

PA10-039

HB5351

House	1208-1212	5
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Veterans	108, 115-116, 127-130, 135, 137, 168, 180, 181	12
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Hearing no objection, that item is referred to Finance, Revenue and Bonding.

Mr. Clerk, please call Calendar 105.

THE CLERK:

On page 4, Calendar 105, House Bill Number 5351, AN ACT CONCERNING PRESCRIPTION DRUG BENEFITS FOR VETERANS IN NURSING HOME FACILITIES, favorable reported the Committee on Public Health.

DEPUTY SPEAKER O'ROURKE:

The Chair recognizes the honorable gentleman from Berlin, Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Good afternoon, Mr. Speaker.

I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER O'ROURKE:

Motion is on acceptance and passage.

Will you remark, sir?

REP. ARESIMOWICZ (30th):

Yes, Mr. Speaker.

I'd also like the Clerk to call LCO Number 3687 and I be allowed leave to summarize.

DEPUTY SPEAKER O'ROURKE:

Representative Aresimowicz, can you just explain

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the bill briefly for the members --

REP. ARESIMOWICZ (30th):

Yes, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

-- and then we'll move to the amendment.

REP. ARESIMOWICZ (30th):

The amendment that I'll call in a moment does have substantive changes to it. It makes a good bill better. But the basic premise of this bill is, currently, we have veterans that are in our nursing homes that are entitled to a prescription drug benefit through Veterans' Administration that they currently are not receiving, whether they be self-paying or they be on our Medicaid, they're putting money out for a prescription that they could get at drastically reduced rates either saving the state money or themselves money.

So this bill intends to fix that by allowing the nursing homes to not only provide the bubble-pack prescriptions but rather get the prescriptions through the Veterans' Administration, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Aresimowicz.

Will you remark?

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REP. ARESIMOWICZ (30th):

Mr. Speaker, again, I would ask the Clerk to call LCO Number 3687 and I would be allowed leave to summarize.

DEPUTY SPEAKER O'ROURKE:

Mr. Clerk, please call LCO Number 3687. The gentleman has asked leave of the chamber to summarize.

THE CLERK:

LCO Number 3687, House "A" offered by Representative Graziani.

DEPUTY SPEAKER O'ROURKE:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, again, this amendment is technical. It conforms with the original intent of the bill. I briefly explained the bill and I'd also like to thank Chair Representative Graziani, Vice Chair Representative Nicastro and Ranking Member Representative Coutu in the Public Health Committee. The bill just straightens -- this amendment, Mr. Speaker, I apologize -- straightens out some of the language so that it's very clear to all of our nursing homes what our intent was and that we believe that our veterans should be getting the benefit that they're

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rightly entitled to.

Thank you, Mr. Speaker.

And I move adoption.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Aresimowicz.

The motion is on adoption of the amendment before us.

Will you remark? Will you remark on the amendment before us?

If not, I'll try your minds.

All those in favor of the amendment, signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER O'ROURKE:

Those opposed?

The ayes have it. The amendment is adopted.

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

If not, staff and guests come to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll

call. Members to the chamber. The House is voting by
roll call. Members to the chamber please.

DEPUTY SPEAKER O'ROURKE:

Have all the members voted? Have all the members
voted? Please check the machine and make sure that
your vote is properly recorded.

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

Clerk will take a tally.

Mr. Clerk, please announce the tally.

THE CLERK:

House Bill 5351 as amended by House "A."

Total Number voting	143
Necessary for passage	72
Those voting Yea	143
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER O'ROURKE:

The bill is passed.

Mr. Clerk, please call Calendar 199.

THE CLERK:

On page 8, Calendar 199, Substitute for House
Bill Number 5352. AN ACT PROCLAIMING MARCH THIRTEENTH
TO BE WELCOME HOME VIETNAM VETERANS DAY AND MAKING

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5351 that item might be marked to go. Second item also calendar page 16, Calendar 463, House Bill 5352 also marked go.

