

Makes revisions to the statutes regarding Nursing Home Oversight

Sections 13 through 17 and 19:

Address issues related to licensure requirements for health practitioner applicants who also hold an out-of-state license. The Department respectfully requests the opportunity to submit amended language to clarify the provisions of Section 13, and would also appreciate the opportunity to submit additional language to address similar provisions for nurses and marital and family therapists.

Section 18:

Clarifies that registered nurses may execute orders written by licensed physician assistants, podiatrists and optometrists. The department respectfully requests that lines 652 and 653 be revised as follows: physician assistant or advanced practice registered nurse A registered nurse may also execute orders issued by licensed podiatrists and optometrists provided such orders do not exceed the nurse's or the ordering practitioner's scope of practice.

Section 20

Would provide the Department with access to additional patient records that are related to the subject matter of a practitioner complaint investigation. The Department respectfully requests the opportunity to submit amended language to clarify the types of records that would be accessed

Section 21:

Revises the mandatory continuing education requirements for dentists and would allow the Commissioner of Public Health, in consultation with the Dental Commission, to revise the list of topics that must be covered within continuing education activities. The Department respectfully requests the opportunity to submit amended language to clarify the process that will be used to revise the listing of mandatory topics, as well as how frequently the list will be updated

Phone.



Telephone Device for the Deaf. (860) 509-7191

410 Capitol Avenue - MS # _____

PO Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer

Sections 22 through 23:

Exempts already established organizations that would like to begin billing for service from the Certificate of Need process. However, they still need to submit specific information to the Department for these services. EMS organizations that are new and not already established will continue to be required to go through the CON process. The Department is working with the industry to address some of their concerns and has attached revised language that we have worked out with the industry

Sections 24 through 31:

The changes proposed for the Emergency Medical Services statutes is to allow active duty US Military personnel who have completed the National Registry of Emergency Medical Training at any level to have this national credential be recognized for certification or licensure in Connecticut.

Sections 34 through 41:

The proposed changes to Sections 34 through 41 of this bill are necessary to streamline the administrative procedures of The Drinking Water State Revolving Fund (DWSRF). The DWSRF program is fully administered by DPH and these changes are necessary to eliminate the requirement for DEP to provide certain administrative support functions. When the DWSRF program was first developed in 1996 DPH partnered with the Department of Environmental Protection (DEP) who had been administering a similar Clean Water Fund (CWF) loan program for wastewater infrastructure projects. Currently DPH fully administers the DWSRF but the DEP Commissioner is still required by statute to provide many administrative support functions to the DPH Commissioner. This bill will provide the Commissioner of DPH with the necessary authority to enter into DWSRF loan agreements without placing an administrative burden upon the DEP Commissioner, and in doing so will streamline the processing of loan agreements to achieve greater efficiency

We have become aware of an additional amendment that needs to be made to Section 36 of this bill for the reasons stated above. In line 1757 the words "Commissioner of Environmental Health" should be removed.

Sections 42 and 43:

The Department respectfully requests that the committee delete these sections and replace them with the attached language which reflects an agreement between the Department and the State Agricultural Fairs Association

Section 44

Clarifies that trained unlicensed assistive personnel may administer jejunostomy and gastrojejun tube feedings within certain programs that are under the jurisdiction of the Department of Developmental Services. The Department would appreciate the opportunity to work with the Committee to revise the language to make certain that these provisions will not apply in any other setting

Sections 47 and 48

The language in these sections was a recommendation from the Governor's Council on local health regionalization, which changes the current statutes affecting the educational requirements of a local Director of Health to be more consistent between a municipal department and a health district. The Department respectfully requests adding the following sentence to both sections 47 and 48: "or hold a graduate degree in public health from an accredited school, college or institution." This will allow the local health director to be a licensed physician and hold a graduate degree in public health from a accredited school, college or institution or hold a graduate degree in public health from an accredited school, college or institution.

Section 49

Revises requirements for an acupuncture license The Department respectfully requests that this section be deleted The Department would welcome the opportunity to work with the Committee to address the issues that led to the proposed language

Section 53 Subsection (h)

The Department agrees with this concept, but requests the following language change in order to conform to Federal Medicare terminology. No person, who a physician concluded has active suicidal or homicidal intent, may be admitted to or detained at a chronic disease hospital under an emergency certificate issued pursuant to this section, [unless such chronic disease hospital includes a separate psychiatric unit that is certified under Medicare as an acute psychiatric unit.] unless such chronic disease hospital is certified under Medicare as an acute care hospital with an Inpatient Prospective Payment System (IPPS)-excluded psychiatric unit.

Section 54

Require all barber shops and barber schools to post the licenses of any person who engages in the practice of barbering in such shop or school and authorizes the Department of Public Health to assess a civil penalty against any person owning a barber shop or school that fails to do so. Although Section 20-241 of the general statutes allows the Department to inspect barber shops and barber schools for sanitary conditions, the Department does not regularly inspect such facilities. **Additional resources would be required** if the Department is expected to inspect such facilities and to enforce the provisions of this section. It is also important to note that Section 19a-231 of the general statutes requires Local Health Departments to annually inspect any shops or other commercial establishments at which the practice of barbering or hairdressing is provided regarding their sanitary condition. The Department would welcome the opportunity to work with the Committee to address the issues that led to the proposed language

The Department also respectfully requests the opportunity to submit additional language for the Committee's consideration related to the review and approval of barber and hairdresser education programs and the process for reviewing and approving mandatory continuing education programs for optometrists.

Section 63

Establishes a rebuttable assumption that the Commissioner of DEP shall approve a general permit to allow the installation of a dry hydrant in an area where there is no alternative access to a public water supply. The sentence added through this amendment should be continued on Line 3047 to say ... "and when a dry hydrant will be installed to draw from a drinking water reservoir, the applicant for a general permit shall notify the public water system that makes use of the reservoir as their source of supply."

Finally, the Department respectfully requests that the following changes be included in the bill

Make the following deletions:

- In Section 20-74qq (a), remove, ", including contrast media administration and needle or catheter placement,"
- In Section 20-74mm (b), remove, ", including contrast media administration and needle or catheter placement,"

Amend Section 19a-4l to read

There is established, within the Department of Public Health, an Office of Oral Public Health. The director of the Office of Oral Public Health shall be a[n experienced] dental health professional with a graduate degree in public health and hold a license [dentist licensed] to practice under chapter 379 or 379a and shall: (1) Coordinate and direct state activities with respect to state and national dental public health programs; (2) Serve as the department's chief advisor on matters involving oral health, and (3) Plan, implement and evaluate all oral health programs within the department

Thank you for your consideration of the Department's views on this bill

Requested Amendments

Certificates of Need For EMS Organizations

Section 1. Section 19a-180 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) No person shall operate any ambulance service, rescue service or management service or otherwise transport in a motor vehicle a patient on a stretcher without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, rescue service or management service, as defined in subdivision (19) of section 19a-175, as amended by this act, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services, [and the emergency medical services council of such region and] The commissioner shall hold a public hearing for new or expanded emergency medical services applications to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder that operates in the service area identified in the application shall, upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, rescue service or management service, the commissioner shall issue the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application

(b) Any person, management service organization or emergency medical service organization which does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct which warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents which concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six

months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter

(c) Any person, management service organization or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

(d) Any person guilty of any of the following acts shall be fined not more than two hundred fifty dollars, or imprisoned not more than three months, or be both fined and imprisoned. (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter

(e) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

(f) Each licensed or certified ambulance service shall secure and maintain medical oversight, as defined in section 19a-179, as amended by this act, by a sponsor hospital, as defined in section 19a-179, as amended by this act, for all its emergency medical personnel, whether such personnel are employed by the ambulance service or a management service

(g) Each applicant whose request for new or expanded emergency medical services is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services shall be void and the commissioner shall rescind the approval.

