

**PA13-208**

HB6644

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wouldn't say this but she is at home celebrating with my family who came up from Florida, my brother, Ken and my sister, MaryJo and my favorite nephew, Sammy. And I'm very sad that I can't be with them.

But I -- I asked my mom, she worked in this Chamber. She worked for the Speaker of the House in the mid60s for two different speakers and -- and I would have thought she would have known not to be born during session time but I guess she didn't so again, Mom, I wish you a happy birthday. I love you. I wish I could be with you. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Absolutely. Absolutely. I hope she's watching on the TV. And -- and we thank her for letting you be with us on her birthday. It's certainly all of our families perform some sacrifice to allow us to represent our constituents. Are there any other announcements or introductions? If not, we will return to the call of the Calendar. Mr. Clerk, would you kindly call Calendar number 367.

THE CLERK:

On page 45, House Calendar number 367, favorable report of the joint standing Committee on Finance, Revenue and Bonding, substitute House Bill 6644, AN

ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH  
STATUTES.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Public  
Health Committee, Representative Johnson.

REP. JOHNSON (49th):

Good evening, Mr. -- good evening, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Good evening.

REP. JOHNSON (49th):

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

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage. Will you  
explain the bill please, Madam.

REP. JOHNSON (49th):

Thank you. This bill is a bill that presents a  
variety of different things, a variety of technical  
changes and a few minor substantive changes. It  
starts off in section with the biomedical trust fund  
and that makes some minor changes and clarification in  
the language.

It moves on to section two which includes the  
breast cancer and cervical cancer early detection

program. This increases the standard by which someone who has no health insurance can obtain free breast cancer and cervical cancer early detection diagnostic services.

Section three addresses background checks for long term care facilities. And that is so that volunteers who are performing the same functions has someone who is actually working at the facility would be the only one who is subject to a -- to a background check.

Sections four and five address the hospice inpatient facilities and licensing and inspection fees. Section six is family daycare and home care providers. There's a decrease in fees for that particular section. Section seven removes a one year requirement and changes the -- changes it to a reasonable time for corrective things that are discovered by the -- by the Department of Public Health upon inspection.

Section 26 addresses physician's assistants being able to provide intravenous therapy for a peripherally inserted catheter. Section 27 is health information and technology exchange and how this information will be provided to the exchange so that providers can find

out information about patients. Section 28 extends licensure and exams where there's no fees.

Section 29 addresses military physician's assistants and allows them to practice here under the supervision of a doctor for temporary disaster situations. Section 30 and 31 is permissive language and it's been changed for continuing education for optometrists and addresses that. And section 32 and 33 also address continuing license education requirements.

And section 34 addresses the fact that the homeopathic physicians there's less than 10 so they don't have an examining board at this point in time and Department of Public Health will take over for them. And section 40 reflects a change in language in the diagnostic services for mental health number five. And section 41 addresses changes in the tumor registry reportage and that will be so that the services can be aggregated. Mr. Speaker, I move adoption.

DEPUTY SPEAKER GODFREY:

Thank you, Madam. Will you remark further on House -- the House Bill?

REP. JOHNSON (49th):

Mr. Speaker, I have an amendment.

DEPUTY SPEAKER GODFREY:

Oh, proceed.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. I would ask that LCO 8219 be called and I be granted leave of the Chair to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO number 8219 which will be designated House Amendment Schedule A. Will the Clerk please call the amendment.

THE CLERK:

House Amendment -- House Amendment Schedule A,  
LCO 8219 introduced by Representative Johnson et al.

DEPUTY SPEAKER GODFREY:

The Gentlewoman has asked leave of the Chamber. Is there any objection? Hearing none, please proceed, Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. This -- this also is a -  
- some additions were made in terms of the tumor registry abstracts. There were -- there were some language clarifications. In section 501 to 537 that is some just basic language technical revisions clarifying the -- these -- there had been nursing home

used interchangeably with residential care facilities and this -- this actually changes that and makes it so that the language is all consistent throughout the statute.

There -- again section 538 addresses the background checks to skilled nursing facilities. There is a notice in section 539 that was -- was to be addressed, an application for -- Department of Public Health application for -- for dam and the public water supply. If -- if in fact a -- a -- some kind of a repair must be done to a dam that has impact on a water supply in those circumstances the Department of Public Health must be notified. Section 540 adds a reference to other licensed healthcare providers and references the statutes for a technical fix.

Section 541 is a -- there's a problem in terms of how some hairdresser schools are -- are providing curriculum and so there's additional enforcement in those -- those areas added and asked for by the Department of Public Health so that students who pay their money and are supposed to be able to get an education are going to be able to do -- get the education that they've paid for.

Section 542 addresses the Alzheimer's taskforce

and adds the Commissioner of Department of Developmental Disabilities to that section. There was -- this -- this was actually a situation where there was a problem that's not being added to the taskforce of the original House Bill 5979. And it was an oversight because they're in numerous people who have developmental disabilities who also have some difficulty with Alzheimer's disease.

Section 543 to 545 adds the nuclear medicine technologists and just provides a listing for nuclear medicine technologists and this is through the scope of practice and review that's been -- that's been addressed through the Department of Public Health.

In section 546 we have a request and something that was really a good idea for the angioplasty to report to Department of Public Health how many times angioplasties are done and areas that are emergency situations and there may be a need for additional -- additional types of services related to the angioplasty and that is something that we need to find out because we have been listening to doctors in different parts of the State where they have someone who's come in for an -- for an angioplasty, found that other services have had to be done and have had to

then transport them to a different facility when perhaps that procedure could be done right there.

But this is a -- this is a problem that will help us address our certificate of needs statutes in these different hospitals that provide that kind of a service on a regular basis. The section 547 addresses the marital and family therapists. This is a technical fix that is suggested by the Office of Higher Education.

And section 548 addresses the situation with the -- this is the pediatric autoimmune deficiency disorder taskforce and advisory council. In section 549 we have a prescription drug monitoring program and we needed to make some exceptions to that. And the expectations have to do with the fact that originally the -- the bill did not exclude things that were excluded before. So that -- that is a -- that is the fix in that particular part of the bill.

Going on to section 550 there had been -- this is the House Bill 6317. Unfortunately about a year or so ago the swine regulations and the statutory language was inadvertently repealed and that enabled this -- this repeal created a difficulty for farmers who raise swine and they were unable to -- right now they're --

they're in the process of agreeing to let the Department of Public Health come and monitor the activities of -- of them of what's going on on these farms but this just puts that statute back into law that was repealed.

And sections 551 through 553 are Legislative Commissioners Office technical corrections and they're purely technical. And section 554 through 555 addresses a problem that we've been facing especially during this session and that is trying to make sure our school based health clinics have some type of uniformity and also provide behavioral health services. We all know that we've been working very hard on trying to make sure the State updates its behavioral health services programs.

And what this bill will do is it will make the Department of Public Health available to work with our school based health center services for behavioral health services and that's -- that's what section 554 through 555 will do. This is a very important piece and this has been worked out through the Department of Children and Families and the Department of Public Health. I move adoption, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, Madam. Will you remark on House Amendment Schedule A? The distinguished Ranking Member of the Public Health Committee, Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And good evening, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Good evening, Sir.

REP. SRINIVASAN (31st):

I want to thank the distinguished Chair of the Public Health Committee for this elaborate presentation of this -- what I call as a huge amendment that we are doing on our bill today in public health. I want to thank you for all the hard work in putting all of this together. And a few questions through you, Mr. Speaker, for -- on the amendment. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Proceed.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. Lines one to two of the amendment talks about the biomedical research trust fund change. And if you can explain to us what

this change will be compared to where it was in terms of the percentages. Through you, Madam Speaker -- Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you. Representative Johnson, do you care to respond?

REP. JOHNSON (49th):

Yes. Thank you. Thank you, Mr. Speaker. what this does is it allows two percent of the amounts that are provided for administrative costs and it makes it clear that it's two percent. The money is used actually to hire the Connecticut Academy of Science and Engineering case to provide the analysis that is needed to provide the funds for the bio -- from the biomedical research trust fund. And it's essentially a clarification. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. The clarification in that is this trust fund will not spend in excess of two percent for its administrative services. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Yes, Mr. Speaker. That is correct. through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. Lines ten to 15 talk about the tumor registry and the abstracts of this -- of the reports that are acceptable. Through you, Mr. Speaker. Would the abstracts alone be available for evaluation or if needed could the entire report also be made available? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker. the abstracts are something that was requested by the hospital association. Abstracts are aggregated information. Because of the way the data is collected it's collected by diagnosis and by other -- other means then is cross referenced. So the aggregation is something that is a positive and right now it's not -- it's not always being done that way. So in terms of

the process by which every single hospital is aggregating their data I -- I couldn't speak to that but I do know that the purpose is to make it simpler for reportage. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. I do want to thank the Representative for the answer and you're so right because what we had in the past was a much more elaborate reporting system which was obviously taking a toll as far as the hospitals are concerned. And to maintain this tumor registry board is not just important it's extremely important.

We being the champion of the leaders as far as the nation is concerned in managing and maintaining board. So this particular abstract will definitely help the hospitals in conveying the necessary information they need but at the same time do not need to give the entire report unless of course it is requested.

Through you, Mr. Speaker. In section 541 we are talking about the hairdresser school curriculum.

Through you, Mr. Speaker. Could we have a better

explanation or understanding of what this curriculum will involve and entail. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. Yes. The -- what it does is it puts more -- more emphasis on the complaint process so that when a hairdressing school fails to provide the services that they originally had offered they don't find -- the student doesn't find his or herself in a -- in a difficult situation trying to conclude their education.

So this is -- this is something that will help students. And as we've learned through the process of the hearing process these schools whether they're barber schools or whether they're beauty schools they still cost a great deal of money for these students and they need to get the benefit of their bargain and the Department of Public Health has created this -- this recommendation for this law to make sure that students are not short changed. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. So this curriculum that the hairdressers need to go through and maintain, will that curriculum, through you, Mr. Speaker, be monitored and reviewed on a constant consistent basis by the DPH? Through you, Madam -- Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker. Yes.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. This particular program which as distinguished Chair of the Public Health Committee mentioned is not inexpensive. It is an expensive program as -- as we just heard. So this particular program would be monitored by the DPH. But through you, Mr. Speaker.

What is this curriculum and how often would we have to maintain to be in this curriculum through the Department of DPH that is going to oversee this curriculum? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

The curriculum is the same as it always was. The requirements are the same. The issue here in this particular part of the bill is to make sure that the - - that these things are being monitored and they're being provided as they're contracts between the students and the -- and the school have been -- have been agreed to. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. Prior to passing this, this curriculum which is already there and existing. Through you, Mr. Speaker. Who was monitoring and maintaining that program -- this curriculum? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker. The Department of Public Health has the authority to do that. This just clarifies and makes it -- makes it a little more intense. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. Section 547 talks about the angioplasty -- the emergency angioplasty and the one that is done on a -- on a more elective basis. We had heard a lot in public -- in the public hearings and in public testimony as to the need to do these elective angioplasties at the same place where an emergency one is also being done. The idea being if that hospital is equipped to do an emergency angioplasty the hospital will definitely be equipped to do an elective angioplasty as well.

And so this transfer of patients from place A to place B from an emergency to an elective setting they were hoping that they would not have to go through this. And they would be authorized to do both the emergency which they already are but on top of that would also be able to do the elective angioplasty as well.

Through you, Mr. Speaker. The changes we are making now is this going to be just a taskforce that is going to look into this and report back A to whom, what time frame so that these hospitals will be able

to make the change that they've requested of us in the public hearings. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker. This -- this -- this bill is the work of a number of people to -- to provide a compromise. There of course is certificate of need requirement to be able to perform these elective angioplasties and they of course have a good motivation for them to reduce hospital costs and also to make sure some centers have a specialty in cardiology.

So that -- those are the reasons for this certificate of need. However as the good Representative stated, there are times when someone goes in for an emergency angioplasty and while they're there they find that there could be elective surgery done but because of the -- the -- perhaps rigidity of our current certificate of need statutes they are in a situation where they have to be then closed up and brought to the place where the certificate of need exists for the elective service.

So what this will do is require -- this will

create a reporting system to see just how severe the problem is so that the Department of Public Health will be able to make a determination as to how the certificate of need statute should be amended perhaps. So that's the purpose of this section. Through you, Mr. -- Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

The speaker before was Mr. Speaker and I was calling him Madam Speaker inadvertently and I hope I don't make the same mistake with you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Madam Speaker works just fine. Thank you.

REP. SRINIVASAN (31st):

Thank you. Thank you. Through you -- through you -- through you, Madam Speaker, to our distinguished Chair. If she could just elaborate on the certificate of need, the CON that we have just talked about in angioplasty. Through you, Madam Speaker.

The hospital that does an emergency at this point in time not for that particular patient per se but for other patients who come in into that hospital could an

elective angioplasty be done for those patients?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Only if they have a certificate of need to perform that particular service for an elective angioplasty.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker. So we have a situation here where hospitals can perform emergency angioplasty in patients that perhaps are most compromised when they come in in that particular situation. And then the angioplasty's done. Hopefully the patient turns around for the better. And now at some point in time they feel that they need an elective angioplasty as well.

Through you, Madam Speaker. Until this report is done and we get finalized will these various hospitals will they be able to do this elective surgery?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. the whole idea is to report on the situations where they cannot do this -- this elective part of the angioplasty when the doctor is there and discovers that there needs additional corrective surgery in the heart they still have to report this to -- to the Department so that the Department will find out how often this occurs.

Through you, Madam Speaker

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. As our good Chairwoman said that if the certificate of need the hospital has it already to do the elective angioplasty and this patient were to go into the hospital for an emergency angioplasty and then an elective one is needed in that scenario would that hospital be able to go ahead without this study, without the reports that we are requesting at this point in time to go ahead, through you, Madam Speaker, and do the elective angioplasty as well? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This -- this does not change the law. It only creates a reporting system by which perhaps the law will be changed in the future.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I'm not sure that I heard the answer clearly. If I could request the good Chair to repeat the answer one more time. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The -- the bill -- this -- this section -- this reporting of the elective angioplasty procedures does not change existing law but to require reportage. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker. So if at this

point in time they're allowed to do both elective and emergency nothing changes. They can continue to do that. It is only if they do not have the CON to do the -- to do the elective angioplasty then they will have to get the necessary report for us to look at -- look at it again? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That is -- that is correct, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. This reporting system of coming back do we have a time frame as to what -- in what period time that this -- we will be getting this report for us to make the decision moving forward? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I will have to take a moment. Through you, Madam Speaker, one year.

