

PA 11-097

HB5634

House	6835-6877	43
<u>Senate</u>	<u>6566, 6573-6578</u>	<u>7</u>
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**H – 1111**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2011**

**VOL.54  
PART 20  
6542 – 6897**

jr/dp/rgd/gbr  
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REP. SHARKEY (88th):

Thank you, Madam Speaker and I appreciate the  
yield. Madam Speaker, I move that we pass this bill  
temporarily.

DEPUTY SPEAKER ORANGE:

The motion is move this bill -- pass this bill  
temporarily. Is there objection? Is there objection?  
Seeing none, hearing none, the bill is passed  
temporarily.

Will the chamber please stand at ease?

(Chamber at ease)

(Deputy Speaker Kirkley-Bey in the Chair)

DEPUTY SPEAKER KIRKLEY-BEY:

The House will please come back to order. Will  
the Clerk please call Calendar 166?

THE CLERK:

On page five, Calendar 166 --

DEPUTY SPEAKER KIRKLEY-BEY:

Just a moment, sir. Clerk, please call calendar  
166?

THE CLERK:

On page five, Calendar 166, House Bill 5634, AN

ACT CONCERNING EXPEDITED LICENSING PROCESSES FOR  
PREVIOUSLY LICENSED OPERATORS OF DAY CARE CENTERS AND  
GROUP DAY CARE HOMES, favorable report by the  
Committee on Public Health.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, you have the floor, sir.

REP. LYDDY (106tt):

Thank you, Madam Speaker. Madam Speaker I move  
the joint committee's favorable report and passage of  
the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion is acceptance of the joint committee's  
favorable report and passage of the bill. Will you  
remark further, sir?

REP. LYDDY (106tt):

Yes, Madam Speaker. Madam Speaker, thank you  
very much. This bill before us right now is quite  
simple. It basically allows the commission of Public  
Health, it grants the commissioner rather, the  
discretion to determine whether or not a change of  
operator ownership or location request from a  
currently licensed child day care center or provider,  
rather, shall require filing a new license application

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for that provider. Madam Speaker, the Clerk is in possession of an Amendment, LCO 8182. I ask that the Clerk please call that Amendment and that I be granted leave of the chamber to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

Will the Clerk please call LCO 8182 and the Representative has asked leave to summarize.

THE CLERK:

LCO 8182, House A offered by Representatives  
Lyddy, Ritter, and Aresimowicz.

DEPUTY SPEAKER KIRKLEY-BEY:

Is there any objection to summarization? Seeing and hearing none, please proceed, sir.

REP. LYDDY (106tt):

Thank you, Madam Speaker. Madam Speaker this Amendment comes from Representative Aresimowicz and I'd like to thank him for his leadership on this and I'd also like to defer any questions that our members may have to him. However, I will summarize the Amendment for the time being. This Amendment establishes a pilot drop in program for sick children who are unable to attend a day care center or provider who may not allow that child to attend due to his or

her illness. This in conjunction and collaboration and with the approval of the commissioner and the Department of Public Health would establish policies and procedures for this type of program with the consultation of a supervising physician who would oversee that particular program. Madam Speaker, I move adoption of the Amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Will you remark? Will you remark further on the Amendment? Representative Perillo, you have the floor, 'sir.

REP. PERILLO (113th):

Madam Speaker, thank you very much. If I may through you, a few questions for I believe Representative Aresimowicz.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz, prepare yourself. Representative Perillo, please proceed.

REP. PERILLO (113th):

Thank you, Madam Speaker and through you, what kind of illnesses do we envision that would be covered by the bill before us, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker and through you to Representative Perillo, it is imagined that any illness that would cause the child not to be eligible to go to school, go to daycare or maybe summer camp.