(h) Notwithstanding the provisions of subsection (a) of this section, any licensed or certified ambulance service that seeks to increase the level of clinical care provided by such organization from basic life support to advanced life support may apply to the commissioner to increase such level of clinical care on such forms prescribed by the commissioner. The application shall include, but not be limited to. (1) The name of the ambulance service; (2) the names of the chief executive officer, the emergency medical service medical director and the emergency medical service coordinator of such organization; (3) the sponsor hospital of such organization; (4) the level of clinical care that the organization seeks to provide, (5) a copy of the organization's current patient treatment guidelines; (6) a copy of the organization's quality assurance activities and quality improvement activities; (7) a personnel roster that contains the names and licensure or certification status of those employees who are qualified to provide the level of clinical care referred to in the application; and (8) a copy of the organization's professional liability insurance or other indemnity against liability for professional malpractice. The chief executive officer of the ambulance services organization shall attest to the accuracy of the information contained in an application submitted to the Office of Emergency Medical Services pursuant to this subsection. Upon making such application, the applicant shall notify, in writing, all other primary service area responders in any municipality or abutting municipality in which the applicant operates. Except in the case where a primary service area

responder entitled to receive notification of such application objects, in writing, to the commissioner no later than fifteen calendar days after receiving such notice, the commissioner shall have thirty days from the date of filing the application to either approve or reject the application and provide the applicant with written notification of such determination. Written notification of any application that is rejected by the commissioner shall contain the reasons for the rejection. If any such primary service area responder entitled to receive notification of the application files an objection with the commissioner within the fifteen calendar day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(h)] (i) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer, hospital-based or municipal ambulance service may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(i)] (i) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection [(h)] (i) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection [(h)] (i) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

(k) Notwithstanding the provisions of subsection (a) of this section, any licensed or certified ambulance service that seeks to initiate billing services may apply to the commissioner on such forms prescribed by the commissioner. The application shall include but not be limited to, (1) The name of the ambulance service; (2) the names of the chief executive officer, the emergency medical service medical director and the emergency medical service coordinator of such organization; (3) the sponsor hospital of such organization; (4) the levels of clinical care provided by the organization; (5) the primary service area of the organization; (6) the number and type of emergency vehicles in the organization's fleet; (7) a copy of the organization's workers' compensation policy; (8) a copy of the organization's professional liability insurance or other indemnity against liability for professional malpractice; (9) written justification for the request to bill for service, and (10) proof of notice sent to bordering communities to the primary service area and the regional emergency medical services councils. Upon making such application, the applicant shall notify, in writing, all other primary service area responders in any municipality or abutting municipality in which the applicant operates. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner no later than fifteen calendar days after receiving such notice, the commissioner shall have thirty days from the date of filing the application to either approve or reject the application and provide the applicant with written notification of such determination. Written notification of any application that is rejected by the commissioner shall contain the reasons for the rejection. If any such primary service area responder entitled to receive notification of the application files an objection with the commissioner within the fifteen calendar day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section. The provisions of this subsection shall not apply to a management service, as defined in section 19a-175, as amended by this act.

Mass Gatherings

Section 1. Section 19a-436 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*).

(a) ~~[No] Except as provided in subsection (d) of this section, no person shall permit, maintain, promote, conduct, advertise, act as entrepreneur, undertake, organize, manage or sell or give tickets to an actual or reasonably anticipated assembly of two thousand or more people [which] that continues or can reasonably be expected to continue for twelve or more consecutive hours, whether on public or private property, unless a license to hold the assembly has first been issued by the chief [of police] elected official of the municipality in which the assembly is to gather or, if there is none, the first selectman. [A license to hold an assembly issued to one person shall permit any person to engage in any lawful activity in connection with the holding of the licensed assembly.] A license to hold such an assembly may be issued to an individual or a legally-organized and existing entity.~~

(b) A separate license shall be required for each day and each location in which two thousand or more people assemble or can reasonably be anticipated to assemble. The fee for each license shall be one hundred dollars.

~~[(c) A license shall permit the assembly of only the maximum number of people stated in the license. The licensee shall not sell tickets to or permit to assemble at the licensed location more than the maximum permissible number of people.]~~

~~[(d)] (c) The licensee shall not permit the sound of the assembly to carry unreasonably beyond the boundaries of the location of the assembly.~~

(d) A municipality may waive the licensure process prescribed in this section, provided no assembly, as described in subsection (a) of this section, may gather unless the person or entity otherwise responsible for obtaining a license under this section has provided: (1) Prior written notification to the chief elected official of the municipality where the assembly is to gather, and (2) a letter to the chief elected official of the municipality demonstrating that the requirements of section 19a-437, as amended by this act, have been met. The person undertaking the gathering shall provide such notice and letter to the chief elected official of the municipality not less than twenty days prior to the date when the assembly is to gather.

Sec. 2. Section 19a-437 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

Before the issuance of a license in accordance with the provisions of this chapter, the applicant shall first

(1) Determine the maximum number of people which will be assembled or admitted to the location of the assembly, provided the maximum number shall not exceed the maximum number which can reasonably assemble at the location of the assembly in consideration of the nature of the assembly and provided, where the assembly is to continue overnight, the maximum number shall not be more than is allowed to sleep within the boundaries of the location of the assembly by the zoning or health ordinances of the municipality and that, for an assembly that occurs on an annual basis, the maximum number of people determined may be the average number of persons assembled each day of the assembly during the prior four years of the assembly;

(2) Provide proof that food concessions will be in operation on the grounds with sufficient capacity to accommodate the number of persons expected to be in attendance and that he will furnish at his own expense before the assembly commences (A) Potable water, meeting all federal and state requirements for purity, sufficient to provide drinking water for the maximum number of people to be assembled at the rate of at least one gallon per person per day and water for bathing at the rate of at least ten gallons per person per day; (B) separate enclosed toilets for males and females, meeting all state and local specifications, conveniently located throughout the grounds, sufficient to provide facilities for the maximum number of people to be assembled at the rate of at least one toilet for every two hundred females and at least one toilet for every three hundred males, together with an efficient, sanitary means of disposing of waste matter deposited, which is in compliance with all state and local laws and regulations A lavatory with running water under pressure and a continuous supply of soap and paper towels shall be provided with each toilet, (C) a sanitary method of disposing of solid waste, in compliance with state and local laws and regulations, sufficient to dispose of the solid waste production of the maximum number of people to be assembled at the rate of at least two and one-half pounds of solid waste per person per day, together