DEPUTY SPEAKER RITTER:

I'm sorry, Representative. That was the response. Am I correct?

REP. JOHNSON (49th):

Yes, it was. Through you, Madam Speaker. One year.

DEPUTY SPEAKER RITTER:

I apologize.

REP. JOHNSON (49th):

It was a short one.

DEPUTY SPEAKER RITTER:

Representative Srinivasan. My apologies. Please proceed.

REP. SRINIVASAN (31st):

In the laughter which I'm glad we're all having a good time in the Chamber as well. It's good to do that at what 7 p.m. after being here all day. I -- through you, Madam Speaker. I did not hear the response in the midst of all our -- our laughter. So if the good esteemed Chairwoman would repeat her answer I would appreciate that. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. One year.

DEPUTY SPEAKER RITTER:

Thank you. Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. I appreciate that answer very much. Through you, Madam Speaker. this one year reporting time is a timeframe of a year understandable but will that be tied in also with the number of requests, the number of cases that came that would need it before a decision is made about the certificate of need or will it just be a one year regardless whether the request came for three cases, five cases or no matter what? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Now I'm having difficulty hearing. Could you please repeat the question?

DEPUTY SPEAKER RITTER:

Representative Srinivasan, would you kindly repeat your question?

REP. SRINIVASAN (31st):

Definitely. No problem at all, Madam Speaker. So we have a one year time frame by which we get a report from the angioplasty services about the need of the elective angioplasty that had to be done in a place that was doing an emergency angioplasty. So that is the timeframe that we have set for ourselves is one year.

Through you, Madam Speaker. My question is it just a one year in terms of calendar year alone or will that be tied in with the number of cases that need to be -- that have been requested whether it be one patient that needed such a service or was it five or 100. Would that make a difference in the determination?

Through you, Madam Speaker. In this one year period. Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Madam Speaker, one year is the -- is the required time. It's not tied in with any -- I think the purpose actually is to determine what the number is.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. If I understand it clearly then in one year from when this goes into effect there will be a report that we will all receive, you know obviously the committees of appropriate cognizance that such a need was there or a need was not there and based on that the next decision will be made. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Though you, Madam Speaker. The good Representative has the analysis correct.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. Going into section 547 if you look at marshal and family therapists what would be the changes that will be made for them through the Office of Higher Education? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

There -- there changes are -- is merely a language so that their degree would be able to -- they're from an accredited program rather than an approved program. So it's just a language program but it makes a big difference to them. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I again request the good Chair to be a little more specific about rather than just be good for them if I could -- if you could hear a little bit more about what the changes are and how it will be better or good for them. Through you, Madam Speaker.

REP. JOHNSON (49th):

Well this is a change that came --

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Sorry, Madam Speaker. This is a change that came to us through the marital and family therapists. And that would -- they said that this will clarify their -- their application for licensure once they have

completed their graduate degree program specializing in of course marital and family therapy from a regionally accredited college, university or accredited post graduate clinical training program that is accredited rather than approved.

So perhaps it was a drafting error. I'm not sure. But they really need to have that language in there. Accredited not approved and so this is -- this is the commissioner on accreditation for marriage and family therapy and education and -- and that they're offered by regionally accredited institution of higher education rather than recognized by the United States Department of Education.

So those things are important to them in their profession, their delivery of service and how they're reimbursed. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam -- through you, Madam Speaker. If I understand that clearly it will be not just an approved program, it has to be appropriately accredited? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That's correct, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. We are talking about the section on the prescription drug monitoring. And through you, Madam Speaker. if the Chairwoman would be kind enough to give us the changes that will happen because in her report she said medications will be changed in a more generic nonspecific way. So I would appreciate through you, Madam Speaker, if we can hear what those prescription drug monitoring changes will be. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. these changes actually are things that -- first of all there is one change that was part of a request and perhaps an error in the drafting of the prescription drug monitoring program came to us through Department of Mental Health and Addiction Services that excludes methadone clinics

and the administration of methadone that is confidential and is addressed in other reporting requirements.

The other place that there was perhaps an oversight in drafting in this particular is that it included institutional pharmacies, hospital pharmacies and that they did not want -- they have their own reporting systems as well. So both of those should be excluded. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker. Other than a hospital setting and inpatient setting which will be excluded and in the methadone clinics when they are administering the appropriate medications in that clinic as an outpatient clinic obviously. In those two situations would those be the only two situations which have been excluded? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. That's correct.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. Earlier in the year in the Chambers there was discussion on prescription medications that were given as samples. You know that were given as samples in doctors' offices. And through you, Madam Speaker, those medications -- those that are given as samples they will not be included in this drug monitoring program. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That is correct, Madam Speaker. Through you.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I want to thank the good Chair of the Public Health Committee for her answers. I know this is a huge bill. I know we worked on that quite extensively for the last couple of days to get this together where we are. And I do want to thank her very much for her answers. Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Alberts.

REP. ALBERTS (50th):

Good evening, Madam Speaker.

DEPUTY SPEAKER RITTER:

good evening.

REP. ALBERTS (50th):

If I may I have a couple questions to the proponent of the amendment that's before us.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. ALBERTS (50th):

Thank you. In section 541 there's several references to the application fee. I guess it's in line 1330, application fee of \$500. And I just want to make sure I understand that correctly. That application fee would be paid for by the barbers, the hairdressers and cosmeticians who are actually submitting requests for licenses? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That's correct, Madam Speaker. Through you.

DEPUTY SPEAKER RITTER:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker. Then in line 1331 and 1332 there's reference to an account name but it's not capped so I wasn't sure if this is the private occupational school student protection account. Is that a proper name of what the account will be? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (50th):

Madam Speaker, I could not hear the good Representative. Could you please ask him to repeat his question.

DEPUTY SPEAKER RITTER:

Representative Alberts, could you please repeat your question?

REP. ALBERTS (50th):

Absolutely. In line 1331 and 1332 there's reference to private occupational school student protection account. Is that the proper name of the account that the check would be made payable to or the deposit would be made payable to or is that a generic

name for an account that would be established?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Well it -- it's not capitalized in the language of the statute so it looks like it's a generic -- generic language for the account. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker. And then looking at the title of the account I'm -- I'm presuming that this application fee is designed to be used to help safeguard the student's account or the student's relationship with the institution at hand be it a beauty salon or a barber training facility so that if the facility were to close or otherwise shut their doors that they may be able to make a claim against this account? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. That's -- that's the intent of this.

DEPUTY SPEAKER RITTER:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker. That's -- I just wanted that clarification. Thank you very much.

DEPUTY SPEAKER RITTER:

Representative Betts of the 78th District.

REP. BETTS (78th):

Thank you very much, Madam Speaker. I'm just going for a moment if you -- I just need to get back to the text here. Excuse me. If I may a few questions to the proponent through you.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. BETTS (78th):

To the good Chairperson we were talking earlier on about the biomedical research trust and in it it says the trust may accept transfers from the tobacco settlement fund and may apply for and accept gifts. Could you explain to us why the language is permissive as may as opposed to shall? Through you, Madam Chair.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. the language has been clarified so that there is -- so that the -- so that the trust fund can be administered in a way that meets the needs of the trust fund and -- so for those reasons the language has been made a little more clear and we're really working on the two percent for the -- for the cost so that the Connecticut Academy of Science and Engineering case can take applications and do the evaluation in a way that benefits the citizens of Connecticut. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Thank you. And I -- and I certainly applaud the Chair on the not more than two percent but I'm really thinking more in lines of for example today I read on the internet that the tobacco settlement fund received \$63 million. And I'm wondering whether that money is to be automatically transferred into the biomedical research trust fund for the purposes outlined in the bill to fund research for example like for cancer.

Would that money or any future settlements that

come from the tobacco settlement fund would that automatically go into this biomedical research trust fund? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. There is no limitation on the amount of money that could be donated to the trust fund.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Yes. Thank you. I -- perhaps I didn't make it clear. I understand that. My question is if the tobacco settlement fund receives money as they did apparently today or in the very near future, they received \$63 million as part of a settlement.

My question is does that settlement money automatically get put into this biomedical research trust fund which is obviously doing medical research on cancer and other related things dealing with tobacco. Would that money go into this fund or does it go into the General Fund? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

The money that is designated for the trust fund goes into the trust fund. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Thank you. I -- maybe I'm not being very clear. If -- if the State of Connecticut is awarded \$63 million as it has been according to this report, that \$63 million will it be going into the General Fund first or will funds that are -- are given in these awards start off going into the biomedical research trust fund? So I'm asking, through you, Madam Chair, where does that award go to? Through you.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I believe that's outside of the scope of what this law is intended to do.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Well the reason why I'm bringing it up is I had mentioned earlier on about the trust fund may accept transfers. I'm trying to understand whether this biomedical research fund is going to be able to make the decision or who will make that decision if the trust fund does not have the ability to accept it automatically.

So in other words we're going to be getting funds in the future. It's clear what this fund is for. It obviously matches that it's trying to address. It seems to me logical that the \$63 million that's been awarded to Connecticut as a result of the Connecticut tobacco settlement would be going into this trust fund. I'm just looking for clarification that my understanding is correct. Through you, Madam Chair.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The -- the law is just purely technical and it also is a clarifying law that addresses some of the administration. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Okay. Thank you very much. Through you, Madam Chair. Who is going to be responsible for managing the biomedical research trust fund? Through you.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The Department of Public Health.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Okay. Thank you very much. Moving on to section 548, subsection J, lines 1607 through 1619. I'll give you a moment to -- to get to that point. Have you found that? Okay.

DEPUTY SPEAKER RITTER:

Representative. Please proceed, Representative Betts.

REP. BETTS (78th):

Thank you very much. In there they're talking about an electronic prescription drug monitoring program and above it it says within available

appropriations. Could the Gentlelady explain to me what available appropriations is?

In other words is this going to be 100 percent State funded or are there going to be different funds that go into paying for this program? Through you, Madam Chair.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Within available appropriations means that this will be done if there is money available.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Thank you. What I'm asking is it going to be 100 percent funded by the State or are there other sources of funding that will be matched with State funds to pay for this? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Well, through you, Madam Speaker. It discusses the commissioner doing this work. So it would be

within the available appropriations available to the commissioner.

So the language in the statute or in the proposed legislation rather discusses the fact that the commissioner shall be there -- the commissioner administers funds as -- as part of her duty as commissioner. And so it would State funds. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Thank you. And I wonder if the good Representative could explain to the Chamber in line 1611. What exactly is nonresident pharmacies and are we also talking in this program of getting data that is shipped to patients by mail? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (78th):

Through you, Madam Speaker. I believe that this is -- this is strictly to take out the hospitals so -- or any institution that has a -- people who are not living there but they are there as patients. So that

-- that was the purpose of this change. Through you,  
Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Okay. Thank you for that answer. In -- in -- on  
line 1660 which is in subsection six there's a section  
that is talking about the release of medical treatment  
and information and it says provided the request is  
accompanied by a written consent signed by the  
prospective patient for the release of controlled  
substance prescription information.

I wonder if you could explain why written  
permission is needed there or if it's needed in any  
other release of medical information to anybody else  
regarding prescriptions. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Could you please  
have the good Gentleman start a little bit before and  
explain from the beginning exactly what he's referring  
to.

DEPUTY SPEAKER RITTER:

Representative Betts, would you be able to clarify?

REP. BETTS (78th):

Certainly. I'd be happy to. I'm looking at subsection six and I'm looking at lines 1659 through lines 1662. And it's talking about requesting -- the commissioner requesting information -- prescription information and it goes on talking about the prescriber practitioner who's treating the patient and then it moves into subsection B saying the prescribing practitioner with whom a patient has made contact for the purpose of seeking medical treatment provided the request for that information is accompanied by a written consent signed by the perspective patient for the release of controlled substance prescription information.

Does that mean that the practitioner would not be able to release that information if requested without the written permission of the patient? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

This law goes more to the idea of the registering

of the doctors for prescription drug monitoring and the pharmacy. The difficulty here and this is existing law. This is something that this -- the -- that this assembly has recently passed. So this is not part of the change in the amendment. This is existing law.

So what we're doing here is we are saying and we're notifying people that they have -- that they -- that this information will be reported because it's part of the drug monitoring law and that is -- that is basically what's going on here.

But in terms of this law and this amendment we're only excluding hospitals and the clinics which already have their own reporting systems. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Thank you. And I just saw that. I apologize. I didn't realize it was existing. And in -- in line 1731 there's -- it's section 551. I apologize. In section 551 it refers to the commissioner of rehabilitation services and talks about providing the maximum expenditure for any one person. This looks

like it's new by the way. I don't think it's existing. Correct me if I'm wrong. Shall not exceed the sum of \$960 in a fiscal year but can be given more if -- if necessary which is great.

I'm just wondering how or if we have any idea how we arrived at \$960? Is that a -- is that a historical thing? Is that -- I'm just not clear on how we arrived at that number and if that's sufficient.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This is also existing law in the -- in this section. When we look at this amendment the underlying portions are new.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Okay. And finally I'd like to refer the Gentlelady to the section pertaining to I believe it's nursing homes but it's in section 552 and it makes various references of temperatures not being less than 65 degrees Fahrenheit in such a building and it goes

on to explain that and then it says if it cannot be reasonably maintained in certain areas -- and I'm now reading at line 1756, the Labor Commissioner may grant a variance for such areas. Why would it be the Labor Commissioner? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. BETTS (78th):

That would grant that waiver.

REP. JOHNSON (49th):

Through you, Madam Speaker. Could you please ask the good Gentleman to tell me which line he's referring to?