Typically the type of illnesses you might see are upper respiratory infections, GI issues with the child, those are the anticipated type of illnesses. Not the major type of illnesses, not the Pneumonia's and other ones that are long term illnesses, but something on a short stint to help out the parents when other areas are not available. If they can't do the daycare, they can't do the school and other areas, give them a chance to drop them off so they'll be able to complete either their work day or other commitments they may have, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I'm wondering where in the bill it says that none of those major illnesses that the Representative has mentioned would not be

included, you referred to sort of the higher level illnesses, and I forget some of the one's that he had mentioned, but where in the bill is that indicated, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

The good Representative is correct, Madam Speaker, it doesn't specifically name them but it does speak of them in section B prior to the implementation of the pilot program it talks about they are going to develop policies and procedures in conjunction with DPHA and talk about how they will -- staffing qualifications, criteria for assessment of the children, and admittance during normal business hours. So, we're hoping that is all outlined within that section and the actual pediatrician that will be involved in this will work with DPH to come up with those qualifications, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again through

you, these policies and procedures to be generated by the physician who is overseeing the facility, are those to be reviewed in any way, shape or form by anyone else? Do they need to be sent to the Department of Public Health? Is there any sort of hospital oversight required? How will we ensure in some way, shape or form, that the procedures laid out will be appropriate and adequate.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. And, that is an excellent question. I really do thank the Representative for bringing that up. That will be worked out with DPH and it is the intention and the assurances of the Department of Public Health that they'll be reporting back to the public health committee. In this it does outline that it will be a pilot program and they will be reporting back with recommendations. This really is a one of a kind program here in Connecticut but it is offered in other states so it is the intention of the Department to work very closely with the pediatrician that will be

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in charge of this facility to come up with the exact guidelines moving forward. So, through you, Madam Speaker, thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again through you, line 33 specifically refers to quarterly status reports to be sent to the commissioner of public health from the facility. What does the gentleman envision would be in those quarterly status reports because I don't believe it's enumerated in the bill before us, through you?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Again, thank you, Madam Speaker and through you, I believe it will be some of the criteria that is mentioned in section B whatever the policy and procedures concerning operation and administration, they would have to report back on that, the type of injuries, I mean not injuries, illnesses that they are receiving there and how many. I think we'd all be

interested to see the type of numbers, how often, what was the reoccurrence rate, what type of treatment they received, so I think those will be some but obviously Representative Perillo is well versed in this and I think the Department and myself and the committee would be willing to work with him to make sure we're getting all the information necessary to really evaluate this program and it's worthiness, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

. Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you, and I thank the gentleman for his answers to the questions. This was originally a bill placed before the public health committee. It did receive a public hearing. We did hear testimony on it. I originally had reservations about this bill, it was something that had a little bit larger scope to it and since then we've seen it turn into a pilot program and though individuals in the chamber may be a little bit skeptical as to whether or not something like this on a state-wide level would work, I do think it is something that is

worthy of a pilot. It seems to be laid out such that it will be evaluated appropriately and that we'll be able to get some solid feedback as to whether or not it's something that should work or that would not work going forward for the state, so I would urge adoption of the Amendment before us. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Srinivasan, you have the floor, sir.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Through you to the proponent of the bill and the Amendment, we are on the Amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Please proceed, Representative.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Representative, you had talked about such programs being in other states and could you elaborate on what the experience has been in other states in terms of number of states and the length of time that these programs have existed and what have we learned from these programs that are there in other states, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. And, thank, you very much, sir, for the question and that is an important question. It is my understanding in the information we gathered was Virginia was the best example of it and the facilities are housed either within or next to a hospital facilities or doctor's offices and they have been running for some years now. I believe the information that we received was upwards of three years and although exact stats weren't available, obviously they're still operating so we're going on the understanding that they have been successful and their department of public health or equivalent to what we have continues to monitor and continues to license them, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you. Through you, Madam Speaker to the proponent of the Amendment, we are in this pilot program having both communicable and noncommunicable

entities -- I mean children that they have, in one location. Obviously they are coming there for some illness, some of them are communicable some of them are not. Are we making adequate kind of precautions to make sure that the noncommunicable diseases those children with those don't end up because the others in the facility so close in close proximity and we are responsible, we meaning the state, we meaning the department are ultimately responsible for the children dropped off there and what kind of safeguards do we have to separate the communicable from the noncommunicable children, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. And, again, through you, and another very good question. And, because of it being a pilot program, this is our initial attempt at this but there was numerous discussions with that and currently it is the intention of the Department of Public Health and again, the pediatrician that will be running the program, to come up with different breakout areas. So, when the individual comes into

the facility they are triaged which is looked over by the physician, decided what exactly is the nature of their illness, they will be sectioned off, whether it -- they first spoke of dividers but I think then we felt a little bit more comfortable with walls and so you'll try to pair up the GI illnesses, the upper respiratories and other such illnesses. So, it is an excellent point. Those of us that have been in health care we understand the whole cross contamination.