with a plan for holding and a plan for collecting all such waste at least once each day of the assembly and sufficient trash cans with tight fitting lids and personnel to perform the task, (D) [a written plan reviewed by the primary service area responder, as defined in section 19a-175, in the location where the assembly is to be held, that indicates that the applicant has satisfactorily planned and arranged for the on-site availability of an emergency medical service organization, as defined in section 19a-175, during the duration of the assembly;] a copy of a written plan for the provision of emergency medical services, after consultation with, and in cooperation with, the primary service area responder as defined in section 19a-175, that is compliant with state statutes and regulations and any local ordinances [(E) if the assembly is to continue during hours of darkness, illumination sufficient to light the entire area of the assembly at the rate of at least five foot candles, but not to shine unreasonably beyond the boundaries of the location of the assembly; (F)] (E) a [free] parking area [inside of the assembly grounds] sufficient to provide parking space for the maximum number of people to be assembled; [at the rate of at least one parking space for every four persons; (G) telephones connected to outside lines sufficient to provide service for the maximum number of people to be assembled at the rate of at least one separate line and receiver for each one thousand persons; (H)] (F) if the assembly is to continue overnight, camping facilities in compliance with all state and local requirements, sufficient to provide camping accommodations for the maximum number of people to be assembled; [(I)] (G) [security guards, either regularly employed, duly sworn, off duty policemen or constables or private guards, licensed in this state, sufficient to provide adequate security for the maximum number of people to be assembled at the rate of at least one security guard for every seven hundred fifty people] a copy of a written plan for on-site security and for traffic direction on public roadways prepared by the applicant, after consultation with, and in cooperation with, the local police authority, that is compliant with state statutes and regulations and any local ordinances ; [(J)] and (H) [fire protection, including alarms, extinguishing devices and fire lanes and escapes, sufficient to meet all state and local standards for the location of the assembly and sufficient emergency personnel to operate efficiently the required equipment] a copy of a written plan for fire protection prepared by the applicant, after consultation with, and in cooperation with, the local fire department, and compliant with state statutes and regulations and any local ordinances. [(K) all reasonably necessary precautions to insure that the sound of the assembly will not carry unreasonably beyond the enclosed boundaries of the location of the assembly, and (L) a bond, filed with the clerk of the municipality in which the assembly is to gather, either in cash or underwritten by a surety company licensed to do business in this state, at the rate of four dollars per person for the maximum number of people permitted to assemble, which (i) shall indemnify and hold harmless the municipality or any of its agents, officers, servants or employees from any liability or causes of action which might arise by reason of granting the license, and from any cost incurred in cleaning up any waste material produced or left by the assembly; (ii) guarantee the state the payment of any taxes which may accrue as a result of the gathering; and (iii) guarantee reimbursement of ticketholders if the event is cancelled.]

Sec. 3. Subsection (a) of section 19a-438 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*).

(a) Application for a license to hold an actual or anticipated assembly of two thousand or more persons that continues or can reasonably be expected to continue for twelve or more consecutive hours, shall be made in writing to the [governing body] chief elected official of the municipality at least [fifteen] twenty days in advance of such assembly and shall be accompanied by [the bond required by subparagraph (L) of subdivision (2) of section 19a-437 and] the license fee required by subsection (b) of section 19a-436, as amended by this act

(b) The application shall contain a statement made upon oath or affirmation that the statements contained therein are true and correct to the best knowledge of the applicant, [and shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of an unincorporated association, society or group or, if there are no officers, by all members of such association, society or group] The application shall be executed by the applicant, or by a duly-authorized representative of the applicant if the applicant is a legal entity.

(c) The application shall contain and disclose (1) The name, age, residence and mailing address of the authorized signor [all persons required to sign the application] in accordance with [by] subsection (b) of this section [and, in the case of a corporation, a certified copy of the articles of incorporation together with the name, age, residence and mailing address of each person holding ten per cent or more of the stock of

such corporation]; (2) the address and legal description of all property upon which the assembly is to be held, together with the name, residence and mailing address of the record owner or owners of all such property; (3) proof of ownership of all property upon which the assembly is to be held or a statement made upon oath or affirmation by the record owner or owners of all such property that the applicant has permission to use such property for an assembly of ~~[three]~~ two thousand or more persons, (4) the nature or purpose of the assembly; (5) the date(s) and the total number of days or hours during which the assembly is to last, (6) the maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the municipality if the assembly is to continue overnight; (7) the maximum number of tickets to be sold, if any; (8) a copy of a written plan prepared by the applicant [the plans] of the applicant to limit the maximum number of people permitted to assemble; (9) [the plans for supplying potable water including the source, amount available and location of outlets] a copy of the written plan prepared by the applicant for the provision and existence of pure and adequate drinking water; (10) a copy of the written plan[s] prepared by the applicant for providing toilet and lavatory facilities, including the source, number, location and type, and the means of disposing of waste deposited; (11) a copy of a written plan prepared by the applicant [the plans] for holding, collecting and disposing of solid waste material, (12) [the plans to provide for medical facilities, including the location and construction of a medical structure, the names and addresses and hours of availability of physicians and nurses, and provisions for emergency ambulance service] a copy of a written plan prepared by the applicant for the provision of emergency medical services prepared by the applicant, after consultation with, and in cooperation with, the primary service area responder as defined in section 19a-175, that is compliant with state statutes and regulations and any local ordinances; [(13) the plans, if any, to illuminate the location of the assembly, including the source and amount of power and the location of lamps, (14)] (13) a copy of a written plan[s] prepared by the applicant for parking vehicles, including size and location of lots, points of highway access and interior roads, including routes between highway access and parking lots; [(15) the plans for telephone service, including the source, number and location of telephones; (16)] (14) a copy of a written [the] plan[s] prepared by the applicant for camping facilities, if any, including facilities available and their location; [(17)] (15) [the plans for security, including the number of guards, their deployment, and their names, addresses, credentials and hours of availability] a copy of a written plan prepared by the applicant for on-site security and for traffic direction on public roadways for such event prepared by the applicant, after consultation with, and in cooperation with, the local police authority, that is compliant with state statutes and regulations and any local ordinances; [(18)] (16) a copy of a written plan prepared by the applicant [the plans for fire protection, including the number, type and location of all protective devices including alarms and extinguishers, and the number of emergency fire personnel available to operate the equipment] a copy of a written plan prepared by the applicant for fire protection prepared by the organization, after consultation with, and in cooperation with, the local fire department, and compliant with state statutes and regulations and any local ordinances, [(19) the plans for sound control and sound amplification, if any, including the number, location and power of amplifiers and speakers, (20)] and (17) [the plans for food concessions and concessioners who will be allowed to operate on the grounds including the names and addresses of all concessioners and their license or permit numbers] a copy of a written plan prepared by the applicant for how each concession will assure compliance with federal, state and local food protection laws and regulations

Sec. 4. Sec. 19a-439 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

The application for a license shall be processed within ~~[twenty]~~ fifteen days of its receipt and shall be issued if all conditions are complied with

Sec. 5. Sec. 19a-440 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

A license issued under the provisions of this chapter may be revoked by the ~~[governing body]~~ chief elected official of the municipality at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with

Sec. 6. Section 19a-443 of the general statutes is repealed and the following is substituted in lieu thereof (Effective upon passage)

(a) This chapter shall not apply to any regularly established, permanent place of worship, stadium, athletic field, arena, auditorium, coliseum or other similar permanently established place of assembly for assemblies which do not exceed by more than two hundred fifty people the maximum seating capacity of the structure where the assembly is held.

(b) This chapter shall not apply to government-sponsored fairs held on regularly established fairgrounds or to assemblies required to be licensed by other provisions of the general statutes or local ordinances.

(c) This chapter shall not apply to any annual agricultural fair provided (1) such fair has been held annually at least 10 consecutive years since 1990 at the same grounds; (2) such fair is held on grounds owned or leased by the organization holding such fair, and such grounds are specially improved and adapted for the holding of fairs (3) the organization holding such fair is a legally-existing nonprofit organization organized under the laws of the State of Connecticut, and (4) a detailed description of such fair is delivered in hand to the chief elected official of the municipality where such fair is to be held at least ninety (90) days before commencement of such fair. Such description shall contain at least the following information: (A) The date(s) and hours of operation of such fair, (B) a description of the location where such fair is to be held, (C) a copy of a written plan for the provision of emergency medical services at such fair prepared by the organization, after consultation with, and in cooperation with, the primary service area responder as defined in section 19a-175, that is compliant with state statutes and regulations and any local ordinances (D) a copy of a written plan for on-site security and for traffic direction on public roadways for such fair prepared by the organization, after consultation with, and in cooperation with, the local police authority, that is compliant with state statutes and regulations and any local ordinances (E) a copy of a written plan for fire protection for such fair prepared by the organization, after consultation with, and in cooperation with, the local fire department, and compliant with state statutes and regulations and any local ordinances, (F) a copy of a written plan for traffic and transportation services, (G) a copy of a written plan for the provision and existence of pure and adequate drinking water, food protection, and sewage and solid waste disposal reviewed by the local health department or district to assure compliance with federal, state and local laws and regulations. No provision of this subsection shall operate to prohibit a municipality from enacting such ordinances relating to fairs as are enabled by applicable law.

