

PA 11-044

SB1240

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<u>Senate</u>	<u>2657-2759</u>	<u>103</u>
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**H – 1106**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2011**

**VOL.54  
PART 15  
4837 – 5168**

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SPEAKER DONOVAN:

Please proceed, sir. Who's that dapper young man standing next to you? Please proceed.

REP. BUTLER (72nd):

Thank you, Mr. Speaker. I'm here to actually, um, recognize former state Representative from the 72nd district in Collington (inaudible) here, Reginald Beamon.

SPEAKER DONOVAN:

Welcome back, Representative. Nice to see you.

Very nice to see you, Representative, always a pleasure to see you. Thank you for all you've done. Thank you.

And with that we will return to the Calendar. Will the Clerk please call Emergency Certified Bill 1240.

THE CLERK:

House Bill 1240, AN ACT CONCERNING THE BUREAU OF REHABILITATIVE SERVICES AND IMPLEMENTATION OF PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND PUBLIC HEALTH, LCO Number 6842 introduced by Senator Williams and Representative Donovan.

SPEAKER DONOVAN:

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Recognize the House Chair of Appropriations,  
Representative Toni Walker, nice to see you, Madam.

REP. WALKER (93rd):

Good morning -- uh, good afternoon, Mr.  
Speaker.

SPEAKER DONOVAN:

Good afternoon.

REP. WALKER (93rd):

We just left a little while ago. We're right  
back here again.

I'd like to move acceptance and passage of the  
Emergency Certified Senate Bill Number 1240.

SPEAKER DONOVAN:

The question is on passage of the bill.

Will you remark?

REP. WALKER (93rd):

Thank you, Mr. Speaker.

Mr. Speaker, the bill before us is the second  
implementer that we are bringing out tonight --  
today. The bill transfers the powers of several  
agencies into collaboration of one, which would be  
the Rehabilitation Services Agency. The agency  
would be comprised of the Bureau of -- the  
Commission of Deaf and Hearing Impaired, the Board

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of Education Services for the Blind, and the Department of Social Services Rehabilitation Areas for Workmen's Compensation.

The bill also incorporates the Driver Training Program that was done previously in the Department of Motor Vehicles to train people who are -- who are looking for the ability to use their cars through adaptive automobiles.

The bill also makes a variety of different changes to the Department of Social Services and some of the Human Service areas. And just to give a brief overview, it also -- it also reduces the current funding for home care program and expands the smoking cessation treatment under the coverage of Medicaid. And it requires DSS to submit a plan to the Committee on Appropriations and Human Services on the implementation of Medicaid waivers and amendments. It also implements a new program called Medicaid Therapy Management Program, which was designed to help the smaller pharmacies in the state because of the reductions that we had in our pharmaceutical coverage under Medicaid.

Mr. Speaker, I move passage of the bill.

SPEAKER DONOVAN:

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

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. If I may, through you, sir, a few questions for the proponent.

SPEAKER DONOVAN:

Please proceed, sir.

REP. PERILLO (113th):

Thank you, Mr. Speaker. Again, through you, if we could refer to Section 73 of the implementer bill before us, which speaks to nursing home reimbursement rates, I'd like to kind of get a little bit of a better handle on that.

My understanding is that right now under current law there are slated to be increases in reimbursements to nursing homes. Is that correct? Through you, sir.

SPEAKER DONOVAN:

Representative Walker.

REP. WALKER (93rd):

Um, thank you, Mr. Speaker, and I thank the good gentleman from Shelton for the question, but unfortunately, I can't hear -- I couldn't hear it.

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So either could you speak a little louder or something, I'm sorry.

SPEAKER DONOVAN:

Excuse me, Representative Perillo, could you please ask your question.

REP. PERILLO (113th):

Absolutely. How's this?

REP. WALKER (93rd):

That's better, thank you.

REP. PERILLO (113th):

My question is as to Section 73 of the implementer before us and specifically as to nursing home rates. My understanding right now under current statute is that rates are set to increase over the course of the next few years related to inflationary issues and whatnot. Is that understanding of what is currently provided for in current statute correct? Through you, sir.

SPEAKER DONOVAN:

Representative Walker.

REP. WALKER (93rd):

Thank you, Mr. Speaker. I thank the good gentleman from Shelton for the question. First, we do remove the current state rate that was

established. We are giving them a one percent rate, but we are going to freeze the rate for two years because of the need for the budget. But they are going to be receiving a one percent increase over the next two years. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much and I thank the kind lady for her answer. But regardless of that one percent, we are still, over the course of the next few years going to be delivering to those nursing homes less in reimbursement than is currently proposed right now because of the freeze over the course of the next two years. Is that correct, that we will actually in the long run be reimbursing less? I'm trying to speak as loudly as I possibly can.

SPEAKER DONOVAN:

Representative Walker.

REP. WALKER (93rd):

Thank you, Mr. Speaker. Through you to the good gentleman, thank you for the question. No, we will not -- they will not be. We are giving them a one percent increase. I didn't think you heard me

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when I said that. Through you, Mr. Speaker. Maybe we should just talk to each other.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you. I'm not sure that takes into consideration the current statutory rebasing and inflationary adjustments that were proposed over the course of the next two years. But I won't belabor that.

You know, the proposition is for a one percent increase, I would argue that perhaps -- in fact, not perhaps that we will be actually lowering reimbursement over the course of the next two years and I'm concerned about that.

More specifically, I'm wondering -- given that we are changing the reimbursement structure and because of their rebasing (sic) and lack of inflationary increase over the course of the next few years, we are indeed, risking a lower reimbursement.

Have we taken into consideration, through you, Mr. Speaker, whether or not that is going to have a negative or a positive impact? And if so, what that

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impact would be on our nursing homes, specifically as to access and to whether or not the proper levels of staffing will be able to be provided? Through you, sir.

SPEAKER DONOVAN:

Representative Walker.

REP. WALKER (93rd):

Thank you, Mr. Speaker. And I thank the gentleman for the question. That is an excellent question and that is something -- we understand the rate of inflation, the cost of electricity and the cost of operations is going up. There is no question.

Unfortunately because of the constraints of the budget, by at least giving them the one percent and looking at the methodology of how we do that. Looking at some of the ways that we have been reimbursing nursing homes, we arbitrarily do interim rates. We sometimes do changes, there is no real formula that is etched in stone.

We do not always take into account the cost of living, the experience -- the electricity. For example, we talked to some of the facilities and we're looking at the need for actual air

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conditioning. I mean, something that -- as small as that, trying to get the comfort for some of the people in those facilities.

So yes, we are looking at it. We have been talking with the Department and the new Commissioner about actually formulating a group to understand. Because when they sat down and tried to explain to me how we funded the programs, I still didn't quite understand how they actually made the choices for whose rate got what. Because in some areas, they're zoned.

Some areas like Fairfield county, they get a different rate than areas in New Haven or Hartford. So I think that's something that we have to figure out. Are we looking at the economy or is it just because of the person that was there at the time? So I agree with you, sir. Through you, I mean, through the Speaker.

(DEPUTY SPEAKER ORANGE IN THE CHAIR.)

DEPUTY SPEAKER ORANGE:

Thank you. Representative Perillo.

REP. PERILLO (113th):

Thank you, and I thank the lady for -- I think we both do share some sort of -- maybe a lack of clarity as to how this is going to play out and how we should be doing this. And I think that's something, that indeed, we do not know at this time.

Let me try to focus on something perhaps we do know. In Sections 78 and 79 of the implementer before us, I do believe there is a decrease in the personal needs allowance offered to residents of nursing homes who are there through our Medicaid program. And my understanding is that's about a \$9 monthly decrease. Is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Yes, Madam, through you, I again -- I thank the gentleman for the question. Yes, we did reduce it. We reduced it by \$9.

I -- I mean, we could go through the budget line by line and we can talk about each one of the reductions. Yes, there are reductions, there is no question. But it was a choice that we had to make

in order to figure out how to at least maintain some of the programs.

Basically we kind of had a philosophical look at the way we did some of the reductions. We just reduced small items incrementally in different areas. And by at least just leaving them with the \$60 so they could still get their hair done and they could still get their nails done and things like that, we felt that that was much better than not trying to work with some sort of base.

Nine dollars is a lot because they have nothing, without question, and I'm not going to say that, you know, I've embraced it. But the fact that I was able to make sure that we kept \$60, I thought that was at least fair, sir. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

I thank the lady for her honesty. I would agree that, you know, \$9 is a lot of money to a senior who really has nothing. But we do agree that we know that that is indeed going to be a change in the budget before us.

If I could move on to maybe something that we do or do not know. Section 84 speaks to emergency transportation. And this is kind of a convoluted change that we're making in that we are limiting reimbursement to ambulance providers. And specifically, there does seem to be some room for adjustment within this and it refers to reimbursement of Medicaid, perhaps an additional percentage which the DSS Commissioner must develop. So my question, through you, Madam Speaker, is do we have any sense as to what that additional percentage would be or how it would be developed?

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. As we know, when we roll out these budgets, a lot of the conversations afterwards are exactly to the line items that are being addressed with the reductions.

The good gentlelady from Meriden has been working with them right now as we speak to come up with a better solution to what we did in the budget. It will be addressed in the Finance implementer, because we listened to them. We did do some

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reductions and when they put it in the -- when they presented it to us, evidently the Department of Social Services counted a reduction twice. And so therefore there was some inequity in the way they looked at it.

We're looking at going back to having some shared -- shared pain, but having a more equitable distribution to the two. We -- we -- we thought that we were going to be able to do it through the Commissioner, but the choice was we're actually going to later.

So I promise you I will get that to you as soon as we come up with the finalization with the Department of Social Service. It will probably be in about an hour or two.

REP. PERILLO (113th):

Thank you and I thank the --

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. So right now we do have language in front of us that we're probably going to vote on, but at the end of the day will not actually be what we do. Is that correct?

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DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. Yes, that is correct, sir. The language that is before you after many hours late at night and looking at how we funded, who got funded, it was something that we felt needed to be adjusted. And I think that in all fairness there were many things that we looked at that probably had the Administration had more time, things might not have been in the same way.

But this is definitely one of them that impacts our small businesses, especially in the interior areas of Connecticut, around Meriden, Middletown and those because those are the ones who do the transportation for the clients who are on Medicaid and Medicare, as you know. And it's very -- it's hard to judge in loco unless you actually know these people individually.

So through the gentlelady of Meriden and her contacts with some of those people, we were able to actually get a grasp on it because we weren't sure who was saying what. And it's -- sometimes people say things to slant it in their way. We wanted to

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make sure that we -- we wanted to make sure that we had all the facts so that we weren't going on a wild goose chase. So yes, we are going to be changing it and you're absolutely right. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you and again, I thank the kind lady for her honesty in admitting that perhaps we don't know exactly what we're voting on at this point in the game.

If I could move on to Section 87, it refers to the utilization of funds through the Tobacco Trust. And there are three different programs that we seem to be funding through this and there is some adjustment to what we're doing. My understanding as I read this is that a portion of the funding, it's about 1.5 million dollars, a portion of it goes to the Emergency Breathing Program, the Asthma Education Program, both of which I think I have a pretty close tie to tobacco use and smoking cessation. And the third is to funding emergency medical service regions.

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So we have a breathing program, we have an asthma program and we have Region Emergency Medical Services. So my question -- I guess my question, through the Speaker, is what does Emergency Medical Services -- what do Emergency Medical Service regions have to do with the Tobacco Trust Fund? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. Would you ask the gentleman from what section he is talking about in the budget, please?

DEPUTY SPEAKER ORANGE:

Representative Perillo, can you direct the Chairman to the section?

REP. PERILLO (113th):

Thank you, Madam Speaker. I'm referring to 87.

REP. WALKER (93rd):

Through you, Madam Speaker. The Emergency Medical Services funded through the Tobacco Fund and the grants to the regions -- uh, I have to get a little bit more information. Just a moment, please.

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Through you, Madam Speaker to the gentleman, I thank him for his question. This is just a source that we use for the funding for the regional council emergencies. It's not directly related to the Tobacco Fund, although it does provide services for people who would be covered under the basic umbrella of health care and health trust for tobacco.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you very much and just one follow up question.

Can the Chair of the Appropriations committee tell me what the EMS regions actually do? Through you.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I believe he said -- I believe the gentleman asked can I tell him who the emergency medical regions are. Through you, Madam Speaker.

REP. PERILLO (113th):

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If I may, the correction is actually what do they do? And I ask that because I -- I sort of work in the EMS world and I'm not sure what they do.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. That I cannot really say, sir. I do know that they do services in the community for -- especially connected with 211. I'm not exactly sure the specifics. I can get that information for you if you'd like so that you'd have that information, sir. Through you.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much and again, I thank the lady for her honesty, not necessarily understanding. And I -- I -- I respect that because, again, having worked in the business for about a decade, I don't know either.

If I could move on to Section 92 and this refers to the Medicaid outpatient fee schedule. My understanding is that we are changing the way in which we reimburse outpatient services and we are

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actually working towards a flat fee schedule across the board. Is my understanding correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for his question. Yes, we are. In order for us to really recoup all of the dollars and make sure that we are able to get the matching through Medicaid, the Department of Social Services started implementing the fee-for-service for all different aspects of services that we provide to our Medicaid clients. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you. So has there been, through you, Madam Speaker, has there been any sort of analysis as to how that will impact hospitals through the state of Connecticut? I understand we intend -- I suspect we intend for it to be at least budget neutral to the state if not budget positive.

But right now, you know, hospitals get paid different rates and they set their budgets based upon the rate that they are paid and that's typically based off of cost. So if we're moving to a flat fee schedule, that is obviously going to impact some hospitals to the better and some hospitals, perhaps, to the worse. So do we have any sort of sense as to how that impact is going to play out for individual hospitals? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, again, I thank the gentleman for the question. Yes, we have looked at the impact. What we looked at was, actually, we are acquiring services from these hospitals. How the operation is reimbursing the hospitals is really up to the operation of the hospital. We have been doing that in -- under the Madam Chair -- the managed care organizations, they negotiated those rates with the hospitals. Now that we are doing the rates of negotiation, we felt it was only fair to do it at one rate, making it set for everybody. How

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they do it and where they do that, that will be up to them through their administration. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I asked the question because, you know, sometimes we operate within a vacuum here and we don't necessarily know, especially for those of us who have hospitals in our communities, we don't necessarily know how our changes in policy are going to impact them, you know, practically. So there does seem to be a little bit of ambiguity as to how that is going to play out and I can respect that. But let me move on very, very briefly.

Sort of along the same lines. If we could move to Sections 102 and 103 of the bill as they pertain to the hospital tax, which I know we've discussed in the past. As I understand the legislation and as I read it, I see that there are specifics in place as to how we intend to calculate this tax. I know this has changed many, many times. Typically in the past when it has changed we have seen some sort of

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accounting as to how hospitals would be hit, either positively or negatively. Um, at this point though, I have not seen that. I'm wondering if one exists? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. This has been a major issue because, one, we have a new way of being reimbursed with the federal government and we have a new population that we're working with with the low income adults, or LIA, as people call it. Factoring those reimbursements that we get from the federal government has not always been part of the formula.

The Administration, the current Administration, when they started to do the actual formulas and developing the formulas -- and by the way, they -- they actually have a consultant who has been working with them to develop this. This is not just OPM creating it, they actually have an actuary in Washington, Covington and Burlington, I think it is the name of the group. They've been looking at different types of formulas, using either distressed municipalities.

Using the fact that the number of beds, the location, the density of the communities and they've come up with different scenarios. And the one that has probably come around that everybody has seen has been the one that was distributed, I believe, April 28th. And I believe that one had the least number of, as you put it, winners and losers in the -- in that formula.

But the reason why many of them were impacted was because of the number of Medicaid clients that they serve in those hospitals. We have not gotten a solid formula that we can actually say is the one that we're going to go with. But the Connecticut Hospital Association has stepped up to the plate to work with our Department of Social Services and Office of Policy management to try and look at how we could best equitably distribute the dollars so that there are no winners and losers per se, as you might refer to them. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you. Again, I thank the kind lady for her answers to the questions.

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And just again, through you, Madam Speaker, to follow up. My understanding is that we will be taxing hospitals on their net patient service revenue at a rate of 4.6 percent. But that the Secretary of OPM at his discretion may exempt outpatient revenue for certain hospitals based upon what I -- I -- I believe might be described as financial hardship, that that lies within the Secretary of OPM. Have those determinations been made as to which hospitals would be exempted? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. No, those have not. Those determinations have not been made.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I thank the lady again for answering the question.

Um, the point is that indeed, there may be individuals voting for this bill in this Chamber right now who do not actually know how this hospital

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tax is going to impact what, in many cases, may be the largest employer in their community. And that's -- I -- I -- I can respect that there's some -- some ambiguity there.

Um, let me -- let me kind of recap what we've just gone through.

Here's what we know. Here's what we know from what I just mentioned. We know that senior citizens who live in our skilled nursing facilities will see a \$9 cut, \$9 out of \$69, not \$9 out of a thousand, \$9 out of \$69 in what they're allowed to keep on a monthly basis. And we all agree that we know that \$9 out of \$69 is a lot of money for a senior citizen who, let's be honest, doesn't have any money.

That's what we know.

Here's what we don't know. We don't know how our freezing nursing home rates, even though there's a minor increase, how our freezing nursing home rates is going to impact staffing levels at our nursing homes. We don't know that.

We don't know how reimbursement as proposed in this bill for emergency and non emergency transportation is going to impact that sector of our economy. And as the Chair of Appropriations

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mentioned, that is going to have an impact on a lot of small businesses, particularly in the center of the state of Connecticut. And right now many of them are probably putting their budgets together and they don't know either. We don't know. They don't know. We don't know what the impact is going to be.

Here's another thing that we don't know. Well, here's what we do know. We know that we are funding regional EMS councils out of the Tobacco Trust. We're not a hundred percent sure how that ties together and we really don't even know what the regional EMS Councils do. But we know we're funding it. We know that.

Here's something we don't know. We know that we're coming up with a new fee schedule for outpatient care to our hospitals for the Medicaid population. We know we're doing that. But we really have no idea how it's going to impact those hospitals. We're not sure about that. So we can agree that we don't know.

And then we have this hospital tax, which has changed seven or eight -- six or seven times, let me not overstate, six or seven times. But we don't know how it's going to affect our own hospitals.

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Because a lot of the decisions that are required to implement this tax haven't even been made.

So we as a Legislature are being asked to vote on a budget implementer bill. We don't know how it's going to impact many small businesses in the state of Connecticut. We don't know how it's going to impact access to care. We don't know how it's going to impact the hospitals in our communities, be it Manchester or Windham or Bristol or Derby, you name it, we don't know how it's going to impact that. But we're voting on it anyways.

Those are too many questions, too many questions yet to be answered in order to vote on this bill right now. And I know for me it's very frustrating. I mean, let's be honest, I didn't vote for the underlying budget so I'm certainly not going to vote for the implementer.

But it must be frustrating for other members of this Chamber to have voted on a budget in hopes that perhaps there would be some clarity when the implementer came out, yet there is none. How's it going to affect your hospital? We don't know. No clue. How's it going to affect the nursing homes? We don't know. How's it going to affect patient

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access? We don't know. And on and on and on. We don't know what the impact of these policies will have on our state, on the public health readiness of our state. We do not know. And I think that's too bad.

So I will not be supporting the budget implementer before us. There are just too many questions yet to be answered. I do appreciate the time afforded me and the answers given to me, but the answers have, unfortunately, fallen short, and it's no reflection on the Chair. It's just simply that we don't have a budget that provides us with any answers at all. And I think we all need to take that into consideration as we pass -- or as we cast our vote today. Madam Speaker, thank you very much.

DEPUTY SPEAKER ORANGE:

Thank you, sir. Will you care to remark further? Will you care to remark? Representative Clark Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. Through you some questions to the proponent.

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

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REP. CHAPIN (67th):

Thank you, Madam Speaker. Sections 1 through 69 or I guess more specifically 1 through 3, 5 through 45 and 68 and 69 all seem to deal with the mergers of BESB and the Commission on Deaf and Hearing Impaired.