And then, Mr. President; after that going back to calendar page eight, Calendar 272, Senate Bill number 199 is marked go. And then, Mr. President, calendar page 27, Calendar 150, Senate Bill 301 is marked go. And Mr. President, calendar page 32. Calendar page 32, Calendar 218, Senate Bill 302 is marked go.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Returning to the calendar. Calendar page 16, Calendar number 459, file number 151, House Bill number 5351, AN ACT CONCERNING PRESCRIPTION DRUG BENEFITS FOR VETERANS IN NURSING HOME FACILITIES, as amended by House Amendment Schedule A, favorable report of the Committee on Veterans and Public Health.

THE CHAIR:

Senator Maynard.

SENATOR MAYNARD:

Yes. Thank you, Mr. President. I move the joint committee's favorable report and passage of the bill.

THE CHAIR:

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

SENATOR MAYNARD:

Yes. I would, Mr. President. This bill would allow our veterans who are in nursing home facilities throughout the State to take advantage of the VA prescription drug benefit that is not currently under State law allowable to them. They, the manner in which drugs are prescribed in nursing home facilities right now prohibit that use and this bill would require that nursing home facilities allow that choice for our veterans. It could result in a savings for those portion of our nursing home patients who are veterans. So, I urge passage. Thank you.

THE CHAIR:

Thank you.

Will you remark further on House Bill 5351?

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President. If I could, a question through you to the proponent of the bill.

THE CHAIR:

Senator Maynard.

SENATOR MCKINNEY:

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Thank you. And obviously, Senator, not being a member of the Veterans Committee oftentimes the first time we get to see a bill is when we're in the circle. Obviously our nursing homes are struggling and I'm just curious as to why they have had this policy of prohibiting our veterans from accessing a VA prescription drug program. Through you, Mr. President.

THE CHAIR:

Senator Maynard.

SENATOR MAYNARD:

Yes. Through you, Mr. President. It wasn't so much the veterans were singled out. It is simply that under certain nursing home guidelines often less skilled workers are unable to distribute drugs and a safety measure that was put in place, distribute these drugs with bubble packs for daily prescription.

It was purely a safety measure but because of that prohibition it wasn't possible to get the lower priced drugs available to our veterans. So this would allow simply for those nursing homes, the patients to choose this rather than the in-house facility for the distribution of drugs.

THE CHAIR:

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Senator McKinney.

SENATOR MCKINNEY:

Thank you. So this would not have any financial impact on a nursing home. This would simply just have a benefit to our veterans in nursing homes. Through you, Mr. President.

THE CHAIR:

Senator Maynard.

SENATOR MAYNARD:

Yes. Through you, Mr. President. That's correct.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you. And my last question, and this is an excellent bill. Thank you. I guess my last question, just one of curiosity is, how, do we have an understanding of how many, what the population is of veterans in our State, in our nursing homes? Through you, Mr. President.

THE CHAIR:

Senator Maynard.

SENATOR MAYNARD:

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Through you, Mr. President. No, unfortunately the report does not contain the number of veterans. We know that there's approximately 17,300 Medicare clients in facilities but a goodly number of those it can be assumed are veterans.

SENATOR MCKINNEY:

Thank you, Mr. President.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

I thank my friend Senator Maynard for his answers and for putting forth an excellent bill. Thank you, Mr. President.

THE CHAIR:

Thank you.

Will you remark? Will you remark further on House Bill 5351? Will you remark further?

SENATOR MAYNARD:

Yes. Mr. President, if there's no objection I'd ask that it be placed on the consent calendar.

THE CHAIR:

There's a motion on the floor to place this item on consent. Seeing no objection, so ordered.

(Senator Handley of the 4th is in the Chair.)

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Immediate roll call has been ordered in the Senate on the consent calendar. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate on the second consent calendar. Will all Senators please return to the chamber.