CT Attorney General

Connecticut Attorney General's Office

Press Release

Attorney General Announces Anthem Agrees To Remove Barrier To CT Hospital Participation In Charter Oak

January 28, 2010

Attorney General Richard Blumenthal announced today that Anthem Blue Cross and Blue Shield (Anthem) has agreed to waive clauses in its contracts with Connecticut hospitals that threatened to deter them from participating in the state's Charter Oak Health Plan for the uninsured.

"This agreement enables hospitals to freely accept Charter Oak without fear of financial repercussions from Anthem for breach of contract," Blumenthal said. "I commend Anthem for recognizing its moral and potential legal duty to allow Connecticut hospitals to participate in a program that will provide health care coverage to thousands of uninsured citizens.

"These clauses could constrain the expansion and success of the Charter Oak program, and obstruct access to affordable health care for Connecticut residents. I urged Anthem to take this action because the success of Charter Oak is more critical now than ever -- as the ranks of uninsured grow during the worst economic downturn since the Great Depression."

Blumenthal added, "This waiver agreement is a big win for Connecticut patients and taxpayers."

Blumenthal has an ongoing investigation into Anthem's use of "Most Favored Nation" (MFN) clauses in its contracts with hospitals, which require hospitals to provide Anthem with discounts at least as favorable as any provided to its competitors.

In December, Blumenthal said he was concerned that the clause may undermine competition and deter hospital enrollment in Charter Oak, which could jeopardize the success of the program and deprive thousands of Connecticut uninsured citizens of ready access to health care.

Currently, approximately 13,000 Connecticut residents are enrolled in Charter Oak health coverage, but the program has confronted difficulties expanding its network of participating hospitals, due at least in part, Blumenthal believes, to Anthem's MFN contract clauses.

Blumenthal said Anthem's waiver of this clause only applies to Charter Oak, and not any other commercial health insurance offered by competitors. Anthem has sent notices directly to hospitals, informing them of the waiver for Charter Oak.

Blumenthal said, "My investigation into Anthem continues, focusing on its use of

contract clauses -- known as Most Favored Nation clauses -- that require hospitals to provide Anthem with levels of reimbursement at least as low as its competitors. I am pleased that Anthem has recognized the need to carve out Charter Oak from this clause, but have continued concerns about the potential anticompetitive impact on the health insurance market. I commend the company for its continued cooperation in this important ongoing antitrust investigation."

In the summer of 2008, the State of Connecticut offered Charter Oak, a state subsidized plan that was created to provide health insurance to uninsured adult Connecticut residents ages 19 through 64 years of age.

Charter Oak is administered by the Connecticut Department of Social Services. As part of its plan to provide coverage to the uninsured, the state contracted with three private health insurers - - Aetna Better Health, AmeriChoice by UnitedHealthcare, and Community Health Network of Connecticut -- to coordinate benefits in a managed care program and establish provider networks for health professionals and hospitals.

Under Charter Oak, hospitals that agreed to participate were required to accept discounted rates for services and treatment provided to Charter Oak members that were much steeper than the rates hospitals generally accepted for their commercial business. Lower payment rates than those paid by commercial insurers are the norm in publicly-subsidized health coverage programs. Currently, only 17 of the 32 hospitals in Connecticut have executed agreements to participate with Charter Oak insurers, with no hospitals in Windham and Middlesex counties participating.

Blumenthal said some of these non-participating hospitals have delayed or refused to participate out of concern that Anthem may seek to enforce its MFN rights for any hospital that participates in Charter Oak. Although Anthem has not enforced its MFN clause with respect to Charter Oak to date, the waiver eliminates this concern.

The rate of reimbursement to hospitals under Charter Oak is considerably less than the rates hospitals charge Anthem for its commercial plan members. If a hospital did participate in Charter Oak, and if Anthem applied the MFN clause to Charter Oak, the hospital would be exposed to considerable financial penalty as it would have to offer Anthem the same rates or discounts the hospital agreed to with Charter Oak.

Since Anthem is invariably a hospital's largest commercial payer, the loss of revenue to that hospital if that were to occur would be a significant financial detriment to the hospital and a deterrent to participating in Charter Oak.

The Anthem investigation is being conducted by Assistant Attorneys General Rachel Davis and Laura Martella of the Attorney General's Antitrust Department.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

**TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 12, 2010**

Leonard Guercia, Chief, Operations Branch (860) 509-7101

House Bill 5446- An Act Concerning Mass Gatherings

The Department of Public Health would like to provide the following information on HB 5446.

DPH has worked with stakeholders over the past year to resolve issues involving the implementation of the measures contained in this statute. Attached is alternative language the department would like substituted for the current proposal. This language has also been included to address what is contained in section 42 of SB 428.

Thank you for your consideration of the Department's views on this bill.

Phone



Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

PO Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer

Section 1. Section 19a-436 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*).

(a) [No] Except as provided in subsection (d) of this section, no person shall permit, maintain, promote, conduct, advertise, act as entrepreneur, undertake, organize, manage or sell or give tickets to an actual or reasonably anticipated assembly of two thousand or more people [which] that continues or can reasonably be expected to continue for twelve or more consecutive hours, whether on public or private property, unless a license to hold the assembly has first been issued by the chief [of police] elected official of the municipality in which the assembly is to gather or, if there is none, the first selectman [A license to hold an assembly issued to one person shall permit any person to engage in any lawful activity in connection with the holding of the licensed assembly] A license to hold such an assembly may be issued to an individual or a legally-organized and existing entity

(b) A separate license shall be required for each day and each location in which two thousand or more people assemble or can reasonably be anticipated to assemble. The fee for each license shall be one hundred dollars.

[(c) A license shall permit the assembly of only the maximum number of people stated in the license. The licensee shall not sell tickets to or permit to assemble at the licensed location more than the maximum permissible number of people.]

[(d)] (c) The licensee shall not permit the sound of the assembly to carry unreasonably beyond the boundaries of the location of the assembly.

(d) A municipality may waive the licensure process prescribed in this section, provided no assembly, as described in subsection (a) of this section, may gather unless the person or entity otherwise responsible for obtaining a license under this section has provided: (1) Prior written notification to the chief elected official of the municipality where the assembly is to gather, and (2) a letter to the chief elected official of the municipality demonstrating that the requirements of section 19a-437, as amended by this act, have been met. The person undertaking the gathering shall provide such notice and letter to the chief elected official of the municipality not less than twenty days prior to the date when the assembly is to gather.

Sec. 2. Section 19a-437 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

Before the issuance of a license in accordance with the provisions of this chapter, the applicant shall first:

(1) Determine the maximum number of people which will be assembled or admitted to the location of the assembly, provided the maximum number shall not exceed the maximum number which can reasonably assemble at the location of the assembly in consideration of the nature of the assembly and provided, where the assembly is to continue overnight, the maximum number shall not be more than is allowed to sleep within the boundaries of the location of the assembly by the zoning or health ordinances of the municipality and that, for an assembly that occurs on an annual basis, the maximum number of people determined may be the average number of persons assembled each day of the assembly during the prior four years of the assembly.