And I recall from the hearing that we had before Human Services that the OPM Secretary stated that this was being done in -- in an effort to consolidate and also to, uh, realize some savings. Can the gentlelady tell me what that savings amount, if there is any, amounts to in these sections, through those consolidations? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker to the gentleman from New Milford. The reductions in the staffing I believe is -- is eight.

It's a question -- through you, Madam Speaker, the question about some of the staffing because some of the staffing actually has been -- is planning to retire so the numbers are changing on the reductions

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in the staffing. And the numbers are changing in these actual savings. I would say that to give a good estimation it was at least ten percent of all the collective budgets together, which would be about -- about four million dollars so it would be about ten percent of the four million dollars.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And again, through you, as I read the fiscal note for Sections 1 through 69, it says the positions, functions and funding of the following agencies and programs are transferred into BRS and it specifically does reference the Board of Education and Services for the Blind, as well as the Commission on the Deaf and Hearing Impaired. So at least, the way I interpret that is there's no realized savings, at least not as of yet, but there may be in the future through attrition and other means? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

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REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for the question. There are savings in the budget because we did reduce immediately, sir, people that were going to be transferred in. I'm going to try and get that number for you as we talk right now. We did actually -- every agency that we consolidated through this whole process, we did reductions because that was the whole purpose of the consolidation was, one, for transparency for the public, two was for the reductions and three, it was for the ease of operations so that we can actually combine more of the back room operations that could be managed through all of the agencies even though they had individual different missions.

So that was an overall objective, no matter what we did through these consolidations. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And I thank the Chairlady of Appropriations for that answer.

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Moving on to Section 74. Section 74 provides fair rent increases for ICF and MR facilities that have already received certificates of need approval. Could the gentlelady tell me what the cost is -- associated with that? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. The change is expected to cost about \$150,000. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker and through you, is that amount in the budget? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, yes, it is.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker.

Moving on to Section 83, it appears that this is a new section although I didn't see that designation as we usually do. But it's requiring DSS to report to Regs Review, Human Services and Approps regarding why regs hadn't been submitted in accordance with various other sections.

Um, I guess I'd have to say that that's a new - - new way that I've never seen done before where usually we require agencies to enact regulation and we don't really articulate an out of them. But it's my understanding that we've done this in Section 83, asking DSS for a report if it's not done from Section 81, which is Medicaid non emergency dental services. Can the Chairwoman tell me how much money that por -- Section 81 is supposed to save? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, I'm -- I'm confused because I think we started on Section 83 on regulations. And then we went back to Medicaid nonemergency dental services. So I'm going to start

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with the regulations and end up with the dental services. Is that okay with the good gentleman from New Milford? Is that what he's asking me, Mr.

Speaker?

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker, yes, that would be fine. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Thank you. All right. Starting with the DSS -  
- I'm glad you asked about the reporting.

This is something that in our discussion with the Department of Social Services and the Office of Policy Management, we found out that there'd been many regulations that were supposed to be coming to the General Assembly for many programs that never got developed, such as HUSKY A and B. The HUSKY program, which we did 13 years ago, we still haven't gotten completed regulations and from so -- we felt that at this point in time we're having a change in administration, we're starting anew. We're going to

an ASO. We're doing different things, we're planning to adjust and address it differently.

We wanted to have a formulated plan on how we are going to be receiving regulations, to make sure the General Assembly has that information. And we also wanted to set up a time frame for that to happen.

So with the fact that we do have a new Department of Social Services Commissioner -- we understand he's learning and the staff is learning, so we gave him a year to sort of come together with all the things that you see in the uh, in the um, statute that actually talks about addressing the adult day cares, the medical services, all of these things are going to part of the ASO operations that Department of Social Services is going to be using in addressing our Medicaid population and some other -- the Aged, Blind and Disabled.

So that part of it -- and then after that in two years they will sunset if we don't have a full complete component of what the regulations are for the Department of Social Services to implement.

I think, to me, as a General Assembly we should share on that. Because we work in a vacuum, in a

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closet, in all these years and we never knew exactly what we were supposed to be doing and how the operation is. So that was something that that addressed right there.

In Section um, -- on the, um, um nonemergency dental services, what we did was, um, we -- we had a -- oh, the savings for those in Year 12 was 9.8 million and Year 13, 10.3 million.

And I believe you asked me what were we doing. Basically what we're doing is we are going to be just reducing the services to one cleaning, one -- one -- there was one -- where we were before offering it twice a year, we've cut everything to once a year. That's what you're asking. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And as part of the Section 83 reporting, one of the sections that's included in that is Section 110 which has to do with medical homes.

And if you look at Section 110, it looks like this section create a new medical homes program. As

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I looked at the fiscal note for that, it said that the impact depends upon the structure and the implementation of the medical home model. Would I be correct in assuming then that there's probably no dollar amount in the budget for that particular program? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, that is correct because we have not established it. It's going to be part of the ASO plan to address the low income population that we are taking over from the managed care organizations.

The whole layout of the ASO plan for health care delivery is going to incorporate new ideas and how we actually address it to reduce our costs. And the medical home model is one of the things that's going to be in that component. Which is why we need to have an operation and regulations in all of those things. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

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Thank you, Madam Speaker. And again, through you. So it would seem if -- if we haven't developed the program and we haven't assigned any budgetary amount to develop that program, how does one go about developing that actual program since most programs, the delivery of services have a cost associated with it? So I guess I need a further explanation as to how DSS would develop and implement this program? Do they -- can they just do it kind of with a blank check? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I guess I -- I-- I neglected to say this is part of the ASO monies that we allocated in the budget for the administrative -- I don't have the dollar amount in front of me, I'll be glad to get that for you.

But that was part of the budget because we have to allocate how much money we are going to be spending in our Medicaid line item. This is part of our Medicaid line item. So this is just one of the services in the Medicaid line item. The money is in

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the budget, it's already been established. But we have not carved out exactly how much it's going to be out of the Medicaid line item because we're transitioning people from one oper -- one form or another.

If you notice, we also have Money Follows the Person. Money Follows the Person is one of the programs that is in -- in -- actually in the line item, but the Medicaid home can be one of the ways that we can deliver some of those services. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. Again through you, moving onto Section 85. Through most of the fiscal note, it would appear that in those areas where the money is in the budget through Public Act 11-6, it so indicates. On Section 85, we're reestablishing podiatry services as an optional service under Medicaid. Can the gentlelady confirm the dollar amount associated with that and just confirm for me whether or not that is or is not in the budget? Through you, Madam Speaker.

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DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. Its \$150,000 and that is in the budget. Thank you.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And again, through you, Section 86, the Connecticut Home Care Program for Elders, which provides home and community based services to our elderly population. Seems to be a reasonably successful program and that prevents our elderly population from having to enter nursing homes. And I recall we have changed copays or premiums and the cost share for this program. Could the Chairwoman give me a brief synopsis, if she knows, of how much we've either asked our elders to pay or whether it started -- originally did it start as a free program for our elders? Let's start with that, Madam Speaker, through you.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for his question. The -- the -- the Connecticut Home Care Program for the Elders is a cost sharing. If you remember the budget, it started out -- the budget that was presented to us, it was up to 15 percent. We went through this discussion, I believe, last biennium, because the previous administration also raised it up also and we brought it back down to six percent.

The number of people we've been serving through this, it's been very successful, it's about 12,000 people statewide.

Actual cost to the client. It depends on the actual services that we're doing. Basically the way it's done is if there's a service for a dollar, they pay seven cents on that dollar for that service. So it depends on which service they're looking to acquire that we -- the state will actually cover in the litany of services that we provide to them in their home. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

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Thank you, Madam Speaker. And again through you, just so I'm clear on this, it's both a state funded -- there's a state funded component as well as a Medicaid funding component for this program? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, that is correct.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And again, through you, so what we're asking here in this budget implementer is a -- right now those participants presently pay six percent of the state funded costs and we're asking them to pick up an additional one percent? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. That is correct. I want to also -- I forgot another part of the question that the gentleman asked me. He said has

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this been -- always been a cost sharing. This -- the cost sharing actually began with the previous administration. They were the ones that implemented the cost sharing a couple of years ago. And again, they wanted to go up to 15 percent, but at the -- in the General Assembly we decided that it was too high, so we brought it down to six percent this year, we just brought it up one percent for the actual share. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And again, through you, so whenever this program first began was there any cost share at all? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, no. There was no cost sharing. I -- it began a couple of years ago, the cost sharing through the previous administration. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

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REP. CHAPIN (67th):

Thank you, Madam Speaker. Section 165 appears to be creating a pilot program for temporary family assistance recipients. And if you look at the OLR note it states the DSS and Labor Commissioners are to implement a pilot program for up to a hundred people receiving TFA benefits and participating in the Jobs First employment services program. The fiscal note states that the cost for such a pilot program is about \$150. Is that amount also in the budget? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I believe that the good gentleman from New Milford meant \$150,000. But yes, I'd like to do a program for \$150 somewhere. Yes, that -- that is correct.

It is a -- it is a pilot program that we -- that many of us saw that was being done in New York and Washington. It was an intensive program for services that were provided to people who were on welfare. But it was done through an academic environment that had a much better result getting

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the people off of welfare. And this was something that we had been looking at for awhile and we talked to the previous Administration about it. And we were able to do it with this budget. Through you, Madam Speaker.

And it is -- it is only going to be up to a hundred people. Hopefully, we will be able to get a -- an understanding of the value and how much we could save with the program like this, doing this, so that we could possibly implement it a little larger, in other areas of the city -- other areas of the state. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And again, through you, I do recall several TFA related bills in Human Services this year. But I don't recall one of this nature. The other ones had to do with extension of benefits or whether or not rather than searching for work you could use educational aspects in place of that. Can the gentlelady tell me if this particular program was something that had a public hearing and was debated before at least some committee in this

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General Assembly in this session? Through you,  
Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. Yes, this was  
discussed through -- especially in Appropriations.  
I believe the bill that the gentleman from New  
Milford is referring to was the one that many people  
commented on in the Appropriations Committee.

Unfortunately, because of the costs that went  
along with the bill that came out of the Human  
Services Committee, we were not able to do that.  
But we figured we would do one that was going to be  
more contained and more focused on the program  
that's already been implemented.

It would be wonderful if we were able to adopt  
the things that I'm sure he heard about in his  
committee in the Human Services Committee, but  
unfortunately, this is not the year or the budget to  
do that. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Madam Speaker. And I certainly thank the Chairlady of Appropriations for her answers.

I guess I'm a little struck by her last comment. This isn't the year to do these things. There's a budget implementer before us that does have sections in it that appropriate money that it's my understanding -- and OFA has also confirmed -- that there are sections that aren't even in the budget that we passed in Public Act 11-6.

I think I saw a news article earlier this week about the projected surplus for the current year as well as for future years so there are areas in this budget that I'm saddened to see, such as the section we talked about the home care for the elderly program where, while we do have a surplus, we're asking them to pay more for something that actually saves us money in the long run.

Madam Speaker, I've taken up enough of the Chamber's time and I look forward to the rest of the debate. Thank you very much, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Chapin.

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Will you care to remark further?

Representative Carter of the 2nd, you have the floor, sir.

REP. CARTER (2nd):

Thank you, Madam Speaker. Good afternoon.

DEPUTY SPEAKER ORANGE:

Good afternoon.

REP. CARTER (2nd):

Madam Speaker, just a few questions for the proponent of the bill?

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. CARTER (2nd):

Thank you, Madam Speaker. Through you, one of the questions I had in the bill, if you direct your attention to Section 110, it talks about the medical -- the patients that are medical home. And in the beginning of the health coverage, the very first part talks about the coverage of family planning services.

Madam Speaker, the question, through you, is what exactly are the covered family planning services that this bill would address? Through you, Madam Speaker.

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DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, could the good gentleman from Bethel please re -- re -- ,repeat the section that he's talking about, please?

DEPUTY SPEAKER ORANGE:

Representative Carter, would you please refer to the section?

REP. CARTER (2nd):

Yes, yes, Madam Speaker. It's Section 110.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, I believe the gentleman from Bethel asked me about the medical homes as a model for delivery of care to the recipients. And the intensive family services -- Through you, Madam Speaker, I'm sorry. I apologize. I was trying to find the sections, through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Carter.

REP. CARTER (2nd):

Yes, Madam Speaker, thank you very much and I understand that there's a lot that you have to digest. And I'll actually complement -- you're handling it very well over there.

The section is the coverage of family planning services. What I'd like to know exactly what those services are? Does it include, you know, just birth control, does it include fertility, what are those family services? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. They -- the -- this is case management services. One of the things that I think people sort of have to learn is management of their day to day activities. How to do time management, how to pay bills, how to manage their facilities, things like that.

And when we talk about intensive family case management, it is how to manage within the confines of our life and our lifestyle. And people tend to think about these things as being something that is somewhat light or airy or unnecessary. But everybody doesn't have those automatic skills and

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that's what this is referring to. Through you,  
Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Carter.

REP. CARTER (2nd):

Thank you, Madam Speaker. So I'm to understand  
through you, Madam Speaker, that this doesn't --  
this isn't talking about covering medical necessity.  
This is more of a counseling role? Through you,  
Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, I believe so. I --  
I think that's exactly -- I'm hoping because I'm  
looking at my definitions in my bill and I believe  
that's what he's talking about. So through you,  
Madam Speaker, yes.

DEPUTY SPEAKER ORANGE:

Representative Carter.

REP. CARTER (2nd):

thank you very much and thank you to the good  
lady for answering the questions.

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I just wanted to make sure that it was clear that, you know, we weren't out there spending money on fertility or something like that, which are very, very expensive things. So I was just kind of worried about the cost when I saw that.

Now, I do have one other question, through you, Madam Speaker. With respect to Section 76 -- and I'll give the good lady a moment to look.

DEPUTY SPEAKER ORANGE:

You're so kind, Representative Carter.

REP. CARTER (2nd):

My question is when we're looking at the pooling of these different administrative accounts, I'll say. Basically this is a way to save money by pooling how we do our drugs. How many more patients are we looking at in addition to the Medicaid population? I know what this does, it shows the Medicaid population and we're adding on state employees and we're adding on other people, the way I understand it, through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

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Through you, Madam Speaker. What this bill talks about is strictly about the people, I believe 600,000 people that are under our Medicaid program in the state. The state employees or the CBAC agreement is not something that is incorporated in this. This is strictly about the health care plan that the state offers for the res -- for the population that they cover. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Carter.

REP. CARTER (2nd):

Thank you and through you, Madam Speaker, then, it also talks about the rate that is paid for these different pharmaceuticals. And they talk about two different rates in the bill. They talk about the Medicaid services acquisition cost and they also talk about what we do in the state, which is the average wholesale price minus 14 is what it is currently. Is there a way to find out which one of those prices we pay more frequently to the Medicaid population? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

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REP. WALKER (93rd):

Through you, Madam Speaker. Let me try and explain how this works. We have two ways of calculating -- there are two things we do that we pay to the pharmacist. One is for the drugs and the other is for the little bottle that it comes in. We pay a dispensing fee and the dispensing fee that is in this bill is \$2.

The -- what we're paying right now is \$2.90 so we are lowering it. The proposal that was presented to us, the dispensing fee was \$1.50. We felt that was too low. The average wholesale price minus a certain percentage is how much the pharmacist gets to -- for reimbursement for the actual prescription. So the average wholesale price that we have currently before we -- before the -- January 1st -- no, July 1st, is AWP minus 14. we're going to average wholesale price minus 16 and that's what we're doing in this bill. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Carter.

REP. CARTER (2nd):

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I thank the Representative for her answers.  
And, you know, obviously, a dollar fifty would have  
been a pretty significant cut, and I would also  
argue that two dollars is a pretty significant cut  
and same with going to average wholesale price to  
minus 16, that's significant.

So with that, Madam Speaker, I -- the Clerk has  
an amendment. It's LCO 7273. I'd ask that you --  
that Clerk please call it and I be allowed to  
summarize.

DEPUTY SPEAKER ORANGE:

Would you repeat the number, please, sir?

REP. CARTER (2nd):

LCO 7273.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will the Clerk please call LCO Number 7273,  
which will be designated as Senate Amendment --  
excuse me, House Amendment Schedule "A."

THE CLERK:

LCO Number 7273, House "A," offered by  
Representatives Cafero, Klarides and Candelora.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Is there objection? Is there objection? Seeing none, Representative Carter.

REP. CARTER (2nd):

Thank you, Madam Speaker. LCO 7273 will strike Section 76 in its entirety and will renumber the remaining sections and internal references accordingly.

Madam Speaker, I would move that the adoption of the amendment.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is on adoption of House Amendment Schedule "A." Will you remark? Representative Carter, you still have the floor, sir.

REP. CARTER (2nd):

Yes, Madam Speaker. I also ask that the -- when the vote is taken it be taken by roll.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is when the vote is taken should it be taken by roll? All those in favor of a roll call vote, please signify by saying aye.

REPRESENTATIVES:

Aye

DEPUTY SPEAKER ORANGE:

The 20 percent has been met. And when the vote is taken it will be taken by roll.

Representative Carter, you still have the floor.

REP. CARTER (2nd):

Thank you, Madam Speaker.

You know, I come from a small town in the -- other side of the Connecticut, Bethel as many of you know. And one of the great things about Bethel is you walk through the streets of Bethel, we have a lot of folks who come from New York and other places to see what we have.

And right in the middle of town is a small independent pharmacy called English Drug. Now, unfortunately, English Drug closed. And it closed not only because of, you know, times were tough and businesses were having a hard time. But with English Drug, it was a small Mom-and-Pop independent pharmacy and they've been getting hit over and over and over with -- with state laws.

Specifically in 2009, we also reduced what they could charge. Basically we had at that time, I

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think, average wholesale price and we reduced it by four percent. You know, the bottom line is when a pharmacist is filling these prescriptions, right now the cost is somewhere around \$12 and some odd cents is what they make. So they get a profit of -- actually, it's what they cost, I'm sorry. It costs \$12.30 or something like that to get these prescriptions done.

Now, the problem is this figure is about four years old. Now, right now when you look at what pharmacists make, they get around \$12 and they get the -- and then they get the dispensing fee. And right now, they basically are barely breaking even with what they're making. And now we're going to them and we're asking for a further reduction of the average wholesale price minus another two percent, which is going to come out to about \$8 a prescription. That's a 30 percent cut in what they're making.

Now, the bottom line is these small, Mom-and-Pop chains -- and I would argue even some of the bigger chains are going to have a real hard time absorbing this. When you talk about cutting 30 percent of the business and then on top of it we're cutting the

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dispensing fee from \$2.90 down to two bucks, that really doesn't send a good message to business and it really puts the pharmacies in a bad position.

Now, I understand a number of years ago we had a lot of independent pharmacies. Now, we have about 150 or so in the state of Connecticut. Really sad that English Drug went away. I used to love that place and my kids used to go there, get candy and hang out. It was a great addition to the town of Bethel. But I'll tell you what. There are pharmacies down in Bridgeport and there are pharmacies in New Haven and there are pharmacies in a lot of our districts that are going to be facing the same problem if we do this.

Now, I understand it's a great idea to save 60 million bucks. But that 60 million bucks is coming out of one industry that's going to hammer them at a time where we can't keep doing this to our businesses. It makes it so difficult for them to stay. It affects the culture of our communities, it affects the ability of our patients to get drugs. You know, it's really important that we watch out for that.

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Now, I would put it to this Chamber that there are other ways that we can find to save that 60 million bucks. This is not a good idea. So I'll tell you what. I -- I really urge everybody in this Chamber to think hard about this and support this amendment to get this out of the implementer bill. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further on House Amendment "A"?

Representative Walker.

REP. WALKER (93rd):

Thank you, Madam Speaker. Madam Speaker, I rise in opposition to the amendment. I understand the good gentleman's hardship in this from Bethel. I understand the idea that we have -- we're missing the small Mom-and-Pop operations that were in our neighborhoods. Because I had a pharmacy that was in my neighborhood that I grew up with that was right around the corner. They knew me all my life and all my childhood. And whenever we needed anything -- my mother would have -- had a maintenance medicine one time and we couldn't get the doctor and she needed a

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maintenance medicine. And the Doctor even said, okay, before we even gave out the portions so that you'd get them through the weekend. They did that to help us out. And I know that they were part of our family.