Mr. President, those items placed on the second consent calendar begin on calendar page four, Calendar number 116, Senate Bill number 60, calendar page five, Calendar 168, substitute for Senate Bill 361, calendar page eight, Calendar 272, substitute for Senate Bill 199, calendar page 16, Calendar number 459, Senate Bill 5351, calendar page 23, Calendar number 58, Senate Bill 354, Calendar number 76, substitute for Senate Bill 246, calendar page 24, Calendar number 91, substitute for Senate Bill 259, calendar page 26, Calendar 133, substitute for Senate Bill 54, calendar page 27, Calendar 135, substitute for Senate Bill number 59, Calendar 150, Senate Bill 301, calendar page 29, correction, calendar page 31, Calendar number 207, substitute for Senate Bill 383 and calendar page 40, Calendar number 417, substitute for House Bill 5282. Mr. President, that completes those items placed on the second consent calendar.

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THE CHAIR:

Thank you, Mr. Clerk.

The machine will be open.

THE CLERK:

The Senate is voting on roll call on the second consent calendar. Will all Senators please return to the chamber. The Senate is now voting by roll call on the second consent calendar. Will all Senators please return to the chamber.

THE CHAIR:

Senator Boucher.

Have all Senators voted? Have all Senators voted? If all Senators have voted, please check the machine and make sure your vote is accurately recorded. If all Senators have voted, Mr. Clerk, please announce the tally.

THE CLERK:

The motion's on adoption of consent calendar number two.

Total number Voting	33
Those voting Yea	33
Those voting Nay	0
Those absent and not voting	3

THE CHAIR:

The second consent calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, that concludes our business for today. I will yield the floor to members for purposes of announcements of committee meetings or for other purposes.

THE CHAIR:

Thank you, Senator Looney.

Are there any members?

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President. I rise for purposes of a record notation.

THE CHAIR:

Please proceed, Sir.

SENATOR MCKINNEY:

Thank you, Mr. President. Should the record note that Senator Debicella missed some votes today and was out on other legislative business.

THE CHAIR:

Thank you, Senator McKinney.

Any other points of personal privilege or announcements?

**JOINT
STANDING
COMMITTEE
HEARINGS**

**SELECT
COMMITTEE
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Part 1

2010

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 sh/gbr SELECT COMMITTEE ON VETERANS' AFFAIRS
 March 2, 2010
 9:30 A.M.

CHAIRMEN: Representative Graziani
 Senator Maynard

MEMBERS PRESENT:

SENATORS: Slossberg, Fasano

REPRESENTATIVES:

Nicastro, Guerrera,
 Sayers, Conroy, Coutu

REP. GRAZIANI: -- to either give testimony verbally or to submit written testimony. So with that, I'll ask my cochair, Senator Maynard, and the other members if they have any comments now or later.

SENATOR MAYNARD: And I'll just say good morning. Welcome to all of our veterans who are here to offer testimony and others in support of our agenda today. We're delighted to welcome you all and I believe my esteemed cochair will welcome our first witness.

REP. GRAZIANI: Let's start with Commissioner Linda Schwartz.

Good morning, Commissioner.

COMMISSIONER LINDA SCHWARTZ: Good morning. The acoustics. Okay.

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HB 5351

Good morning, Mr. Chairman, Mr. Chairman. And members of the committee. The Department of Veteran's Affairs is offering testimony today on two bills. The first one is Raised Bill 314, AN ACT CONCERNING MILITARY OR VETERAN STATUS ON STATE-ISSUED FORMS AND PUBLICATIONS.

While I do fully support the intent of this

hope -- I think this has the support of the Vietnam veteran's community and I would only echo the need to set aside a day.

I was thinking about this when I first read this legislation. And let me just share with you because I know you served in Vietnam. It would be important for people to remember the Vietnam War and by calling attention to it on people's calendars and allowing maybe, you know, the Vietnam veterans to create whatever ceremonies they would like. But I think it's important to have it on the calendar so people don't forget.