(2) Provide proof that food concessions will be in operation on the grounds with sufficient capacity to accommodate the number of persons expected to be in attendance and that he will furnish at his own expense before the assembly commences (A) Potable water, meeting all federal and state requirements for purity, sufficient to provide drinking water for the maximum number of people to be assembled at the rate of at least one gallon per person per day and water for bathing at the rate of at least ten gallons per person per day, (B) separate enclosed toilets for males and females, meeting all state and local specifications, conveniently located throughout the grounds, sufficient to provide facilities for the maximum number of people to be assembled at the rate of at least one toilet for every two hundred females and at least one toilet for every three hundred males, together with an efficient, sanitary means of disposing of waste matter deposited, which is in compliance with all state and local laws and regulations. A lavatory with running water under pressure and a continuous supply of soap and paper towels shall be provided with each toilet; (C) a sanitary method of disposing of solid waste, in compliance with state and local laws and regulations, sufficient to dispose of the solid waste production of the maximum number of people to be assembled at the rate of at least two and one-half pounds of solid waste per person per day, together

with a plan for holding and a plan for collecting all such waste at least once each day of the assembly and sufficient trash cans with tight fitting lids and personnel to perform the task; (D) [a written plan reviewed by the primary service area responder, as defined in section 19a-175, in the location where the assembly is to be held, that indicates that the applicant has satisfactorily planned and arranged for the on-site availability of an emergency medical service organization, as defined in section 19a-175, during the duration of the assembly;] a copy of a written plan for the provision of emergency medical services, after consultation with, and in cooperation with, the primary service area responder as defined in section 19a-175, that is compliant with state statutes and regulations and any local ordinances [(E) if the assembly is to continue during hours of darkness, illumination sufficient to light the entire area of the assembly at the rate of at least five foot candles, but not to shine unreasonably beyond the boundaries of the location of the assembly; (F)] (E) a [free] parking area [inside of the assembly grounds] sufficient to provide parking space for the maximum number of people to be assembled; [at the rate of at least one parking space for every four persons; (G) telephones connected to outside lines sufficient to provide service for the maximum number of people to be assembled at the rate of at least one separate line and receiver for each one thousand persons, (H)] (F) if the assembly is to continue overnight, camping facilities in compliance with all state and local requirements, sufficient to provide camping accommodations for the maximum number of people to be assembled; [(I)] (G) [security guards, either regularly employed, duly sworn, off duty policemen or constables or private guards, licensed in this state, sufficient to provide adequate security for the maximum number of people to be assembled at the rate of at least one security guard for every seven hundred fifty people] a copy of a written plan for on-site security and for traffic direction on public roadways prepared by the applicant, after consultation with, and in cooperation with, the local police authority, that is compliant with state statutes and regulations and any local ordinances; [(J)] and (H) [fire protection, including alarms, extinguishing devices and fire lanes and escapes, sufficient to meet all state and local standards for the location of the assembly and sufficient emergency personnel to operate efficiently the required equipment] a copy of a written plan for fire protection prepared by the applicant, after consultation with, and in cooperation with, the local fire department, and compliant with state statutes and regulations and any local ordinances; [(K) all reasonably necessary precautions to insure that the sound of the assembly will not carry unreasonably beyond the enclosed boundaries of the location of the assembly; and (L) a bond, filed with the clerk of the municipality in which the assembly is to gather, either in cash or underwritten by a surety company licensed to do business in this state, at the rate of four dollars per person for the maximum number of people permitted to assemble, which (i) shall indemnify and hold harmless the municipality or any of its agents, officers, servants or employees from any liability or causes of action which might arise by reason of granting the license, and from any cost incurred in cleaning up any waste material produced or left by the assembly; (ii) guarantee the state the payment of any taxes which may accrue as a result of the gathering; and (iii) guarantee reimbursement of ticketholders if the event is cancelled.]

Sec. 3. Subsection (a) of section 19a-438 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

(a) Application for a license to hold an actual or anticipated assembly of two thousand or more persons that continues or can reasonably be expected to continue for twelve or more consecutive hours, shall be made in writing to the [governing body] chief elected official of the municipality at least [fifteen] twenty days in advance of such assembly and shall be accompanied by [the bond required by subparagraph (L) of subdivision (2) of section 19a-437 and] the license fee required by subsection (b) of section 19a-436, as amended by this act.

(b) The application shall contain a statement made upon oath or affirmation that the statements contained therein are true and correct to the best knowledge of the applicant, [and shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of an unincorporated association, society or group or, if there are no officers, by all members of such association, society or group. The application shall be executed by the applicant, or by a duly-authorized representative of the applicant if the applicant is a legal entity.

(c) The application shall contain and disclose (1) The name, age, residence and mailing address of the authorized signor [all persons required to sign the application] in accordance with [by] subsection (b) of this section [and, in the case of a corporation, a certified copy of the articles of incorporation together with the name, age, residence and mailing address of each person holding ten per cent or more of the stock of

such corporation], (2) the address and legal description of all property upon which the assembly is to be held, together with the name, residence and mailing address of the record owner or owners of all such property; (3) proof of ownership of all property upon which the assembly is to be held or a statement made upon oath or affirmation by the record owner or owners of all such property that the applicant has permission to use such property for an assembly of [three] two thousand or more persons, (4) the nature or purpose of the assembly; (5) the date(s) and the total number of days or hours during which the assembly is to last; (6) the maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the municipality if the assembly is to continue overnight, (7) the maximum number of tickets to be sold, if any; (8) a copy of a written plan prepared by the applicant [the plans] of the applicant to limit the maximum number of people permitted to assemble; (9) [the plans for supplying potable water including the source, amount available and location of outlets] a copy of the written plan prepared by the applicant for the provision and existence of pure and adequate drinking water; (10) a copy of the written plan[s] prepared by the applicant for providing toilet and lavatory facilities, including the source, number, location and type, and the means of disposing of waste deposited; (11) a copy of a written plan prepared by the applicant [the plans] for holding, collecting and disposing of solid waste material; (12) [the plans to provide for medical facilities, including the location and construction of a medical structure, the names and addresses and hours of availability of physicians and nurses, and provisions for emergency ambulance service] a copy of a written plan prepared by the applicant for the provision of emergency medical services prepared by the applicant, after consultation with, and in cooperation with, the primary service area responder as defined in section 19a-175, that is compliant with state statutes and regulations and any local ordinances; [(13) the plans, if any, to illuminate the location of the assembly, including the source and amount of power and the location of lamps; (14)] (13) a copy of a written plan[s] prepared by the applicant for parking vehicles, including size and location of lots, points of highway access and interior roads, including routes between highway access and parking lots, [(15) the plans for telephone service, including the source, number and location of telephones; (16)] (14) a copy of a written [the] plan[s] prepared by the applicant for camping facilities, if any, including facilities available and their location; [(17)] (15) [the plans for security, including the number of guards, their deployment, and their names, addresses, credentials and hours of availability] a copy of a written plan prepared by the applicant for on-site security and for traffic direction on public roadways for such event prepared by the applicant, after consultation with, and in cooperation with, the local police authority, that is compliant with state statutes and regulations and any local ordinances; [(18)] (16) a copy of a written plan prepared by the applicant [the plans for fire protection, including the number, type and location of all protective devices including alarms and extinguishers, and the number of emergency fire personnel available to operate the equipment] a copy of a written plan prepared by the applicant for fire protection prepared by the organization, after consultation with, and in cooperation with, the local fire department, and compliant with state statutes and regulations and any local ordinances; [(19) the plans for sound control and sound amplification, if any, including the number, location and power of amplifiers and speakers, (20)] and (17) [the plans for food concessions and concessioners who will be allowed to operate on the grounds including the names and addresses of all concessioners and their license or permit numbers] a copy of a written plan prepared by the applicant for how each concession will assure compliance with federal, state and local food protection laws and regulations

Sec. 4. Sec. 19a-439 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*)

The application for a license shall be processed within [twenty] fifteen days of its receipt and shall be issued if all conditions are complied with.