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Certainly. It's line 1756 and it says a temperature of 65 degrees Fahrenheit cannot reasonably -- if it cannot be reasonably maintained in certain areas the Labor Commissioner may grant a variance for such areas. I'm unclear as to why the Labor Commissioners would be granting as opposed to for example public health. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

through you, Madam Speaker. There are labor laws that address -- certainly in a nursing home there are people who are employed there working as laborers. And there are people who are living there. This of course would address both the -- if the temperature isn't good for the people who are working there it's not good for the people who are living there either.

But there are regulations in labor law that would address this unfortunate circumstance. So I believe that's why the law was written in that way. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Okay. Thank you. It's just that I've heard from previous public hearings the issue of the nursing homes and I believe it was the Public Health Commissioner that we were talking about having that authority. And you know they have oversight of the nursing homes so it made sense to me that it would be public health rather than the Labor Commissioner.

And then finally, if you look a little further

down from line 1756 to 1769 I would just like to see if I'm interpreting this correctly that if those requirements for heating, et cetera, that's outlined in that section it goes on to say when they are necessary or proper for customary use of such building they're not met that such person shall be guilty of a class D misdemeanor.

What I'm asking and maybe I'm not reading this correctly but the owner of that building or whoever's managing it I would assume would not automatically be guilty of a class D misdemeanor if that situation were to occur. It strikes me as if we would need to find the cause for it as well as the solution to it.

Am I misreading that when I read that entire section because it seems very definitive that you shall be guilty of that without ever having determined the cause or a hearing in which somebody would be able to make their case as to why the situation and that condition was not maintained? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I certainly would

agree that perhaps the -- that there should be some process due this person before they are charged with a class D misdemeanor.

However this section just like the other ones is a very technical change and only has changed the word -- changed one word in this whole section which is existing law and that is the word Fahrenheit. So through you, Madam Speaker, the substantive issue here is -- is -- there is none. It's merely technical.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Yeah. Thank you. I wanted to make sure we had that on record for legislative intent. And my final question has to deal with line -- with outpatient clinics on 1878 through 1883 where they describe what an outpatient clinic means.

And it says it's --out clinic means an organization operated by a municipality or corporation other than the hospital. My question is could you give me an example of an outpatient clinic that is operated by a municipality? I'm unclear as to what that would be. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This was -- this was put into this -- this bill because of the work that we have done all throughout this session. We have worked as you know to address the lack of psychiatric services throughout the State of Connecticut. One place that we need to have psychiatric services or behavioral health services are in school based health centers.

And we worked -- we strived mightily in the Department of -- and our -- the Department of Public Health with the Department of Children and Families and certainly on the Public Health Committee to make sure that behavioral health services are available to our -- our students in our schools. One of the things that we found here is that -- that the Department of Children and Families as a general rule has been administering these types of operations, behavioral health services for people under the age of 21 which would include our school based health centers.

Hence we worked with the Department of Children and Families. We worked through the process discussing as you know on numerous nights and long

hearings discussions of public health law and school based health center law. And we found that we were able to combine the oversight of school based health clinic behavioral services and that's what this particular section does. And I thank the good Gentleman for his question.

DEPUTY SPEAKER RITTER:

Representative Betts.

REP. BETTS (78th):

Yeah. I thank you for that very detailed answer because I'm sure the -- the assembly is going to be encouraged to see that we're actually expanding in that area and obviously it meets a very important need. I thank the Gentlelady for her answers and I thank you, Madam Speaker, for the opportunity to ask the questions.

DEPUTY SPEAKER RITTER:

Representative Carter, you have the floor, Sir.

REP. CARTER (2nd):

Thank you and good evening, Madam Speaker. I have a few questions through you to the proponent of the bill please.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. CARTER (2nd):

Thank you. Through you, Madam Speaker. in the -  
- in the beginning of the -- the bill on line 16 we  
were talking about the amount of monies that would be  
deposited into an account for use by the commissioner  
for grants and aid. My question through you, Madam  
Speaker, is what happens then if the total amount  
cannot be used in a given year.

DEPUTY SPEAKER RITTER:

Representative Carter, a point of clarification.  
Are you speaking to the amendment? I believe we are  
on the amendment.

REP. CARTER (2nd):

Point taken. I think I'm on the -- I'm on the  
actual bill on that page. Thank you very much, Madam  
Speaker. I'll move on. One of the questions --

DEPUTY SPEAKER RITTER:

Please proceed.

REP. CARTER (2nd):

Thank you. Through you, Madam Speaker. With  
respect to section 546 and the discussions surrounding  
angioplasty.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. CARTER (2nd):

Through you, Madam Speaker. one of the questions I had is the -- the bill spells out that in the report that the Commissioner of Public Health will be looking for is the number of persons who the hospital performed an emergency coronary angioplasty on and then were subsequently discharged to another hospital for an elective angioplasty.

Through you, Madam Speaker. What happens to the folks who go in for an -- excuse me, go in, have an emergency angioplasty done but don't go on for any additional angioplasty. Are they recorded in the study? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm having a real hard time hearing. Could the good Gentleman please repeat his question?

DEPUTY SPEAKER RITTER:

Representative Carter, would you kindly repeat your question after you've fixed your microphone?

REP. CARTER (2nd):

Thank you, Madam Speaker. Is that better?

DEPUTY SPEAKER RITTER:

That's definitely louder.

REP. CARTER (2nd):

Through you, Madam Speaker, to the proponent of the amendment. In section 546 we're looking at angioplasty and there will be a report from or to the Commissioner of Public Health concerning the number of persons who have an emergency angioplasty and then were subsequently discharged to another hospital for an elective angioplasty.

Through you, Madam Speaker. My question is what happens when somebody goes in, has an emergency angioplasty performed but doesn't require a subsequent elective angioplasty. Are they in some way put in one of these reports? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, no.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Through you, Madam Speaker. I guess I'm trying to get my head around exactly what the goal would be

of the report then. could the -- the good Chairman of Public Health kind of explain a little more about what the goal is of doing a report on the emergency angioplasties?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Yes. What -- what happens here is any hospital -- regular hospital can have and many do -- I'm sure they all do, have cardiologists on their staff. And from time to time a person comes in there who is an emergency situation requires an angioplasty.

And while the doctor is there performing the emergency angioplasty discovers that there are elective procedures that could be performed at the very same time while the doctor is there performing that particular service. But the hospital does not have a certificate of need for the elective procedure because that is only given to certain hospitals.

Certain hospitals are allowed to do that and one of the reasons we have this certificate of need process is because what it does is it first of all reduces the number of places that have to have

expensive equipment so thereby reducing hospital costs. But it also increases the number in those places that do meet the requirements and have the certificate of need where they would have more physicians specializing in a particular area at a higher volume in creating greater expertise in those physicians.

Hence we have these -- these certificate of need requirements. And the problem being if you go in for an emergency we want to know how many times someone must be transferred when a cardiologist finds that there is an additional you know procedure that could be done right there on the spot as opposed to having the person transferred to a place where there's a certificate of need.

So what we did is we want to know what the extent of the problem is and that's why we have the reporting requirement. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you, Madam Speaker. And I thank the -- the good Chair of the Public Health Committee for her answer. I actually look at this as a very positive

move because I think what happens in a lot of communities is exactly what she mentioned. You know somebody will come into the hospital, they'll get you know a catheterization to look at the status of their coronary arteries and find that they are in need of something in an emergent situation.

And oftentimes they are held or put in a situation now where that same patient has to go -- undergo another catheterization at another hospital because the -- the original hospital didn't have a certificate of need. So I think this may go a long way, these kinds of reports in finding out you know how often that happens.

And -- and I'm sure that there would be a cost savings involved somehow if we could put that patient through procedure only one time and one hospital instead of them moving them on to another. So I would -- I would applaud the Public Health Committee and the Commissioner for looking at this as a -- as a report in the future. And through you, Madam Speaker, I have another question for the proponent of the bill -- excuse me, the amendment.

I'll make sure I get that right. On -- on line 1572 we're talking about licensure for marital and

family therapists. And one of the changes in the amendment is they're -- they're asking for a regional accredited institution of higher education. I guess my question through you, Madam Speaker.

As a regionally accredited institution does it have to be somebody regionally or are these places around the United States that give accreditation to those kinds of programs? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The -- these -- these requirements are put forth for people to operate in the State of Connecticut. They're by the -- they're -- they're Department of Public Health requirements so they would be required whether or not they have some type of reciprocity here or other -- other types of things this is really a very technical change and so that statute really doesn't speak -- or the proposed legislation doesn't speak to that.

It does -- it does just specify some of the language changes so that when someone has these credentials they can proceed and operate, provide services and perhaps receive insurance reimbursement.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you, Madam Speaker. I guess one of the things I was wondering about in this question is that originally it talks to the fact that they could be accredited by the United States Department of Education and now it talks about a regionally accredited institution of higher education.

I'm wondering, you know can our institutions in the State of Connecticut, UCONN, WestConn, you know can -- can they give some sort of accreditation for marital and family therapists if -- if that's a good question? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This is again -- this is really a slight language change that makes a big difference. So in terms of the accreditation of the university or the school that the person went to, those are all things that would be addressed in other law and would be analyzed by the Commissioner.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you, Madam Speaker. And I'm very satisfied with the answer. Moving forward into lines six -- 1681, that's one six eight one in the subsection ten we were talking originally about the prescription drug monitoring program and I just wanted to make sure I understood completely that this was an effort to exclude those kinds of clinics that prescribe things like methadone, symboxin to -- for the treatment of disorders. Through you, Madam Speaker. This -- this would make sure that those kinds of clinics only supply methadone and those kinds of opioids? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. That's correct.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Madam Speaker. It's --

that's an important distinction there because as you know the prescription drug monitoring is something that we've talked a lot about in this Chamber and the -- the ability to use that in our society -- or excuse me, our State to fight drug abuse I think is laudable. In fact, you know looking at this and keeping the institutions out of it I think does make a lot of sense and I would support that wholeheartedly.

Madam Speaker, going further in the amendment if we go back to around lines 1478 there's a lot of talk about the nuclear medics -- medicine -- excuse me, nuclear medicine technologist. I was wondering if the good Chair of the Public Health could explain a little bit. That seems to be a new term.

I don't know if we're separating that out from radiologist but I'd love to know a little more about that. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. These nuclear medicine technologists are now defined in statute and they are supervised by licensed physicians and they take direction for licensed physicians in accordance

with exiting law and they're just now were able to be recognized in law. And -- and that's essentially what this particular section does. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Madam Speaker. And also I noticed in the amendment to the bill in lines 182, in that section we're talking about homeopathic physicians. It was interesting to me that I noticed that the amendment actually removes the need for a medical board for the homeopathic physician. I was wondering, through you, Madam Speaker, will the homeopathic physicians be governed by a different kind of medical board?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Line 182.

REP. CARTER (2nd):

I'm sorry, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you, Madam Speaker. That is line 1182. My apologies to the good Chair of Public Health. Line 1182 starts to speak about a homeopathic physician and also in the amendment it removes the need for a medical board. Through you, Madam Speaker. Will the homeopathic physician be governed by some other medical board?

REP. JOHNSON (49th):

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

There are less than ten homeopathic physicians in the State at this point in time. So that is why this particular section put the Commissioner in charge of the -- the homeopathic physicians as opposed to having this board. Through you, Madam Speaker

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Madam Speaker. In -- in line 44 of the amendment we begin to hear language about the residential home versus nursing homes.

Through you, Madam Speaker. Throughout the amendment I know they're adding residential care home. Is there any distinct difference between a residential care home and a nursing home? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. this is a purely technical change but the language in the statute was extremely confusing using residential care facilities, nursing homes, rest homes and all those types of homes which have totally different meanings interchangeably. So we have -- we have with recommendations changed these so that there is consistently throughout the statute. It's merely technical. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Madam Speaker. And my -- my thanks to the distinguished Chair of Public Health for her answers. I will have some more answers -- more questions when we come to the bill but for now I thank you very much and I support the amendment.

DEPUTY SPEAKER RITTER:

Representative Perillo, you have the floor, Sir.

REP. PERILLO (113th):

Madam Speaker, thank you very much. If I could a few questions through you to the proponent of the bill.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. PERILLO (113th):

Thank you very much, Madam Speaker. And just for reference I'm going to ask a few questions about section 550 which begins at line 1687. I'll give the Chair an opportunity to find that.

DEPUTY SPEAKER RITTER:

Representative Perillo, do you have a question?

REP. PERILLO (113th):

I do. Thank you. I'm glad I gave you the opportunity. Here we are discussing persons and or corporations engaged in specifically the growing of swine. I'm just curious as to why we are using that particular term. It is interchangeable with some others. Swine seems to be an odd choice if we want to truly capture the entire population of pigs and hogs, et cetera, et cetera. If that could be explained.

Through you, Madam Chair -- Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Chair. That was a question I had as well and I discussed this with the Department of Agriculture because I thought perhaps there might be a more scientific name that might be used. And we actually even explored looking into using more scientific language.

However due to time constraints and also the Department recommended that we maintain the language because it's used in federal law and also because it is -- it is something that people need to perhaps look up and they're used to using that particular term as opposed to the scientific term. And the Department was very concerned that people wouldn't be able to find the law. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I thank the Chair -- I thank the Chair of the Public Health Committee for her answer to the question. I asked because as I

read the text of section 550 it seems to be referring only to those pigs, swine, call them what you like, that are meant for slaughter.

However there are animals in this category that are actually not meant for slaughter, obviously sows which are meant for breeding. And from what I understand in doing just a little bit of research here the diseases that I'm going to ask some questions about going forward are not necessarily of concern upon consumption which I imagine is -- would be the concern for slaughtered pigs but also for those pigs that have reproductive capacity.

And it seems like this is something that is passed through reproduction not so much through consumption. So I really just want to make sure that swine is the proper term scientifically to make sure that we capture all aspects within the -- the family pigs, hogs, et cetera, et cetera. I'm trying to do some research here and I apologize that I'm doing it last minute but I just want to make sure that we're using the proper terminology.