REP. GRAZIANI: Thank you. I knew the answer before. Now it's on record, Commissioner. No, thank you.

COMMISSIONER LINDA SCHWARTZ: I -- I did want -- I -- I did want to say something too. I know that we discussed this, but I would like to enter it for the record about the -- the 5351, AN ACT CONCERNING PRESCRIPTION DRUG BENEFITS FOR VETERANS IN NURSING HOME FACILITIES.

Several people have contacted me about this and -- and have urged that we proceed -- that you proceed with this and pass this legislation.

As you may know, we at Rocky Hill are able to buy in bulk form medications for our veterans from the VA. I would just say that the concept of putting medications in bubble packs is something that some states -- it -- it depends on how the VA sells it. In some states they do have bubble packs. And so, that was -- that would be one of the safety -- safety nets under this whole program.

However, let me just say this. We have 500 veterans at Rocky Hill today. And I would say only 20 percent did not get their medications from the VA. Every patient gets -- we -- every patient is dispensed in a container with their name and the dosage and the -- you know, the orders of the doctor on when it should be given. And it is amazing. It's hard for me to understand why nursing homes would not want to do that. It may be because it would be less expensive to the veteran and that is one of the things that I have heard. But it is certainly something that the nursing homes could do without -- at least in my estimation, could do without a great deal of difficulty because at Rocky Hill, we have 500 veterans and we do it for the majority of them.

REP. GRAZIANI: Thank you very much for offering your advice and your opinion on which way the Committee should proceed to make things beneficial to our veteran community.

Thank you again, Commissioner Schwartz.

Any other questions, concerns?

Thank you, Commissioner.

SENATOR MAYNARD: Now I'll begin with our public portion of our testimony. Members of the public may now testify and we'll start with Tony Pileggi, followed by Billy Simmers.

ANTHONY PILEGGI: Good morning. Thank you for this opportunity. My name is Anthony Pileggi. A Connecticut resident and small business owner. I have an architectural practice in North Haven, Connecticut. I'm a U.S. Army Vietnam veteran, drafted in 1965.

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it, I'm a newly member of the board. And thank you very much for having me. I do appreciate it. And it's something that -- that needs to be addressed. You're doing terrific work. The people that you have do a terrific job. And we're trying to get the same outcome on this whole particular subject, so, thank you.

Any other questions?

If not, Billye, thank you again.

BILLYE SIMMERS: Thank you.

REP. GRAZIANI: Next speaker will be John, is it Diakun? Did I pronounce that correctly?

JOHN DIAKUN: Yes.

REP. GRAZIANI: All right, thank you. Followed by Billee Culin.

JOHN DIAKUN: Good morning, Mr. Chairman and committee. My name is John Diakun. I live and work here in Connecticut. I'm addressing you today regarding my dad, John Diakun, Jr. Believe it or not, he's Junior. It's not mixed up. And there's another one back there, too.

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His history is similar to many young men and women in the early 1940s. He became a marine at age 18, serving his country honorably on the battlefield at Guadalcanal, in the South Pacific for over two years. He came home, raised the family here in Connecticut, built two homes, started a business. Through no fault of his own, my dad developed and was diagnosed with progressive dementia, with the onset of Parkinson's Disease, nearly six years ago.

He was admitted to an assisted-living facility, near my home, that specialized in the care of patients with mild to moderate degrees of this disease. Specialized medication was prescribed by his private as well as physicians at the VA home in Newington. Based on his military status, an honorable discharge, following World War II, he was granted assistance with the purchase of all his medications, through the State Veteran's Pharmacy in Newington.

The medications were provided by the VA for three to four years during his stay in assisted living. The man never asked for even an Aspirin before that point. Unfortunately, in 2008, he became -- it became necessary to admit him to a skilled nursing facility that provided 24-hour nursing services. His VA provided medication was not allowed to be administered at this new facility, due to a packaging issue.