Sec. 5. Sec. 19a-440 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

A license issued under the provisions of this chapter may be revoked by the [governing body] chief elected official of the municipality at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with.

Sec. 6. Section 19a-443 of the general statutes is repealed and the following is substituted in lieu thereof (Effective upon passage)

(a) This chapter shall not apply to any regularly established, permanent place of worship, stadium, athletic field, arena, auditorium, coliseum or other similar permanently established place of assembly for assemblies which do not exceed by more than two hundred fifty people the maximum seating capacity of the structure where the assembly is held.

(b) This chapter shall not apply to government-sponsored fairs held on regularly established fairgrounds or to assemblies required to be licensed by other provisions of the general statutes or local ordinances.

(c) This chapter shall not apply to any annual agricultural fair provided: (1) such fair has been held annually at least 10 consecutive years since 1990 at the same grounds; (2) such fair is held on grounds owned or leased by the organization holding such fair, and such grounds are specially improved and adapted for the holding of fairs (3) the organization holding such fair is a legally-existing nonprofit organization organized under the laws of the State of Connecticut, and (4) a detailed description of such fair is delivered in hand to the chief elected official of the municipality where such fair is to be held at least ninety (90) days before commencement of such fair. Such description shall contain at least the following information: (A) The date(s) and hours of operation of such fair, (B) a description of the location where such fair is to be held, (C) a copy of a written plan for the provision of emergency medical services at such fair prepared by the organization, after consultation with, and in cooperation with, the primary service area responder as defined in section 19a-175, that is compliant with state statutes and regulations and any local ordinances (D) a copy of a written plan for on-site security and for traffic direction on public roadways for such fair prepared by the organization, after consultation with, and in cooperation with, the local police authority, that is compliant with state statutes and regulations and any local ordinances (E) a copy of a written plan for fire protection for such fair prepared by the organization, after consultation with, and in cooperation with, the local fire department, and compliant with state statutes and regulations and any local ordinances, (F) a copy of a written plan for traffic and transportation services, (G) a copy of a written plan for the provision and existence of pure and adequate drinking water, food protection, and sewage and solid waste disposal reviewed by the local health department or district to assure compliance with federal, state and local laws and regulations. No provision of this subsection shall operate to prohibit a municipality from enacting such ordinances relating to fairs as are enabled by applicable law.

RICHARD BLUMENTHAL
ATTORNEY GENERAL



55 Elm Street
P.O. Box 120
Hartford, CT 06141-0120

Office of The Attorney General
State of Connecticut

**TESTIMONY OF
ATTORNEY GENERAL RICHARD BLUMENTHAL
BEFORE THE PUBLIC HEALTH COMMITTEE
MARCH 12, 2010**

I appreciate the opportunity to comment on several provisions in Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes.

Sections 6 through 10 contain provisions submitted by my office -- in conjunction with the Departments of Public Health and Social Services to strengthen state enforcement of nursing home regulatory requirements. As mega-corporations and private equity firms devour ever-increasing numbers of nursing homes, we must modernize state regulatory oversight by prohibiting the use of nursing home assets to fund unrelated business ventures, requiring independent audits and increased financial reporting to the state, and enhancing civil penalties and administrative investigatory powers. The provisions are critically important in an industry that has had significant examples of financial mismanagement and fraud, though more needs to be done.

Specifically, these provisions: authorize the Department of Social Services to require information by subpoena as part of its biennial inspection of nursing home facilities and require financial information and an audit by the nursing home operator; authorize the Department of Public Health (DPH) to seek a court order enjoining any unlicensed activity by a nursing home operator, define 'intermediate sanctions' that must be reported to DPH by a nursing home in a license application to exclude civil fines of less than \$10,000 and allow DPH to approve an application to acquire another nursing home in this state for good cause shown, even if such applicant would face mandatory denial under current law.

Section 5 of this proposal addresses an important issue involving patient medical records when a physician abandons the practice of medicine. My office was contacted by patients who were seeking medical records when their doctor turned in his license. The doctor refused to return the medical records and there was a question as to whether the Department of Public Health had jurisdiction over the doctor once he was no longer licensed by the agency. Section 5 authorizes the Department to appoint a licensed health care provider to be the custodian of the records, thereby ensuring that DPH is able to enforce patients' rights to obtain their medical records.

Finally, sections 1 through 3 should be deleted as they weaken the ability of the Healthcare Associated Infections committee (HAI) to establish mandatory reporting procedures for such infections. These sections reduce the committee to an advisory board and allow DPH to

ignore the committee's recommendations. Several years ago, the HAI was established as a compromise to a stronger bill to require public disclosure of health care associated infections. The goal of the committee was to develop a consensus among health care professionals and patient advocates. If this group of concerned citizens can agree on an infection reporting and disclosure protocol, DPH should not have the authority to thwart implementation of those recommendations. Please reconsider these sections.

Thank you.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 5
1259 – 1470**

"FAIRS AND EXPOSITIONS ARE THE MILESTONES THAT MARK THE PROGRESS OF NATIONS"

THE ASSOCIATION

CONNECTICUT FAIRS



**TESTIMONY OF THE ASSOCIATION OF CONNECTICUT FAIRS, INC.
IN SUPPORT OF RAISED BILLS 5446 AND 428**

MARCH 12, 2010

I am Thomas Zagurski of Terryville, President of the Association of Connecticut Fairs, a voluntary association of 51 fairs held annually throughout Connecticut. I am speaking today in support of Raised Bill 5446, An Act Concerning Mass Gatherings, and its companion bill, Section 42 of Raised Bill 428, An Act Concerning Revisions to the Public Health Related Statutes.

The mass gatherings laws have been on the books for approximately 40 years, but until 2009 all of our fairs have been exempt because they did not meet the threshold of operating for more than 18 consecutive hours in any one day. Public Act 09-232, effective October 1, 2009, lowered the threshold to 12 consecutive hours which made many of our fairs subject to the mass gatherings laws. Most of our member fairs have been held in the same locations for many years and are one of the largest annual events in their towns. The volunteers who manage and operate these fairs have worked cooperatively with their local officials so that, over the years, they have developed standard protocols and procedures that fit their local situation to insure that their fairs provided wholesome entertainment in a safe and sanitary environment. Compliance with the requirements of the mass gatherings law as amended by Public Act 09-232 would have disrupted a system that has worked well for many years. The initial attitude of our member fairs was, "It ain't broke so don't fix it."

During the past three weeks representatives from the Association of Connecticut Fairs have met with staff from the Department of Public Health to address this problem. As a result, the Department of Public Health has now submitted proposed revisions to both Raised Bill 5446 and Section 42 of Raised Bill 428 which incorporate protocols and procedures our member fairs have been following for many years. These revisions will also permit our fairs to submit one package to their local chief elected official which will cover not only their annual fair but also other events which may occur on their fairgrounds at other times during the year.

New legislation is normally effective October 1 following its passage. In this case, the Association of Connecticut Fairs asks that these revisions to the mass gatherings law be made effective upon passage so they will be in effect during the 2010 fair season which runs from July through October.

I want to take a moment to publicly thank the staff of the Department of Public Health and in particular Karen Buckley - Bates, Suzanne Blancaflor and Leonard Guercia for all the time and effort they have put into resolving the issues that were created by the passage of Public Act 09-232 and also Representative Matthew Lesser for his help in bringing the parties together. It is reassuring to know that our elected legislators and the Department of Public Health can work together with the Association of Connecticut Fairs and our member fairs in such a cooperative manner.

Thank you for your consideration of my testimony.