I wouldn't want to leave something out that is of concern to the agency. So if I could just -- just ask, does this cover both pigs meant for slaughter and

pigs meant for reproduction and gestation?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The law that we are looking we are putting in because it was taken out through inadvertence. So this is a law that has been in existence for some time and unfortunately due to some transcription or some other problem we have put this law back into effect. But since we agreed to put this back in because the Department of Agriculture needs it I did look into the term swine.

And I did try to make sure that everything that we were doing here worked out since we as a Department of Public Health want to make sure that there are no diseases whether they're something that would no longer be a harm to someone once the -- once the animal is slaughtered and consumed.

So we don't want to have diseased animals that are living together. Perhaps maybe there are some that are slaughtered and some that are used for breeding but I think that as a general rule is you probably are well aware, when you have different types of bacterium or viruses that are working together

there are mutations that can create other difficulties for the animals that may eventually lead to a problem once the animal is slaughtered and consumed. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. and I appreciate the answer to the question. The Chair of the Public Health Committee mentioned that this is -- this is not new. This is something we had before but I do just want to clarify that in the amendment this section 550 is identified as new language.

This is not changes to existing language. This is new. So I just want to clarify is this something that we had in the past that we got rid of and now we've changed our mind? Is this something that -- how is this not new when in this amendment it says that it is? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

As stated, Madam Speaker, this was a deletion through inadvertence.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

So -- okay so we inadvertently deleted what is about 100 lines of statute and now we've had a change of heart. Okay. That's concerning because at some point we obviously made a pretty big mistake. But I guess the silver lining is that we caught it and here we are fixing the thing on swine.

So to further clarify I want to make sure and to better understand is this just referring to traditional farm raised pigs that we would typically think about or are we also referring to what we would typically think of as wild pigs be it boar or otherwise. I understand that those are being farmed more and more recently and I want to make sure that we're covering the entire scope of the pigs we're talking about.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That is correct, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I -- I appreciate -- I appreciate that. If I could move on and I'll direct the Chair of the Public Health Committee specifically to some of the text that begins in line 1702 which is in the following page of the version I'm looking at.

It begins to say that no swine will be brought into Connecticut by any individual, corporation, common carrier unless the same originated from a herd that is validated, et cetera, et cetera. I'm wondering from what states Connecticut typically -- typically imports its swine because that are some states it appears that are at higher risk of having some of the diseases that I'll ask some questions about going forward and some that are not.

So I just want to get a sense of just how great the risk is here in the State of Connecticut based upon where we import our swine from.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This bill just deals with the allowance of the Commissioner to be able to

make these determinations. It doesn't go beyond that scope. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I -- so to clarify this would be -- the requirements that we're replacing on the importation of swine would extend to any state regardless of that -- whether that state has had any documented instances of some of the diseases that I'm going to ask some questions about going forward. Is that correct? So all -- all 49 others?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER RITTER;

Representative Perillo.

REP. PERILLO (113th):

Okay. Well I can appreciate that. It's a little bit concerning because it seems that some of what this amendment proposes could conceivably be somewhat onerous work. For example it says that the owner of any establishment where federal inspections maintain

shall report weekly to the Commissioner.

And there's weekly reporting yet only about a third of the states in -- in the U.S. have reported instances of some of the diseases that this amendment seems to be focused upon. So are we creating some sort of undue burden on these importers when indeed there really isn't any risk because in many of the states and the vast majority of states here in the U.S. there are no reported instance of these diseases.

So my question very simply is because I don't recall having ever seen this before the Public Health Committee. This is sort of new language to me. Was there any consideration given you know behind closed doors as to whether or not we needed to segregate this state to state or whether indeed we needed all 49 other states to be covered?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. we are reinstating an existing law. We have been fortunate that the good farmers in Connecticut have been complying with the Department of Agriculture and Department of Public Health and allowing them to continue the enforcement

of these particular rules. And we are very, very happy to have found the error that was made in the deletion of the law and this is something that is -- this is a practice that has been going on.

And given the way that diseases mutate I believe that this is probably an excellent -- excellent way to take a look at any -- any animals that are imported because diseases as you know spread very easily and these animals are sometimes closely put together and they can be made quite ill quite quickly. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I appreciate the answer to the question from the Chair of the Public Health Committee. The Chair referenced some -- the fact that these diseases can be transmitted very, very quickly in a very, very short time span which is a concern because in lines 1708 and 1709 there is an exemption from the testing that is required and the observation that is required for those swine brought into the State for the purpose of immediate slaughter upon the premises.

So I'm wondering if there's -- why we are making that exemption if we are so sincerely concerned about the risk of immediate and very short term transmission of this -- of these diseases from one pig to another to a larger herd. Why have we made this carve out for immediate slaughter I guess would be my first question and I may have follow up after that.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I think that the answer to the good Gentleman's question is in his statement. The animals are not congregating or put together with other animals. They're being slaughtered and there is -- as the good Gentleman's previously stated in his remarks that these animals -- some of these diseases that are listed in this particular proposal are no longer a problem once the animal is cooked and eaten.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I appreciate that. If I could I want to talk a little bit briefly about the

specific testing that this is calling for. One -- one is I guess it's pronounced brucellosis and I've done a little bit of research on that.

And you know that's what I stated before about a situation where there are very few states in the U.S. where there have been reported cases -- cases of this specific brucellosis disease. But there is another -- we're referring to rabies here.

And when I did some research on that it -- it came to my attention that are actually, at least as of five years there had been no reported cases of rabies in pigs here in the U.S. However there had been reported cases of rabies in Europe. Are we segregating the testing based upon the source of the swine?

Are we not testing for the pseudo rabies virus from U.S. domestic pigs and then testing from those pigs that are brought overseas? Do we bring any pigs from overseas? Just to clarify what the actual intent is whether or not this is covering the full scope or perhaps even -- even going beyond what needs to be covered.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Could the good Gentleman please clarify the question because in one part of the question he stated the word rabies and in another part he used the word pseudo rabies. I would like to know which one the Gentleman is referring.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And again I don't recall this having the benefit of a hearing or any discussion before the Public Health Committee so in this case I would rely on the Chair of the Public Health Committee to tell me what the difference between those two is.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Well through you, Madam Speaker. Rabies is a pretty common illness that is a virus. Both are viruses but -- but you've got a situation where rabies you know is -- is -- is actually something that animals transit to each other and of course we've all

seen perhaps To Kill the Mockingbird.

And so that is -- that is -- but so pseudo rabies is obviously something that mimics some of the -- some of the symptoms of rabies but isn't quite rabies.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I'll -- I appreciate that answer. But again much of our focus here has been on pigs that are intended for slaughter. But that is not the only use swine here in the State of Connecticut. I was actually this past year at the -- the Big E. Many of us have been to the Big E before. It's a very nice agricultural fair. There are many animals on display.

Many of them would fall into the category that I guess we've defined as swine. So I'm wondering if this is also intended to relate to show swine or is this just intended for pigs and hogs, et cetera, et cetera that are intended for slaughter? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. the language is very plain I believe. It includes all swine with no exceptions. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

So then -- so that is everything even -- even swine that are perhaps kept as pets. I know a lot of folks have potbellied pigs. Apparently they're very intelligent animals. They have them. They're sort of like a dog in -- in the way they interact with the family. So they would be included as well.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (113th):

Through you, Madam Speaker. Yes, I believe the good Representative is correct on that.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

So to clarify though the primary focus of this amendment seems to be corporations and institutions that are breeding and slaughtering and selling the

swine of which we are speaking basically out of the concern that the diseases we've discussed will infect the herd. I don't know if you would call -- is it a herd? I don't know. What's a bunch of swine?

The bunch of swine we're wondering if it would infect that entire bunch of swine but in the case that I discussed in terms of potbellied pigs and pigs that are routinely kept as pets, that's not necessarily a concern. So if a family -- you know oftentimes families here in the State of Connecticut might want a specific breed of dog so they go find a breeder.

It's a reputable breeder and they get their German shepherd dog or their dachshund or whatever they may get. Here we've got potbellied pigs and many folks might seek out those pigs as a family pet in much the same way.

So I'm wondering if those animals are also covered and do we expect the family to actually go through all this testing and who would enforce that? You know family pets are typically not a matter of the Department of Agriculture per say so is it up to the family to go through all of this testing and if so would we not be concerned that that's a bit burdensome? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. the good Representative is correct. A group of pigs is a herd. And in terms of the testing these are -- I believe these are really more agricultural in nature but if in fact the family pet had to come into some kind of situation where they're in a group they should be tested.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And obviously the Department of Agriculture has mechanisms in place for the testing and enforcement at larger corporate farms. How is the Department of Agriculture going to enforce this in you know single swine homes where there's just one pig but they have a family of adults?

DEPUTY SPEAKER RITTER:

Is that your question, Representative Carter?

REP. PERILLO (113th):

I'll complete the question. How's ag going to handle that? How is the Department of Agriculture

going to handle that?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I believe that's outside the scope of this statute. And in terms of the requirements that we have here I don't think that anyone is envisioning too many homes that have single swines as pet -- as a pet so I'm -- I think that we're really looking at of course the contagious situation and that's between one animal and another.

And so if you have one -- one swine in your home there's not much chance for it to contaminate others. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

So -- so to clarify. And I'm sorry. I may have missed part of the discussion and I'm -- and this is a very serious issue and I don't mean to make light of it but -- so we are ensuring that these one off single family potbellied pigs are tested but at the same time we're saying that we're not really concerned that they're at risk because they're not in a brood of

other swine.

There's a question about whether or not the Department of Agriculture is going to have the ability to ensure that these individual potbellied pigs are tested but we're requiring that they be tested but we're not concerned that they be tested because they're not in a brood but we're still mandating it.

So again what is the mechanism the Department of Agriculture's going to use to ensure that the testing has been taken -- has taken place? I -- I just want to clarify because I'm hearing mixed signals here.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

The statute through you, Madam Speaker -- Madam Speaker, says that the Commissioner shall at once cause an investigation and so the Commissioner has -- has the opportunity and the authority to investigate any type of situation where there might be a problem with disease. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

I actually apologize, Madam Speaker. I -- I was

having difficulty hearing that last answer. If -- if the Chair could just repeat it please.

DEPUTY SPEAKER RITTER:

Representative Johnson, if you would kindly repeat your response to the last question.

REP. JOHNSON (49th):

Okay. Looking at the statute, when you look at the proposed legislation that was -- that has been in existence in the State for years and years and years. But unfortunately through inadvertence was deleted and now we have asked to put the statute back in. It talks about any person, firm or corporation engaged in the growing of swine that are to be used or disposed of elsewhere other than on the premises where such swine are grown shall register with the Commissioner of Agriculture on forms furnished by the Commissioner.

So they're registering them unless they're a pet in the -- in the house. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. So to clarify so then pets are excluded. Is that what I just heard?

Through you.

REP. JOHNSON (49th):

Well I mean that's --

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Sorry, Madam Speaker. The -- when you look at any person, firm or corporation engaged in growing of swine that are to be used or disposed of elsewhere other than on the premises where the swine are grown shall register with the Commissioner of Agriculture on forms furnished by the Commissioner. So if there's -- if they're there they've -- they've been raised there then -- and they don't go anywhere but on the place where they're raised then that's -- that's exactly correct. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I appreciate that. I think it gives a little bit of clarity to the question that I am asking. Now if I could refer the Chair of the Public Health Committee to line 1718 it talks about some exemptions and specifically one. It says that all swine imported for other than immediate

slaughter that are over three months of age other than barrows shall be negative as to a blood test. First of all I think I know what a barrow is and I'm wondering though why it is being excluded.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm not sure I understand the question.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I -- I asked the question because a barrow as I read it is a male pig that for various and sundry reasons is unable to reproduce and we'll leave it at that. But why then would we exclude that? It seems as though reproduction is not all that we are concerned about.

It seems as though the pseudo rabies and the brucellosis is something that can be transferred outside of procreation. So why would be exclude barrows from this list just because of the fact that they cannot procreate?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This is -- this is the question that must be answered by someone else other than myself.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And we heard a ruling yesterday that said any member may ask any other member a question. So if there's any other member in the room who knows that by all means speak up. I won't -- I won't ask anybody specifically because quite frankly I don't know the answer and I wouldn't expect anyone else either except of course for the Chair of the Health -- Public Health Committee.

So back to though very, very briefly my question about show pigs. And it seems as though since show pigs are not meant for slaughter I believe they've been excluded. But once they're put into a population of other pigs as if they were to go to the Big E and be shown amongst other pigs in hopes of becoming the nicest pig would they need to have the testing done before that trip up to Springfield?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I don't understand what the question is or the point of the question. This is a bill that is -- has been -- the law itself has been in existence in the State of Connecticut for a number of years. Through inadvertence it was deleted. There was never a problem with the law before. I'm not sure if the good Gentleman has difficulty with this law or why he's -- why he's so concerned about this.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Well Madam Speaker, and I appreciate the opportunity because I as -- I am as concerned about this for the same reason that the Chair of the Public Health Committee is concerned about it and for the same reason the Department of Agriculture is concerned about. It's because these pigs carry disease yet we have carved out specific types of swine for various and sundry reasons. I just want to understand why we are doing that when in some instances as I referred to

with the case of show pigs we are reintroducing them into a specific population of other pigs.

I can see in an instance where a Connecticut pig goes up to the Big E as I said and has not been tested. I want to make sure that we're not infecting other pigs because as we discussed -- I think we've -- we've hit the point many, many times this isn't just something that's transferred through procreation. It's something that's transferred from one pig to another outside of procreation.

So I just want to understand and if -- if the Chair doesn't have an answer I -- I respect that but I'm just simply asking. We have this group of pigs that is not sent for slaughter. They're going to a show. In that show they are going to be introduced to another set of swine. Is there a requirement that there be testing before that show, before they are introduced to that other group of swine?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. The -- all of the pigs should be tested I agree. And we certainly are concerned about whether or not they're transmitting

diseases between one another. So that is a huge concern.