Bubble packaging of medication was required as reported by the facility. The reason, I believe, ease of administration was given as the reason and one contracted pharmaceutical company provided this service. Therefore, medication from the VA was not allowed and his yearly medication cost rose to nearly \$6,000 for 2009. Compared to just a few hundred dollars for the same medication delivered in pill form through the VA.

My question to this committee is why should my father as well as all other veterans in a similar situation, be denied their earned benefit from the VA? I don't claim to be an expert on this subject, but this financial burden should not be imposed on a veteran as well as his family. He or she have earned the entitlement and it has been taken away from them. This is certainly an issue and will

continue to be an issue and will impact many or most of all VA veterans folk at one time or another. I know this is an issue for especially the very elderly, but they are VA folks.

Any questions?

REP. GRAZIANI: Thank you very much, John.

Yes, cochair.

SENATOR MAYNARD: I'm -- we are obviously interested in raising this bill for the very reasons you outlined and we hope to gain a little bit more information on the bubble-wrap requirement. It may be beyond the administrative that there is an issue of ensuring some measure of safety in the dispensing of drugs and as you know with the increasing numbers of folks in nursing facilities, one of the cost-saving measures that have been implemented is a different level of medical expertise for those dispensing prescription drugs so that there can be some lower-wage workers, quite frankly, who are capable of dispensing medicines that are previously, perhaps, you know, set out of these prepackaged arrangements.

I think there may be some of that driving the current requirements, and what we're trying to do is exactly what you have indicated, not deny our service personnel, who have a benefit that they've earned suffer because of other efforts to -- to ensure, you know, safety.

So it's a kind of a meeting of two competing demands here and we're -- we're trying very much to be sensitive to the intent of the previous law but also be true to our, you know, purpose here of protecting our veterans and

their -- and their hard-earned rights.

So thank you very much for bringing your story and that of your father. We're appreciative as always -- my father was also a World War II veteran, so I'm always appreciate of anyone who has had a parent who served in -- in that war. And thank you for taking the time to be here with us.

REP. GRAZIANI: Thank you very much, Senator Maynard.

And John, thank you once again. And, you know what? This is what it's all about. You bring a problem to light and we do the best we can to resolve it and to make it fair for our veterans. And, obviously it's, you -- you know as well as I, you know my father gets his prescriptions from the VA and it's every 30 days. And when you go to an assisted-living nursing home, it doesn't work that way.

So there are definitely some cost benefits associated with it. It's a win/win type situation we're -- we're trying to do. And your story will go a long way.

Thank you very much for your time.

JOHN DIAKUN: Thank you.

REP. GRAZIANI: Next, if I recognize the name, Billee. Billee Culin.

BILLEE CULIN: Before I say anything else, my last name Culin.

A VOICE: (Inaudible).

BILLEE CULIN: Thank you, Senator Maynard,

(HB 5352)

REP. GRAZIANI: Thank you.

Thank you Representative Nicastro and thank you, Billee.

Our next person is Gary Waterhouse. And Gary, could I ask what bill you're speaking to?

GARY WATERHOUSE: Yes, sir, several.

REP. GRAZIANI: Oh, very good. That's why it's blank. Thank you, sir.

GARY WATERHOUSE: Good morning, Senator Maynard and Representative Graziani, distinguished members of the Veteran's Affairs Committee.

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My name is Gary Waterhouse. And I'm proud to say that I served in Vietnam, in H Company Ranger, 75th Infantry. I'm here today to support legislation that will support our newest veterans and some of our older ones. I'd like to support S.B. 313, AN ACT CONCERNING THE ACCEPTABILITY OF CERTAIN CLAIMS FOR THE VETERAN'S PROPERTY TAX EXEMPTION.