Thomas Zagurski, President
Association of Connecticut Fairs, Inc.
125 Washington Road
Terryville CT 06786
860-583-4861
Zagurski @ sbcglobal. net

To: Public Health Committee

Re: H.B. No. 5446 (3/12/10 Agenda Item #8)
S.B. No. 428 (3/12/10 Agenda Item #9)

Testimony of Eugene Chiappetta
President of The Durham Agricultural Fair Association, Inc.

I am the current president of the Durham Agricultural Fair Association, Inc. Our Association is a nonprofit organization, and has successfully organized and executed the annual Durham Fair for 93 years. Our Fair is a source of pride for its supporting communities, and for the hundreds of volunteers who come together every year to perpetuate the traditions of our agricultural heritage. Our Fair is also the largest source of revenue for most of the community nonprofit organizations who operate food booths and conduct other fund-raising activities as part of the Fair.

Though Connecticut's statutes concerning mass gatherings have existed since the early 1970's, the Durham Fair was not affected by these statutes until Public Act 09-232. The Durham Fair is already well-regulated and inspected by State and local authorities for a myriad of purposes, including ride safety, food safety, and building safety. We have always worked cooperatively and responsibly with the State Police, fire and emergency service providers, and local government. Agricultural fairs were not the impetus for the mass gathering statutes, and, with the safeguards incorporated in today's proposed amendments to 19a-443, the cooperation between our Fair, its supporting communities, and existing regulatory agencies will only continue to improve.

Our Fair, in cooperation with the Association of Connecticut Fairs, has worked closely with the Department of Public Health, local officials and our local legislative delegation to fashion an exception for agricultural fairs which will allow agricultural fairs to continue to operate, while creating higher standards for the safety planning process. Today's amendment is a responsible and effective measure.

The Durham Fair and its sister agricultural fairs around the state, 24 strong, support the Department's proposed amendment of Section 19a-443. We are a unique but fragile part of Connecticut's heritage, and without the consideration contained in this amendment our survival would be imperiled.

The Durham Fair is grateful for the Department's cooperation, for the assistance of Representative Lesser and Senator Meyer, and First Selectman Laura Francis, and for your patient consideration.


Eugene Chiappetta

canpfa**Connecticut Association of Not-for-profit Providers For the Aging****Testimony to the Public Health Committee****Regarding****House Bill 5475, An Act Concerning Dental Care for Nursing Home Residents****Senate Bill 401, An Act Concerning an Initiative to Increase and Improve the State's Health Care Workforce****&****Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes****Presented by Mag Morelli, CANPFA President****March 12, 2010**

Good morning Senator Harris, Representative Ritter, and members of the Public Health Committee. My name is Mag Morelli and I am the President of the Connecticut Association of Not-for-profit Providers for the Aging, (CANPFA), an association of not-for-profit providers of aging services. I am pleased to submit testimony today on three bills and to present on *Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes*.

House Bill 5475, An Act Concerning Dental Care for Nursing Home Residents

CANPFA would like to state our general opinion that any time the legislature is contemplating additional regulations or mandates for skilled nursing facilities, that they should take into serious consideration any additional costs to the facilities related to those regulations. That said, in reviewing House Bill 5475 it is difficult for us to assess or comment without knowledge of the perceived need or what will be considered "adequate supervision." Currently, the nursing home members of CANPFA either provide dental services within the nursing facility or provide appropriate assistance with outside dental appointments. If there is a specific issue with one particular facility or resident, it may be more appropriate to deal with that particular circumstance rather than adding additional regulation.

Senate Bill 401, An Act Concerning an Initiative to Increase and Improve the State's Health Care Workforce

We support this initiative to develop an academic initiative that addresses the critical shortage of health care professionals in the state. Creating a pool of

talented people to care for our elders is one the greatest challenges our society faces. The number of individuals needing care and those providing it are currently at odds. The population of older adults requiring long-term care is rapidly accelerating, yet the pool of individuals aged 25-54 who have traditionally provided long-term care is shrinking.

High-quality staffing is also the best proxy for quality we have in our work as aging services providers. CANPFA is committed to helping our members take this challenge head on and improve and advocate for a committed and well-trained long-term workforce.

Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes

CANPFA would like to comment on two sections of Senate Bill 428 which is proposing revisions to public health related statutes. We would also like to propose our own list of suggested revisions to the public health code as it relates to skilled nursing facilities. We submit these revisions as a means of potential saving nursing home costs without compromising resident care.

Section 9 - Regarding proposed changes to the oversight of nursing facility management services, there are two aspects of this section that we find problematic:

In lines 382 – 394 the Department of Public Health is attempting to expand their authority to initiate disciplinary action against a management company because it is not in good standing in *another* state. We would argue that this provision potentially raises constitutional issues because it creates an extremely vague and potentially arbitrary standard. What does it mean to be in "good standing" in another state? Good standing as to what? Management services in a nursing home? Delivery of some other licensed service? Filing tax returns or paperwork with the secretary of state's office? It is our understanding that Connecticut refuses to ever issue any opinion as to whether a given provider is in "good standing" in this state, so why is it assumed that it will be clear in other jurisdictions what it means to be (or not to be) in "good standing?"

In this same section of the bill, DPH is proposing that they be permitted to issue civil monetary penalties against a management company for Class A and Class B violations that occur in the nursing home, but the nursing home is already subject to civil monetary penalties. This means that two fines could be assessed for the same violation. In many instances, the management company is a related party to the licensed nursing home and so the penalty is really being levied twice against the same entity. We would object to this proposal.

Section 17 - Regarding revisions to licensure by endorsement statute, we have additional language to propose:

This section proposes revisions to the statutes governing nursing home administrator licensure and specifically to licensure by endorsement. We would like to propose an *additional* change to this statute. We have had several recent recruitments of excellent out of state administrators to CANPFA member nursing facilities. These administrators had years of experience and were highly recommended with excellent work and academic backgrounds. Due to the rigid nature of our licensure by endorsement statute, all of these administrators were required to take Connecticut's basic eight month nursing home administrator licensure course. This course is very rudimentary for an experience administrator and therefore unnecessary. It is expensive and causes an eight month delay in the licensure process. Therefore we would request a change in the statute so that any person, who holds a license as a nursing home administrator in a surrounding state and has been practicing within one year of submitting an application for endorsement licensure, be deemed to have met the licensure requirements of the State of Connecticut. I have included suggested language in my testimony.

Suggested language:

Amend section 19a-513 of the Connecticut General Statutes as follows:

In order to be eligible for licensure by endorsement pursuant to sections 19a-511 to 19a-520, inclusive, a person shall submit an application for endorsement licensure on a form provided by the department, together with a fee of one hundred dollars, and meet the following requirements: (1) Have completed preparation in another jurisdiction equal to that required in this state; (2) hold a license as a nursing home administrator by examination in another state; and (3) be a currently practicing competent practitioner in a state whose licensure requirements are substantially similar to or higher than those of this state Any person who (1) holds a license as a nursing home administrator in the state of Maine, Massachusetts, New Hampshire, New York, Rhode Island or Vermont and (2) has been a practicing competent practitioner in such state within one (1) year of submitting an application for endorsement licensure, shall be deemed to have met the above requirements. No license shall be issued under this section to any applicant against whom disciplinary action is pending or who is the subject of an unresolved complaint

Public Health Code - The following is a suggested list of public health code regulations that could be modified to save nursing home costs without compromising resident care:

Public Health Code, Chapter VI, Section 19-13-D8t Chronic and convalescent nursing homes and rest homes with nursing supervision (pages 65-97)