Why they have excluded one set of pigs is not -- not evident in the information that we have been given at this point in time. Perhaps the Department of Agriculture, the Committee in the Environment should provide that information. But this is information that we have received and we believe is necessary because of a problem with the failure of this law to have been put into effect and unfortunately was deleted by accident.

So I agree that all the diseases should be monitored and all pigs that have -- are associating with other swine should also have -- have some type of certificate before they go into a show. I don't have the background to let you know whether or not farm animals that go to say the Big E have to pass some type of test before they're able to share a communal barn. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I appreciate the answer to the question. And I'll move on because I

understand this is getting a bit scientific so I don't want to belabor. But if I could move to lines 1726 through 1728 which are the last three lines of the section. It states that it references approved slaughterhouses that have veterinary inspection. Now that would mean to me that we're talking about larger scale slaughterhouse that -- that are killing multiple pigs for sale.

However I -- I think of my own family you know back in the day my great grandfather being an old time Italian family they raised pigs and you know the representative from Cos Cob can probably relate as an old time Italian family. That's what they did. They raised pigs.

They raised other animals and that's what they ate. But this is a small scale operation. This is not intended for retail sale. So would those slaughterhouses be governed in the same manner as we're expecting that the commercial slaughterhouses would be inspected?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I have the -- the

law on slaughterhouses is not part of this discussion. It's merely to allow the Commissioner to have the authority to make sure that the swine that come into this State are -- are actually free of these diseases that are listed in the statute.

And -- and if they're killed in the slaughterhouse if it's -- if they're immediately brought in -- it says all swine brought into the State for immediate slaughter shall be killed in an approved slaughterhouse under veterinary inspection. I mean this is consistent with our other statutes where we want to make sure that a veterinarian is involved when an animal is killed. So through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And I'm going to leave it at that. And I respect that some of these questions were difficult and some of the answers were a bit unclear. This is a very, very scientific issue. And -- and I asked the questions because honestly I don't understand all of what this section says.

I think it would have been a little bit better

given that this is a public health bill that the Public Health Committee had had the opportunity to see this language before today and had had the opportunity to have a public hearing and learn a little bit more. I understand there are other committees of cognizance and perhaps this appeared before another committee. But it certainly didn't appear before the Public Health Committee and I'm pretty sure this is a public health bill related primarily to public health statutes.

So this is an important issue. We want to ensure that the food that we distribute here in the State of Connecticut is safe for consumption. And I just want to make sure that the language in this bill -- in this amendment as proposed ensures that level of safety that we demand here as a State Legislature. So I appreciate the Chair's time in answering all my questions.

And I apologize that they were as complex as they are but as I said this is a complex issue. And of course, Madam Speaker, it's good to see you up there and I appreciate your time.

DEPUTY SPEAKER RITTER:

Thank you, Representative. Representative Chris

Davis, you have the floor, Sir.

REP. DAVIS (57th):

Thank you, Madam Speaker, and good evening. Through you, to the proponent of the amendment a few questions if I may.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. DAVIS (57th):

Thank you, Madam Speaker. I just wanted to begin with just asking about section 539 in the bill. It deals with the construction of dams for public drinking water supplies. And -- and in particular lines 1140 through 1142. Through you, Madam Speaker. Was this section of the bill something that was previously discussed this session in the Public Health Committee? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. No.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And in particular the

lines of 1140 through 1142 where we're asking that if you're going to construct one of these dams for the public drinking water supply that you notify the Commissioner of Public Health.

Is this something that's new or was the Commissioner of Public Health previously somehow notified or made aware of when a dam would be constructed on these public drinking water supply dams? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

This became -- the Commissioner approached the Public Health -- the Co-chairs of Public Health and the Ranking Members and said that they are having a problem because when a dam that has -- that is also in the way of a public drinking water supply needs to have repair that they need to make sure that the drinking water and the integrity of the system is maintained. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. So was there a

specific instance in the State where perhaps that the Commissioner of Public Health was not made aware of the construction of one of these dams or was it something that the Commissioner and or her staff recognized that this potentially could be an issue moving forward. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

I believe, Madam Speaker, through you, that there was a -- some sort of incident but they -- they discussed an incident with us but my recollection at this point in time is a little -- it was a while ago so I'm not able to articulate exactly what the problem was but they did say that this is a problem for them. They're concerned about access to drinking water for the public and so we thought that it would be good for us to be able to create this technical requirement.

Of course the Commissioner is in charge of the public drinking water supply and has authority over the public drinking water supply so there is nothing really -- this is really a very technical change in nature and is not really substantive. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I -- and I'm just a little -- I'm asking questions about this section because I think the statutes that it references in sections 22 A through 36 to 22 A through 45 and then section 26 through 136 in the statutes. I think that specifically talks about the Commissioner of the Department of Energy and Environmental Protection inspecting the site and or their designee as in this bill inspecting the sites of these dams.

And through you, Madam Speaker. The way I read this language in line 1142 we're only asking that the Commissioner of Public Health be notified. Through you, Madam Speaker. What would be the process of notifying the Commissioner of Public Health? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Of course the Department of Public Health shares its duties and responsibilities with a number of agencies. And more

than likely the not many of the dams that are inspected by the Department of Environmental Protection are inspected as a routine matter.

If there are some issues with it based on inland wetlands and water courses issues or any number of problems that might occur with our waterways? So that is why you see the Department of Environmental Protection listed in there.

In terms of the drinking supply the -- the -- the situation where the drinking water supply is affected, the applicant for the permit would notify through the town or the agency that is -- that is doing the work would actually provide that -- provide notice to the Commissioner and that's the general process by which they would follow. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And what would be that process of giving notification because it's a little bit different than what -- the DEEP Commissioner would actually go out and inspect it. We're only asking that they notify the Commissioner of the situation. So I was just wondering, through you, Madam Speaker,

what is the process of notifying the Commissioner of Public Health? Through you.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

As you can see from the statute that they have an applicant where a permit is issued under this section to construct a dam for public drinking water supply and that they shall notify the Commissioner of Public Health of such application. Therefore the -- the permit application would be provided to the Commissioner. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. So through you the -- the notification would simply be providing the application to the Commissioner of Public Health not necessarily some sort of letter or -- or something of the like. It's just simply providing them a copy of the application for the public drinking supply dam? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

As a matter of good practice I would-recommend a letter as well, as a cover letter or with the -- with the permit. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And of that, say perhaps there was something of concern, the -- they're not required to have it inspected by the -- the Commissioner of Public Health in this statute. And it is new language so I mean and we have discussed that this is actually an addition to the law that we would notify the Commissioner of Public Health.

And -- and through you, Madam Speaker. If there was an issue that the Commissioner of Public Health saw is there any remedy that they would be able to use to intercede in the application? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm not sure I understand the good Gentleman's question. Could you

please ask him to rephrase it?

DEPUTY SPEAKER RITTER:

Representative Davis, if you could rephrase your question.

REP. DAVIS (57th):

Sure, Madam Speaker. A situation where they are notified of the application -- the Commissioner of Public Health is notified of the application. They read the application. They have concerns about the application. Under this new language there's no express remedy for them to take in order to either inspect the -- or authority that they would be given to inspect the site or perhaps step in and put a stop to the construction of the site.

What we're asking here in line 1142 is to simply notify them. So my question is through you, Madam Speaker, is there remedies for the Commissioner of Public Health to perhaps stop the construction of the dam and or inspect the -- the construction of the dam in other areas of the statutes or would this give them the power to do so? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. it's really the duty of the Department of Public Health to make sure that the drinking water is -- is you know it's purity and access by the public if there's a system involved that the Department of Public Health addresses any -- any particular issues. And so the authority of the Commissioner is in other statutes. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I'm certainly glad to hear that because I think it is important that the Commissioner of Public Health is notified but I also want to make sure that they also have the authority to step in and perhaps stop the construction of a dam that would adversely affect the public drinking supply water supply in our State.

I think it's a very important thing to do and I commend the Chairwoman for including this in this bill even though it wasn't necessarily heard in a public hearing this session by the Public Health Committee. I would like to draw attention to a topic that was discussed at some length during a public hearing and

that's the barbershops and hairdressing schools. The language in the bill in section 541 of the bill starting on -- on line 1180 we discuss the application for one of these barber and hairdressing schools.

My recollection is that in the public health committee the bills that we heard this session in public hearings did not specifically address this issue so I do have a number of questions about it. On lines 1180 through 1321 of the bill. Through you, Madam Speaker. Is that existing language in statute or is that in fact new language as well? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

The -- through you, Madam Speaker. The difficulty that has occurred that precipitated section 541 had to do with a fact that we had some complaints that some beauty schools were not fulfilling their duties -- their contractual duties with students. And so because it is germane to some of the other hearings that we had with respect to the barbershop apprentice program and other things we felt that this would be a good thing to include and because we wanted to make

sure that the department has the ability to address these difficulties that occur when a complaint is filed. So this is the reason for this section.

While it wasn't on this specifically on this particular overall issue of noncompliance by a -- a beauty school it does address the fact that number these schools cost a lot of money, people who attend these schools tend to take federal loans, the federal government certainly very concerned that students who begin to attend the school, get the benefit of their bargain.

And so we tightened up some of the language here to make sure that they would be able to provide the correct services so the students will get the benefit of their bargain, become employed once they're finished and have some type of recourse if they do not get the benefit of their bargain. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I certainly to remember not -- though not specifically on this language that's contained in this bill this evening

but some of the discussion through public hearings on some of the other bills that were brought before us of this issue of -- of making sure that the students of these kinds of hairdressing and barber schools are getting the proper education that they deserve and actually being taught courses that were applicable to their trade that they wished to -- to pursue in the future.

And -- and in line 1187 there's a reference to an executive director and it's actually referenced throughout most of this section of the bill but because I think it was taken perhaps from existing language I'm unsure or I want to clarify who the executive director is. And through you, Madam Speaker. What -- who is this executive director that's referenced in section 541?

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm not sure I'm seeing the same thing that the good Gentleman is referring to. I'm not sure -- are you -- is he looking -- oh, okay. I would presume it would be the executive director of the school. Through you, Madam

Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. I did notice that it does talk about the United States Department of Education and then further down in the bill there are references to the Office of -- of Higher Education which I believe is a State agency that accredits some of these schools.

And I think with this new language perhaps that's what we're attempting to do. Would the executive director be the executive director of the Office of Higher Education here in the State, is it executive director perhaps of -- of the Department of Education or some subsidiary of such? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Could you please ask the good Gentleman to rephrase?

DEPUTY SPEAKER RITTER:

Representative Davis, if you could repeat your

question.

REP. DAVIS (57th):

Thank you, Madam Speaker. Is the executive director that's referenced beginning in line 1187 and then throughout this section of the bill, section 541, is that executive director actually the executive director of the Office of Higher education here in the State of Connecticut? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. No.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I only ask that because in the new section of -- of this bill, lines 1322 through 1345 I believe it does specifically address it as the executive director of the Office of Higher Education.

And I just wanted to make sure that this new language in the bill that we are attempting to add in this amendment in fact references the same executive director as the previous lines in the section of the

bill. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I think you have to look at the entire thing in context. In terms of the -- the first section you're looking at a executive director and they're looking at the -- let's see, I have to go back to the language.

You're looking at no person, board, association, partnership, corporation, limited liability company or other entity shall offer instruction in any form manner in any trade or in any industrial, commercial service, professional or other occupation unless such person, board, association, partnership, corporation, limited liability, company or other entity first receives the executive -- receives from the executive director a certificate authorizing occupational instruction which seems to be a different context than the other one.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And if we're not

referencing the executive director of the Office of Higher Education which I believe is the one responsible for occupational instruction accreditation here in the State, what -- what executive director then are we referencing in that first part?

She mentioned that it might be the executive director of the school but that would seem like that may be incorrect because they would be accrediting themselves at that point. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Well the good Representative is correct. It is the executive director of the Office of Higher Education. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Oh, okay. Great. Thank you very much. And that certainly makes it much easier to follow the section when we do recognize that it is actually the same executive director that's being referenced because as we just parsed out that it is a bit confusing without that -- without that definition. Getting into this

new language of the bill in lines 1322 to 1345 of the amendment rather, sorry, that in line 1330 the application fee for the barber or hairdressing school is \$500.

Is that a application fee that is similar to other private occupational training institutions or is this a fee that is perhaps different than other private occupational training schools. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

I don't have that information at this time. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I -- I don't either. That's -- and I see that we're creating a new fee structure so I just wanted to -- to see if we could try to figure that out. But I'm willing to admit that I don't know and I'm sure the Chairwoman has just mentioned that she was unsure either. So I'll move on to the fact that we're paying into the

private occupational school student protection  
account.

And I know one of our -- one of our goals is to try to make sure that they are receiving the proper education and not being taken advantage of by some of these private institutions. And through you, Madam Speaker. Does this account provide those protections if the school does go out of business, and if so how do they -- how is that done? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm sorry. I didn't get the full question.

DEPUTY SPEAKER RITTER:

Representative Davis, would you be able to repeat your question.

REP. DAVIS (49th):

Thank you, Madam Speaker. In lines 1331 it says that the new \$500 fee would be made payable into the private occupational school student protection account. I assume based on my research into previous statutes that this is the account that's been

established for private occupational training schools to put money into and I -- through you, Madam Speaker.

Is this the account that would provide protection for our students in case the school goes out of business and they would be able to receive their tuition money back and or receive some sort of stipend back from this account if they are no longer able to take classes that they paid for? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That's correct, Madam Speaker. Through you.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I think that's very important as we've seen a number of our private institutions just in the last few months go out of business perhaps not necessarily ones that dealt with barbering and hairdressing but some of the other occupational schools that have gone out of business. So we want to make sure that the -- our students that are applying for these new schools do have the

opportunity to find some redress if they in fact lose their money because their school goes out of business. In line 1333 as well they ask for the executive director to prioritize the authorization of these programs.

Through you, Madam Speaker. Why was that language included in the amendment as well as what would that process of prioritization be over other programs being offered in other schools? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

I'm sorry, Madam Speaker. The acoustics in here must not be working very well. Could you please have the good Gentleman repeat his question?

DEPUTY SPEAKER RITTER:

Representative Davis, would you kindly repeat your question?