The National Personnel Records fire of 1973, also referred to as the National Archives fire, occurred at the National Personnel Records Center in Overland, Missouri, a suburb of St. Louis on July 12, 1973, striking a severe blow to the National Archives and Records Administration, the custodian of military service records. Approximately 16 to 18 million official military records were lost as a result of the fire.

These days we can normally get response and a request of a DD214 in ten working days. However, if those records were involved in the

designed to serve the veteran entrepreneur by formulating, executing, and promoting policies and programs that assist veterans seeking to start and develop small businesses.

And lastly I'd like to speak to House Bill 5351, AN ACT CONCERNING PRESCRIPTION DRUGS FOR VETERANS -- VETERANS IN NURSING HOME FACILITIES.

The vet -- U.S. Veteran's Administration is unique in its ability to negotiate costs with pharmaceutical companies, thereby providing veterans with prescription drugs at the lowest possible cost. They're the only federal agency that is allowed to negotiate the price with the pharmaceutical industry.

We all know by friends, family, and relatives, how inexpensive prescription drugs are through the VA. It only seems reasonable that we should make that benefit available to those veterans in nursing homes.

I thank you very much for my opportunity to testify before you today and thank you for your good work.

REP. GRAZIANI: Gary, once again, thank you for your service and -- and welcome home. You've always been there for everybody and attested to Veteran's Day at the Capitol, it was a terrific, worthwhile day. And each year it gets bigger and bigger. So thank you very much and you keep up the great job.

GARY WATERHOUSE: Thank you.

REP. GRAZIANI: Any questions or comments?

If not --

canpfa*Dedicated to Creating the Future of Aging Services***Testimony of the
Connecticut Association of Not-for-profit Providers For the Aging
Submitted to the Select Committee on Veterans' Affairs****March 2, 2010****Regarding****House Bill 5351, An Act Concerning Prescription Drug Benefits for Veterans in
Nursing Home Facilities**

The Connecticut Association of Not-for-profit Providers for the Aging (CANPFA) is an organization of over 150 non-profit providers of aging services representing the full continuum of long term care including fifty-one skilled nursing facilities. We respectfully submit the following testimony regarding House Bill 5351, An Act Concerning Prescription Drug Benefits for Veterans in Nursing Home Facilities.

While not objecting to the premise of the bill, we do have some concerns regarding how this proposal would fit within the current state and federal regulations regarding pharmaceutical services provided to nursing home residents.

The relevant federal and state laws and regulations provide that a nursing facility must provide pharmaceutical services adequate to meet the needs of each resident, but they do not give provide an express right for the resident to choose any pharmacy. Furthermore, the Connecticut Public Health Code (§ 19-13-D8v) requires all drug dispensing and distribution functions in a nursing facility to be conducted through either (i) an institutional pharmacy (a pharmacy within the facility), or (ii) a community pharmacy that has a *written agreement* with the facility that meets the requirements listed in the regulations.

While HB 5351 appears to attempt to address state regulatory compliance issues by stating that the nursing home "*may* require such prescription drugs be dispensed and administered according to the facility's policies," we are concerned that the federal rules and policies that regulate the Department of Veteran's Affairs (or Veterans Administration) may not be able to conform to every skilled nursing facility's policies and procedures or to meet the state public health code requirements. Therefore, we must raise the question of whether there potentially is a conflict between federal and state requirements within this proposal. We would urge the Committee to seek an answer to this concern before passing this new mandate on skilled nursing facilities.

We thank you for allowing us to comment on this bill.

Respectfully submitted,

Mag Morelli, CANPFA President, 1340 Worthington Ridge, Berlin, CT 06037
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Gary E Waterhouse
Legislative Chair & Judge Advocate
3rd District Veterans of Foreign Wars

March 2, 2010

Select Committee on Veterans Affairs Public Hearing

HB 5351

S.B. No. 313 (RAISED) AN ACT CONCERNING THE ACCEPTABILITY OF CERTAIN CLAIMS FOR THE VETERANS' PROPERTY TAX EXEMPTION.