The main thing that we have here is we're trying to balance some things. And I understand we have to maintain our Mom-and-Pop operations. So we have to do it in a different way. We have to provide them with access to different type of funding that is not going to overall impact the budget.

In 2009, June 2009 to 2010, we did a program in the state of Connecticut and Representative Sayers was one of the pilots in this program. And it was a medication dispensing and medication related program that actually looked at how people took their medications. One of the -- some people, especially our seniors have as many as 15 and 16 types of medications. Because of that, they were causing problems, one, for their health care. A lot of them ended up in emergency rooms, et cetera. And I'm sure that Representative Sayers can talk about it because she has talked to me about the fact that she

was one of the original pilots. And this pilot worked with 88 patients. And in this pilot, they -- the pharmacists during that time period identified 917 drugs that this -- these ADA patients were talking and the interaction that went on with it.

So what they did was they actually identified savings that we, as a state, could find per person by a thousand dollars almost. They also found out they'd reduced the number of hospital emergencies because they had negative reactions to the medications.

But the way they did it was they created this -- remember I was talking to Representative, I believe, Representative Chapin about fee-for-service, we're going to fee-for-service. The way they did it was they created a fee-for-service for counseling for intensive medication therapy, done by the pharmacist in the pharmacy or on the phone with the clients. And they got paid to do this.

And many of our Mom-and-Pop pharmacists were the ones that did what you talked about and why we would go in there and talk to them. They talked to us about the blending of these types of medications. So what we have done in this budget is set up a

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program called Medical -- medication -- I forgot the name of it, I'm -- I've got so many names here. But it does just that. It addressed just what you're talking about.

I hear you when you say we need to have help our independent pharmacists, but we're going to do it through another plan, not through this, because this is not the best way for them to get their reimbursement fees. This is the way because many of them could provide this, they do it already. All we're doing is providing them with the actual dollars to do that. Through you, Madam -- oh, thank you, Madam Speaker. So I urge my colleagues -- I forgot what I was doing -- I urge my colleagues -- I get impassioned about this. Excuse me. I urge my colleagues to reject the amendment. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you very much, Representative Toni Walker.

Will you care to remark on the amendment before us. Amendment Schedule "A." Representative Kupchick, you have the floor.

REP. KUPCHICK (132nd):

Thank you, Madam Speaker. I think we should vote for this amendment. I don't see any information about what the Representative is talking about regarding helping out the small pharmacies. I think it would be unfair for us to vote unless we knew exactly what that mechanism was and have it be in the bill that would protect the small pharmacies.

I have two small pharmacies in my community, Lupe's Drug Store and Schweitzer's. Lupe's Drugstore has serviced my family for four generations. It is a small pharmacy that employs a lot of people in the community, young people who grow up starting to work there and even go into the pharmaceutical business. Elderly people, senior who work there that help customers.

And we're talking about putting -- I really believe that this -- if we don't pass this amendment, we will literally be putting these pharmacies out of business. And that's 150 small pharmacies, family owned, who employ people in our communities. These are small business owners that work really hard to provide a very vital service to our communities and I urge the Body to really think about this. Because we would -- I really feel that

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this would -- if this amendment doesn't pass, we would essentially be putting these small pharmacies out of business. So I urge support of this amendment. Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

We are on Senate Amendment (sic) Schedule "A" and I have several people on the board, Piscopo, Betts and Miner, did you want to speak o the amendment?

Okay, then staff and guests, please come to the well of the House. Members, please 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 House Amendment, Schedule "A" by roll call. Members to the Chamber.

DEPUTY SPEAKER ORANGE:

Have all the members voted? Have all the members voted? Please check the board to determine that your vote has been properly cast. If your vote has been properly cast, the machine will be locked and will the Clerk will please take a tally.

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Mr. Clerk, would you announce the tally.

THE CLERK:

On House Amendment Schedule "A."

Total number voting	141
Necessary for passage	71
Those voting yea	49
Those voting nay	92
Those absent and not voting	10.

DEPUTY SPEAKER ORANGE:

House Amendment Schedule "A" fails.

Will you remark on the bill before us? Would  
you care to remark on the bill before us?

Representative John Piscopo, you have the  
floor, sir.

REP. PISCOPO (76th):

Thank you very much, Madam Speaker. Madam  
Speaker, a question to the esteemed Chair of the  
Appropriations Committee, please?

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. PISCOPO (76th):

Thank you, Madam Speaker. Madam Speaker, I --  
my question goes to Section 117, it's line 4033 in  
this implementer. I was just wondering how this

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language is reflected in the budget, in the overall budget? I've read it a couple times and for the life of me I can't figure it out. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. 117, which talks - - just to get clarity, 117, which talks about the establishment of a nursing home for certain hard to serve clients. Is that true? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Piscopo.

REP. PISCOPO (76th):

Through you, Madam Speaker, yes, it is. It -- what this -- what this section in this implementer seems to do is it provides for Social Services, Mental Health and Addiction services and Corrections, now may establish a contract for a chronic or convalescent nursing home. And it seems to exclude -- I don't know, towards the end of this section, it looks like those could be a certificate of needs statutes. It seems now all of a sudden

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they don't need to go through a certificate of need.

I -- are we on the right page? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. That is correct.

DEPUTY SPEAKER ORANGE:

Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Speaker. And now I will go to my original question. How does this language fit in with the budget? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. This was a -- this was a request to help place many people that the state had been caring for either through chronic disease or aging through the Department of Corrections. And the cost to keep them in the facilities that we had was extremely high or they were in emergency services. So this was established

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to do a reduction in the costs. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Speaker. And how -- a lot of these nursing homes -- now they could be small. And the definition of nursing home could be a few as say, six people. It could be under ten people. And in this section it says state-owned or private property to care for individuals. And it's not chronic nursing homes, it's also convalescent nursing homes. Do I have that correct? Is my interpretation of that correct, Madam Speaker?

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I want to thank the gentleman from Thompson for the question. This is -- I said chronic illness, not chronic hospital. We have many clients that -- our clients -- we have many people that we care for who have come out of the Department of Corrections who end up being placed because of chronic diseases. And they are

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paid for at higher rates. They -- many of them are dying, I would say probably all of them are in the process of dying. So what we're trying to do is reduce the cost for them through this. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Speaker and I thank the Chairwoman for her answers.

This is really -- real cause for concern for me. This one I think we all should pay attention to. It's -- what happens here is there's a section in our statutes, 8-3E. What that was established for was our Department of Development Disabilities to be able to site homes for chronic or convalescent care for our developmentally disabled.

Back then it was the Department of Mental Retardation and we've since changed the name. Since then the Department of families -- Children and Families saw that section and started siting its homes under 8-3E. In one of the implementers, I believe it was maybe 2005, the Department of Mental Health and Addiction Services inserted itself into

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that section 8-3E. They can site a home in any one of our districts, any one of our streets which six arrest residents in them. It's in our statutes, it's existing in law right now. So it gives me real cause for concern that now Corrections -- with Corrections in there and the way we read this section, required level of care provided in nursing homes and are transitioning from a correctional facility.

And then the "or" is very important, or receive services from the Department of Mental Health Addiction Services. So all they have to be doing is receiving help from the Department of Mental Health and Addiction Services.

I'm really concerned about this and I just don't think this should be in an implementer. I think it's a huge policy change, it deserves public hearing. It deserves proper vetting by the committees of cognizance of this Legislature. So to that end, Madam Speaker, the Clerk has an amendment, LCO umber 7329. Will the Clerk please call and I be allowed to summarize.

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Will the Clerk please call LCO 7329, designated as House Amendment Schedule "B."

THE CLERK:

LCO Number 7239, House "B" offered by Representatives Piscopo, Sampson and Betts.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Is there objection? Is there objection? Seeing none, Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Chair. This language is really cause for concern. It's not chronic. It could be a convalescent nursing home by -- for services from the Department of Mental Health Addiction and Services, now they will site corrections, people from Corrections in -- in those homes. And I am very concerned about this and I move adoption.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is on adoption of House Amendment Schedule "B." Will you remark? Representative Piscopo, you still have the floor.

REP. PISCOPO (76th):

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Thank you, Madam Chair. Madam Chair, this is tough. A bunch of us have been through these battles. They site a home in your district, no public hearing. The chief officer of the town, the mayor or selectman has no idea it's coming in. The state Representative or Senator has no idea these are being sited and they end up in your district and it's a huge battle. There's no public hearing and it's a real cause for concern. And I move when the vote be taken it be taken by roll.

DEPUTY SPEAKER ORANGE:

The question now before the Chamber is when the vote be taken it be taken by roll call. All those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

That was a good one. 20 percent has been met. When the vote is taken it will be taken by roll call.

Representative Piscopo, you still have the floor.

REP. PISCOPO (76th):

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Thank you, Madam Chair. I just will repeat, if you've been through one of these battles, it's tough. This is really tough language. We should get it out of here. Maybe we could debate this whole issue next year, public hearing, proper vetting of the committees of cognizance. If you vote for anything, vote for this amendment, please, on this bill. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Piscopo.

We are on House Amendment Schedule "B." Will you remark? Representative Walker.

REP. WALKER (93rd):

Thank you, Madam Speaker. Thank you for the opportunity. I urge my colleagues to reject this. I understand the concern.

Number one it is a nursing home that is on state property. And we do not have nursing homes that are smaller than 60 beds. So this is not your next door -- these are facilities that are already established and already owned by the state.

What we have is the need to move people out where we are paying a high premium for their care because they are responsible. These are people who

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do not have -- who pretty much are in the final stages of their life. This could possibly be considered the -- the -- the -- sort of the triage home for them just before they -- they die. It is not something that is going to be next door. So I urge my colleagues to reject this amendment. Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

Will you care to remark further on House "B"? House "B"? Representative Miner, House "B"? please proceed, sir.

REP. MINER (66th):

Thank you, Madam Speaker. Madam Speaker, as I read the bill on line 4037, this chronic or convalescent nursing home could be either on state owned or private property. I think I heard the gentlelady say that this was on state owned land. If I could, through you, could she just clarify for me whether there's some language other than what I'm looking here other than what's in the bill? Through you?

DEPUTY SPEAKER ORANGE:

Representative Walker.

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REP. WALKER (93rd):

Yes, Madam Speaker, and I want to thank the good gentleman from Litchfield for that question. I stand corrected. I do apologize. It is state owned or private owned. But they are 60 bed facilities. These are not small homes next door. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Miner.

REP. MINER (66th):

And -- thank you, Madam Speaker. And if I could, once again, with the gentlelady. I'm looking at the section and I don't see anything in here that indicates that it's a 60 bed facility. Could she point out to me where that would be, through you, please?

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I do not know the statute, but that would not be in this language. That would be in the language where we are talking about nursing homes. Through you, Madam Speaker.

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Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker and I thank the gentlelady for her answers.

Ladies and gentlemen, on line 4042, there's a reference to 17B-352 through 17B-354, which as I understand it is the certificate of need.

This bill, this section of this bill is no small item. And ladies and gentlemen, this is not the first time in this Chamber this year, during the process of adopting an implementer, I think we have been assured that these things are not problematic. But I can tell you my experience from language like this is that they are a problem. They are a problem.

Now, I know that we've had conversations about applying to the federal government and getting reimbursement for facilities that will actually treat people, Madam Speaker. Instead of leaving them in a corrections facility we can actually apply to the federal government and get some federal money rather than leaving them in a corrections facility to do treatment. I don't think that's what this says. At least, it's certainly not the way it's

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been described. And I don't think there's anything in this section that says these are people that are in the last stages of their life either. It says that they need some care, convalescent care or in another facility.

So I would urge the Chamber to think very carefully about this section. This is not going to impact the budget and we should remove this section. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

We, once again, are on Amendment Schedule "B." Will you care to remark on Schedule "B"? Representative Sawyer, "B"?

REP. SAWYER (55th):

Yes, ma'am, thank you very much.

When you look at this particular language it's not clear if it's going to be something that's a state facility and so not be taxed. Is it going to be a private facility so it will remain on the tax rolls? Is it going to be a private nonprofit? Is it going to be a for profit nursing home? So I am going to be supporting this particular amendment because of the lack of the public hearing process

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and it has not been fully vetted through the process that we're used to. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

Would you care to remark further on House Amendment "B"? Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Speaker. I just want to -- I just want to clarify something here. It's been said that these are for big, chronic nursing homes. Not the case. It could be for convalescence.

Convalescence could just mean recuperating from an illness. It could be a convalescent home. And it was said that it was for big nursing homes, 40 or more, by definition. And I just -- if you look earlier in the bill, Section 95, and if you go to our state statutes, Section 17b-372, a small nursing home could be under ten people.

I hope people are listening here. A small nursing home could be under ten people. So you could site a convalescent home with six people in it and get around all these local regulations, Planning and Zoning hearings and all that.

So I just want to clarify that. It could be for a nursing home as small as one per -- it could be very small nursing homes, not large. It's not chronic, it's a convalescent home also. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Piscopo.

Would you care to remark further on House "B"? Representative Peggy Sayers, you have the floor, ma'am.

REP. SAYERS (60th):

Thank you, Madam Speaker. I rise in opposition to this amendment. And I heard different, um, ways of addressing what a nursing home, a chronic or a convalescent nursing home is. And I think people have a real misunderstanding of what that kind of facility actually is.

There are regulations in place that would make it impossible to really have a nursing home that only had ten beds because the requirement for the types and kinds of services for a facility, in order to obtain that certificate of need. There is no way that it could be in a neighborhood housing.

And in fact, many of our earlier convalescent homes in the state nursing homes in the state of Connecticut were big old houses where maybe a nurse was the person who owned the house and they opened the nursing home. And because of the regulations that are in existence today, they no longer are qualified as a nursing home. And they become like a residential care home. So the regulations in themselves that would qualify someone for a certificate need would preclude any ability for them to open a ten bed nursing home.

It would just be -- and this addresses an astronomical costing problem for us in the state.

We had a prisoner whose time was up and was eligible for leaving the prison facility. However, he needed total nursing care. There was absolutely no place that could place him. No home in the state wanted to take him. He ended up in one of our hospital emergency rooms where he spent over nine months or more of his time. That kind of care is much too expensive. It is not the appropriate way for us to be providing care in this state.

This addresses that very difficult need. It allows us to create a home where we could place

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prisoners who are -- need end of life care. We're not talking about people that are up and walking about that are going to be cruising our neighborhoods. We're talking about people who require end of life care. And a lot of that care is expensive. We need to find the best and most economical way to provide that care. And that's why I oppose this amendment. Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

Will you care to remark further on House "B"?  
House "B." Care to remark further on House "B"?

If not, staff and guests, please come to the well of the House. Members, please take your -- oops. Representative Pat Dillon of the 92nd, you have the floor, Madam.

REP. DILLON (92nd):

Thank you, Madam Speaker. I'm sorry you didn't see my (inaudible). I wasn't trying to suggest that the question is so terribly urgent. But it is a tremendously important amendment we're looking at. And I wonder if, through you, I could ask a question to the proponent of the bill, not the amendment.

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Please proceed.

REP. DILLON (92nd):

Through you, Madam Speaker. In the past six months the Department of Social Services closed several nursing homes, one of which is Ella Grasso in New Haven. It's not clear to me what its legal status is. But I wonder if you could inform the Chamber, through you, Madam Speaker, if the proponent of the bill, the Chair of the Committee, would the current language permit the state of Connecticut to contract with someone to operate that facility for this particular appropriation? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I do not believe so. I believe that the facilities that they had thought about doing were facilities that they currently operate now. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Dillon.

REP. DILLON (92nd):

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Thank you, Madam Speaker. I'm sorry to hear that because there's a lot of things in the Human Services area that I'm concerned about that aren't being addressed in New Haven. But I'm very sensitive to the issue. I know that -- I hope that -- that the Commissioner of Corrections and the policymakers that are in control of this will be focusing on those who have AIDS, who have converted from zero positivity.

As we speak now and for about ten years, we've had a hospice for people with AIDS in corrections facilities. I've visited the one in McDougal. And Representative Sayers is quite right about the cost of end-of-life care.

I don't know if the Chair of Appropriations has been engaged in any conversations about folks with AIDS, but if there's a potential that those folks can have humane end of life care, with all due respect to the proponent of the amendment, I would oppose the amendment if there's a possibility that people who are dying of AIDS in Corrections can be treated at the end of their lives.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Dillon.

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Once again, House Amendment "B." Please put your light on.

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Madam Speaker. Just briefly. I'm hearing the discussion of the distinction between convalescent and end of life care. And this provision does not deal with hospice care or end of life care. That's a whole separate regulation. This is referring to our certificate of need process and convalescent care, which is entirely different.

This could be an individual who is -- has been taken ill and needs to recuperate. If this was a discussion about end-of-life care, certainly, I think this side of the aisle would have a different approach. But these are group homes for convalescent care and I support this amendment.

Thank you.

DEPUTY SPEAKER ORANGE:

Will you care to remark further? Will you care to remark further on "B"? On House Amendment "B."

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

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THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is voting House Amendment, Schedule "B" by roll call. Members to the Chamber.

DEPUTY SPEAKER ORANGE:

Have all the members voted?

Have all members voted? Have all the members voted? If all members have voted, please check the board to determine if your vote has been properly cast. If so, machine will be locked and the Clerk will please take a tally.

Mr. Clerk, would you announce the tally.

THE CLERK:

On House Amendment Schedule "B."

Total number voting	142
Necessary for passage	72
Those voting yea	49
Those voting nay	93
Those absent and not voting	9.

DEPUTY SPEAKER ORANGE:

The amendment fails.

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Will you care to remark further on the bill before us? Will you care to remark further on the bill before us?

Representative Betts, you have the floor, sir.

REP. BETTS (78th):

Thank you, Madam Speaker. If I may, I'd like to ask the proponent of the bill a question.

Through you.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. BETTS (78th):

First, I just want to thank Representative Walker for all the work she's put in. I know this is a very difficult job, you've put in a lot of hours. So I really salute you and your efforts in putting this together.

I'd like to refer or bring your attention to two sections. One is dealing with Section 7. It's the Board of Education and Services for the Blind. And if I understand this -- I'll let her get to that first.

REP. WALKER (93rd):

Thank you.

REP. BETTS (78th):

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if I may, through you, Madam Speaker, I just want to make sure I understand these changes correctly. Am I correct in assuming that the role of BESB's oversight board is going to change from being a central policymaker to an advisory to BRS? Through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Chair, I thank the gentleman for his question. Yes, that is correct, sir.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you. And am I also to understand that the function and monitoring activities will no longer be with BESB? Through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

I'm sorry, Madam Chair. Would you ask the good gentleman from Bristol to repeat that? I heard the beginning of it and then the noise level got up a little high, sorry.

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DEPUTY SPEAKER ORANGE:

Representative Betts, would you mind repeating the question?

REP. BETTS (78th):

Yes, certainly. Thank you very much. Through you, Madam Speaker, I would just like to confirm my understanding that the BESB will have its function eliminated from (inaudible) activities of carrying out its mission to provide educational rehabilitative services to all blind and visually impaired people? Is that correct? Through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. The bill eliminates the board's function. It doesn't eliminate the functions being provided. It just eliminates the board's monitoring of the functions.

When we had -- and I believe the good gentleman from Bristol and I sat to the wee hours of the morning through the public hearing. When we talked -- when they came to testify, they understood the need for some of the downsizing and the things that

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they had to do. And they actually identified some of the things and this as one of them, one of the expenses they said they -- they could incur.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much. Thank you for that answer and I do remember that memorable night of seven hours of public hearing.

But while we're on that topic of the public hearing, through you, Madam Speaker, as I recall there was very strong opposition, not only from BESB, but also from the Commission on Deaf and Hearing Impaired to any kind of transfer of either agency. And I wonder if the gentlelady would share with the Chamber their primary concern for having their functions transferred to another agency?