REP. DAVIS (57th):

Not a problem, Madam Speaker. In line 1333 the executive director is ordered to prioritize the authorization of these programs in the barber and hairdressing schools. And through you, Madam Speaker.

Why was this prioritization included in the bill and because we're asking them to prioritize what would be that process to prioritize these applications for programs over ones from other occupational training schools? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Because I believe that what we have done here is we have asked for some assistance through the Department of Public Health with respect to apprenticeship programs, with respect to these -- these schools. So there are different ways of looking at and helping people become licensed in these different occupations? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. So to prioritize these specific programs over perhaps other programs being offered by other private occupational training schools would this then in fact put these schools on a fast-track to be approved at the detriment of perhaps other

programs that would not be given the full attention of the -- of the executive director in their application process? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The -- this is -- this goes straight to the heart of a lot of this -- this -- this legislation and that is they must be prioritized so that the students who are attending these schools can obtain their financial aid through these federal programs that have requirements that want to make sure that they're not just handing over money to private schools that don't provide the service that they've advertised to the students.

As you well know many, many of the private schools for these professional schools particularly these types of schools, many of them set up quick school and then collect the federal student loan program money, deplete the student of the resources that they have and then in that circumstance the school shuts down and precludes the student from ever being able to get additional financial aid.

So these are safeguards that are put in to place

to protect the student and to make sure the student gets the benefit of the bargain and that the institution is reputable. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. So are these programs currently not being accredited by the State of Connecticut or are they simply not being accredited by the executive director of the Office of Higher Education at this point? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I believe that's a question that goes outside the scope of this legislation.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. I think that actually goes directly to scope of this legislation in that we're asking them to -- to approve these programs, to accredit these programs, authorize these programs for

the barber and hairdressing schools. So my question would be are we currently in some form or fashion authorizing these programs at a State level currently or is this language in this amendment creating a system in which the State would -- would finally step in and say okay we need to start overseeing the barber and hairdressing school programs at these occupational schools? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. These entities have been in existence and the department has been working to make sure they provide this service that they -- they ought to be providing, these are just additional safeguards. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. So if the executive director were not to authorize a program they would still be able to offer that program here in the State of Connecticut or would they not be able to offer that program here in the State of Connecticut? Through

you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I don't quite understand the good Gentleman's question.

DEPUTY SPEAKER RITTER:

Representative Davis, perhaps you could rephrase your question.

REP. DAVIS (57th):

Thank you, Madam Speaker. The -- the lines in the bill -- lines 1322 through 1345 of the bill specifically address the need for these barber and hairdressing schools to seek authorization and thus receive authorization from the executive director of the Office of Higher Education in order to offer these programs here in the State of Connecticut.

Through you, Madam Speaker. Would a school be able to offer these programs without the authorization of the executive director or in order to offer these programs they have to have this authorization?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The word programs is quite confusing to me. We're speaking of one program or several programs? It's not understood what we're talking about. This is set up so that there will be a way for the executive director to oversee programs that are existing or that come into being so there are different -- different situations all throughout. But primarily the -- the -- this is a protection for our students so that they will be able to make sure they get the benefit of their bargain. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I think that's exactly the question that I'm asking is if these programs are currently existing do they have to have authorization from the executive director in this new language in the amendment in order to continue to operate or would they be able to continue to operate or start a new program for barbers and hairdressers here in the State of Connecticut without getting the authorization of the executive director of the Office

of Higher Education? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER

Representative Johnson.

REP. JOHNSON (49th):

So that's a good clarification. If they're existing programs they've already been authorized. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Through you, Madam Speaker. And that is exactly what I was asking before. Then if -- if they've already been authorized then what would be the point or the need for this language in this amendment here this evening? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

I'm sorry, Madam Speaker. I couldn't hear what the good Representative said.

DEPUTY SPEAKER RITTER:

Representative Davis, if you could ask your question again.

REP. DAVIS (57th):

Thank you, Madam Speaker. If in fact these programs are already being authorized by the executive director then what is the need for the language in the bill -- the new language in the amendment, sorry, that will become the bill, lines 1322 through 1345? What is the need of this language if in fact the process already exists here in the State of Connecticut? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

As -- as noted these amendments primarily may have some slight substantive change but overall they're technical in nature and this just is a clarifying situation making -- making it possible for the commissioner to make sure the students have the benefit of their bargain. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And I think it's a bit confusing because this language in those lines 1322 through 1345 is all considered new language. It's not existing language that is being amended. And it would

give the appearance to those who -- who are reading it here in the Chamber for the first time and the general public that this is actually a whole new way of doing things here in the State of Connecticut that we're asking the executive director of Office of Higher Education to approve the programs for barbers and hairdressers here in the State.

And I'm unsure based on my previous knowledge of the topic whether or not those authorizations are currently taking place or if this new language is actually necessary in order for us to provide those protections for our students here in the State. And one of the reasons why I'm -- I'm kind of concerned if this is new language because in line 1327 it says that the entity or school must be approved by July 1, 2013.

That's roughly a little over a month away that they would have to somehow come up with a system in the Office of Higher Education to approve and perhaps inspect and review and look over the barber and hairdressing schools in order to -- to approve their programs. And that gives them less than 30 -- or a little bit more than 30 days to do so. And if their existing programs that don't have this authorization before would they perhaps through you, Madam Speaker,

have to be shut down if they do not receive the authorizations by July 1? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. That would be within the discretion of the department.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th);

Thank you, Madam Speaker. So the -- the executive director of the Office of Higher Education would have the authority to step in and shut down these barber schools that are offering these programs if they in fact do not receive authorization within the next 30 or so days before July 1, 2013. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I believe that that is the language here that's here but there is discretion by the Office of Higher Education. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And does the language continued within the bill evening -- or the amendment this evening excuse me, provide for that discretion or does it specifically say that they must be approved by July 1, 2103 -- approved or -- on or before July 1, 2013? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

It says that the -- each program, school or entity approved on or before July 13 by the Connecticut Examining Board of Barbers, Hairdressers and Cosmeticians pursuant to the chapters 368 or 387 that submits an application for initial authorization shall pay an application fee made payable to the private occupational school student protection account. Is that which line you're referring to? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Yes, Madam Speaker. Those are the lines that I'm referring to in the amendment. Through you.

DEPUTY SPEAKER RITTER:

Representative Johnson, did you have anything to add?

REP. JOHNSON (49th):

Okay. Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. So to the question on those lines, what -- is there discretion in -- in the bill for the commissioner not to shut down these schools or would this language in this bill in those lines that she -- that the kind Gentlewoman from Willimantic quoted that say that they have to be approved on or before July 1, 21013.

Would that then mean that they have the discretion to shut down the school or is there language in this bill that would actually give them the discretion to keep those programs and schools operating? Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. I'm not sure how that -- why that is coming up as a question. Could the good Gentleman please describe what the reason for his question is?

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. I asked that question because where July 1, 2013 is a little over a month away and what we're saying here is that in order -- I believe because this is new language included here and we're unsure whether or not these schools were accredited or approved by the executive director before this amendment was brought before us and this legislation was brought before us. We're unsure if in fact they are being approved currently.

So we're asking then that these schools that are currently operating perhaps for many years here in the State of Connecticut must get their applications in and be approved on or before July 1, 2103 in order to continue doing business. And that would be the reasoning for the question. And why through you, Madam Speaker, would they be forced to have to shut

down if they do not receive the approval or is there language in the bill that would give the discretion of the executive director to allow them to stay open?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The line really discusses the fact that the -- that there shall be an application fee of \$500. It doesn't talk about shutting anything down. Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57th):

Thank you, Madam Speaker. And that's why there's a bit of confusion in that if you're not approved then what happens. I'm not really quite aware of -- of what would happen. We're only giving them about a little over 30 days in order to become approved but we're not saying what would happen to your school, your livelihood, what the students of your school if in fact you do not receive that approval by July 1.

But I will -- I'll move on from that section and just mention that you know I think it is important

that the executive director of the Office of Higher Education does take a look at these schools if they do not do so already because it's very important that if the students are paying through financial aid in many cases as the kind Gentlewoman mentioned then in fact we need to put in those safeguards and make sure that these programs are the best programs available here in the State of Connecticut and that if these businesses do shut down that they would in fact be able to at least have some source or ability to get some of their money back and be able to perhaps transfer some of these courses to the other schools.

So I would like to thank the Chairwoman of the committee for her answers this evening. I'm looking forward to continuing to listen to the debate. I think is some great changes to the -- the statutes concerning public health here in the State and I encourage my colleagues to vote in favor of this amendment. Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Thank you, Representative. Will you remark further on the amendment that is before us? Will you remark further on the amendment that is before us? If not, let me try your minds. All in favor of the

amendment please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER RITTER:

Opposed, nay. The ayes have it and the amendment is adopted. Will you remark further on the bill as amended? Will you remark further on the bill as amended? Will you remark further? If not, will staff and guests please come to the well of the House. Will members please take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber please. The House of Representatives is voting by roll call. Members to the Chamber please.

DEPUTY SPEAKER RITTER:

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

THE CLERK:

Madam Speaker, substitute House Bill 6644 as

amended by House A.

Total Number Voting	142
Necessary for Adoption	72
Those voting aye	142
Those voting nay	0
Absent and not voting	8

DEPUTY SPEAKER RITTER:

The bill as amended passes. Will the Clerk  
please call Calendar number 148.

THE CLERK:

Madam Speaker, on page four, Calendar number 148,  
favorable report of the joint standing Committee on  
Public Health, substitute House Bill number 5761, AN  
ACT CONCERNING NOTIFICATION TO POTENTIAL AND EXISTING  
NURSING HOME OWNERS.

DEPUTY SPEAKER RITTER:

Representative Serra, you have the floor, Sir.

REP. SERRA (33rd):

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

DEPUTY SPEAKER RITTER:

The question is acceptance of the joint

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**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
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French-Canadian Americans, which is our fifth largest ethnic group in the state. So I want to thank Senator Musto and the GAE committee for doing so.

And I also applaud the Gustave Whitehead accomplishment. And I've been aware that for many years and I hope that we can get some semblance of balance in terms of what has been recognized by the Smithsonian and what has not been recognized, and I appreciate that, that effort also.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Musto.

SENATOR MUSTO:

Yes. Thank you, Madam President.

Thrilled to see so much support for our native son, Gustave Whitehead. But other than that, I would just ask that this be placed on consent if there's no exception -- objection.

THE CHAIR:

Any objection? Any objection?

Seeing none, so ordered, sir.

SENATOR MUSTO:

Thank you, Madam President.

THE CHAIR:

Mr. Clerk?

THE CLERK:

On calendar page 17, Calendar Number 677, Substitute

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for House Bill Number 6644, AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES, as amended by husband schedule "A," favorable report of the Committee on Public Health.

THE CHAIR:

Good evening, Senator Gerratana.

SENATOR GERRATANA:

Good evening, Madam President. Thank you.

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

THE CHAIR:

Motion is on acceptance and passage in concurrence.

Will you remark, ma'am?

SENATOR GERRATANA:

Yes, Madam President.

House Bill 6644 is the Department of Public Health's revisor bill. Every year the department comes to the Committee on Public Health to make certain revisions to our healthcare statutes. In this bill are changes to such things as continuing medical education, hours for certain practices, changes to boards and other appointments as well as some, what I would call, changes in small and minor tweaks to some of the practice acts.

There are language changes as well as technical amendments. And of course, from time to time these statutes need to be updated and that is what is reflected here.

Thank you, Madam President.

THE CHAIR:

Thank you.

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Will you remark? 'Will you remark?

Senator Welch, good evening, sir.

SENATOR WELCH:

Good evening, Madam President.

I rise in support of this bill. I thank Senator Gerratana for bringing it out. I do have a question or two for the proponent of the bill, if I may?

Through you, Madam President.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Thank you, Madam President.

This is a very thick implementor, but it seems like more than half of it has to do with the insertion of residential care homes into our statutes. And if I may, through you, Madam President, just inquire of Senator Gerratana as to what is --

THE CHAIR:

Excuse me. I'm sorry, Senator. I don't mean to interrupt, but could we keep the back talk down in the Senate. Two wonderful Senators are trying to have a dialogue.

Senator Welch, will you continue, sir?

SENATOR WELCH:

I will. Thank you for that, Madam President.

If I may, through you, just inquire of Senator Gerratana, what is a residential care home?

Through you, Madam President.

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THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Through you, residential care home -- and this is the reason why the changes are made in the statute. It's very different from a nursing home. It's not a skilled nursing facility, but a residential care home where people may live and seek care, but it is not related to skilled nursing.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

As I think Senator Gerratana said earlier, this bill is technical in many ways and it did receive the unanimous support in the House. I too will be supporting it.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark?

Senator Kissel, good evening, sir.

SENATOR KISSEL:

Good evening.

Some questions through you to the proponent.

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Please proceed, sir.

SENATOR KISSEL:

I'm just wondering what House Amendment "A" did.

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Certainly. It did make a few changes. I'll just go to the, Madam President, to where they are located.

House amendment "A" 1 removes the provisions allowing DPH and professional regulatory boards to take disciplinary actions against specified health professionals for failing to conform to accepted professional standards. It makes minor changes to provisions regarding the biomedical research trust fund and Connecticut Tumor Registry.

It extends from October 1, 2013, to October 1, 2015, the ability for DPH -- the date by which DPH may issue a master's level social work license without examination to qualified applicants, and applies the optometrists continuing education provisions to registration periods on or after October 1, 2014. And I believe that is what House Amendment "A" --

Oh, excuse me. It also makes changes some changes to the definition of residential care homes, nursing home, residential care home citations and violations, applications to construct public water supply dams, disclosure of patient information of DPH licensed healthcare professionals. The Alzheimer's Disease and Dementia Task Force -- when we passed that bill that needed a technical change -- nuclear medicine technologists, and it actually establishes through DPH an oversight and regulatory portion -- or actually part language for nuclear medicine technologists, hospital and coronary angioplasty reporting requirements, DPH's (inaudible) advisory council -- we

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need to make technical changes that. The registration of swine growers, the electronic prescription drug monitoring programs, outpatient clinics and technical corrections to the statutes.