SUPPORT- The National Personnel Records Center fire of 1973, also referred to as the 1973 National Archives fire occurred at the National Personnel Records Center (NPRC) in Overland, Missouri, a suburb of St. Louis on July 12, 1973, striking a severe blow to the National Archives and Records Administration, the custodian of military service records, lost approximately 16-18 million official military personnel records as a result of the fire.

The National Personnel Records Center (NPRC) normally responds to requests for Separation Documents (such as DD Form 214) in ten (10) working days or less. However, requests that involve reconstruction efforts due to the 1973 fire or older records which require extensive search efforts may take much longer.

Allowing honorably discharged veterans to qualify for the veterans' property tax exemption by submitting a notarized statement pending verification is a reasonable resolution to a problem often beyond the veteran's ability to resolve.

S.B. No. 314 (RAISED) AN ACT CONCERNING MILITARY OR VETERAN STATUS ON STATE-ISSUED FORMS AND PUBLICATIONS.

SUPPORT- All reasonable effort should be made by state agencies to connect veterans with the Department of Veterans Affairs and access to information regarding veteran's benefits. Veterans Benefits offer services including: Health Care, Dental, Disability Compensation, Disability Pension, Burial, Educational Benefits, Vocational Rehabilitation and Employment, Homes Loans, Survivor Benefits and many other benefits.

S.B. No. 347 (RAISED) AN ACT CONCERNING A SET-ASIDE PROGRAM FOR VETERAN-OWNED SMALL BUSINESSES.

SUPPORT- Unemployment is over 11% in the veteran community; Connecticut should follow the example of California and the federal government and provide set-aside opportunities for veterans.



California requires each state agency that contracts for goods and services and school districts using state construction funds to try to award at least 3% of their contracts to businesses owned by disabled veterans. Every year, each state agency must report to the governor and the legislature their total participation in the Disabled Veteran Business Enterprise (DVBE) program. Any state agency that does not achieve the 3% goal must explain its reasons for failing to do so and submit a plan for future attainment. The agency may also have to explain its results and efforts to a legislative panel.

The Small Business Development Act of 1999 amended the Small Business Act by adding small businesses owned and controlled by service-disabled veterans to the categories of small businesses for which federal agencies develop contract goals. The act is designed to serve the veteran entrepreneur by formulating, executing, and promoting policies and programs that assist veterans seeking to start and develop small businesses.

H.B. No. 5351 (RAISED) AN ACT CONCERNING PRESCRIPTION DRUG BENEFITS FOR VETERANS IN NURSING HOME FACILITIES.

SUPPORT- The U.S. Veterans Administration is unique in its ability to negotiate costs with pharmaceutical companies thereby providing veterans with prescription drugs at the lowest possible cost.

How the VA Cuts Costs- The General Accounting Office (GAO) issued a report, "VA and DoD Health Care: Factors Contributing to Reduced Pharmacy Costs and Continuing Challenges," on July 22, 2002, that identified factors, including the use of drug formularies, that contribute to cost reduction. The use of formularies depends on the idea that some drugs are "therapeutically interchangeable—that is, essentially equivalent in terms of efficacy, safety, and outcomes." Use of a particular drug, therefore, can be encouraged by placing it in an "open" class in the formulary or mandated by placing it in a "closed" class. In either case, savings can accrue by promoting the use of less-expensive, but effective, drugs and by negotiating lower costs by ensuring bulk purchasing.

The VA also uses various purchasing arrangements to cut costs. The VA, Department of Defense (Dodd), Public Health Service, and Coast Guard can purchase drugs at the Federal Ceiling Price, which is a specified percentage lower than the average manufacturer's price. The VA has conducted competitions among manufacturers to gain the lowest price for generic drugs. Joint procurements between the DoD and the VA also result in savings, particularly for generic drugs, because manufacturers respond to the anticipated volume of sales by cutting their prices.