Through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for his question. When we looked at what

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was being proposed originally for the agencies -- and understand a lot of the consolidations were sort of presented to us, the options that were in front of us were actually reducing any of the capabilities of doing any of the services. It was also reducing the head of the agency. It was reducing staff. It was -- it was pretty dramatic.

And to try and save the agency and the underlying mission along with the Commission for the Deaf and Hearing Impaired, we had to figure out a way of savings. And the savings came from mostly the collaboration with the back room operation.

I want to explain to the good gentleman that one of the things that we, um, decided to put into the bill was to require the agencies to come back to us by January 1st to explain the consolidation, to make sure that what we put down for them, it either works, it doesn't work or that maybe they may have some other suggestions or other areas where they can actually change.

We understood that there was some concerns. But the main thing that we were trying to do was hold the agencies that are in this bill whole so

that they still provided the services. Because the families were all over the place.

And also the other thing that the good gentleman should understand is that these services are services that most of the families even said that they would increase, maybe payments, to do. And that's something we had thought about to try and cover some of their expenses, because they were that important to them. So all focus was to try and maintain what the families really needed and let the executive director say he could survive with. Through you, Madam Speaker. I may have talked too much, sorry.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much. And thank you to the gentlelady. I -- I have no other additional questions, but I do have some comments.

But first I would like to ask that the Clerk please read and amendment, LCO Number 7266 and I'd ask that the Clerk read the -- or call the amendment and I be allowed to summarize.

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The Clerk wants to know if it's read or summarize.

REP. BETTS (78th):

Summarize, please.

DEPUTY SPEAKER ORANGE:

Thank you.

Will the Clerk please call LCO 7266, which will be designated House Amendment Schedule "C."

THE CLERK:

LCO Number 7266, House "C," offered by  
Representatives Cafero, Klarides and Candelora.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Is there objection? Objection? Seeing none, Representative Betts.

REP. BETTS (78th):

Yes, Madam Speaker, I ask that we move adoption and when the vote is taken it be taken by roll call, please.

DEPUTY SPEAKER ORANGE:

The question is, the first question is on adoption. Will you remark?

REP. BETTS (78th):

Yes, Madam Speaker. This amendment strikes all references to the Commission on the Deaf and Hearing Impaired and the Board of Education Services to the Blind in the underlying bill.

DEPUTY SPEAKER ORANGE:

Thank you, sir. Is there another question?

REP. BETTS (78th):

No, I'd like to be able to explain that now, if I could?

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. BETTS (78th):

Well, I did --

DEPUTY SPEAKER ORANGE:

Please proceed with summarization.

REP. BETTS (78th):

Yes, if I could at this time, Madam Speaker, could I ask for adoption and that the vote be taken by roll call, please.

DEPUTY SPEAKER ORANGE:

The question is on adoption and when the vote -  
- the question before the Chamber now is when the vote be taken it be taken by roll call.

All those in favor please signify by saying  
aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

The 20 percent threshold has been met. When  
the vote is taken it will be taken by roll call.

Representative Betts, you have the floor, sir.

REP. BETTS (78th):

Thank you very much.

Very briefly, we heard for seven hours some  
very, very moving testimony before the  
Appropriations from people who have received  
services from these two agencies. And one of the  
things that stood out in my mind is that these  
agencies had provided very valuable services to  
people who have some very, very unique challenges.  
And their lives have been turned around and they are  
very productive citizens.

And they want to be able to carry on with,  
obviously, a winning formula, a winning success. And  
they made it very clear that they would do whatever  
they could to maintain that. Trying to combine  
these or coalesce these two together into a new

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Bureau of DRS I think would really be contrary to what meets their very special needs. And that's the purpose for this amendment and I ask for support.

Thank you very much.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Betts.

Will you care to remark on the amendment, Amendment "C"? Representative Walker.

REP. WALKER (93rd):

Thank you, Madam Speaker. Uh, Madam Speaker, I rise in opposition to the -- to the amendment. I understand and I -- and I -- and I thank the gentleman for the compassion that he has for the population that we're addressing right here with this consolidation.

But the main thing is that we have to, one -- and I stated this in the beginning -- we have to have a reduction in costs -- and we also -- expenses. And we also -- we have to have a better transparency and access for the clients that are utilizing the services.

By creating this Department of Rehabilitation Services, we're helping people be able to identify where they go when they need them. They understand

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that when they talk about these things, these are the locations where they can go for services for the blind or the deaf or hard of hearing.

It's very hard -- I grew up with a dad who was blind. And it was hard for me to find where the services were, especially for BESB, because it's sort of buried -- it was buried in the agency listing. And I knew what it was to drive up to Rocky Hill and try and find where I was going.

I think by doing this we bring more focus, by combining all of these services, we bring more focus on what we need to do to help citizens who might have a different way of living, seeing or working within the state because of physical changes or impairments.

So I think that combining them into one agency really gives them a focus. There's a sensitivity that will be shared by these agencies. And I think this is the best way we can go and it's a way of savings.

So I ask my friends to reject this amendment.  
Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Walker.

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Will you care to remark further on Schedule  
"C"? House Amendment Schedule "C"?

If not, staff and guests, please come to the  
well of the House. Members, please 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  
House Amendment, Schedule "C" by roll call. Members  
to the Chamber.

DEPUTY SPEAKER ORANGE:

Have all members voted? Have all members  
voted? If all members have voted, please check the  
board to determine if your vote has been properly  
cast. If so, machine will be locked and the Clerk  
will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

On House Amendment Schedule "C."

Total number voting	141
Necessary for passage	71
Those voting yea	49
Those voting nay	92
Those absent and not voting	10.

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DEPUTY SPEAKER ORANGE:

Thank you, sir. The amendment fails.

Will you care to remark further on the bill before us? Will you care to remark further? Representative Miner of the great 66th, you have the floor, sir.

REP. MINER (66th):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good afternoon.

REP. MINER (66th):

Madam Speaker, if I might just ask a few questions to the proponent of the bill, please?

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. MINER (66th):

Thank you, Madam Speaker. Madam Speaker, in Sections 78 and 79, if the gentlelady could help the Chamber understand. There is a provision in this bill that allows for the payment of Medicaid personal needs. And under the bill the actual allowance is reduced, I think it's by \$9. If she could explain to the Chamber what those dollars

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could be used for and who they go to? Through you,  
please.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through -- through -- through you, Madam  
Speaker. I thank the good gentleman from Litchfield  
for his question. These -- these -- this allowance  
or personal needs allowance can be used for people  
that are on Social Security or Medicaid, people who  
have very low incomes living in nursing homes or  
maybe even living in long term care facilities that  
we have around the state. Through you, Madam  
Speaker.

DEPUTY SPEAKER ORANGE:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker. And through you, in  
order to qualify does the gentlelady share with us  
what the asset threshold might be? What people can  
actually have in terms of dollars available to them?  
Through you.

DEPUTY SPEAKER ORANGE:

Representative Walker.

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REP. WALKER (93rd):

Through you, Madam Speaker. These clients -- these people usually are living on Medicaid. Medicaid is anywhere up to 150 percent of poverty. Poverty is \$10,900 a year in income, maybe up a little higher. And they have to be -- and if they're getting Medicaid so, yeah, I'd say -- I'd say -- probably less -- \$20,000 maybe, sir. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker. And from that \$20,000 then the care and state costs associated with convalescing would be taken from that? Through you.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I'm sorry, could the good gentleman from Litchfield please repeat his question?

DEPUTY SPEAKER ORANGE:

Can you hear up there okay?

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REP. WALKER (93rd):

Yeah. I -- I --

DEPUTY SPEAKER ORANGE:

Okay. Representative Miner, would you please repeat the question.

REP. MINER (66th):

Certainly, Madam Speaker. And the individuals that might have that income, they are in a convalescent home or some type of a long term care facility and would those care costs come out of that income, whatever it might be? Through you.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I -- I understand what the gentleman -- the -- the -- the clients cannot have that high an income. They -- I was using that as sort of a way of trying to understand exactly what level of -- of, uh, of income we're talking about when we talk about the people that live there. They do not have that. This is an allowance that is given to people who have no income, really. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker. And so under the proposed bill, under the budget that was adopted and this would implement that budget, in Sections 78 and 79, the amount of money that these individuals would receive for personal needs, which is set at \$69 is then reduced to \$60 per month. Is that correct?

Through you.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Yes. Through you, Madam Speaker. I thank the gentleman for the question. He is correct. It is now going from \$69 to \$60. That is correct.

DEPUTY SPEAKER ORANGE:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker.

Madam Speaker, the Clerk has an amendment. It's LCO 7274. if he call it and I be allowed to summarize, please.

DEPUTY SPEAKER ORANGE:

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Will the Clerk please call LCO Number 7274,  
which will be House Amendment Schedule "D."

THE CLERK:

LCO Number 7274, House "D" offered by  
Representatives Cafero, Klarides and Candelora.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber  
to summarize. Is there objection? Objection?  
Seeing none, Representative Miner, you have the  
floor, sir.

REP. MINER (66th):

Thank you, Madam Speaker. What this amendment  
does is it strikes Section 78 and 79 in their  
entirety and then renumbers the remaining sections  
and I move adoption.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is on adoption.  
Will you remark? Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker.

Madam Speaker, we heard over the last hour or  
so that there are pieces of this implementer bill  
that do various things. And what these two pieces  
of this implementer bill -- what they do is they

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reduce that \$69 payment that goes to individuals who really don't have anything else to spend. The gentlelady who is the Chair of the Appropriations Committee has told us that they don't have income. These are their dollars to use for personal needs, whether they be for toiletries, cigarettes, a movie, you name it. That's what they get to spend for the month. And it reduces that by \$9.

And I understand that we -- that we in the state of Connecticut, we're facing a 3.2 billion dollar deficit. And I understand that from very early on back in January, from the Governor right on down, we all knew that people had to make some difficult decisions and we had to share in the pain associated with those decisions.

Madam Speaker, I would suggest to the Chamber that a reduction of \$9 off of \$69 is probably a little more of a burden than these folks need to be sharing at this time, especially in light of the fact that just the other day, I think I read in the newspaper, the state's projecting a surplus in this fiscal year well over 600 -- and I think it's 650 million dollars. And certainly there's been a lot of information provided that even in the Governor's

projected revenues in the biennium, I think that number sits somewhere around 1.2 or 1.3 billion dollars.

So, Madam Speaker, I would hope that the Chamber would agree with me that this is a very small piece of a very large bill worthy of some adjustment. This is going to be our fingerprint on this implementer bill. This is an opportunity for us in this Chamber to say this population is being impacted too much. And we believe that we have the wherewithal in the state of Connecticut to continue to fund this at \$69.

And so, Madam Speaker, I would ask that when the vote be taken it be taken by roll call.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is when the vote be taken it be taken by roll call. All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

The 20 percent threshold has been met once again. When the vote is taken it will be taken by roll call.

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Representative Miner, you still have the floor.

REP. MINER (66th):

Thank you, Madam Speaker. I think I'm all set.

DEPUTY SPEAKER ORANGE:

Okay. Will you care to remark further?

Representative Toni Walker.

REP. WALKER (93rd):

Thank you, Madam Speaker. And I thank the good gentleman from Litchfield. His office is right next to mine and we talk about a lot of different things. And it's very interesting because he's from the northern section of Connecticut and a different community. And we share a lot of ideas. And he knows that in all of our hearts, these are very painful things for us to do.

I could probably save -- we could probably make up the 4.8 million in 12 and 7.9 million in 13 by maybe raising the fees on maybe bow -- what was that, bow hunting. Maybe we could use the bow hunting as a way of acquiring those fees.

But unfortunately, I cannot support this amendment. I know that it is hard and we do have a fiscal issue that we've got to address. And this is very hard for us to make any of these decisions.

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But I ask my colleagues to reject this amendment.

Thank you, sir.

DEPUTY SPEAKER ORANGE:

Thank you. Would you care to remark further on House Amendment Schedule "D"? Would you care to remark further on Schedule "D", House Amendment "D"?

If not, staff and guests, please come to the well of the House. Members, please 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 House Amendment Schedule "D" by roll call. Members to the Chamber.

DEPUTY SPEAKER ORANGE:

Have all members voted? Have all members voted? If all the members have voted, please check the board to determine if your vote has been properly cast. If so, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

On House Amendment Schedule "D."

Total number voting

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Necessary for passage	71
Those voting yea	49
Those voting nay	91
Those absent and not voting	11.

DEPUTY SPEAKER ORANGE:

House Amendment Schedule "D" fails.

Will you care to remark further on the bill?

Will you care to remark further on the bill?

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Chair, through you,  
a question for the proponent of the bill, please.

DEPUTY SPEAKER ORANGE:

Please proceed sir.

REP. TERCYAK (26th):

Thank you very much and let me first thank the  
Chair for her hard work on this. Every single  
choice in front of us is a bad choice and I  
understand our responsibility is to choose the ones  
that we think will do the least damage to the least  
number of people. And also, to choose the ones that  
we think will be easiest to fix.

If, after our experience and when the economy  
picks up, we decide that we don't have to live with

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all the bad decisions we were forced to say yes to now. So I'd like to thank the good lady for that.

And then my question is Section 74, which describes the rate setting for ICFMRs, which are the intermediate care facilities for developmentally disabled. They serve individuals with intellectual challenges. Now we're going to assess them with a user fee. When we've done it with other like hospitals, it's often called a provider tax. Although we passed this a long time ago, for the first time we'll finally be instituting it in Fiscal Year 12 and 13.

At the end of Section 4, it says that the Commissioner may increase rates within available Appropriations. All of the individuals in these facilities are Medicaid eligible. There are no private pay people there. So it's clearly under the purview here. Will these private providers, these ICFMRs receive reimbursement that covers the user fees they'll be paying to the state? If I'm clear or not -- please, through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Thank you, Madam Speaker. And I want to thank the gentleman from new Briton, the Chair of Human Services for the question. The intent of the bill is the pro -- private providers or ICFMR services will be paying a user fee. The intent is that the state can recoup these fees with a higher reimbursement rate through Medicaid.

So by doing so, the budget includes funding so that the private providers will receive rate increases that will offset the user fee assessment that has increased. So by doing this DSS and DDS will get a higher rate, and we, the state, will get a higher reimbursement rate. So I thank the gentleman for his question. And I thank him for all of his hard work in Human Services.

DEPUTY SPEAKER ORANGE:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Chair. I'd encourage all my colleagues to vote for the bill. The last part I was talking about is increasing the amount of money that we have sent to Washington that will now come back to our state so that the disparity between what we sent and what we get is

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not so great. We have left these dollars on the table before and now we're doing our best to keep them in the state and that is something we should applaud and that we should all be supporting. Thank you very much, Madam Chair.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Tercyak.

Will you care to remark further on the bill before us? Representative -- Representative Srinivasan, you have the floor, sir.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. I, too, want to compliment and thank our good Representative Walker for all the hard work that she has done in this bill.

Through you, Madam Speaker, if I'm allowed to ask a few questions of Representative Walker.

DEPUTY SPEAKER ORANGE:

Representative Walker -- please proceed, sir, to Representative Walker.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. To you, Representative Walker, do you know of the number of other states in the Union that have had legislation

passed with regards to the anti-epileptic medications not being altered or changed by the pharmacist? Do you have any idea as to how many other states have such legislation? I am going to be focusing on that component. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman from Glastonbury for your question. I do not know how many states have changed anything with regard to epileptic medication that they provide for clients in their states. Through you.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Through you, Madam Speaker. Could you elaborate on the thought process that went into carving out this anti-epileptic medication in terms of not being substituted by a generic as opposed to all other medications as well? What was it, in your mind, something so special about this medication alone?

Because I have seen it is -- it could occur in any medical entity, in a thyroid for example, is a classic case where if you substitute one for the other, it could be -- have a major change as far as clinically on the patient. So could you share with us, could I indulge you in sharing as to why this particular entity was carved out? Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, I thank the gentleman from Glastonbury for the question.

We received -- at least, I received a lot of communications from people who were receiving or taking epileptic medications. And we -- I -- we also got some emails and communications from doctors who were saying that they knew that we could not continue to try and go with the name brand, but they urged us to try and make sure that if we do the generic because -- and I do beg his indulgence because I'm not a doctor. I'm -- just from the communications that I got from the people that contacted us.

Evidently in the generic to generic, as long as it has the same potency, it doesn't cause any problems. But if you go one generic to another that has the different potency -- and I don't know what that potency is, I apologize, it can cause the levels to drop and potentially have a seizure.

So their request was that -- they had no problem, we didn't have to do the name brand. But they just wanted to make sure that their clients went from the same generic, from one generic to the other so that it would not have any impact. And they also said that the reason why is because they were having so many problems with their patients that were receiving medications through the state plan. So that's why we went to this and why we carved it out. They were very passionate and we have a lot of people that contacted us about this. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I do want to thank the kind lady for her answers. And, through you, Madam Speaker, if I can continue.

When I looked at the language -- through you,  
Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SRINIVASAN (31st):

Thank you. Thank you. Through you, Madam Speaker. When I looked at the language, if the pharmacist does not have the authority to substitute one generic to another or a brand to a generic, could you tell me if the patient would like the brand name to be substituted by the generic, in that situation, which is a real life situation as we all know, the copays are so different in brand names as opposed to the generics. Not involving the physician, not involving the pharmacist, but if it is a request of the family or of the patient that they would like the brand name to be switched to the generic, are we saying that that is allowed or is it not a part of this implementer? Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for his question. From what -- the way it's written the physician has to be part of the discussion. And the physician has to be -- has to sign off.

I don't -- I don't -- I mean, I don't know the circumstance, but I would assume that the physician has the capability of working with the patient. If the patient wants to go to another medication because of the copays, et cetera, I would hope that the physician has the ability to explain that to the doctor and ask "This is going to cost too much for me. I have to go with the generic brand."

But I mean, we -- we weren't looking at from the -- the -- the -- the name brand. We were looking at it because we were told with the lower priced medicines the potency or the level or whatever was so different that they became very ill. And so they just wanted to make sure by the lower paid medications that they didn't have a problem, but they just wanted to get the same kind. So it's not really interfering, it's just making sure that we don't blend, because that's the only thing that

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we have available for them. Through you, sir --  
Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. I do thank you for enlightening me on that. And I think that's a very good point that you made, that the focus here is switching from one generic to another where, as you very appropriately said, copay was not that much of an issue because it doesn't change within the generic family. I do thank you for that answer.

Through you, Madam Chair -- if I can -- Speaker -- through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. If I could bring your attention, Representative, to Section 150, lines 4919 to 4927. And I would like to have, I'll give you a moment to get to those lines.

REP. WALKER (93rd):

Go right ahead.

REP. SRINIVASAN (31st):

Thank you. And here we are focusing on pharmacy. Or purposes of the subsection, a pharmacy means a place of business where drugs and devices may be sold at retail and for which a pharmacy license was issued, so on and so forth. But a pharmacy, in line 4925, does not include a pharmacy serving patients in a long term care facility, other institutional facilities or a pharmacy that provides prescriptions for inpatient hospitals.

So, through you, Madam Speaker, we see that the pharmacy has been separated into two separate groups, some of them have been included in this implementer and others have been excluded. And I just want to know what the clarification as to why certain pharmacies are not included in this. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for his question. The reason I believe that they have this type of language was because these are inpatient facilities and that -- yeah, but -- I'm sorry. And the consequences are -- are --

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are at a different level. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you. Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Through you, Madam Speaker, the consequences -- through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

Through you, Madam Speaker, the consequences in a hospital setting, in an institutional setting are even more severe than what it would be in an outpatient setting. So I would hope that whatever switch is made generic to generic would apply across the board, not only in an outpatient setting, but an inpatient setting as well.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I understand the gentleman's question. But part of the problem with

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this is the fact that the cost rises every time we isolate it a little bit more. The population that you refer to are already in an institutional setting so they are being monitored and cared for on an hourly basis. So they have somebody there, monitoring how their reactions to their medications.