Those of us not in health care but have kids, know the whole cross contamination how quickly a cold and others spread. So, DPH and again, the pediatrician working on it will come up with guidelines and it is our understanding that it will be sectioned off areas to give a natural break so we don't continue the circulation of the illnesses, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you. Through you, Madam Speaker, I see the person in charge of this program from a medical point of view is going to be a pediatrician which is great

because obviously they have full knowledge of both communicable and noncommunicable diseases in children. But, if that pediatrician needs in a particular situation which is not the run of the mill communicable disease or noncommunicable disease, will they have access to consultants, super-consultants who would be able to then help them in the management of the children during the nine hours or so that the children will be there in the facility, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. And, again through you, yes. It is the intention and the discussions that we had with the department and the pediatrician, that he'll be working with his natural network, most physicians whether they be pediatricians, surgeons, allergists for that matter, have a normal working group with colleagues who may associate with and they can rely on each other. It is the intention of this pediatrician to count on that network again and it was also discussed by the department that you know, when

in doubt, in an area that we're just not sure of when triaging, we'd rather deny admission than take a chance with something new and we'll work through that on a case by case basis, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And, through you, Madam Speaker, one final question if I may. Is there a limit -- I see it's nine hours a day, but like the number of times or per week that the children may come, is there a final number or is it relatively case by case, disease by disease, that you're going to decide as to how many times these children can come to these programs, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. And, again through you another excellent question. That very question was brought up and it is the understanding that patients or children may come that are not necessarily the patients of this particular pediatrician and if there

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was some sort of reoccurrence, it was the understanding by Dr. Matt, we call him Dr. Matt, that he would then reach out to their permanent pediatrician or physician in consultation with, you know, and say this is the seventh time Sally's been in with a sinus infection in the last three weeks, you know, obviously there's some underlying condition. Would you please evaluate and then write back to me letting me know what your action plan may be.

So, through you, Madam Speaker, that is the plan going forward.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I want to thank the kind gentleman for his answers and more important I want to thank him for his encouraging words when he said they were excellent questions. I appreciate that very much, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir. Will you remark further on the Amendment that is before us? If not, let me try your minds. All those in favor please indicate by saying

aye.

HOUSE:

Aye.

DEPUTY SPEAKER KIRKLEY-BEY:

Those opposed, nay. The ayes have it. The  
Amendment has been adopted. Will you remark further  
on the bill as amended? Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you very much. I have a few  
questions that are probably best addressed to  
Representative Aresimowicz as they do refer to the  
bill as amended but specifically the amended portion.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative, prepare yourself. Representative  
Perillo, please proceed.

REP. PERILLO (113th):

Thank you, Madam Speaker and through you. We  
have reference in sub B to lines 13 and 14, the  
physician administering such program, then in lines 25  
and again in line 30, we have reference to program  
administrator. Through you, Madam Speaker, are those  
the same, is program administrator the same as  
physician administering such program.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Through you, Madam Speaker, for legislative intent, I would believe, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again, through you, in lines 25 through 29, it refers to background checks for employees, specifically as to the state child abuse registry. I am just curious why that language is included in the bill as amended?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Through you, Madam Speaker, and that language was recommended by the Department of Public Health, through you, Madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. So, again through you,

so I would assume that is to conform to requirements of other daycare centers outside the scope of the bill as amended, is that correct, Madam through you?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again through you, as I said before this is a pilot program and I do appreciate the fact that it is a pilot program. Is there any sort of application process by which an individual wishing to launch the pilot program might appeal to the Department of Public Health or are we simply interested in dropping this in the lap of one individual who wishes to run the pilot program? And, if that is the case, have any means been set up to ensure that there doesn't seem to be any sort of bias as to who gets that pilot program in the initial stages, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Through you, Madam Speaker. And, I think because this is such a new program and it is this actual physician who came to us with the idea, it would be his pilot program and we give him an opportunity to hopefully succeed possibly, it may not work out at all and if that's the case, obviously it's not something we would continue with. So, this is an exclusive pilot program to the physician that approached me originally and then through me, the Department of Public Health, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, I have one or two more questions; they are not necessarily in reference to the amended section of the bill, but of the original bill so I would address those to the proponent.