Through you, Madam President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much.

And is the Office of Health Care Access subsumed under the policies of the Department of Public Health? Or is it a separate stand-alone agency?

Through you, Madam President speaker.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

I believe that they work under the direction of the Department of Public Health.

Through you, Madam President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much.

And through you, Madam President, is there anything regarding certificate of need in the bill before us?

Through you, Madam President.

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THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Yes. Through you, Madam President.

I believe there is a reporting requirement on coronary angioplasty and certificate of need process.

Through you, Madam President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much.

And through you, Madam President, are there any notwithstanding in the bill that would allow any entities, to the best of the proponent's knowledge, to not have to go through the certificate of need process?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

They do not exist in this bill, Madam President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much.

And I thank the proponent for her answers regarding this bill.

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THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

If there is no objection, I ask that this item be placed on consent.

THE CHAIR:

Seeing no objection, seeing no objection, so ordered.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, before calling for a vote on the first consent calendar, would like to remove one item and just mark it passed temporarily to be returned to later, and that was the item on calendar page 17, Calendar 678, House Bill 6671. If we might remove that item from the consent calendar, mark it passed temporarily.

And Madam President, if the Clerk would now list the items on the first consent calendar so we might move to a vote on that first consent calendar.

THE CHAIR:

We will rule in one second, sir.

Mr. Clerk, will you please call the list of consent calendar bills, please?

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Page 3, Calendar 422, Senate Bill 978; on page 4, Calendar 475, Senate Bill 1052; on page 8, Calendar 567, House Bill 6387; Calendar 568, House Bill 6445; and Calendar 580, House Bill 6623.

On page 9, Calendar 583, House Bill 5149; and Calendar 590, House Bill 6680; page 10, Calendar 607, House Bill 6688; and calendar 608, House Bill 6384.

Page 11, Calendar 612, House Bill 6448; and Calendar 621, House Bill 6488. On page 12, Calendar 634, House Bill 6403; and Calendar 636, House Bill 6394; page 13, Calendar 645, House Bill 6454; and page 14, Calendar 652, House Bill 6702.

On page 16, Calendar 674, House Bill 6441; page 17, Calendar 677, House Bill 6644; on page 18, Calendar 685, House Bill 6009; and on page 23, Calendar 380 Senate Bill 1054; page 24, Calendar 452, Senate Bill 1142; and Calendar 566, House Bill 6375.

Page 25, Calendar 646, House Bill 5844; and on page 26, Calendar 304, Senate Bill 1019.

THE CHAIR:

At this time, Mr. Clerk, will you call for a roll call vote on a first consent calendar?

The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators, please return to the chamber. Immediate roll call on the first consent calendar has been ordered in the Senate.

THE CHAIR:

If all members have voted? All members have voted. The machine will be closed.

Mr. Clerk, will you please call the tally?

THE CLERK:

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The first consent calendar.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The consent calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, would move for immediate transmittal to the House of Representatives of all items acted on thus far today requiring additional action in that chamber.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Also, Madam President, on an item previously placed on the foot of the Calendar, would now seek to remove that item and just mark it PR, and that is an item calendar page 16, Calendar 672, House Bill 5480, AN ACT PROHIBITING TAMPERING WITH HYDRANTS. Would just move to remove that item from the foot and to mark it PR.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 12  
3694-4017**

**2013**

CHAIRMEN: Senator Gerratana  
Representative Johnson

VICE CHAIRMAN: Senator Slossberg  
Representative Miller

MEMBERS PRESENT:  
SENATORS: Welch, Bartolomeo, Kane,  
Musto

REPRESENTATIVES: Srinivasan, Alexander,  
Arconti, Betts, Cook,  
Conroy, Davis, Demicco,  
Hovey, Klarides, Maroney,  
Perillo, Riley, Ryan,  
Sayers, Scribner, Tercyak,  
Widlitz, Ziobron, Zoni

SENATOR GERRATANA: We're good to go so I will open  
our hearing today, the Public Health Committee.

And the first person to testify is Jewel  
Mullen, commissioner of the Department of  
Public Health.

Welcome, Commissioner.

And for everyone that comes to testify, of  
course, we ask that you please state your name  
into the microphone so we know who is speaking.

Welcome, Commissioner, good morning.

COMMISSIONER JEWEL MULLEN: Good morning.

Good morning, Senator Gerratana and members of  
the Public Health Committee. I'm Dr. Jewel  
Mullen, commissioner of the Connecticut  
Department of Public Health.

HB6644

The Department of Public Health supports House Bill 6644, AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

I'd like to thank the Public Health Committee for raising the Department's bill.

Below is a description of each of the sections of the bill. Highlights of the Department's proposal include technical changes related to the Biomedical Research Fund, clarification of what is considered a volunteer in a long-term care facility, requiring that several Department-licensed professions conform to accepted standards of practice, clarification of the statute regarding continuing medical education for optometrists and dental hygienists, elimination of the Connecticut homeopathy board, and clarification of what data needs to be collected by the State's Tumor Registry.

You have pages of very technical language related to each of those sections, and I don't intend to read them to you, so instead I would, at this time, ask you whether or not you have questions.

SENATOR GERRATANA: Thank you, Commissioner.

Does anyone have any questions of the commissioner?

I do not have any questions, Commissioner. I did go over the bill, and it's your usual and customary that you present to us every year, and I thank you very much for coming today.

Next is Senator Michael McLachlan.

Welcome, Senator.

Okay. Moving along, Barbara Wolf followed by Abby Beale on House Bill 6592.

Welcome and please state your name for the record and then proceed.

BARBARA WOLF: Good morning, Representative Johnson, members of the committee. I'm Barbara Wolf, I'm from Farmington, Connecticut. And I am here today to represent Homeopathy for Connecticut. It's a diverse group of people who are asking you to improve access to homeopathy by allowing nationally certified classical homeopaths, those who have achieved the highest standard of homeopathic education and training, to practice in Connecticut.

Homeopathy for Connecticut supports House Bill 6592, and we thank you for raising the bill. However, we respectfully request a language change. We believe that the good intent of this legislation will be best achieved through statutory recognition of the profession rather than state certification. Our goal is to provide recognition of professional homeopaths, who are certified by the national Council for Homeopathic Certification, allowing them to practice in the state.

HB6644

A required disclosure statement to clients will make clear that certified classical homeopaths are not doctors. They do not practice medicine, and a physician should be consulted for medical evaluations and check-ups. Proposed substitute language is attached to my testimony.

The practice of homeopathy is restricted in Connecticut. Ours is only one of three states -- the others being Arizona and Nevada -- that require a license to practice homeopathy, and

Are there any questions?

Yes, yes, Representative Demicco.

REP. DEMICCO: Just -- yes. Thank you -- thank you, Madam Chair.

I just wanted to say to my constituent, Barbara, welcome.

BARBARA WOLF: Thank you.

REP. DEMICCO: Thank you for your testimony, and I -  
- I was just wondering if you would like to take the opportunity to expand a little bit on the reason for the language change that you've proposed in order to educate me a little more and also the members of the committee.

BARBARA WOLF: The -- well, first of all, the language change -- the bill, as written, seemed to be both a recognition bill and a certification bill. And so to clarify that, we were proposing a recognition bill. And one of the reasons why we feel that recognition is a good way to go is that homeopathy is not a medical practice. It is very, very safe. In fact, you'll -- you'll be hearing Raised Bill 6644 from the Department of Public Health, and in section 44 there they -- they are proposing that the Medical Examining Board for physicians -- homeopathic physicians be eliminated, and that's because there's really no claims that go before them in. I don't know maybe ten years, more years, and as far as I know there have been no claims of harm before them.

Homeopathy is a very, very safe healthcare modality. And -- and -- so, I'll stop that with that.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 16  
4857-5191**

**2013**



**STATE OF CONNECTICUT**  
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
 A Healthcare Service Agency

Dannel P. Malloy  
 Governor

Patricia A. Rehmer, MSN  
 Commissioner

**Testimony by Dr. Michael Norko, MD**  
**Director of Forensic Services**  
**Department of Mental Health and Addiction Services**  
**Before the Public Health Committee**  
**March 20, 2013**

Good morning Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee. I am Dr. Michael Norko, Director of Forensic Services for the Department of Mental Health and Addiction Services, and I am here this morning to speak on Section 42 of Raised Bill No. 6644 AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES, which relates to definitions of alcohol and substance dependence in Section 17a-680 of the General Statutes. I want to thank the committee for adding this language to the bill before you but want to suggest some changes as the bill moves forward.

First, let me describe some background of the necessity of the changes raised in Sec 42 of Bill 6644. Section 17a-680 defines alcohol and substance dependence for the purpose of various statutes related to addiction services for treatment, procedures for commitment, and evaluations and treatment ordered by criminal courts. Those definitions have used the phrase "as that condition is defined in the most recent edition of the American Psychiatric Association's 'Diagnostic and Statistical Manual of Mental Disorders'" (DSM).

In May 2013, the American Psychiatric Association (APA) will be publishing the fifth edition of the DSM. Based on the best available research, the APA has decided to eliminate the concept of "dependence" from the diagnostic lexicon, and instead employ the idea of a continuum of severity in substance use disorders. Therefore, as of May 2013, there will be no definition of alcohol or substance dependence in the DSM and the existing statutory definition will thus become unusable. Clinicians will instead diagnose mild, moderate or severe Alcohol Use Disorder. What had been Alcohol Dependence will be considered a Moderate or Severe Alcohol Use Disorder in the DSM 5. The same methodology will be employed for the various other substance use disorders.

Sec. 42 of Raised Bill 6644 reflects our first attempt to resolve this problem with new language: "Alcohol-dependent person" means a person who has a psychoactive substance dependence on alcohol [as that condition is defined] that meets the criteria for moderate or severe alcohol use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders," with parallel language for substance dependence.

However, after further thought on this issue, the wording of a 'dependence that meets the criteria' seems to presume the concept of the dependence, which may turn out to be problematic in testimony to the courts when 'dependence' will no longer exist in the clinical lexicon and clinicians are testifying in probate or superior courts on matters related to these statutes. Clinicians may be

constrained against diagnosing a "dependence...that meets the criteria for moderate or severe [alcohol/substance] use disorder" because "dependence," per se, will be a discarded clinical concept.

We believe it will be more effective for our work to use a further abbreviated version of this language, such as the following:

"Alcohol-dependent person" means a person who meets criteria for moderate or severe alcohol use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

"Drug-dependent person" means a person who meets criteria for a moderate or severe substance use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

The exact language of the new criteria will not be available until May. There will likely be some period of adjustment to the clinical and legal use of the new criteria, and experience may reveal the need for further refinements in future sessions of the General Assembly. We support the plan to move forward with amendment to these definitions during this session, in order that these laws may continue to be useful after May. We, therefore, also recommend that the effective date be changed to "upon passage" so that we can be in compliance when the DSM 5 will be released in circulation.

Thank you for your time and attention to this matter.



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 20, 2013**

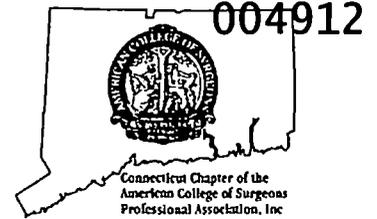
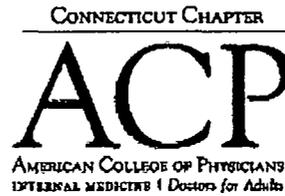
**HB 6644, An Act Concerning Various Revisions To The  
Public Health Statutes**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 6644, An Act Concerning Various Revisions To The Public Health Statutes**. CHA has concerns with Section 43 of the bill.

Section 43 of the bill includes additional reporting requirements for the state's Tumor Registry system. CHA supports the concept of including additional appropriate data if the data are meant to make cancer and tumor surveillance more successful. However, since the language of Section 43 became available, we have been made aware of various potential data collection and submission issues that might result if Section 43 were implemented as written. We have been discussing these issues with DPH in order to ensure that the system changes are successful and are confident we will be able to address our concerns in the coming weeks.

Thank you for your consideration of our position.

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



**Testimony on House Bill 6644 An Act Concerning Various Revisions To The Public Health Statutes**  
**Public Health Committee**  
**March 20, 2013**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the almost 8,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS), American College of Physicians Connecticut Chapter (ACP) and the American College of Surgeons Connecticut Chapter (ACS) thank you for the opportunity to present this testimony to you today on House Bill 6644 An Act Concerning Various Revisions To The Public Health Statutes. We offer two brief concerns regarding language, and offer our resources and commitment to work with the committee to clarify and address them.

CSMS has concerns with apparent extended authority granted to the medical examining board (MEB). In Section 9, language specifically states "The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for failure to conform to the accepted standards of the profession that includes, but is not limited to..." The proposed language would grant the MEB the authority to suspend or review physician licensure for any and all reasons. Physicians are entitled to know the reasons and circumstances for which they may be referred to the MEB. This proposed language would open the door for physicians to be subject to MEB review without substantive reason. We understand the need and intent to allow the board to take action in unforeseen circumstances. However, as drafted, we are concerned about over-broad interpretation that could lead to licensure action on issues unrelated to standards of care.

Subsequently, Section 43 expands the reporting required under the Connecticut Tumor Registry. CSMS has supported, and had member physicians involved in, the development and reporting to the registry. We understand and support the need for appropriate documents and documentation to be submitted and coordinated. We ask for the opportunity to work with committee members to ensure that in moving toward this goal we do not create a hardship for hospitals or the physicians who will most likely be responsible. Should a formal requirement be established as indicated by this language, actively practicing physicians must be included in the development.

Thank you for the opportunity to provide these comments today.

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**STATEMENT OF THE FREEDOM OF INFORMATION COMMISSION ON  
RAISED BILL 6644, AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC  
HEALTH STATUTES**

March 20, 2013

The Freedom of Information Commission appreciates the opportunity to comment on Raised Bill 6644, An Act Concerning Various Revisions to the Public Health Statutes.