The patients that we're talking about are people that live at home and there is nobody there monitoring them on a regular basis. So therefore, to try and keep the costs down, we had to narrow the focus a little bit.

That's -- I -- I understand what you're saying. I hear you. But it's a difference of a few million dollars by doing it with that language. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I thought we had -  
- through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. I thought we had earlier said a few minutes ago that we were talking generic to generic and not brand switching over to generic which is where the major cost factor would come? And I'm hoping that when we switch from one generic to another the cost factor would be marginal at best and whether the patient is in an institution or in an outpatient setting, as you very appropriately said, in the public hearings we heard loud and clear the dramatic effects when the levels dropped and patients began to have seizures. And we definitely do not want our inpatients to have seizures either just because they are under medical supervision. We would still want them to be seizure free. And so that is why I couldn't understand why we carved out certain pharmacies in this particular implementer. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Toni Walker.

REP. WALKER (93rd):

Thank you, Madam Speaker. ( And I thank the good gentleman of the question. I understand exactly what you're saying, but there is still a cost by making this stringent definition.

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I do agree with you that the doctors are the ones who are going to be in control of it so they will have that ability in that facility, no matter what. It's just that the language is directly -- is directly related to home care. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I do want to thank the kind lady for her very kind answers. Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further on the bill before us? Representative Betts, would you like to speak for the second time, sir?

REP. BETTS (78th):

Yes, Madam Speaker, thank you.

If I could to the proponent of the bill -- pose a few questions, please?

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. BETTS (78th):

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Uh, yes. If I could refer your attention to Section 103, dealing with the hospital tax. And I'll let her get to that section first.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. BETTS (78th):

If I could pose the question. I was just waiting for her to get there.

DEPUTY SPEAKER ORANGE:

Representative Walker, are you ready?

REP. WALKER (93rd):

Yes, thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed, Representative Betts.

REP. BETTS (78th):

Yes, thank you very much. On line 3520 and 3521, am I reading this correctly where the language or the verbiage is being deleted where it says at the rate of four and six-tenths percent? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. That is correct.

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DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much for that answer. And then  
am I further to understand that the Commissioner now  
will have the ability to go up to six percent?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I do not see the  
amount of six percent in that -- in those lines.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Yes. My understanding is through the federal  
law, you're allowed to go up to a maximum of six  
percent. And I think that's what the reference is  
to. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker, that's correct.

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Representative Betts.

REP. BETTS (78th):

Thank you very much. Thank you for that answer. And then are all -- I believe that there are some hospitals that are going to be exempt from this hospital provider tax. I believe its UConn and the Children's Medical Hospital. Through you, Madam Speaker, could you explain why they are exempt from this tax?

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. Currently, nobody is exempt right now because we are still -- we're still working on exactly how the distribution is going to be made. The amount in the bill has been set as a placeholder. And I'm glad you asked me that because when we -- I -- answered questions from some of your colleagues earlier. The rates are not going to change. Nothing is going to change, it's going to -- the only thing that is going -- is still being negotiated and worked on is how the distribution is made. But the actual amount, the bottom line is not going to be changing. So right

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now, we have not really determined any way or how much anybody is going to get until that time. Then I will be able to answer your question, sir.

Through you.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much for that answer. And Madam Speaker, through you, um, I believe the formula says we have to have some winners and losers in order to be able to qualify for the federal funding. Am I correct in that understanding? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. He is correct.

DEPUTY SPEAKER ORANGE:

Representative --

REP. WALKER (93rd):

I'm sorry.

DEPUTY SPEAKER ORANGE:

I'm sorry.

REP. WALKER (93rd):

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And I just wanted to note that the, uh -- that I did read in the -- in the lines 3 -- 3504 and 3505, there is reference to the Department of Children's General Hospitals. So I stand corrected, sir. It is in statute above. So you are correct. Thank you, sir.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

And thank you very much, Madam Speaker.

And then my final question has to do with the federal funding. If I understand this correctly, I believe that if we do do this hospital provider tax that the state will become eligible for, I believe, 150 million dollars. Is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative --

REP. BETTS (78th):

In federal funding.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. If we choose to use that formula, that is correct. We have a variety of different formulas that we are looking at to see how we're going to work that out, but that is correct. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Okay. My final question, through you, Madam Speaker, is does the state have the ability to distribute any or a portion of that 150 million dollars to help out with the hospitals anywhere in the state or do they need to keep the entire amount? Do they have the ability to distribute, let's say for example, to some of the hospitals and keep the other 100 million dollars? What flexibility does the state have to be able to deal with that 150 million dollars? Can they give it to the hospitals? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I ask -- I thank the gentleman for his question. Well, one thing

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I've learned is that the state can always do what they want in any circumstance. But I would think that the intent is not to do that. The intent is to take the money with the increased rates and turn it back to the hospitals equitably, as much as possible within the federal law restraints. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much and thank you very much for your answers.

I just want to comment on the underlying bill and the reasons for my opposing this bill.

First of all, philosophically for the hospitals, it strikes me that since everybody is very interested in having universal health care, we're going to need places in which people can get health care and have access to it.

Therefore if that's the direction everybody would like to go it seems to make perfectly logical sense that we put money into our hospitals to make sure they have the infrastructure and the equipment to be able to meet these needs.

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Not only that, but -- excuse me. Not only that, but many of the hospitals in our communities throughout the state are absolutely the foundation of our communities. They're usually one of the largest employers, they're very active in the nonprofits. They help bring a lot of businesses to the community.

And I -- gosh, if I'd known in the beginning when we started this process and I heard about Grissel Hospital at one point possibly losing maybe four million dollars. I can tell you the fear that went through that building and all the employers, physicians and everybody was quite frightened and palpable.

I think we should be going in the opposite direction. I think we should be investing in the hospital, supporting the people for the health care because we have very, very significant needs coming up for the next few years as we all know, particularly with the baby boomers. And I would, for one, prefer that none of the hospitals incur any kind of penalty especially the ones that are run efficiently because of that.

And the reason why I asked the 150 million dollars for those that do end up being losers, I understand the Governor would like to use that money for other purposes. But it seems to me on a long term basis it might make some sense to take a portion of that 150 million dollars and make sure that our hospitals, which have been struggling, really, for years, get some very badly needed money to update their infrastructure, and to be able to make sure that they remain a vibrant and viable medical provider in the community.

The second reason I'm going to be opposing this has to do with the pharmacies. As you heard from Representative Perillo before, I've had a number of phone calls about this. I know in the Bristol community, I've heard from all our local independent beacon pharmacies. And I heard just yesterday that the unintended, undesired consequence was somebody who was already laid off before we've even acted on this based on what they're hearing that might be in the concession package as well as the reduction in the reimbursement to pharmacies.

I think it sends a terrible message that we will not be able to have personal contact with a lot

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of these businesses that have operated for generations, to whom we've gone and asked personal questions. We've developed personal relationships with and we are now knowingly going to be putting these businesses out of business. People are going to lose their jobs. We're going to lose some revenue locally. But more importantly, we're going to lose the ability to have that personal human connection to answer questions we have dealing with medication.

I think we should really think long and hard about whether we want to really eliminate these people from the industry and whether we want to have absolutely a reduction in competition, which is exactly going to be what happens here if we move forward in this direction.

I think that is a very unwise policy. I would urge all of you to talk to your local pharmacies and their staff and see what they are saying. Listen to them. Because what they're saying -- they are talking in real life terms. And I will vigorously be defending both the pharmacies and the hospitals because of the impact they have on the quality of life for all of us.

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So for those reasons, Madam Chair, I ask that the Chamber thoughtfully consider what the consequences are going to be on these two industries. Because we will have a very difficult time ever restoring what I think is going to be potentially damaging, not only to our communities but to our health care system. Thank you so much, Madam Chair.

DEPUTY SPEAKER ORANGE:

Thank you, Representative.

Will you care to remark further? Will you care to remark further?

Representative Molgano, you have the floor, sir.

REP. MOLGANO (144th):

Thank you, Madam Speaker and good afternoon to you, ma'am.

DEPUTY SPEAKER ORANGE:

Good afternoon, sir.

REP. MOLGANO (144th):

If I may ask a few questions of Representative Walker for point of clarification, through you?

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

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REP. MOLGANO (144th):

First and foremost, I wanted to thank the good Representative for her hard work and efforts at getting this bill put together. I know that must have been a very difficult task.

If I may ask, through you, Madam Speaker, some questions regarding Sections 45 and 46.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. MOLGANO (144th):

In Section 45, there's several references to the handicapped driver placards or plates that cars have and reference to renewals. And I wanted to know, especially with the present law that many people, including myself, have lifetime placards. And I wanted to know if within this new law, will those placards expire and new ones have to be obtained? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I don't believe that that -- that was not intended to change if that

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is the question that the good gentleman is asking me from -- through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

Thank you, Madam Speaker. I thank the good Representative for her answer. My question goes to whether or not because of the abuse that's been seen on these placards over so much time, will it be now the time to ask for renewals to that and we start afresh? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I thank the gentleman for his question because I understand -- I understand his need, I mean, this would be a good time to look at something like that.

I know that the Department of Motor Vehicles is looking at ways to clamp down -- clamp down on violators of the handicapped stickers and any of the other services that the state has set aside for people.

And the new Commissioner has talked about a couple of different things. And she was one who also suggested that the person that was in the Department of Motor Vehicles who was teaching people how to use the new handicapped vans to be collaborated with the Bureau of Rehabilitation Services.

She also talked about how we can do this process also through the Internet and make it available so that a lot of the clients who are looking for registrations for the placards and everything, as long as they were able to validate it, we could probably do it on an electronic basis. But we did not talk about that. And I'm sure if I talked to her as long as the revenues don't change right now, because the bottom line is the most critical part of it, I'm sure that that would be something that we could talk about with her.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

Thank you, Madam Speaker. I thank the good Representative for her answer. She just had a good

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segue into my next question regarding driver training.

Today the Motor Vehicles has inspectors who do that. And I know that the bill says on lines 1139 through 1141 that the driver consultant under BRS will have the authority and immunities with respect to such activities as are granted under the General Statutes to motor vehicle inspectors.

My question is, Madam Speaker, through you, will these new coordinators or consultants have as much authority as actually granting the license to a potential driver or will they just sign off on something and turn it over to Motor Vehicles to actually issue a motor vehicle license, which would be a difference from what's happening today? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Walker.

REP. WALKER (93rd):

Through you, Madam Speaker. I don't know because I was not told that their responsibility was going to change. If they have the responsibility before to do the authorization and granting then that will continue in this department. That will

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not change at all. If they didn't then, no, they would not. So I apologize for not knowing the detail to that, but the requirement was that whatever services they did before we would be maintaining them at that level. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

Thank you, Madam Speaker. That's the end of my questions. I want to thank the good Representative for her responses. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further? Will you care to remark further? Representative Kupchick, you have the floor, ma'am, for the second time.

REP. KUPCHICK (132nd):

Thank you, Madam Speaker. I'm speaking on the main bill.

I just wanted to, again, talk about the concern I have about the impact this bill is going to have on the hospitals and the pharmacies, as

Representative Betts said, spoke about the hospitals.

I did a town hall meeting several months ago and several of the workers from Greenwich Hospital came and spoke about the efficiency protocols that they had gone through the last year to save money. And that they literally had people coming in sitting with each worker for an entire week, watching them and then they cut tremendous amounts of staff and changed a lot of the way they do business at the hospital to create greater efficiencies.

And these workers were telling us how they literally didn't understand how they could save anymore. That they were right at the razor's edge. And that these cuts and these changes to their formulas were literally going to affect them so dramatically that it was going to hurt the people who work there because they're going to have to get rid of them and also, the people that use this hospital.

So I would have liked to have seen some changes to that, and also, to the pharmacies. I'm really concerned about these small pharmacies.

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I mean, these are small business owners, just like I am and my husband are. And they're just trying to make ends meet and provide a service to the community. And I've been told by both of the small pharmacies in my town that they literally will not be able to make ends meet if this formula goes through.

And so I really would urge and hope that the Representatives today would think very hard before placing their vote in the affirmative. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

Would you care to remark further? Will you care to remark further on the bill before us? Will you care to remark? Care to remark?

If not, staff and guests, please 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.

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(SPEAKER DONOVAN IN THE CHAIR.)

SPEAKER DONOVAN:

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

Clerk, please announce the tally.

THE CLERK:

On Senate Bill 1240, in concurrence with the Senate.

Total number voting	142
Necessary for passage	72
Those voting yea	87
Those voting nay	55
Those absent and not voting	9.

SPEAKER DONOVAN:

Emergency Certified Bill passes.

May I have the attention of the Chamber. We're about to recognize one of our members has passed away recently. And I ask the aisles be cleared and

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Senator.

SENATOR LOONEY:

That's what I thought, Madam President. So I will. The Clerk is in possession of Senate Agenda Number to and I move all items on Senate Agenda Number 2 dated Tuesday, May 24, 2011, to be acted upon as indicated and that the agenda be incorporated by reference into the Senate journal and the Senate transcript.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Madam President.

Now, Madam President, I would -- having adopted Senate Agenda Number 2, would ask the Clerk to call Emergency Certified Senate Bill 1240.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calling from today's Agenda Number 2,  
Emergency Certified Senate Bill 1240, AN ACT  
CONCERNING THE BUREAU OF REHABILITATIVE SERVICES  
AND IMPLEMENTATION OF PROVISIONS OF THE BUDGET  
CONCERNING HUMAN SERVICES AND PUBLIC HEALTH,

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introduced by Senator Williams of the 29th,  
Representative Donovan of the 84th. The Clerk is  
in possession of the certified signatures.

THE CHAIR:

Good evening, Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I move for adoption of the emergency certified  
bill.

THE CHAIR:

Acting on adoption and acceptance of the bill,  
will you remark further?

SENATOR HARP:

Thank you, Madam President.

This bill merges several agencies into the  
bureau of rehabilitative services. That is the  
Board of Education and Services for the Blind or,  
BESB, the Commission on the Deaf and Hearing  
Impaired, or CDHI, and the Department of Social  
Services Division of Rehabilitation Services, the  
Department of Motor Vehicles driver training  
program for individuals with disabilities, and the  
employee rehabilitation program of the workers'  
compensation fund. A report to the Human Services

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Committee and Appropriations Committee is required on the merger status and the programs offered to the clients through this bill.

The bill also makes numerous technical and conforming changes in that area. As well, this bill updates the provision in the statutes that allows the state to recover funds from parents of individuals who receive temporary family assistance, from individuals who receive state administered general assistance, from the estates of individuals who receive care and institutions through the Department of Mental Health and Addiction Services.

While the bill freezes Medicaid nursing home and intermediate care facility residential care home rates for two fiscal years, it permits the commissioner of the Department of Social Services to increase rates within available appropriations to reflect increases that result from the budgets' increase in the nursing home and ICFMR provider taxes.

The bill makes numerous changes to the Medicaid program, as well, to achieve budget savings. The bill transfers responsibility for

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childcare and school readiness programs from the Department of Social Services to the State Department of Education. The bill expands Connecticut's False Claim Act by broadening the circumstances under which a person is liable for submitting false or materially misleading information in order to obtain or keep funds owed to a state medical assistance provider.

Finally, the bill directs the Department of Public Health to establish a program to provide physician-prescribed drugs to treat possible HIV exposure for rape victims. This bill is necessary to implement the budget we recently passed and I urge adoption of this bill.

THE CHAIR:

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

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Good evening.

THE CHAIR:

Good evening, again.

SENATOR KANE:

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Good morning, good afternoon and goodnight.

Right? Isn't that the phrase?

Through you, I have a number of questions for the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

I just want to, Senator Harp, if I might, go through a number of sections in our analysis of the underlying bill that I don't believe are in the budget, which is Public Act 11-6. So I just wanted to ask you a few questions about certain sections if I might.

Through you to Senator Harp, Section 74 talks about DSS providing fair rent adjustments in immediate care -- intermediate care facilities. I believe there's four facilities that are in reference to -- in this bill and it has an annual cost of \$150,000 per year and through you to Senator Harp, I'm wondering if that is in the budget.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Through you, Madam President, it is not in the budget, but it will be in an implementer, which will follow.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. So there's an implementer to follow the implementer? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Madam President, there is an implementer that will make budget adjustments and this will be one of the budget adjustments that will be made.

THE CHAIR:

Senator Kane.

SENATOR KANE:

And through you to Senator Harp, when these adjustments are made for the monetary adjustments, how are they offset in the accounting?

Through you.

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THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Madam President. I don't believe I understand the gentleman's question.

THE CHAIR:

Senator Kane, would you please rephrase it.

SENATOR KANE:

Sure. Meaning that this particular section is not in the underlying -- not in the budget that's been passed, Public Act 11-6, but yet, there is a new expense for \$150,000 annually so how do we cover that? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much, Madam President.

It's covered through revenues that are available, extra revenues that are available that we've identified.

Madam President, through you.

THE CHAIR:

Senator Kane.

SENATOR KANE:

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Thank you, Madam President.

Extra revenues that are available based on  
projections.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President.

Yes. There was an excess revenue beyond what  
we needed for the budget that was, I think,  
identified by the Finance, Revenue and Bonding  
Committee. So there are revenues available for  
this. Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Through you to Senator Harp, was it ever  
discussed that maybe these extra revenues can be  
used to reduce spending rather than increase  
spending?

Through you.

THE CHAIR:

Senator Harp.

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SENATOR HARP:

Thank you. Through you, Madam President.

In this particular case, it relates to a residential care home that had actually received fair rent adjustment and a certificate of need that we passed in the budget and then we discovered late that we had also given a certificate of need for ICFMRs, had not frozen them in the same way that we had frozen the residential care homes.

And so what this bill does is freeze all future fair rent increases and the possibility of getting certificate of need. And it handles the certificate of need for ICFMRs in the same way in which we handled it for residential care homes and it was because we learned about it later, Madam President, that we thought that it was only fair that we provide to them the same policy that we had provided to residential care homes.

(Senator Coleman in the Chair.)

THE CHAIR:

Senator Kane.

SENATOR KANE:

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Thank you, Mr. President. Good evening.

Through you to Senator Harp, can you tell me where these four facilities are located? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Mr. President, no, I can't. I've just been assured that they exist and have received the certificate of need and will be moving forward should this bill pass.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Okay. Thank you, Mr. President.

If I move on to Section 85, it talks about podiatry as an optional service under the Medicaid program. This, too, has an expected annual cost of \$150,000 per year. Was this in the original budget? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Through you, Mr. President, yes, it was.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Okay. I don't -- I know this bill tends to come up every year, but I don't remember it this year. That's why I asked this question, but I'll take your word for it, I guess, if you say it was in there.

There's also talk about the individuals that are eligible for ConnPACE, yet I believe the program was closed in the Governor's budget. This -- these also have an anticipated cost of \$125,000 annually. Can you speak to that? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

This, too, will be in the general government

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implementer where we will put all of our budget changes. One of the things through you, Mr. President, that we discovered was that in moving all of the ConnPACE folks into Medicare savings program, that there were a number of folks who would not be eligible for two years we are currently eligible for ConnPACE and they basically fell through the cracks.

And so there was an interest to assure that those folks who are eligible now and might be eligible would not have to wait for those two years and incur emergency costs that would cost the state more. It would be cheaper on behalf of the state to actually continue the program for those folks who are not eligible. It's a small number of people.

And so it was with that in mind that we found dollars to fund this program that you will see in the budget implementer that follows this. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

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How many individuals particularly are we referring to -- are we speaking about? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you. Through you, Mr. President, I think it's around 50. Through you.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

Section 163 talks about the Child Immunization Task Force. I know this is a small dollar amount. I think it's about \$5,000. I believe it doesn't have a fiscal note truly because it is such a small figure, but can you just speak to what those costs are for? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much, Mr. President. I'm going to check the fiscal note but I believe through you, Mr. President, that the \$5,000 probably is related

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to travel for those members of the task force who participate in the task force.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Okay. Thank you. Mr. President, I will accept that answer. I do believe that coming through the appropriations process, but I just wanted to confirm what those dollars were for. In Section 165, there's a pilot program for TANF recipients as long as they participate in the job first employment program. This as a program -- this program has an anticipated cost of \$150,000 annually. Was that in the budget that was passed, 11-6? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President, no. This, too, is something that we will see in the bill that follows in the general government implementer. And basically what it does, there are many hard to serve members of the jobs -- who participate in the Jobs First Program and what this would do is to

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provide intensive case management so as to ensure their success.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

So basically, I've asked you about five questions about certain sections and I believe one of them you did answer that it was in the original budget, but most of these are not in the budget that was enacted just recently.