DEPUTY SPEAKER KIRKLEY-BEY:

You are addressing them to Representative Lyddy?

REP. PERILLO (113th):

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That is correct, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Prepare yourself, Representative. Please proceed, sir.

REP. PERILLO (113th):

Thank you, Madam Speaker and through you, specifically in lines 24 into 25, it refers to the commissioner having discretion to determine whether a change of operator ownership, et cetera, requires the filing of a new license application. Could the gentleman give me any sort of indication of the meaning of discretion and what guidelines there would be around that word as to --

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker. And, through you, the commissioner would have the ability to review the circumstances presented to him or her in regards to the change of ownership or location and she or he would deem it either necessary or unnecessary to file a full application based on that information that was given to him or her, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, sort of backing up to 50,000 feet, if the gentleman could explain to me and to the chamber what the intent of the bill before us is? Why are we looking to offer this discretion in these circumstances?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker. And, through you, our goal is to ensure that we have an efficient process for daycare providers so that they do not have to spend their money going through a full reapplication process or licensure process that they may not necessarily need to and so we want to make it efficient both for the Department of Public Health as well as for that particular provider, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again through you, are there specific instances where daycare providers had to appeal for a new license and seek a new license but felt that that process was too onerous or they were not able to obtain the license to spawn this legislation or is this something that we're trying to be proactive with just to get a sense of why the legislation's before us.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Madam Speaker. I believe it's a combination of both. We've heard from providers that may have been forced out of their location that felt that they did not need to submit information regarding the same employees that may have been employed prior at the initial location and so again, we want to make it so there's a very efficient process for the Department of Public Health so that they do not have to expend their funds and personnel in addressing some of these duplicative processes and we want to make sure that in the future providers are aware that it would be up to the discretion of the commissioner of

Public Health to allow certain pieces of that application to be -- to not necessarily be submitted, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again through you, I can envision circumstances where a change in location would probably justify a further inspection by the Department of Public Health and would require full licensure. Just to clarify, the intent of the bill before us, I believe, is to allow for that discretion such that the Department of Public Health could ensure that full licensure was obtained and sought, is that correct? Are we providing that type of safety net in this situation to preserve that oversight?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker. Absolutely. We want to ensure that the licensure process ensures a safe facility, safe personnel and an administrator who is

adequately licensed to deliver services to children and therefore we would of course, if there is a location change, that would certainly be an area that the commissioner would want to have a reapplication or a relook a second look to make sure that that particular facility meets requirements, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again through you, despite the discretion offered in the bill that is before us, if there were some sort of change in ownership or of operator or of location for which we're giving discretion to the commissioner, would that still trigger a requirement to list the individuals who are working in the facility? Because I understand when there's new license, those individuals need to be listed and associated background checks may need to be submitted. Would -- actually in most significantly in the change of operator or ownership, would that information still need to be provided, through you, Madam Speaker.

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DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again, I thank the gentleman for answering all the questions. I do just want to clarify exactly what we are voting on. I do imagine and believe that there are circumstances here in the State of Connecticut where a well intended daycare operator wishes to make some minor changes and does not want to have to go through the lengthy and somewhat costly experience of re-licensure, I think that offering discretion to the Department of Public Health makes sense. I think that -- I do believe that DPH under the commissioner's guidance will be prudent in its judgment as to whether or not new licensure is required or whether it can be exempted. I think the bill as amended does make sense and I would urge support from members of the chamber. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Thank you, Representative.

Representative LeGeyt, you have the floor, sir.

Representative Srinivasan, you have the floor.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Through you to the proponent of the bill, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, prepare yourself.

Representative, please frame your question.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. In the world that we live in where discrimination exists and the perception of discrimination definitely exists and we have debated this quite extensively in these chambers some time back, giving the commissioner the authority and the discretion of what facility will need an application and which particular facility or operator will not need to go through the entire process, my only concern is -- it's a great idea to streamline all of this and not to make it repetitive, I'm all for it, but my only concern in the world that we live in, are we opening ourselves to unnecessary problems either

real or more important, perceived, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy. Would you like him to repeat the question, sir?