**The Commission is concerned with section 7 of the bill, which amends section 52-146o(a) of the General Statutes.** Currently, the statute prohibits physicians and surgeons from disclosing communications and information obtained from patients or their conservators or guardians with respect to any actual or supposed physical or mental disease or disorder during any civil action, or probate, legislative or administrative proceeding, with certain exceptions. This portion of the statute has remained unchanged since 1996.

We understand from the proponents of the bill that the proposed amendment corrects a prior erroneous deletion of certain language ("or other health care provider") that occurred during the original enactment of the bill. According to the proponents, the scope of patient information disclosure protection may be erroneously limited to physicians and surgeons due to this deletion. Thus, again according to the proponents, the proposed amendment will reinstate patient information disclosure protection to all relevant healthcare providers.

The proposed amendment refers back to section 20-7b of the General Statutes, which in turn references many other chapters of the General Statutes. Thus, the actual effect of the proposed language in section 7 would be to add a laundry list of other types of healthcare providers given the evidentiary privilege set forth in section 52-146o(a). The list would expand not simply to psychologists and nurses but also to: athletic trainers, physical therapists, occupational therapists, alcohol and drug counselors, nurses' aides, dental hygienists, veterinarians, massage therapists, and electrologists, among other specialists.

The Commission is not sure if such expansion of providers is the intent of the proponents; however, we believe, if passed, this provision would have a sweeping result. We urge the committee to carefully consider the proposal before greatly expanding the evidentiary privilege without good reason.

For further information contact: Colleen M. Murphy, Executive Director and General Counsel or Mary Schwind, Managing Director and Associate General Counsel at (860) 566-5682.



Connecticut Association of Optometrists

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Statement of Brian T. Lynch, O.D.  
Connecticut Association of Optometrists  
House Bill 6644  
Public Health Committee  
March 20, 2013

Sen. Gerratana, Rep. Johnson and members of the committee:

My name is Brian T. Lynch. I am an Optometric Doctor with a longstanding practice in Branford, Conn. I serve as legislative chairman for the Connecticut Association of Optometrists and would like to offer comments about Section 32 of House Bill 6644, *An Act Concerning Various Revisions to the Public Health Statutes.*

Section 32 will implement a new schedule of continuing education requirements for Optometrists. We support the new schedule.

Essentially, ODs will need to complete 20 hours of continuing education a year. Six hours minimum will need to be in pathologies and cover such issues as new techniques in Diabetes treatment. At least six hours will need to be in the area of Ocular Agents T. No more than six hours may be in the area of practice management and there is a similar limit on units derived from at-home or distance learning.

We believe this update to our continuing education rules is beneficial and we thank the Department of Public Health for its work in this area. We support Section 32 as drafted. Thank you.



## STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

**TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE  
March 20, 2013**

*Jewel Mullen, MD, MPH, MPA, (860) 509-7101*

**House Bill 6644 - An Act Concerning Various Revisions to the Public Health Statutes**

The Department of Public Health supports House Bill 6644. The Department would like to thank the Public Health Committee for raising the Department's bill.

Below is a description of each of the sections of the bill. Highlights of the Department's proposal include technical changes related to the Biomedical Research Fund; clarification of what is considered a volunteer in a long term care facility; requiring that several Department-licensed professions conform to accepted standards of practice; clarification of the statute regarding continuing medical education for optometrists and dental hygienists; elimination of the Connecticut homeopathy board; and clarification of what data needs to be collected by the State's Tumor Registry.

**Section 1** will codify current practice regarding funding for biomedical research grants by clarifying the amount of funds available for the purposes of funding grants-in-aid each year and specifying that the Department is authorized to utilize up to 2% of the available funds for administrative expenses relating to the grants-in-aid. This section also makes a clarifying change by stating that to be eligible to apply for such grants-in-aid an institution must have its principal place of business in the state. This will mean that entities not having their principal place of business in the state are ineligible to apply.

**Section 2** will revise the income eligibility guideline for the Connecticut Breast and Cervical Cancer Early Detection Program. The current income eligibility limit of 200% of the federal poverty level will be changed to 250% of the federal poverty level to be consistent with National Breast and Cervical Cancer Early Detection Program guidelines. In addition, the bill will delete a requirement for contracted providers to provide the name of the insurer of each underinsured woman being tested to facilitate recoupment of clinical service expenses to the Department of Public Health. The Connecticut Breast and Cervical Cancer Early Detection Program is a comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to increase significantly the number of women who receive breast and cervical cancer screening, diagnostic, and treatment referral services.

**Section 3** will add a definition of the term "volunteer" to Section 19a-491c. This section was enacted with the support of a federal grant under Section 6201 of the Affordable Care Act to promote fingerprint-based criminal background checks for direct access employees in long-term

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care provider settings. The present wording may be interpreted to require that *all* volunteers with direct patient access in long-term care settings be subject to fingerprint-based criminal background checks. This broad requirement for volunteer fingerprint-based background checks was not intended under the statute and is not required pursuant to Section 6201 of the Affordable Care Act. Accordingly, the requested amendment clarifies the select category of volunteers that may be subject to Section 19a-491c's requirements and will conform to the statute's requirements to those provided within Section 6201(a)(6) of the Affordable Care Act.

**Section 4** adds different classifications of hospice facilities to the definition of an "institution" pursuant to Section 19a-490. In 2012, the Department of Public Health passed regulations that created a separate category for hospice facilities which were under the auspices of a hospital prior to passage of the regulations. The two types of institutions are "short-term, special, hospice" and "hospice inpatient facility".

**Section 5** will allow the Department to charge a licensing fee for opening up a new hospice facility or renewing a current license. Prior to the passage of regulations in 2012, the short-term hospital, special, hospice facilities were considered part of the hospital statute and facilities holding that type of license were charged the same fees as a hospital. The new regulations give both types of facilities a stand-alone license. Under the proposal, short-term hospitals, special, hospice will pay the same fee as they have in the past when they renew their license. Hospice inpatient facilities are smaller entities with fewer beds and consequently will pay a smaller fee.

**Section 6** changes the fees that must accompany an application to be approved as an assistant or substitute staff in a Family Day Care Home. This change is necessary to be consistent with the fee specified in section 19a-87b(e).

**Section 7** corrects a prior inadvertent deletion of certain language ("or other health care provider") that occurred during the enactment of Public Act 96-47. As a result of the language deletion, the scope of patient information disclosure protection may be erroneously limited to just physicians and surgeons. The current proposal will reinstate patient information disclosure protection to all relevant healthcare providers.

**Section 8** adds a requirement that all licensed healthcare institutions provide the Department with a written plan of correction for violations identified during an inspection. This is an important tool for ensuring public health and safety of the residents receiving services from health care institutions.

**Sections 9 through 26** revise the statutes to allow the Department to take disciplinary action against health care practitioners for the "failure to conform to the accepted standards of the profession." The grounds for disciplinary action for some healthcare professions already include this requirement. These professions include: professional counselors; nurses; acupuncturists, paramedics; massage therapists; dietitian-nutritionists, perfusionists, respiratory care practitioners; athletic trainers; midwifery, radiographers and radiologist assistants. However, the requirements for other healthcare professions, including physicians and dentists, do not contain such grounds for disciplinary action.

Accordingly, the Department requests amendments to various disciplinary statutes to provide greater uniformity within the disciplinary grounds for the various healthcare professions. The amendments would facilitate discipline in all regulated professions where a practitioner acts in a reckless and/or intentionally malicious way that may be contrary to "standards of the profession" while not necessarily occurring in the direct treatment of a patient.

Some examples may include cases of physical abuse, sexual assault, possession of child pornography and/or reckless endangerment where licensure disciplinary action may be appropriate to protect the public health and safety, even though the practitioner's illegal and/or offensive conduct occurred outside of an examining room. Providing some uniformity throughout the healthcare disciplinary statutes would assist in such efforts to further protect the public health and safety.

**The Department requests** however that in Section 26, the sentence following subsection 8 be deleted as unnecessary: *"Proceedings relative to the revocation or suspension of a license or other action set forth in section 19a-17 may be begun by the filing of written charges, verified by affidavit, with the Department of Public Health."*

**Section 27** will allow a physician assistant employed or contracted by a nursing home that operates an IV therapy program to administer a peripherally inserted central catheter (PICC) as part of the home's IV therapy program.

**Section 28** will allow the Governor to select the Chair of the Health Information Technology Exchange of Connecticut (HITE-CT) Board of Directors. HITE-CT, a quasi-public agency, is now functioning as its own entity with a CEO and staff. The Department feels that having the DPH Commissioner act as the Chair of the Board of Directors is no longer necessary to ensure the longevity of the entity.

**Section 29** will extend the grandparenting provisions for licensed master social workers.

**Section 30** will allow a licensed physician assistant from another state who is in Connecticut on active duty with the National Guard to practice under the supervision of a Connecticut licensed physician. Currently, a physician assistant (PA) can only practice in Connecticut if the PA holds a Connecticut license and is practicing under a written delegation agreement with a Connecticut licensed physician. This proposal would clarify that a PA who is licensed in another state can be supervised by a Connecticut licensed physician while on active duty with the National Guard in Connecticut

**Sections 31 and 32** clarify the mandatory continuing education (CE) requirements for optometrists. Optometrists must earn 20 hours of continuing education for each registration period and specific requirements for CE activity are outlined in regulation. This proposal would remove the requirement that the Department promulgate regulations for continuing education requirements; define the CE requirements including waiver provisions in statute to be consistent with other professional CE requirements; and clarify that online coursework and courses approved by the national certification authority are acceptable for purposes of complying with the mandatory continuing education requirements.

**Sections 33 and 34** clarify the mandatory continuing education requirements for dental hygienists. Currently, dental hygienists must earn 16 hours of continuing education every two years and specific requirements for qualifying CE activity are outlined in regulation. This proposal would remove the requirement that the Department promulgate regulations for continuing education requirements; define the CE requirements including waiver provisions in statute to be more consistent with other professional CE requirements; and clarify that online coursework and courses approved by the national certification authority are acceptable for purposes of complying with the mandatory continuing education requirements.

**Sections 35, 36, 38, 39, 40 and 41** will eliminate the Connecticut Homeopathic Medical Examining Board and clarify that homeopathic physicians must hold and maintain a Connecticut license as a physician and surgeon in addition to the homeopathic physician license. Chapter 370 of the Connecticut General Statutes designates separate Boards for physician/surgeons

and homeopathic physicians. Currently there are 4 members on the Connecticut Homeopathic Medical Examining Board, 2 public members and 2 licensed homeopathic physicians and only 8 licensed homeopathic physicians in the State. To become licensed as a homeopathic physician, the applicant must meet the requirements for licensure as a physician/surgeon and, in addition, complete at least one hundred twenty (120) hours of postgraduate medical training in homeopathy. In the past 10 years, the Connecticut Homeopathic Medical Examining Board has held no hearing for contested cases. Serious consideration should be given as to whether this level of activity warrants a separate board/commission. **Section 36** clarifies the language concerning the licensing requirements for homeopathic physicians to make it clear that they must also hold and maintain a license as a physician and surgeon.

**Section 36** also gives the Department powers and duties concerning the standards for certification of water operators. This includes grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations. This proposal adds the certified water operator profession classifications (i.e. certified water treatment plant operator, certified distribution system operator, backflow prevention device tester, cross connection survey inspector) to the list of professions found in Section 19a-14(c). The Department, under existing statutory and regulatory authority, has had a long standing program for the certification of water operators. The Department does not have administrative powers concerning establishing grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations.

**Section 43** revises Section 19a-72 to require reporting facilities to submit operative, radiation therapy, and oncology reports to the Connecticut Tumor Registry (CTR) when available. This proposal is submitted in response to recent changes in cancer registry coding requirements from the National Cancer Institute (NCI) and other standard setting organizations, which obligate CTR staff to review these specific documents. The revision would further require reporting facilities to submit case reports within six months of diagnosis or first encounter for cancer treatment, which is consistent with NCI standards, as well reporting requirements for all other states in this region.

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



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**Connecticut State Medical Society Testimony in opposition to**  
**House Bill 6645**  
**An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients**  
**March 20, 2013**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the almost 7,000 physicians and physicians in training of the Connecticut State Medical Society (CSMS), we are here today to provide testimony in strong opposition to House Bill 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.

The ancient Greek physician Hippocrates, known as the father of modern medicine, prescribed specific ethics and guidelines for physicians. Thousands of years later, his Hippocratic Oath is still taken by physicians as they enter the practice of medicine. As part of this Oath, physicians pledge to devote themselves to healing and to life, and they speak the words, "I will give no deadly medicine to anyone if asked nor suggest any such counsel." As the bedrock of physician ethics, the Hippocratic Oath is fundamentally inconsistent with the concept of physician-assisted suicide. Laws sanctioning the use of physician-assisted suicide undermine the foundation of the physician-patient relationship, which is grounded in trust and the knowledge that the physician is working wholeheartedly for the patient's well-being.

The American Medical Association (AMA) has come down strongly against physician-assisted suicide. AMA Ethical Opinion 2.211 states, "allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."

Society has acknowledged the right of patients to self-determination on matters of medical care, even if the exercise of that self-determination results in the patient's death. The provision of medical care offers both benefits and detriments, and only the patient can determine whether advantages of treatment outweigh the disadvantages. However, there is a fundamental difference between refusal of life-sustaining treatment and demanding a life-ending treatment. When a life-sustaining treatment is declined, the patient dies primarily because of an underlying disease. In assisted suicide or life-ending treatment, death is actively induced by the taking of a lethal drug. Although patients cannot be forced to accept treatment against their will, even if it is life-sustaining, the inability of a physician to prevent a patient's death does not imply that physicians are free to help bring about the death.

The legalization of physician-assisted suicide would also place tremendous social and economic pressure on both physicians and patients. Insurers and managed care organizations already stress the need to reduce health care spending. There is a real and relevant fear that physicians would be pressured into utilizing assisted suicide as a means of reducing the cost of caring for enrollees. There is also a fear that families may pressure patients to choose assisted suicide. Finally, even