When you say that there is another implementer to follow which will handle the dollars, in this budget implementer then we are changing policy.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President, yes.

Through this implementer we are changing policy and it was pointed out to us by our LCOs that it would be more appropriate to keep all the budget changes in one document. So initially, we had them in this document and we decided to the

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advice of our LCO to actually put them together in one document so that they could be tracked by the technical team that tracks our budgets and ensure that the departments would know those funds are available. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

So these items that we are discussing that are a change in policy, were they not given -- well, were the bills? And then if so, or the given public hearing and gone through the committee process like, you know, a great number of bills that we pass in the Legislature. Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President, I believe they were all heard in one form or another in various committees, either the Appropriations Committee or their policy committee.

THE CHAIR:

Senator Kane.

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SENATOR KANE:

Thank you, Mr. President.

And can you speak to where these policies might be or might have been? Were they necessarily defeated in committee? Did that come out of committee? Were they forgotten? Were they -- you know, why they would be implemented here and not gone through the regular process, the more traditional process of legislation. Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President.

I think that oftentimes policy committees forget that they are -- and that they don't actually learn until after the bill is passed out of the committee that there is a fiscal implication on the bill. So as a result, they don't have the ability to lobby the Appropriations Committee at the time to get the item in the budget.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

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There are a number of sections that in addition to what we've already discussed -- and I don't want to go through all of them because it could get quite lengthy, but if I might pick out one or two I'd ask you how they implement the budget because, for example, Section 70 through 72 clarify state lien rights so I'm curious how these sections could implement the underlying budget. Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Basically what this bill does is to provide a savings for the budget because it gives the Department of Administrative Services the ability to go after dollars for folks that have received state services. I think that I mentioned those in my opening statement, but it allows the state to recover funds from folks who have been on our Temporary Family Assistance Program, our State Administered General Assistance Program and from the estates of individuals who received care through the Department of Mental Health and

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Addiction Services.

So it basically enables the Department of Administrative Services to go after those funds and those funds become available as revenue in our general fund and that's how it helps to implement the budget.

Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

Would you say that a number of these policies were the Governor's or administration's policies? Were they the policies of the Legislature? Were they in combination or in conjunction with the administration?

Because obviously the Governor, when he puts out his budget, he puts forth his budget in February. He has certain policy revisions that he chooses to make to put forth in his budget and some of these items, although they may have gone through the process as you mentioned earlier, a public hearing process, the committee process, were not necessarily voted out of committee or voted through

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the entire body of the Legislature.

So is it safe to say that these policies are in conjunction with the administration or are the something that get work done later, as you mentioned? If you could just describe that for me. Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President.

Most all of these bills at least had -- all of these areas had a public hearing. Many of these items are reflections of implementing language that came from the Governor. Some of them, I say reflections because they have the Legislature's input, so that we worked together on those as we worked together on the development of the budget.

And so I would say that this document represents the collaboration between the legislative and executive branch.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

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Since we are on the policy discussion, I'd ask you to talk to me or refer to me about Section 104, which makes changes to the provisions of transfer of assets for the purpose of Medicaid eligibility.

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Through you, Mr. President, this is an item that was actually in the Governor's implementation bill. And what it does, from what I understand, is close a loophole.

As -- through you, Mr. President, as you may know, as the former ranking member of Human Services, the State of Connecticut has a five-year look back period. And the State of Connecticut evidently developed regulations to determine what happened to assets when a person was admitted into the nursing home. They had given away assets and then would have a penalty period.

Prior to the Deficit Reduction Act, we were able to allow a family member to keep half and there would be less of a penalty. After the

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Deficit Reduction Act, as I understand it, they asked us to tighten up our rules so that this loophole didn't exist.

And the Department of Social Services tightened the local through a regulation. And we were recently told by the department, by CMS, Centers for Medicare and Medicaid Services, that the regulation was not adequate and that if we were to continue this practice, that it had to be codified.

And so Section 104 reflects codifying what is currently in regulations and attempts to close a loophole that can reduce the amount of dollars and work around the five-year asset look back.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

Would you then say that the section impacts the budget, Public Act 11-6, negatively or positively? Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Through you, Mr. President.

I believe it affects it positively and my discussion with our -- the Office of Fiscal Analysis, our analysts said that if we were to remove this section, that he would have to put a fiscal note on a bill that currently is not in the budget, nor is it contemplated in the general government budget adjustments.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

As I said, I won't go through all of them because I have a laundry list of sections that are policy changes that I'm curious how to implement the budget.

But if I might, if you'll bear with me just a, you know, just a couple more because I think they are important -- on the human service side is with Section 107 -- and I'll let you find that -- is in regards to pharmacies and how they bill Medicaid for diabetic testing under the durable medical equipment fee schedule. So I'm curious how that policy will impact negatively or positively.

Through you.

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Senator Harp.

SENATOR HARP:

Thank you very much, Mr. President.

Through you, one of the things that has come to our attention as we looked at the section for smoking cessation, it was also the same section for diabetic equipment. So when we were examining this section of the statutes it came to our attention that there are many people who don't have access to lancets and other equipment that diabetics need to monitor their diabetes.

And in discussions with the secretary of the Office of Policy and Management and his staff, it is clear that if diabetes is not monitored and measured, that it will cost us more in emergency room visits. So that is the nexus to the budget.

And so we discovered that the diabetes equipment, lancets and other things were available on the durable medical equipment through those companies that offer that and have that license. What the department decided to do, because they know that it impacts the cost in terms of emergency room and excess hospitalization, is to make those lancets and other diabetes equipment available in pharmacies utilizing the cost list through -- of the durable medical of supply side.

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And so this bill just reflects a policy change that will be implemented at the beginning of the year, and that, through you, Mr. President, the department as well as the secretary believes will save us money in the long run and make this needed equipment available to folks who, if they use it, will reduce their ED visits and unnecessary hospitalizations.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

And I appreciate that and I think that the last two you mentioned in regards to this matter, if they can impact the budget positively, then I think that's a very good thing.

But let me ask you about Section 150 and 151, which speaks to pharmacies' responsibilities and prescription for medication used to treat epilepsy. I remember this bill in the Public Health Committee. In fact, I supported it in the Public Health Committee and then we had it in the Appropriations Committee, but that has yet to seen -- yet to have seen the floor and get passed through the Legislature.

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So you know, this is a -- one of those policies where we are implementing it in the budget prior to its passage through the Legislature. So if you could just speak to that if you might.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Through you, Mr. President, basically what this bill does is to standardize the medication that individuals who are afflicted with epilepsy have. And so basically -- and it impacts generic drugs.

Right now you can have multiple manufacturers and even sometimes the same manufacture make a medication, the basis of which is the same, but the filler ingredients are different and a person with epilepsy is very sensitive to that. And as a result oftentimes either the medication doesn't work or it could actually create a crisis and cause an ED visit or a doctor visit.

And so ultimately this bill requires that unless the doctor signs off, that the generic formulation would be the same for the person who has epilepsy and needs a certain drug.

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Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

No. And thank you, Senator Harp, for that answer. I get the policy of the bill and I can appreciate it because I did, as I said, vote for it in the Public Health Committee.

I guess my question, you know, for those who may be watching at home or on CT-N, if, you know, if they are -- but the question is, how a possible or potential piece of legislation like this is -- and I don't have the bill number in front of me. I wish I did -- but can -- you know, go through the Public Health Committee, go through the Appropriations Committee and then really just be implemented in the budget.

So I think just from a transparency, I guess, realm, I just was hoping we can give the people at home an explanation of how this process works, where a piece of legislation can be implemented in the budget without passage through the entire Legislature.

Through you.

SENATOR HARP:

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Thank you.

Through you, Mr. President, actually the bill can come in as implementer language. It is not passed yet. It's a proposal within implementer language. The nexus to the budget is -- are the costs that will be saved because a person gets the right medication and it doesn't trigger other negative responses.

And I believe the reason that it was placed in this bill was because of that nexus to the cost savings and the potential costs of ED visits and unnecessary hospitalization.

Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I can appreciate that if there's a cost savings. Earlier we spoke about certain sections that had increased spending. You know, there were a number of them, you know, 150,000 annually, 125,000 annually.

So there are certainly items that we're implementing in the budget that are -- have cost savings and I can appreciate that. But then there are others that have the

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negative effect on the very budget so I'm just curious how that process works.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Through you, Mr. President, I believe, though, that what happens is that if folks believe that a bill has a nexus to the budget they make it -- they recommend that we put it in the implementer and we consider it and decide whether or not, in fact, it does and whether or not, in fact it would be included in this particular case.

Both the members of the policy committees from both the House and the Senate were offered the opportunity to look at these things and make recommendations. And we met as well with the administration on these things before we settled on what would be in these bills.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I appreciate that answer and just one last question then through you, then to Senator Harp. Then I guess what

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we're doing tonight and what we can do theoretically is vote to spend more or increase spending in addition to the budget that's already been made a public act.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

While this bill just addresses policies that may require that we spend more, the bill that will follow will actually have a budget that will support these items.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

So I should save my questions for that next bill that we shall be taking up.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Mr. President.

I look forward to the conversation.

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Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I thank Senator Harp for her answers.

THE CHAIR:

Will you remark further?

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

Through you, if I might, just a couple of quick questions to Senator Harp?

THE CHAIR:

Please proceed with your questions.

SENATOR RORABACK:

I ought to, in fairness to Senator Harp, give her a chance to take your breath or get a drink of water. She's been on her feet for a while, but I only have a couple of questions and I'm confident that Senator Harp will have ready answers.

Through you, Mr. President, Senator Harp, my first question goes to the so-called hospital tax. Mr. President, through you to Senator Harp, does this implementer bill lay out how the hospital tax is going to work?

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THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much, Mr. President.

I believe that this bill sets out broad language. It does not indicate individual runs however.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

And through you to Senator Harp, I, to me the most -- one of the most if not the most distressing part of the budget that we passed was our inability to know what the consequences of the hospital tax would be on any particular hospital.

And through you, Mr. President to Senator Harp, does she know, does this bill reveal us what the results of the hospital tax will be to any particular hospital?

Through you, Madam President to Senator Harp.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

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It doesn't precisely indicate the impact to any individual hospital. It just sets up a system wherein we can move forward with the tax program.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam. President.

Through you to Senator Harp, does Senator Harp know whether there exists today a definitive determination of the consequences of hospital tax, like a final ruling as to who's going to be taxed what?

Through you, Mr. President to Senator Harp.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Through you, Mr. President, as last I learned of the hospital tax, the Connecticut Hospital Association had recommended a run and a taxing mechanism that all of the hospitals had signed off on. I believe that that run has been sent to the consultants in Washington who are determining whether or not it will pass CMS muster. I haven't heard that it will not.

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Senator Roraback.

SENATOR RORABACK:

Thank you.

I appreciate the update and I guess it's still to me a distressing phenomenon that we would pass a tax without knowing -- without being able to know perhaps what the consequences of it would be on any particular institution. And I can understand that hospitals may have, quote, signed off on a run, but I would be surprised if signing off was tantamount to an endorsement. It just may be dealing with the reality of what we pass.

The only other question I have for Senator Harp is in Section 94 of the bill, Mr. President, the implementing language seems to restrict how often someone on Medicaid can secure eyeglasses. And through you, Mr. President to Senator Harp, is she familiar with changes that the implementer bill makes with respect to eyeglasses?

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Mr. President.

Yes, distressingly so. This bill reduces the frequency in which Medicaid recipients will be able to have

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the program pay for eyeglasses from once a year to once every other year.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

And through you to Senator Harp, will that be the case even if someone's vision is changing at a pace which requires them to get glasses? I can understand -- well, if someone's vision is changing at a pace that their doctor says they should get a new prescription after a year, will this language preclude Medicaid from covering that, that new pair of glasses?

Through you, Mr. President to Senator Harp.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Mr. President, unfortunately it will not.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

I'm sorry? Unfortunately it will not preclude.

SENATOR HARP:

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Well, unfortunately it will not allow, even if medically necessary, another pair of glasses.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

Yeah. I think that -- and I've heard from people that are professionals who serve Medicaid eligible individuals who have told me that this change has potentially far-reaching and very unhappy consequences for people who rely on eyeglasses.

First of all, few people I know don't lose a pair of eyeglasses at least once a year. To ask them to hold on to them for two years is a pretty high expectation.

But more importantly, Mr. President, my understanding is that the once-a-year limitation was, in fact, itself a curtailment. Through you, Mr. President to Senator Harp, does she remember a time when there wasn't any limitation on how often you could get eyeglasses under the Medicaid program?

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Mr. President.

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I don't recall that. Through you, I've worked in health care for 20 years with Medicaid recipients and I -- it's my understanding that the one-year has been in place for at least 20 years.

Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President.

And I don't want to belabor the point, but I just feel like because I receive communication from people that I represent who have pointed out to me what they think. And I share the belief that this is not a wise policy choice.

And I just wanted to remind the circle that this change is in this bill and we ought to think twice before we approve it.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further?

Senator Suzio.

SENATOR SUZIO:

Thank you, Mr. President.

Through you, if I may, to the proponent of the bill?

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THE CHAIR:

You may frame your question.

SENATOR SUZIO:

Thank you very much.

In Section 38 there's discussion of a telephone company assessment and -- let me see if I can find it.

And if I can read the summary by OLR, under current law, domestic telephone companies serving at least a hundred thousand customers have to pay at least \$20,000 into the communication fund, blah, blah -- these funds helped provide --

The bill eliminates this deadline, thus the telephone companies are once again subject to the assessment. The bill does not specify how frequently the assessment is paid.

Is this, in effect, a new tax that's going to be assessed on telephone companies?

Through you, Mr. President.

SENATOR HARP:

Thank you very much, Mr. President.

Through you. I don't believe I would call it a new tax since I believe it is existing.

Through you, Mr. President.

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Senator Suzio.

SENATOR SUZIO:

I'm sorry. I have to beg your indulgence. I didn't quite hear or understand the Senator's response.

Would you mind repeating that, through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Mr. President, no. I don't believe this is a new tax.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

All right. Thank you.

Through you, Mr. President, if I read this correctly, this will reinstate the assessment. And again, according to the OLR analysis it says that telephone companies are once again subject to it and it does not specify how frequently the assessment is paid.

So through you, Mr. President, will the assessment be reestablished on telephone companies with at least a

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hundred thousand customers? And will they be expected to pay additional funds into -- pursuant to the assessment?

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

I believe that what the bill says is that the telephone company is to provide a report to the Department of Public Utility Control and to this bureau as well as to the General Assembly, having committees, having cognizance on matters relating to public utilities on the implementation of this plan.

So I believe that this, one, I believe that this is ongoing language and really just makes conforming language for this new bureau of rehabilitation services and then requires a plan to go to the Department of Public Utility Control and to the bureau. And so I actually believe that it clarifies an existing responsibility and is not a new tax.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you, Mr. President.

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Through you, the assessment apparently terminated or was not effective after July 1, 1992, and it's eliminating the deadline. Thereby the telephone companies are once again subject to the assessment.

Does that mean a company that had contributed to the fund prior to 1992 will have to repay additional money into the fund? Or will they be exempt because they had previously paid into the fund?

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Through you, Mr. President, I don't believe that it requires that they have to pay back funds.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Okay. Through you, Mr. President.

The bill does not specify how frequently the assessment is paid. Through you, Mr. President, does that mean that multiple assessments can be imposed on telephone companies subject to the assessment without any limit or any timeframe?

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Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

I believe that it requires that a plan be developed, one, for the monies, and as well for the companies in terms of how they will make their payments as well into this fund.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Through you, Mr. President.

Is -- are the assessments that are contributed to the fund, are they refundable to the telephone company? Or are they irrevocable?

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

And I could be wrong on this, through you, Mr. President, but I believe that it actually reimburses the certified telecommunications provider that provide the

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hearing equipment that is needed for folks who have hearing problems and are hearing and speech impaired.

And I believe that what the intent is, is to cover the cross -- across all telecommunication companies whether they provide equipment or not. So I believe that the fund actually pays for that equipment.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you, Mr. President.

If I may go to another section on the tax on hospital revenues, Sections 102 to 103. Again, I'm referring to the OLR analysis which describes a tax on hospital revenue as 4.6 percent of -- let me just -- bear with me for a second.

4.6 percent of the hospitals net patient revenue. And then OLR analysis goes on to state that the bill provides that the amount of the tax is the maximum amount allowed by federal law.

My question, through you, Mr. President, is this, if the federal law changes to something greater or less than the 4.6 percent -- which apparently is what the maximum is right now -- will that immediately be reflected in the tax that's levied on Connecticut hospitals, this particular tax?

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Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Mr. President, yes. I believe that it will.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you very much.

And through you, Mr. President, can the good Senator give me an idea, or is she familiar with how frequently the federal law might have adjustments built into it, to this particular rate that's allowed?

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

Through you, Mr. President, in all honesty, I'm not aware but I would imagine they take a look at it annually and it probably tracks to the medical inflation.

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Senator Suzio.

SENATOR SUZIO:

Thank you very much, Mr. President.

Through you, one other question I might have regarding Section 76, the reimbursement to pharmacists, which I notice apparently is decreasing by 2 percent. Let me just see.

All right. The bill reduces the reimbursement paid to pharmacists for dispensing most drugs to DSS medical assistance recipients. And it's going to go from a minus 14 -- the average wholesale price minus 14 percent plus \$2.90, to average wholesale price minus 16 percent plus a \$2 dispensing fee.

This will pertain to all drugs that are purchased either in the State of Connecticut or out of the State of Connecticut.

Through you, Mr. President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Mr. President, yes. It will.

THE CHAIR:

Senator Suzio.

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SENATOR SUZIO:

Thank you very much.

Those are my questions and I thank you very much for your responses, Senator.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

The Clerk has an amendment, LCO Number 6996. Will the Clerk please call the amendment.

THE CHAIR:

Would the Clerk please call LCO 6996 to be designated Senate "A."

THE CLERK:

LCO 6996, which will be designated Senate Amendment "A."

THE CHAIR:

Senator Kelly, what is your pleasure?

SENATOR KELLY:

Thank you, Mr. President.

I move adoption by roll call and seek leave to summarize.

THE CHAIR:

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The question before the Chamber is the adoption of Senate "A." The gentleman has requested permission to summarize. Is there objection? Seeing none, please proceed, Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

The purpose of this amendment is to strike in its entirety Section 6 of the bill and to renumber the remaining sections.

And what Section 86 deals with is the Connecticut Home Care Program for Elders. It's a program specifically designed to help seniors age in place. And it's not just every senior. In order to participate in this program you have to have assets of less than \$32,000 and income of less than 2,022. So we're not talking about the wealthy. We're talking about seniors who are on fixed incomes and are poor.

The Governor's budget increases the co-pay from 6 percent to 7 percent and this implementer bill seeks to do just that. This past year in the Connecticut Home Care Program, a budget of \$55 million, there was a \$26 million surplus. That's right. Let me repeat that. There was a \$26 million surplus.

I guess that's from on high.

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The Governor's initiative to increase the co-pay from 6 percent to 7 percent saves a mere \$600,000 according to the fiscal note. We couldn't find it in the budget to help the needy seniors in Connecticut to at least leave the co-pay at 6 percent. This amendment will do just that. It will let the seniors stay at 6 percent.

But let's step back for a second. Just last month the Kaiser Foundation demonstrated in a paper that seniors on Medicare which many of these are have a difficult time making copayments, because Medicare and anyone on Social Security and a fixed income, first of all, doesn't have a lot of income and then with rising costs of health care as people age it takes up a larger and larger portion of that income.