REP. LYDDY (106th):

Through you, Madam Speaker, I would like a clarification of the question, thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan, please repeat your question.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. I will definitely repeat it and make it a lot shorter. In the language of the bill, it is at the discretion of the commissioner that the location or the operator when there's a change that the renewal of all of that process can be reviewed, does not have to be reviewed, the whole process is under the discretion of the commissioner.

We all work under the commissioner and for us and we have our licenses on an annual basis, biannual basis, each and every one of us have to go through the

process, there's no question of streamlining it that some people have to renew their licenses and some don't. Every physician has to renew their license whether he or she likes it or not. So, it is uniform, there is no questions asked, there's no worry about any form of discrimination at all. And, the reason I bring this up is, in the unlikely event of perception, ultimately remember reality is one thing, perception sometimes I feel is more important than reality, are we opening up an unnecessary can of worms where we are saying this particular operator needs to go through the process, because he or she is this and that, once again, Madam, it is a perception.

That's not the intent of the commissioner, far from that, it's not the intent of the office of the commissioner either, but it is how that particular operator perceives it and when he or she perceives it, has obviously the right and the capability of opening an unnecessary can of worms for us. That is my worry, that is my concern, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker. And, thank you to the Representative for clarifying his question and I believe it's a fair question. The idea behind this is to ensure that should all else be the same and there's one variable in the licensing process such as the location or the ownership. At that point the commissioner would have the discretion to determine whether or not those variables would need to be reexamined in that licensure process. So, through you, Madam Speaker, I believe the bill is written in a way that gives the commissioner the discretion, but also ensures that the discretion is not used or abused rather to target or to address the concerns that the Representative has, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

You're getting a little bit noisy to my right. I'm sorry for interrupting you, Representative Lyddy, but could you please finish or have you finished?

REP. LYDDY (106th):

I had finished, Madam Speaker and through you to the Representative.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Srinivasan.

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REP. SRINIVASAN (31st):

Thank you, Madam Speaker. And, I do want to thank the good Representative for his answers. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative LeGeyt, you have the floor, sir.

REP. LeGEYT (17th):

Thank you, Madam Speaker and good evening to you.

DEPUTY SPEAKER KIRKLEY-BEY:

Good evening, sir.

REP. LeGEYT (17th):

I have a few questions about this bill and the questions all revolve around the amendment that we just approved that has become part of the bill, so perhaps I could direct my questions to Representative Aresimowicz?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz, prepare yourself for questioning. Representative LeGeyt, please proceed, sir.

REP. LeGEYT (17th):

Thank you, Madam Speaker. And, to Representative Aresimowicz, my questions have to do with the cost of

this program. I notice that there's no fiscal note, but certainly there's going to be a cost associated with this program and I had a couple of questions about how that was going to play out. Is there going to be a charge by the family for each child that is accepted into this temporary child care program, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. And, I thought I was off the hook, but I'm glad you caught me with that one, Representative. Yes, obviously there will be some sort of charge. It will have to be an evaluation process undertaken by the facility and the doctor to evaluate staffing. What he's required for staffing, obviously his own time, the facility needs and then what it would be for each individual based upon time.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative LeGEYT.

REP. LeGEYT (17th):

Thank you, Madam Speaker. And, so the physician who orchestrates and sets up this program will

determine what the cost should be and parents will have the opportunity to decide whether they can afford to place their child there or have to take the day off and care for their child at home, is that generally the scope of practice that's going on there, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Through you, Madam Speaker. That is exactly correct and based upon the type of illness and the triage procedure, the doctor would then be able to base what their costs might be for the adequate care to that individual and then come up with a price and also the hours, some parents may only need it for a couple of hours, some longer, but that will all be evaluated and the price will be known by the parents prior to admitting child into the facility, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Please take your conversations outside the hall. You're getting very noisy here on my right. Thank you. Representative LeGEYT, please proceed.