- **Licensure procedure** (p.66): Paper licensure renewals are extremely time consuming and cumbersome. *Suggestion:* Enable it to be done electronically.
- **Waivers** (p. 67): Any deviations from the standards in the code require a waiver from the Department of Public Health (DPH) and currently DPH asks for an *annual* renewal of waivers. This annual renewal process is cumbersome and time consuming and we question the value. *Suggestion:* DPH should institute a more streamlined process for initial approval of general waivers, especially for culture change reasons, and once approved such waivers should be permanent. (CMS guidance supports culture change efforts and is suggesting that nursing homes create an environment, "as close to that of the environment of a private home as possible.")
- **Temperature** (p. 68): The Public Health Code currently requires resident rooms and all other areas used by residents be maintained at a 75 degree minimum and all other areas a minimum of 70. *Suggestion:* That DPH utilize the authority given to them through (PA 03-272, Sec. 19a-522a) to reduce the temperature requirements to meet current federal standards:
 - The federal regulations at 42 C.F.R. 483.15(h)(6) provide that nursing home facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81 degrees Fahrenheit. The federal regulations do not provide explicit temperature standards for facilities certified on or before October 1, 1990, but the State Operations Manual provides that such facilities "still must maintain safe and comfortable temperature levels."
- **Reportable Events** (p. 70): Specific to Class E: "an event that has caused, or resulted in minor injury, distress or discomfort to a patient." This is the most minor of reportable events; a Class E reportable event report is not sent to DPH. However, nursing facilities are required to maintain reportable event forms on file for 3 years. We believe that there should be a different standard of record retention for these minor reports. *Suggestion:* Change the record retention requirement to 15 months or a survey cycle – whichever is less. *In addition:* The mandated written report for this level of reportable event should not be required to include (B) level of care and bed capacity, or date of admission, current diagnosis, physical and mental status prior to or after the event. The suggested changes relate only to what we consider to be onerous documentation requirements for this level of event.

- **Medical Staff** (p. 73): Members of the medical staff are required to meet every 90 days. *Suggestion:* Change requirement to every 120 days instead of every 90 days.
- **Director of Nurses** (p. 74): Currently a facility of 120 beds or more needs both a Director of Nurses and an Assistant Director of Nurses. *Suggestion:* Change the requirement for an Assistant Director of Nurses (ADON) from needing one for a facility of 120 beds or more to needing one in any facility of 150 beds or more. This could potentially save facilities the cost of one Registered Nursing FTE filling in that function where he/she is not counted as direct care staff. The duties of the ADON are often more administrative in nature (such as staff scheduling) and could be done by other staff such as human resources staff.
- **Pool nurse credentialing** (p. 77): *Suggestion:* Make pool nurse and nurse aide credential verification the responsibility of the agency, not the nursing home.
- **Physicians Visits** (p. 81): The current mandate requires that new residents be examined at least once every 30 days for the first 90 days. *After 90 days* they still have to be examined every 30 days unless the physician orders less frequent exams, but still no less than every 60. *Suggestion:* After the first 90 days, change the physician examination requirement to at least *every 60 days*. This is the current federal standard.
- **Medical Records** (p. 83): Currently require entries in patient's record to be "in ink or typewritten." *Suggestion:* We need to allow for electronic medical records. In addition, the Code currently requires 10 years of record retention and we would suggest that it be changed to 7 years to save storage costs.
- **Discharge planning** (p. 83): *Suggestion:* If resident has a written medical order for discharge, then a physician signature should not be required again at the actual time of discharge. This often delays discharge
- **Dietary Service** (p. 84): The Code sets a maximum time span of 14 hours between the evening meal and breakfast, but nursing homes instituting culture change have found this to be a strain on their kitchens as individual residents are choosing to eat dinner and breakfast and varying times. *Suggestion:* Change the requirement to the federal standard which is a 14 hour maximum, but includes the following exception: "unless a substantial bedtime nourishment is provided." A change to the federal

standard could bring significant savings because now a skilled nursing facility may need to keep the kitchen open extra hour(s) to accommodate both resident choice and the 14 hour maximum. To be able to reduce your hours of kitchen operation by even one hour per day would save one hour of kitchen labor per employee on duty at that time, seven days a week. *For example*, if you have 5 employees who work that last kitchen shift, an hour per day saves 35 hours per week, or almost one FTE annually. At an average salary, with fringe benefits, of \$15 an hour, that is more than \$27,000 a year of savings without compromising care in any way.

In addition, we would suggest a change in the Code from “provide bedtime nourishments for *each* patient” to “offer” bedtime nourishment – to avoid waste that currently occurs when a bedtime nourishment is prepared for each individual resident, but by choice is not consumed by many.

- **Therapeutic recreation** (p. 85): *Suggestion*: Expand the opportunity for workforce development by allowing a high school graduate to serve an on-site apprenticeship of 12 months.
- **Social Work** (p. 87): The nursing home social worker is currently responsible for two in-servicing functions that we believe do not need to be the responsibility of the social worker and could be performed by other personnel. These are listed in the Code as social work requirements (8) and (9) and they are specifically the in-servicing of staff on residents' rights and the in-servicing of staff on the needs of the patient population. To take this specific in-servicing responsibility away from the social worker would free up the social worker's time to perform more relevant social work responsibilities. These in-service requirements *would remain the responsibilities of the facility*, but could be done by someone other than the social worker.
- **Room requirements** (p. 91): Again, we need a more streamlined waiver system especially for culture change. There should be the ability to receive permanent facility or unit wide waivers for culture change redesign in addition to allowing for deviation based on individual resident choice or needs of segments of the population. *Suggestion*: Maybe make the requirement “The following equipment shall be [provided for] *offered and available at no additional cost*” so that the patient can choose to decline it. In addition;
 - DPH needs to be responsive and lenient toward waivers – including new construction.

-
- Consider legislative amendment to state statute Sec. 19a-521b which requires a three foot clearance at the sides and foot of the bed – perhaps limiting mandatory clearance to one side.
 - **Details of construction (p. 95):** *Suggestion:* DPH needs to be responsive and lenient toward waivers – including new construction.
 - **Required equipment (p. 97):** *Suggestion:* Require one stretcher per floor rather than per nursing unit.

TOWN OF DURHAM

OFFICE OF THE FIRST SELECTMAN

LAURA L. FRANCIS



To: Public Health Committee

Re: H.B. No. 5446 (3/12/10 Agenda Item #8)

S.B. No. 428 (3/12/10 Agenda Item #9)

Testimony – Laura L. Francis, First Selectman of Durham

The Town of Durham has been home to the Durham Fair for 93 years. It is a continuing source of pride, a tribute to our heritage, and a staple of our town. The Durham Agricultural Fair Association is a generous benefactor of our community and the annual fair is a source of revenue for many of our local non-profit organizations.

The Durham Fair Association, the Town of Durham, the Connecticut State Police and local emergency responders meet every year to create a responsible health and safety plan to ensure compliance with all state and local statutes and regulations. Much of what occurs on the fairgrounds is regulated to a certain degree. Prior to the passage of Public Act 09-232 however, the annual Durham Fair did not fall under the mass gathering statutes that have been in effect since sometime in the 1970's – a statute that we found to be somewhat outdated and inapplicable to the operation of agricultural fairs as well as difficult for the town to enforce.

I have worked closely with the Department of Public Health, Senator Meyer, Representative Lesser, representatives of the Durham Fair Agricultural Association and Chiefs of Service to craft an amendment to CGS 19a-443. We have reached an agreement that the proposed changes are acceptable and in fact, would make compliance achievable, while creating higher standards for the safety planning process.

I appreciate your consideration of the proposed legislative changes outlined in the H.B. No. 5446 and S.B. No. 428 and urge your support. Please know that I share your concern for the safety of our shared constituents. I believe the proposals under your consideration are effective and responsible.

Laura L. Francis