According to that paper, it stated that \$22,000 a year is spent by seniors in this situation a year for health care costs alone. So when we consider somebody that has no more than 32,000 dollars, has costs for health care in the neighborhood of 22,000, and to increase the co-pay, I think, is just wrong.

It's wrong if -- under most circumstances, but when you consider there's a \$26 million surplus in this line item in the present budget, to then go back to these

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individuals and ask them to fork up more money, well, that is wrong.

The purpose of the amendment is to reinstate the Connecticut Home Care Program as it was prior to the Governor's budget, to keep it at 6 percent.

And I would move adoption of the amendment.

THE CHAIR:

The gentleman had previously requested a roll call vote. Pursuant to Senate courtesy when the vote is taken it will be taken by roll.

Will you remark further on Senate "A?"

Senator Harp.

SENATOR HARP:

Thank you very much, Mr. President.

I urge rejection of this amendment and I just want to clarify some things. Actually in the Governor's budget the Governor recommended that the cost share go up to 15 percent. The Legislature, through its budget, went back down to 7 percent, not quite to the 6 percent that it had been.

And you know, one of the things that we have been criticized on is not by making the tough cuts. This is a tough cut and you've heard of other tough cuts that we've

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had to make. Unfortunately these are the things that we have to do in order to have a balanced budget.

So again, I urge rejection of this amendment.

(The President in the Chair.)

THE CHAIR:

Thank you, Senator.

Will you remark further? Senator Kelly.

SENATOR KELLY:

Yes, Madam President.

I agree the Senate -- the Governor's budget would go further than what the Legislature has proposed. He wanted to go to 15 percent and the legislative process did bring it down to 7 percent, but I would comment that while the Legislature did reduce it from 15 to 7, with this implementer, you know, this morning I was presented with a document for the first time of 193 pages and in excess of 6,000 lines dealing predominantly with Medicaid policy. Not an easy read.

We talk about transparency. Our voters demand bipartisan cooperation. I will say that I've been dealing in the Medicaid program for over 25 years. No one called me to comment on this implementer. No one. No consultation.

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I worked for the Department of Social Services. I've worked in the Connecticut Home Care Program. I know the people that are affected by this program and while we're talking about deep cuts, let me remind you once again there's a \$26 million surplus in this line item and we're going to go to people who have less than \$2,000 a month in income and ask them to give more. I don't get it.

Thank you.

THE CHAIR:

Thank you.

Will you remark further?

Senator Suzio.

SENATOR SUZIO:

Good evening, Madam President.

THE CHAIR:

Just barely, sir.

SENATOR SUZIO:

It's still evening.

THE CHAIR:

Just barely, sir.

SENATOR SUZIO:

I just rise in strong support of this amendment. This is something that I've received a lot of correspondence

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about. I'm talking about the copayment requirement under the Connecticut Home Care Program.

And most of these people are living, as Senator Kelly so elegantly articulated, on the edge. And so even a small change for someone in this income group can have a very big, very significantly adverse impact.

And for some reason, again I've received a lot of mail over this and phone calls in the last few months out of concern that the costs may be increased. And I know that personally it's going to affect a number of my constituents who cannot afford it. And I would hope that in light of the facts as exposed by Senator Kelly that this body of Senators will be sympathetic to those people and vote for the amendment.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further? If not, would the Clerk please announce the roll call vote. The machines will be open.

THE CLERK:

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

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An immediate roll call vote has been ordered in the Senate.

Will all Senators report to the Chamber.

THE CHAIR:

Have all members voted? Have all members voted? If so the machines will be locked and Mr. Clerk, will you call the tally.

THE CLERK:

Total Number voting	34
Necessary for adoption	18
Those voting Yea	13
Those voting Nay	21
Those absent and not voting	2

THE CHAIR:

The amendment failed.

Will you remark further? Will you remark further?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

The Clerk has an amendment, LCO Number 7021. Will the Clerk please call the amendment?

THE CHAIR:

Mr. Clerk.

THE CLERK:

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LCO 7021, which will be designated Senate Amendment  
Schedule "B."

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Madam President, I move adoption by roll call and seek leave to summarize.

THE CHAIR:

The question is on adoption. At the time the roll call will be called. Please proceed, sir.

SENATOR KELLY:

Thank you, Madam President.

Now this amendment I believe is a good idea. And I understand that this is my first legislative session, so on opening day I came up all energized, open ears, wide eyed and I walked into the hall of the House and I heard the Governor say that if there's a good idea, it's a good idea and it doesn't matter whether its offered by a Republican, a Democrat, independent, liberal, conservative, a good idea is a good idea.

Well, tonight I have one for you. Okay. And it's in the form of this amendment. And the reason this is a good idea is because it doesn't cost the taxpayers anything, it increases access to health care and it gives us an extra

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layer of protection and payment before an individual hits Medicaid, saving the taxpayers money.

So it doesn't cost us anything, it increases health care and saves tax dollars. Sounds like a good idea, doesn't it? I think so. The people where I come from, down in Fairfield County and Stratford, they think so too. In fact, they've brought this idea to me.

And what it does is it allows someone who participates in the QMB program, qualified Medicare beneficiary which is also known as a duly eligible, because they're going to be duly eligible for both Medicare and Medicaid, to purchase the supplemental Medigap insurance policy. They're going to purchase it with their own money so doesn't cost the taxpayers. If you're duly eligible and you're in Fairfield County, which means Medicaid is your second payer of resort, many providers don't accept the Medicaid. So you're limited in access to health care.

This, with the supplemental Medigap opens that up. It gives the Medicare qualified beneficiary an opportunity to seek more health care from more providers.

And lastly, having Medicare and the supplemental policy before we go to Medicaid, it saves tax dollars because there's two levels of protection before we get to

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Medicaid. No one would say, why doesn't, you know, why aren't we doing this now?

And I first visited this issue as a member of the Regulation Review Committee. And when we implemented that regulation we needed a legislative fix despite the fact that it's allowed under federal law. And the Center for Medicaid Services says that it's allowable. All that we need is a legislative fix to afford seniors in Connecticut, at no cost to the taxpayers, more access to health care -- at no cost to the taxpayer, at a tax savings.

Here's the legislative fix. It's a good idea. You ask any senior, any provider in any senior center in the state of Connecticut, I dare you to find somebody that says, this is a bad idea.

So that said, I think this is a good idea, I'm going to support this bill and I would urge everybody else to join me.

THE CHAIR:

Thank you, Senator.

Will you remark?

Senator Witkos, good evening, sir.

SENATOR WITKOS:

Good evening, Madam President.

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I just want to rise and agree with Senator Kelly. I think it's a good idea.

Thank you.

THE CHAIR:

Thank you, Senator Witkos.

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I just have one question for the maker of this amendment and then I'm going to urge rejection of this amendment. And I think the reason that I'm going to do it is based upon the argument that you made the previous bill. Can you tell me what the average income is for someone who qualifies as a QMB, or a qualified Medicare beneficiary?

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

The -- it's actually an income eligibility issue because the individual will have the assets to purchase the Medigap policy, which will give us the extra layer of protection. Many people that are above will be able to purchase this policy.

SENATOR HARP:

Through you, Mr. President.

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I don't believe that the gentleman asked my --  
answered my question.

What is the average income for this population?

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

If we could stand in recess I'll find out the answer  
and respond back.

THE CHAIR:

The Senate will be in recess. We will stand in  
recess.

Please proceed, sir.

SENATOR KELLY:

Thank you.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator Kelly.

SENATOR KELLY:

Thank you for the consideration, Madam President.

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Presently, effective April 1st of this year until December 31st, the monthly income for one person is \$1,779.68. The monthly income for a couple is \$2,402.96.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I urge rejection of this bill. I don't believe it's something that these beneficiaries can afford. My understanding of this population is that they are, as you point out, duly eligible, which means that they are either over 65 or they are under 65 at that income level and have a disability.

And so asking them to actually pay ultimately would cost us more money, because Medicaid pays for hospitalization so that if they're not able to actually make their payments, they lose their coverage for their primary care and end up hospitalized. I believe that it will cost the State more because Medicaid pays for that.

I don't believe many would sign up for this program. And as a result, while it may sound like a good idea, I don't think it's operational for that reason. I urge rejection of the amendment.

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Thank you, Senator.

Will you remark further?

SENATOR KELLY:

Yes, Madam President.

I think the more appropriate question would have been to ask what the asset limit for one person or a couple are and there is no limit on assets. So it is something people can afford if we allow them to do it.

And once again, a good idea is a good idea. I think this is a good idea. I think a lot of people would agree with me. And once again I will urge adoption to give people that opportunity to get health care access at no cost to the taxpayers.

Thank you.

THE CHAIR:

Will you remark further?

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President. Good evening again.

THE CHAIR:

Good evening, sir.

SENATOR McLACHLAN:

Through you, Madam President, a question to the proponent of the amendment.

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THE CHAIR:

Please proceed, sir.

SENATOR McLACHLAN:

Thank you, Madam President.

Senator Kelly, I want to thank you for a good idea. I've heard about this and frankly, I didn't understand all the details until you are able to elaborate. But I'm still -- I wonder if you might just elaborate a bit more, because you had a frustration level about the implementer process where ideas like this are not being entertained. And you also expressed a concern previously about a particular budget line item that had a surplus, unfortunately, that has not been effectively reallocated.

So could you please clarify for us in layperson terms how is an individual encouraged to spend their limited income to purchase this policy that you're proposing should be made available to Connecticut taxpayers?

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Well, it would come about by knowledge that the benefit and the program exists. You could learn about it through Medicare information. Well, you could find out

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about it at a local senior center or an access agency under the Older Americans Act. There's various ways that people could find out about the program and how to participate in the program.

I think where you sense the frustration was in the fact that working in DSS I spent 13 years working among other programs in Medicaid. Day in, day out I've read the policy manual probably thousands of times. I've also practiced elder law, so on a daily basis I advise elders and seniors how to participate in programs such as this so that they have the opportunity to age in place.

And then finally I volunteered on the board of directors for the Southwestern Connecticut Agency on Aging, which is an access agency under the Older Americans Act, which is an information source for seniors, as well as administers the Connecticut Home Care Program.

So when you come to these programs I have a wealth of information, over 25 years, and I would have thought and not -- and let me back up a second. I'm also ranking member on aging.

You know, and as a rookie here I thought I'd have an opportunity here at least to sit at the table. I'm not saying I have all great ideas and that everybody has to listen to all my ideas and that they're the best, but I

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thought I could make a contribution here in situations like this to help advance the cause and to improve the lives of people who want to age in place in Connecticut.

Unfortunately this is the only place that we get to talk about these things and to make our contribution, which I'm doing through the present amendment.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

Thank you, Senator Kelly. Thank you for shedding light on the budget process in this legislative session.

It's -- as a sophomore member of this Senate, it was my observation in the past budget cycle, though, at the time there was a Governor of my party, there still was an opportunity among the legislative process to have some participation per se in the implementer process.

And that seems to have gone absent this year, which is frustrating I think especially to those who have been in this State Senate for many years in the minority party. I suspect you may hear more from some of our fellow members of the minority caucus about their frustration that this implementer process was entirely one sided apparently

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between the Democratic office of the Governor and the majority party leadership of this General Assembly.

So I understand your frustration. I think we'll listen carefully to what our elders say, I think, in future comment, but it is of concern to me, frankly, that I've had that same experience.

And it is alarming I think to anyone who has professional life experience as an elected legislator in this Connecticut General Assembly, to come here with the ideal that you've just described, to come here with the intention of bringing your life experience, your professional experience, your good ideas, if you will, to the table and find yourself talking amongst yourselves in the minority party about your good ideas.

And so I applaud your effort to bring to the forefront by way of this amendment your good idea. And I encourage you, please continue to share your expertise as you have done here in this process tonight. Please share your expertise and experience of the Medicaid system with those of us in our caucus so that we can learn more and become better educated about what's best for the residents of Connecticut.

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Thank you, Senator Kelly. Thank you for your service. Thank you for your expertise and thank you for your good idea.

Thank you, Madam President.

THE CHAIR:

Will you remark further? Will you --

Senator Kelly, on the second time on your amendment, sir.

SENATOR KELLY:

Thank you, Madam President.

And thank you, Senator McLachlan. And I will say that I'm not just going to keep my experience open to the minority caucus. I will keep my experience, and you know, help open to whoever wants to work to help seniors age in place.

Wherever I can be of assistance, that's where I'll be. I came here to help. I came here to make a difference and that's what I intend to do.

So Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further? If not, Mr. Clerk, will you please order a roll call vote and the machine will be open.

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THE CLERK:

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

THE CHAIR:

Senator Hartley, please. Thank you.

All members have voted. If all members have voted the  
machine shall be locked. And Mr. Clerk, will you please  
call the tally.

THE CLERK:

Total Number voting	34
Necessary for adoption	18
Those voting Yea	13
Those voting Nay	21
Those absent and not voting	2

THE CHAIR:

The amendment fails.

Will you remark further? Will you remark further?

Senator Markley.

SENATOR MARKLEY:

Good evening, Madam President. Thank you very much.

The Clerk is in possession of an amendment, LCO Number  
6987.

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THE CHAIR:

Mr. Clerk, will you please call the amendment?

THE CLERK:

LCO 6987, which will be designated Senate Amendment  
Schedule "C."

SENATOR MARKLEY:

Madam President, I --

THE CHAIR:

Senator Markley, please proceed, sir.

SENATOR MARKLEY:

Thank you.

With your permission, I would move adoption of the amendment, ask that the reading be waived and beg leave to comment on the amendment.

THE CHAIR:

The question is on adoption.

Will you remark further?

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

I have three amendments and I will not belabor them, but I have offered them all because I think they're actually reasonable changes to the bill as it exists based on what I saw as a member of the Appropriations Committee.

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And this first one involves the consolidation of the bureaus -- yeah.

Let may get it out here -- of the Commission on Deaf and Hearing Impaired and the Board of Education Services for the Blind into a -- combining them into a new agency, the Bureau of Rehabilitative Services.

We heard substantial testimony on this in Human Services from people who dealt with these existing entities who felt very strongly that the provision of services now available was excellent and that the consolidation had very little in the way of savings. In fact, the OFA analysis on this amendment indicates that the additional costs of the amendment are uncertain.

I don't deny that there might be a small cost because I think a couple of positions were eliminated in making this consolidation, but on the flip side of this is the fear on the part of the people who are served by these agencies, that their concerns would be lost in the larger bureaucracy. And also that the functioning as it stood was appropriate and was long established by history and by tradition in this State going back many, many years.

I don't see the need for making this consolidation. I don't think the case was strongly made in the Human Services Committee. I would be happy to be corrected or

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retorted on that, but absent more than what I have heard as a member of Human Services I would urge you to adopt this amendment in all sincerity.

I think it would serve the people of the state well and I think it would serve the people who are particularly affected by these bureaus.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Markley.

Will you remark?

Senator Harp.

SENATOR HARP:

Thank you very much, Madam President.

I call for a roll call vote and urge rejection of this amendment.

In the -- the Bureau of Rehabilitative Services actually consolidates a number of departments in one place under one department that serves similar populations. I believe that it will add to ease of access and actually the idea came about as a result of the public hearings that we held on the Appropriations Committee.

We maintained the board of education services for the blind in one place for both the programs for students as well as for adult populations. And we brought the other

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rehabilitation services that are offered in our state under one umbrella. And I believe that that adds and ease of access.

So while I'm certain there are those that would like for them to be independent agencies, the reality is that the synergies that they can build together, the ease of access and knowing that they can be accessed through one department, actually I believe improves access to this very vulnerable population. And for those reasons I urge rejection.

THE CHAIR:

Thank you, Senator. And a roll call will be ordered.

Will you remark further?

Senator Markley.

SENATOR MARKLEY:

I would only say in response to Senator Harp that I feel that these are not similar populations in the sense that they are people who have -- who face challenges, but it's a very different challenge that's faced by a blind person and a deaf person.

I don't know that putting them under one agency does them any service. In ease of access they only need how to -- do they only need to access the services that are specific to them? And I don't see that there's any

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particular overlap between the services that are provided to the blind and the services that are provided to the deaf.

They're very different challenges and they themselves were very specific in their testimony that they would prefer to keep these functions separate. And it was in response to that testimony that I decided to introduce this amendment and I hope you will give it consideration.

THE CHAIR:

Thank you, Senator Markley.

Will you remark further? Will you remark further? If not, Mr. Clerk, will you please announce a roll call and the machine will be open.

THE CLERK:

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

THE CHAIR:

Have all members voted? Have all members voted? If so, the machine will be locked and Mr. Clerk, will you call the tally.

THE CLERK:

Total Number voting

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Necessary for adoption	18
Those voting Yea	13
Those voting Nay	21
Those absent and not voting	2

THE CHAIR:

The amendment failed.

Will you remark further?

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

I rise for the purpose of a question to the proponent  
of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR McLACHLAN:

Thank you, Madam President.

Senator, in Section 102 of the bill before us it  
speaks about the hospital tax. And could you please shed  
light on what will be the impact of the hospital tax  
proposed here on Danbury Hospital?

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much, Madam President.

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Through you, I believe that I said that the bill does not address specific hospitals, but sets out a structure in which to provide the tax and the reimbursement back to hospitals.

And so I'm not aware -- I believe that I said that the Connecticut Hospital Association has proposed a run that is being -- has been submitted to consultants who will determine whether or not it will be meet the approval of the Center for Medicare and Medicaid Services. And I'm not aware that that has been completed yet, nor do I know the impact on specific hospitals.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

And through you, Madam President, to the proponent of the bill, does that mean that the decision of how much each of the hospitals in the state are impacted is a bureaucratic decision rather than a legislative decision?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

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Through you, Madam President, I'm not certain that it was ever contemplated that the hospital runs for individual hospitals would be in a bill.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

.So as I recall, this proposal was before us in a previous legislative session. There were clear numbers for us to contemplate in the debate and I opposed the hospital tax back then in that particular debate. But this time that we're talking about a hospital tax, those clear numbers are not available.

Through you, Madam President, Senator Harp, when do you anticipate that that information will become available to legislators so they have a clear picture how this hospital tax impacts their community health centers?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Madam President, through you, I'm not altogether certain. I believe that the administration is waiting to hear from the Center for Medicare and Medicaid Services.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

Well, I guess that's somewhat alarming, is that we once again have a pretty important decision to vote upon in this budget process with a lot of what ifs and unanswered questions. And certainly, that I don't blame in any way on the chair of the Appropriations Committee.

I guess it's just frustrating as a Legislator when I have two hospitals in my district that are being affected by this tax and they're waiting quite anxiously to know what's the bottom line.

And the budget is passed, not with my vote. Now an implementer bill is before us. It doesn't appear it's going to have my vote based upon answers to questions at this point. And I just wish that we could be a little bit more forthcoming in this whole process of what's it about? What's happening here?

I have one other comment of concern about the bill before us. And that is that there is a substantial

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implementation of mergers of state agencies, and yet the bill calls for the affected commissioners of the new agency to report back to committees of cognizance. The status of such activity of merger.

And yet for some reason, and I suspect perhaps it's just an oversight when the implementer bill was drafted, that there was an oversight and an exclusion of the Legislative Committee on Government Administration and Elections to have that report of the process and the success, if you will, of merger.

So Madam President, I would ask that the Clerk call an amendment, LCO Number 7018.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 7018, which will be designated Senate Amendment Schedule "D."

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

I move adoption of the amendment and request a roll call and seek leave to summarize.

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The roll call will be called at the proper time.

Any questions on adoption? Will you remark further,  
sir.

SENATOR McLACHLAN:

Thank you, Madam President.

As the ranking member of the Government Administration and Elections Committee I really enjoyed the work that I've engaged in with my fellow members and the chairs, the co-chairs of the committee. One of the big assignments I believe the Government Administration and Elections Committee has undertaken in the last several years is the role of the Commission on Enhancing Agency Outcomes which looked very carefully at government efficiency in Connecticut government, state government and the possibility of mergers of agencies and commissions to look for cost savings and efficiency.