REP. LeGEYT (17th):

Thank you, Madam Speaker. And, so under that scenario, I can see that where the title of this amendment which is now part of the bill says licensed operators of child day care centers, that quite possibly or probably this facility will have more of a health care facility style to it rather than a daycare facility and if so, are there -- has there been any concern or any discussion about whether or not if this facility is deemed to be a health care like facility, whether it would need to fall under the regulations of the Department of Public Health with respect to health care facilities, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Through you, Madam Speaker. And, I'm partially guessing here, but because the facility is going to be based directly next to his currently existing health care facility which is a doctor's office, the zoning and such will be exactly what his current office is, so it will be similar and as far as the setting, that's one of the things that we're looking forward to

with great interest because obviously we just don't want a bunch of beds laying there for the kids, they're still kids and whether they have a cold or they have an upset stomach, there's still things that you need to provide for the kids to keep them entertained and keep them happy.

So, it will be interesting and one of the things I had said, is when the facility is finally up and running, I'd like to take a tour and open it up to any member here so we can get truly a feel how he is able to balance the health care needs with the overall social needs and activity needs of the children within the facilities, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative LeGEYT.

REP. LeGEYT (17th):

Thank you, Madam Speaker. I appreciate that. This is a unique proposal and program and I understand that as a pilot program it's being put forward by a particular physician who wants to try out this process and see how it works. I'm assuming that he will have to -- I don't know if it's a he or a she -- but this physician will have to have health care workers that

are dedicated to this center and perhaps also some child care workers to keep these children -- they're not so bedridden that they can't spend their hours enjoying themselves with some kind of activity or -- I hope it's not just nine hours of TV. Is there a plan or is there any discussion about the type of employees that are going to be required, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. AREESIMOWICZ (30th):

Through you, Madam Speaker and I have to tread lightly here. I'm sitting only a couple of seats away from a nurse and most nurses that you talk to they'll tell you they can do almost anything and I believe it having been around them long enough and I see nods coming from the well of the house also. So, yes it will be a combination thereof and that was also talked about in the meetings with the Department of Public Health of having -- whether it's an R.N., whether it's another person, directly overseeing the care but then also mixing in other daycare type workers to ensure -- like we said, it's not just nine hours of whatever the

kids are watching now. I think when my kids were little it was Barney or whatever it might be.

So, yes, absolutely and that would be worked out in conjunction with the Department of Public Health and the good doctor who happens to be -- I just call him Dr. Matt, so it's a male, Representative. Thank you very much for your question, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative LeGEYT.

REP. LeGEYT (17th):

Thank you very much for your answers, sir. The reference to a specific number of children, specific hours of custodial care, I assume that the location is already in mind and it has the flexibility to handle that many children, I won't ask you to confirm that, I'm just assuming that's the case. And, I'm wondering about what the time frame is for submission of the data that's required in part B, physical plan description, proposed policies and procedures -- obviously that has to be in place and approved by DPH before the program can begin. Was there any discussion about how long that would take and am I to

assume that the effective date of October 1st allows for that process to happen so that by October 1st it could open and be up and running, is that what's going to happen, through you?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Aresimowicz.

REP. AREESIMOWICZ (30th):

Through you, Madam Speaker to the good Representative, yes, that was the plan to do three months of the evaluation process, the guideline process, folks that have been involved with daycares or health care facilities know we really operate by what we call standard operating procedures which is some of the information that Srinivasan asked with the network of physicians so that would be all laid out, there'd be quarterly reports and it does say within the bill on section 35 that the program shall terminate on September 30, 2013.

Now, standing before you here today in the House, Madam Speaker I would hope that the program is wildly successful and we've provided a service that the parents could use for their children and it won't terminate and will be before you next year at some

point or maybe thereafter talking about what do we need to do to extend this program out further and get it into other facilities throughout the state, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative LeGEYT.

REP. LeGEYT (17th):

Thank you, Madam Speaker. And, I thank the Representative for indulging me in those questions and I thank you, Madam Speaker for the courtesy. Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir. Representative Adinolfi, you have the floor, sir.

REP. ADINOLFI (103rd):

Thank you, Madam Speaker. Through you, Madam Speaker, I have a question for Representative Lyddy on this legislation.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, prepare yourself.

Representative Adinolfi, please proceed.

REP. ADINOLFI (103rd):

Through you, Madam Speaker, Representative Lyddy,

I'm very, very close to the daycare business and I find it difficult to understand how you could use discretion when given a new license to a new facility. There are so many requirements to owning a daycare, safety requirements, building requirements, location of sinks, location of toilets, location of changing tables, that they do right now come in surprise visits and walk in on you and inspect the whole place and make sure you meet all these requirements.

So, is it safe to assume that part of his discretion would be that he has the new facility inspected that they meet all the requirements first? They even have controls on a sink where if water goes above a certain temperature, the sink shuts off. I mean, these all have to be done before you can okay a new facility. So, I'm just wondering if this has been taken into consideration. My assumption if I was doing a job, my discretion would be to perform an inspection on every new facility before I issued a license. And, I hope that's what the commissioner will do. Thank you very much.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy. Was there a question

there, Representative Adinolfi or just a statement?

REP. ADINOLFI (103rd):

No, that was a question to see would they perform and inspection before they issue the new license, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker. And, thank you to the Representative for his very relevant and important question. We certainly do not want to endanger the lives of children or staff members who are working in these facilities and so I appreciate the Representative's remarks. Should there be a location change, what we're saying is the staff that moves with that location change may not necessarily need to go through the various checks that they had to in the initial licensure. So, therefore if there is a location change it would most important to ensure that that location is safe, both for the staff and for the children that are being care for there, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

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Representative Adinolfi.

REP. ADINOLFI (103rd):

Through you, Madam Speaker, thank you very much. That's what I wanted to hear. I will support the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

Will you remark further? Will you remark further on the bill as amended? Will you remark further on the bill as amended? If not, staff and guests please come to the well. 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 taking a roll call vote. Members to the chamber please.

DEPUTY SPEAKER KIRKLEY-BEY:

Have all members voted? Have all members voted? Please check the board to see that your vote has been properly cast. If all members voted the machine will be locked and the Clerk will prepare the tally. The Clerk will please announce the tally.

THE CLERK:

House Bill 5634, as amended by House A.

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Total number voting	145
Necessary for adoption	73
Those voting Yea	145
Those voting Nay	0
Those absent and not voting	6

DEPUTY SPEAKER KIRKLEY-BEY:

The bill as amended passes. Will the Clerk please call Calendar 377?

THE CLERK:

On page 43, Calendar 377, substitute for House Bill 6631, AN ACT CONCERNING THE ISSUANCE OF A REPLACEMENT BIRTH CERTIFICATE PUSUANT TO GESTATIONAL AGREEMENT, favorable report by the Committee on Public Health.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Grogins, you have the floor, ma'am.

REP. GROGINS (129th):

Yes, thank you, Madam Speaker. I move for the acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion before us is acceptance of the joint

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GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
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Moving now to calendar page 31, Calendar 619,  
House Bill Number 6634.

Madam President, move to place the item on the  
Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Continuing calendar page 31, Calendar 627,  
House Bill Number 6596.

Madam President, move to place the item on the  
Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 32, where we have 4  
items. The first is Calendar 629, House Bill Number  
.5634.

Move to place the item on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

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Mr. Clerk.

THE CLERK:

Immediate roll call's been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber. Immediate roll call's been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

THE CLERK:

Madam President, the items placed...

THE CHAIR:

I would ask the Chamber to be quiet please so we can hear the call of the Calendar for the Consent Calendar.

Thank you.

Please proceed, Mr. Clerk

THE CLERK:

Madam President, the items placed on the first Consent Calendar begin on calendar page 5, Calendar 336, House Bill 5697.

Calendar page 7, Calendar 421, Substitute for House Bill 6126.

Calendar page 8, Calendar 449, Senate Bill 1149.

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Calendar page 10, Calendar 470, Substitute for House Bill 5340. Calendar 474, Substitute for House Bill 6274. Calendar 476, House Bill 6635.

Calendar page 12, Calendar 499, Substitute for House Bill 6638. Calendar 500, House Bill 6614. Calendar 508, House Bill 6222.

Calendar page 13, Calendar 511, House Bill 6356. Calendar 512, Substitute for House Bill 6422. Calendar 514, House Bill 6590. Calendar 515, House Bill 6221. Calendar 516, House Bill 6455.

Calendar page 14, Calendar 517, House Bill 6350. Calendar 519, House Bill 5437. Calendar 522, House Bill 6303.

Calendar page 15, Calendar 523, Substitute for House Bill 6499. Calendar 524, House Bill 6490. Calendar 525, House Bill 5780. Calendar 526, House Bill 6513. Calendar 527, Substitute for House Bill 6532.

Calendar page 16, Calendar 528, House Bill 6561. Calendar 529, Substitute for House Bill 6312. Calendar 530, Substitute for House Bill 5032. Calendar 532, House Bill 6338.

Calendar page 17, Calendar 533, Substitute for House Bill 6325. Calendar 534, House Bill 6352.

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Calendar 536, House Bill 5300. Calendar 537, House  
Bill 5482.

calendar page 18, Calendar 543, House Bill 6508.

Calendar 544, House Bill 6412. Calendar 546,  
Substitute for House Bill 6538. Calendar 547,  
Substitute for House Bill 6440. Calendar 548,  
Substitute for House Bill 6471.

Calendar page 19, Calendar 550, Substitute for  
House Bill 5802. Calendar 551, House Bill 6433.  
Calendar 552, House Bill 6413. Calendar 553,  
Substitute for House Bill 6227.

Calendar page 20, Calendar 554, Substitute for  
House Bill 5415. Calendar 557, Substitute for House  
Bill 6318. Calendar 558, Substitute for House Bill  
6565.

Calendar page 21, Calendar 559, Substitute for  
House Bill 6636.

Calendar page 22, Calendar 563, Substitute for  
House Bill 6600. Calendar 564, Substitute for House  
Bill 6598. Calendar 566, House Bill 5585.

Calendar page 23, Calendar 568, Substitute for  
House Bill 6103. Calendar 570, Substitute for House  
Bill 6336. Calendar 573, Substitute for House Bill  
6434.

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Calendar page 24, Calendar 577, Substitute for  
House Bill 5795.

Calendar page 25, Calendar 581, House Bill  
6354.

Calendar page 26, Calendar 596, Substitute for  
House Bill 6282. Calendar 598, Substitute for House  
Bill 6629.

Calendar page 27, Calendar 600, House Bill  
6314. Calendar 601, Substitute for House Bill 6529.  
Calendar 602, Substitute for House Bill 6438.  
Calendar 604, Substitute for House Bill 6639.

Calendar page 28, Calendar 605, Substitute for  
House Bill 6526. Calendar 608, House Bill 6284.

Calendar page 30, Calendar number 615,  
Substitute for House Bill 6485. Calendar 616,  
Substitute for House Bill 6498.

Calendar page 31, Calendar 619, Substitute for  
House Bill 6634. Calendar 627, Substitute for House  
Bill 6596.

Calendar page 32, Calendar 629, House Bill  
5634. Calendar 630, Substitute for House Bill 6631.  
Calendar 631, Substitute for House Bill 6357.  
Calendar 632, House Bill 6642.

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Calendar page 33, Calendar 634, Substitute for  
House Bill 5431. Calendar 636, Substitute for  
House, correction, House Bill 6100.

Page 34, Calendar 638, Substitute for House  
Bill 6525.

Calendar page 48, Calendar 399, Substitute for  
Senate Bill 1043.

Calendar page 49, Calendar 409, Substitute for  
House Bill 6233. Calendar 412, House Bill 5178.  
Calendar 422, Substitute for House Bill 6448.

Calendar page 52, Calendar 521, Substitute for  
House Bill 6113.

Madam President, that completes the item placed  
on the first Consent Calendar.

THE CHAIR:

Thank you, sir.

We call for another roll call vote. And the  
machine will be open for Consent Calendar number 1.

THE CLERK:

The Senate is now voting by roll on the Consent  
Calendar. Will all Senators please return to the  
Chamber. The Senate is now voting by roll on the  
Consent Calendar, will all Senators please return to  
the Chamber.

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Senator Cassano, would you vote, please, sir.

Thank you.

Well, all members have voted. All members have voted. The machine will be closed, and Mr. Clerk, will you call the tally?

THE CLERK:

Motion is on option Consent Calendar Number 1.

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar Number 1 has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

We might stand at ease for just a moment as we prepare the next item..

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)