And so this organization of which the cochair of Appropriations and the cochair of Program Review -- the Program Review staff put a lot of time and effort into it -- have been very much involved in the process of trying to identify how can Connecticut government operate better, hence the name of the legislative committee, Government Administration and Elections.

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And so this very simple amendment seeks to ask that the report on the reorganization proposed in the implementer bill shall report back to the committee of cognizance, I believe in this case, which is Government administration and elections so that we may compare the work that's been done in our study of this process of efficient government in Connecticut.

I'm hopeful that this Senate will approve and support this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator McLachlan.

Will you remark further?

Senator Harp.

SENATOR HARP:

Thank you.

I urge rejection of this amendment. For all of the programs that have been merged in this particular bill the committees of cognizance are the Human Services Committee and the Appropriations Committee.

THE CHAIR:

Thank you.

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Will you remark further? Will you remark further? If not, Mr. Clerk, will you announce a roll call vote and the machine will be locked -- open.

THE CLERK:

An immediate 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:

Have all members voted? Have all members voted? If so, the machines will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

Total Number voting	34
Necessary for adoption	18
Those voting Yea	13
Those voting Nay	21
Those absent and not voting	2

THE CHAIR:

The amendment fails.

Will you remark further?

Yes. Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

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The Clerk is in possession of an amendment, LCO Number 6965.

THE CHAIR:

Mr. Clerk, will you call the amendment please?

THE CLERK:

LCO 6965, which will be designated Senate Amendment Schedule "E."

THE CHAIR:

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

I would urge -- move passage of the amendment and beg leave to summarize.

THE CHAIR:

The question is on an option. Please remark, sir.

SENATOR MARKLEY:

Thank you very much, Madam President.

You know, I grew up in Southington and I've lived there most of my life and over those years I have seen an awful lot of businesses disappear. In fact, I was thinking recently of how many are left in the center of Southington.

And the center of Southington is perhaps not the most vast downtown in Connecticut, but it's large enough and dear enough to me. And there are two places left from my

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childhood, the pizza place, what used to be the only pizza place in town, and Serafino's Pharmacy that's been there forever.

And Ron Serafino, who I grew up with -- have not been able to bring it to the Republican Party -- but I have heard from, repeatedly over the last few weeks in desperation over the changes we are making in reimbursement to pharmacists. And I'm sure all of you have heard the same thing from pharmacies in your hometowns, from small pharmacies, largely from family pharmacies which are being pushed to the wall by the changes that we're making, both in the encouragement of mail order and in the lowering of the reimbursement rate.

When we began this budget process I think one of the things that all of us resolved to do was not to push our problems off onto somebody else, not to reduce the aid to towns as a way of balancing our own budget at the expense of the municipal budgets that are dependent on our aid. And I think we're doing exactly the same thing in pushing these costs off to local pharmacies.

And unlike the towns, they're not going to have the option of raising taxes themselves, as dire as that would be for the municipalities. These pharmacies are going to

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go out of business, many of them, if we pass the budget as it currently stands.

The amendment that I'm offering would remove the changes in the dispensing the in the reimbursement in the DSS budget. It's a substantial cost to the State and I don't deny that and I certainly didn't come here to have the State incur more costs, but I think there are far more promising and appropriate targets of savings than this devastating move against small pharmacies.

And the strange -- my strange evolution politically over the years has made me more sympathetic to these small operations. There was a day when I would have said, the marketplace rules and if these places can't to make it, that's their own problem. I've had, since I was last here, 25 years of seeing the small places disappear, every kind of small place and I don't want to see it anymore.

I think it has impoverished our downtowns. I think it has encouraged a kind of a monopoly that I'm very uncomfortable with and it has destroyed a part of the American dream in a family business that was something that for many generations was a cornerstone and a foundation of our community.

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And I would urge my fellows here in the Senate to support this amendment in the name of preserving the small pharmacies which now stand at our mercy.

Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark further?

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I know that when we passed the budget, you know, there were those who criticized us and said, there weren't cuts and that the cuts weren't adequate, but we're here tonight that in fact there were cuts and that they were more than adequate.

And actually what this bill does is to mitigate the way in which we cut in the budget and it reduces what we pay to pharmacists, but provides a different wholesale price than was in the budget. It's an average wholesale price of minus 16 instead of minus 18.5. And I would agree with your independent pharmacist, that was absolutely too low.

It finds dollars elsewhere. We had a 790 dispensing fee that we thought couldn't be implemented under CMS rules. And so we changed the dispensing fee from a dollar

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40 to 2 dollars. And we think that while that probably doesn't help as much as we would like to help, and hopefully things can get better, we think that it makes it a lot better and that the independents as well as the chains are going to continue doing business in Connecticut and will stay in business.

And for that reason, I urge rejection of this amendment that would cost us nearly \$80 million.

THE CHAIR:

Will you remark further?

Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President. And you're still smiling up there, always radiant.

THE CHAIR:

Thank you, sir.

SENATOR SUZIO:

Regarding the proposed amendment, I strongly support it.

I do -- I'm a little bit confused by Senator Harp's comments because I know in the OLR analysis they point out that the change that's in the bill will reduce the payment to pharmacies by 2 percent below the average wholesale

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price and it will reduce the dispensing fee from 290 to 2 dollars.

So I don't know how a business can survive when it's getting reimbursed below the wholesale price to begin with and here we are reducing and even more. I know again, this is one of those issues that I've received a lot of correspondence on. There's a lot of small pharmacies in my district, in the four towns, Middlefield, Middletown, Meriden and Cheshire and they were all very concerned. They're all living on the margin. They're all hurting and this is just going to drive a nail in the coffin even further.

And we need small businesses, and pharmacies are a category of small business; are the backbone of the communities. They are not only employers, but they are -- the owners are people who live in the communities. They're not the big chains, you know, where people live out of state. These are people who are -- where they make their home in the communities that they serve. And what we're doing is hurting them very badly here and I would hope that the amendment might pass. In consideration of that, I strongly support it.

Thank you.

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Thank you, Senator.

Will you remark further?

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President.

I rise in support of the amendment. You know, Senator Markley talked about, I think it was Main Street in Southington. And when I've talked in the circle I've talked about Main Street in my home town of Fairfield. And the two main streets have a lot in common and they share that with every other main street across the state of Connecticut.

Our family-owned bookstore is gone, replaced by a Borders. Our family-owned department store is gone, replaced by national chains galore. The grocery store, where you can go in and actually, you know, have a tab and get billed monthly and have people carry your bags out to your car or even deliver it your house, gone, replaced seemingly everywhere else on main street by a different bank branch. You can't run a main street with bank branches all over the place.

The coffee shop, gone. And in the very spot where the coffee shop was -- family-owned, is a Starbucks. That's what's happened to main street Connecticut and probably

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main street America. And that's why there are some things that we can do to try to save that small mom-and-pop business.

Pharmacies get whacked in Governor Malloy's budget. They simply do. When we debated the budget I shared with you my conversation with Secretary Barnes where he conceded that independent pharmacies would likely go out of business. There was a subsequent change made to the budget, which I think Senator Harp described, which made the average wholesale price in the dispensing fee not as bad as originally proposed by the Governor.

But Senator Harp mentioned, well you know, we were criticized for not cutting, but now you're telling us we cut too much. The criticism of cutting was you're spending more next year than we spent this year. The criticism of this specific one was you're not doing it the right way.

The State nets \$4.8 million in savings for every 1 percent we increase our generic prescription medication utilization. Massachusetts has a generic utilization rate 12 percentage points higher than Connecticut. Do the math. If we were to match what they did in Massachusetts, 12 times \$4.8 million, you save a lot of money and guess what? You don't have a single, solitary negative impact on a pharmacy.

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On top of the hit in this budget, the concession package talks about 45 million in savings by using mail-order prescriptions. There are some small independent pharmacies that rely on 10, 15, I've heard as much as 17 percent of their business comes from state employees or retirees. That is another hit. The \$45 million savings is because it's \$45 million that comes out of pharmacies.

The savings here through a lower dispensing fee is, we're giving the pharmacy less money. Through our lower average wholesale prices we're giving the pharmacy less money. So you cut, but what I ask you if you consider the impact on the pharmacy you say, no.

Some pharmacies will cut jobs because of the loss of revenue. That's just a fact of life. To a small independent pharmacy like Lupe's in Fairfield and the one owned by their cousin in Bridgeport, 20, 30 thousand dollars is difference between being in business or not. That's real life with a small, small family-owned drugstore on their third generation.

So could we save money through pharmacy and pharmaceutical purchases? Yes. One way, demand and require an increased use of generics, no impact on pharmacies. The other way, lower the dispensing fee and lower the average wholesale price that that pharmacy gets

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paid, hurts them. Two ways of saving money. One has a negative impact. One doesn't. That's why this is the better way to do it and I would urge adoption.

THE CHAIR:

Will you remark? Will you remark?

Senator Harp.

SENATOR HARP:

Madam President, I just am going to comment again, and ask for a roll call vote.

You know, we looked into generic substitution and increasing our generic rate and we were told by the industry that our generic rate was down around 70 percent. But when we actually looked into it we're at about 75 percent. So we're a lot higher than we were informed.

And then we were also told by our analysts we have something called a preferred drug list where we negotiate greater drug rebates. And that's a system that Connecticut has and it wasn't altogether clear that by pushing more generics, we wouldn't be losing more on drug rebates.

And so while it sounds like that is the easy answer to the question, the reality is that this is very complex. And while it looks like pushing generics would save more dollars, the reality is that it may not. It may actually be a wash.

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And for that reason we chose not to reduce the average wholesale price to the extent that was recommended by our initial budget and by the proposal that we received from the administration, but to go with a higher price that many of the companies that we talked to said that they could buy that or -- and sometimes it would even get a better price and to increase the dispensing the. And so that's what we thought was what we could do it now given the fiscal problems we have as a State.

So again, I urge rejection of this amendment. I know that it's well intended, but I don't believe that it works. It costs us \$136 million over that biennium and for that reason I urge rejection.

THE CHAIR:

Thank you, Senator.

Will you remark? Will you remark? If not, Mr. Clerk, will you call for a roll call vote and the machine is open.

THE CLERK:

An immediate roll call has been ordered in the Senate.

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

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Have all the members voted? Have all the members  
voted? If so, the machine will be locked. And Mr. Clerk,  
will you call the tally.

THE CLERK:

Total Number voting	33
Necessary for adoption	17
Those voting Yea	13
Those voting Nay	20
Those absent and not voting	3

THE CHAIR:

The amendment fails.

Will you remark further? Will you remark further?  
Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

The church -- the Clerk is in possession of an  
amendment, LCO Number 6967.

THE CHAIR:

Mr. Clerk, will you please call the amendment?

THE CLERK:

LCO 6967, which will be designated Senate Amendment  
Schedule "F."

THE CHAIR:

Senator Markley.

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SENATOR MARKLEY:

Thank you, Madam President.

I would move passage of this amendment, ask that there be a roll call vote when it is voted on and beg leave of the Chamber to summarize briefly and make a pitch for it.

THE CHAIR:

When the time comes you will have a roll call vote.

The question is on adoption.

Will you remark, sir?

SENATOR MARKLEY: `

Thank you, Madam President.

This is the amendment that I keep becoming convinced that people are going to go ahead and vote for it despite themselves. People who are on Medicaid in nursing homes -- I'll give you a very straightforward explanation of it, because maybe if I don't talk for long it will --- you'll all hear it and you won't have any choice.

People in nursing homes on Medicaid who have lost all their assets, who received no more of their pensions and no more of their Social Security and no more of nothing, are still given a personal allowance of \$69 a month. That amount is rather arbitrary. It has slowly gone up over the years. When I was chairman of the Human Services Committee

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in 1985 and we had surpluses, we increased it, I think in those days from maybe from 35 to 45 dollars a month.

And it's not a frivolous my money. You have to realize that's all the money these people have. So not only is that what they have for gifts for their grandchildren or for cable TV or for buying a pizza or for something like that, it's also what they have to have their hair done or to replace clothing if it's lost in the nursing home or anything else. It's \$69 a month.

Now I don't know if that's the right number or the wrong number, but it is not a large number and I have to say I was surprised that the Governor's budget found that \$69 a month and reduced it by \$9 to \$60 a month. Reasonably steep -- I guess that's 15 percent or so, but a reasonably steep cut for a very small amount of money and for a very small savings on the part of the State. It's about \$2 million a year, but half of that is Medicaid money, is federal money, so it's a million dollars a year in state savings.

So we stand now in a position where clearly, fortunately our revenues are higher than we expected. There's much talk of surpluses and of the elimination of some taxes that -- a tax in particular that I'm very happy to see eliminated, but I really believe that there is a

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million dollars a year in the state budget to restore this \$9 a month to nursing home patients.

And I would ask that this Chamber give true consideration to the possibility of putting that amount back and giving these people a break.

Thank you very much.

THE CHAIR:

Will you remark further?

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

I rise in strong support of the amendment and I have to say, Senator Markley, when I go home to my district and whenever I have the attention of a group of people, I say to them, this -- these are the priorities of your Legislature. We think it's more important to give drivers to our attorney general, to our treasurer than it is to give people in nursing homes \$9 month.

We'd rather take \$9 month from people with no assets to make sure that our constitutional officers and -- the Lieutenant Governor I would think might merit different consideration, but certainly in many states constitutional officers have survived driving themselves around.

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And we live in tough times, Madam President, and when we have a choice between providing drivers to constitutional officers or slashing what people in nursing homes get to fix their hair or buy birthday cards for their grandchildren, get a pack of chewing gum, I think it doesn't speak well of us as an institution when we're willing to deny people very basic fundamental dignity so that people can enjoy the luxury of a driver. I think that that luxury is something we could do without. The necessities are something that we should make a priority, so I support the amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I ask for a roll call vote and I urge rejection of this amendment. This amendment will cost us \$12.7 million, so it will -- we have no real way to replace those dollars and as a result I don't believe it to be responsible in the interests of our budget.

Thank you.

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THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

First, with regards to the fiscal note on this, I believe when we are dealing with the personal needs allowance, you're not looking at \$12 million. You're looking at about 1.9 million in fiscal year 12, 2.1 million in fiscal year 13 for the reduction in the \$9 and with Medicaid reimbursements, you're looking at about 50 percent of that.

So it's \$2 million over two years. 1 million could be gleamed from the constitutional officers, as we just saw, forgoing chauffeurs and press secretaries. As I understand it the scoreboards or tote boards, whenever you want to call it, here in the Senate and the House would be another million dollars.

And I think it's, once again, it's how are we going to look at the priorities and what type of Legislature are we when we're going to reduce somebody who has a mere 69 dollars down to 60? Now we may say, it's only \$9, and that might buy a sandwich in Stamford, but to somebody in a

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nursing home who counts on that money, \$69, I know I can get quite a few haircuts as could Senator Markley, but not everybody is as fortunate as us. Okay.

But think about it. Razor blades, shaving cream, magazine, telephone bill; \$69 dollars isn't going to go very far, but that's all we have and we're going to reduce that by 13 percent, from 69 to 60.

Now after the budget, you know, I went back to my district. Maybe I was missing something. So I walked into the senior center and started asking my friends down at the senior center, what do you think? Did I miss this one? Resounding no. Resounding no. You didn't miss it, Kelly. Go back to Hartford. Tell them that \$9 cut -- maybe it's not everybody, but to those in a nursing home it means something. It means a lot.

And understand who is in a nursing home and how you get there. You've left your home. You've given up your independence, and we know how dear that is to an American. You're now living often in a semi-private room, semi-public really. Now you have a roommate. You're losing control. And then this, taking 9 dollars from somebody with no more than 69, now you're starting to take a modicum of their dignity.

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They've lost independence, control and now the State wants to start taking their dignity. I think at some point, regardless of what the financial circumstances are in the State we have to say when it comes to the poor elderly, the poorest of the poor elderly, those on Medicaid in nursing homes, that we ought not be picking on those individuals, those who are weak.

For those reasons I would urge that we approve the amendment, restore the \$9 and let's give those in a nursing home that modicum of dignity that I believe seniors in America have earned and deserve.

Thank you very much, Madam President.

THE CHAIR:

Thank you.

Will you remark further?

Senator Suzio.

SENATOR SUZIO:

A few more minutes and it will be morning, Madam President. I'll be able to say, good morning to you.

THE CHAIR:

I'm so excited about that.

SENATOR SUZIO:

My goodness.

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I just rise in strong support of this amendment. I happened to have the experience of being a court-appointed conservator for a good friend of mine who suffered a devastating stroke a few years ago. As a result he's aphasic and he's partially paralyzed. And he had no family or friends and -- other than me locally. And so I agreed to become his court-appointed conservator.

And I can tell you it's not possible to buy the things, just the normal things that you would expect to have in life on \$69 a month, let alone \$60 a month. That would cover not only the toiletries and things that -- I think it was -- Senator Kelly was referring to, but the little, little things that make life a little more enjoyable. Going out here or there and buying clothing.

So just for my own personal experience I can tell you that, you know, losing the \$9 more a month, it's just going to make life that much harder for someone who's already got a very difficult life to live. He was 57 when he had the stroke and he's in his early sixties now.

And again, he is partially paralyzed and aphasic. And so just having the little things in life can make a little bit of a difference and make his life a little more comfortable, a little more happy. And I'm sad to see that the State is going to take away \$9 of the \$69 that he gets

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a month. So I would strongly encourage from a humanistic perspective support for this amendment.

Thank you, madam.

THE CHAIR:

Thank you, Senator Suzio.

Will you remark further? Will you remark further? If not, Mr. Clerk, would you please call a roll call vote and the machine will be open.

THE CLERK:

An immediate roll call has been ordered in the Senate.

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

THE CHAIR:

Have all members voted? If all members have voted the machine will be closed and the Clerk will announce the tally.

THE CLERK:

Total Number voting	33
Necessary for adoption	17
Those voting Yea	13
Those voting Nay	20
Those absent and not voting	3

THE CHAIR:

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The amendment fails. Will you remark further?

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President.

Madam President, in closing on the debate on the implementer bill before us, let me first state -- which is disappointing from our side of the aisle. This is my 13th session here in the State Senate and it is the first session where there has been no Republican involvement on any of the implementer bills.

We've heard discussion about openness and transparency from our Governor. We've heard, as Senator Kelly talked about, a good idea is a good idea and yet for the last couple of weeks we on our side of the aisle have watched members of the majority, staff, OPM, all go into rooms, close the door and wait and come out until the implementers are done. I don't think that's what people of the State of Connecticut think is the best way to do government. And even talking to people who have served in this building longer than I have, they don't remember a time when one party has been so completely shut out. As my friend Larry Cafero says, that is your right to do, but it's not right to do.

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In this implementer bill we find at a time when our budget is not balanced, at a time when our budget is still \$2 billion out of balance, awaiting ratification of a concession package which is purported to be 1.6 billion, but we all know it's not and this Legislature still hasn't dealt with the balance.

In Section 74 we're increasing spending with the spending not yet identified as to how we're going to get the money for an intermediate care facility. In Section 85 we're increasing spending in money that's not in the budget with no identification of where that money is going to come from.

In Section 165 we increase spending on a pilot program that's not in the budget with no identification of where that money is coming from. So we are here to implement a budget which is already out of balance, spending more money that's not in that out-of-balance budget with no indication as to where it's going to go.

In addition to all of the problems we have with the budgets, the impact on our small pharmacies and the like, I believe and urge rejection.

Thank you.

THE CHAIR:

Thank you, Senator.

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Will you remark further? Will you remark further? If not, Mr. Clerk will you please call a roll call vote and the machine will be open.

THE CLERK:

An immediate roll call has been ordered in the Senate.

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

THE CHAIR:

Senator Slossberg.

Have all members voted? Have all members voted? If so, Mr. Clerk, will you please call the tally? The machine is closed.

THE CLERK:

Total Number voting	34
Necessary for adoption	18
Those voting Yea	19
Those voting Nay	15
Those absent and not voting	2

THE CHAIR:

The bill has passed.

Will you remark further? Will you remark further?

Senator Looney.

SENATOR LOONEY: