

PA13-234

HB6705

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H – 1178

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 29
9742 – 10110**

THE CLERK:

Emergency Certified Bill 6705, AN ACT
IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR
HOUSING, HUMAN SERVICES AND PUBLIC HEALTH.

SPEAKER SHARKEY:

Representative Butler.

REP. BUTLER (72ND):

Good evening, Mr. Speaker.

SPEAKER SHARKEY:

Good evening, sir.

REP. BUTLER (72ND):

Mr. Speaker, I move for passage of the Emergency
Certified Bill.

SPEAKER SHARKEY:

The question before the Chamber is passage of the
Emergency Certified Bill.

Will you remark, sir?

REP. BUTLER (72ND):

Yes. Thank you, Mr. Speaker.

Mr. Speaker, this bill implements the housing,
Human Services and public health provisions of the
biennial budget and that we passed earlier this week.

My good colleagues, the chairwoman of the Human
Services and Public Health Committees will join me in

explaining the various provisions. With respect to the Housing Committee and new Department of Housing, this bill transfers a number of housing programs from the Department of Economic and Community Development, Department of Social Services and the Office of Policy and Management to the new Department of Housing. In accordance with the budget it makes a number of conforming changes.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark further on the Emergency Certified Bill?

Representative Abercrombie of the 83rd.

REP. ABERCROMBIE (83RD):

Thank you, Mr. Speaker.

Good evening.

SPEAKER SHARKEY:

Good evening, madam.

REP. ABERCROMBIE (83RD):

Mr. Speaker, I'm here to present the implementer for the Human Services. I would like to start with the DCF, which talks about young adult services. It

gives us the ability to apply for some federal fund under Foster Care Title IV E.

We're also making some changes to the hospital rates. We were informed in April that we will qualify for some supplemental funding that we're hoping to go towards the hospitals, which right now we don't have the formula, but we're looking at between 30 and 50 million dollars, which I think will help the hospitals along the way.

And we also in the implementer took out the stretcher vans for all of the -- you that have been working on the non-emergency transportation. We know this was part of the implementer back in November. We thought it was bad policy then. We still think its bad policy and we took that out.

And then we also have in this implementer the \$15 million that will be going to the low-cost hospitals to try and assist them.

With that, Mr. Speaker, I will answer any questions after my next colleague speaks.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further? Would you care to remark further the Emergency Certified Bill?

Representative Johnson.

REP. JOHNSON (49th):

Good evening, Mr. Speaker.

Mr. Speaker, I represent the Department of Public Health and the sections that are pertinent to the Department include Sections 131 to 152 and 154 of the Implementer.

They require certain medical professionals to use DPHs online systems for renewals. They required DPH to develop a formula for disbursing existing grant funds to community health centers and annually reconcile the state costs of running the Children's Vaccine Program with its assessment formula.

It also sets up a licensure system for tattoo artists. It adds additional non-profit hospital reporting requirements. Makes clarifying changes to the distribution of grants from the Tobacco, Health Trust Fund.

Thank you, Mr. Speaker.

And then I hope that my -- that the Chair -- Mr. Speaker, will recognize Representative Abercrombie again to call an amendment.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further on the Emergency Certified Bill?

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Thank you, Mr. Speaker.

Mr. Speaker, the Clerk is in possession of LCO 8747. I ask that it be called and I be allowed to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 8747, which will be designated House Amendment "A"?

THE CLERK:

Mr. Speaker, LCO Number 8747, designated House Amendment Schedule "A" and offered by Representative Abercrombie.

SPEAKER SHARKEY:

The gentlewoman seeks leave of the Chamber to summarize. Is there objection?

Seeing none, you may proceed with summarization, madam.

REP. ABERCROMBIE (83RD):

Thank you, Mr. Speaker.

Mr. Speaker, what this does is strike Section 153 in its entirety and renumber the remaining sections. I move adoption.

SPEAKER SHARKEY:

The question before the Chamber is adoption of House Amendment "A".

Will you remark?

Representative Wood.

REP. WOOD (141ST):

Thank -- thank you, Mr. Speaker.

I also stand in support of removing Section 53 from this bill.

Thank you.

SPEAKER SHARKEY:

That would be Section 153.

Thank you, madam.

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

If not, let me try your minds. All those in favor of House -- of House Amendment "A", please signify by saying, aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay.

The ayes have it. The amendment is adopted.

Would you care to remark further on the bill as amended?

Representative Larry Miller of the 122nd.

REP. MILLER (122nd):

Thank you, Mr. Speaker.

I would like to discuss the grievance procedure that's in the Implementer. This is something I voted against in the Housing Committee meeting and my chairs were a little surprised that I did so. And I did so because of the fact that the underlying bill that sparked the grievance procedure bill I think we passed it two years ago. And what it does -- what it did was put another tenant on the Housing Authority's Commission.

Under normal circumstances Housing Authorities have a five-member board, or a seven-member board; five-member board if they have 3,000 or less units and a seven-member board if you have 3,000 or more units. In my particular community we have a five-member board, and by law one of those Commissioners must be a tenant.

So what the bill did last year -- two years ago was put another tenant on the board. So now you have two tenants on the Housing Authority Board. I'm not sure what they're going to do, but the day-to-day operations are generally something that the Housing Authority director takes care of.

They have an office staff and they have a maintenance staff, so anything that pops up they take care if just have the tenants call up if they have got a problem with a water leak, the toilets don't work, or the heating's not on. They call the office and within 24 hours -- 48 hours depending on the -- the situation the problem is taken care of.

So now we're going to have an extra tenant who may have some problems with what (inaudible) Housing Authority is doing. And remember, we have 107 Housing Authorities in the state of Connecticut. We house about nine -- almost 9,000 people -- individuals, mostly seniors. All right. It used to be mostly seniors.

We have today a lot of handicapped people that are in there as the laws changed in Washington. But the fact of the matter is that these -- the tenants who move into a -- into a Housing Authority properties

they have a lease. And everything is spelled out in the lease. The terms and conditions that they rent the apartment for and the Housing Authority tells them what they're going to expect from the Housing Authority. So it's a pretty well documented lease.

And as far as grievance procedures go, the federal government has put in place a grievance procedure that the Housing Authorities go by. Now, here's a bill, to force yet another grievance procedure, which is going to be redundant. There is just so much you can do with a grievance procedure.

You know, if the person's gambling, well, they can take care of that, that's in the lease. If they're boisterous or uncontrollable there's things in the lease that covers those areas.

The person that put this particular bill through -- or tried to get this bill through was an advocate for the Connecticut Public (inaudible) -- wait -- Public Housing Resident's Network. They're an advocate group that advocates for the housing tenants. So now we're going to have two people in Stratford, or any place in the state that has a five-member commission, and what we're going to do is subject 107

Housing Authorities to the whims of this particular individual and any tenant that gets onto the board.

And certainly there was no testimony from the Housing Authority officials requesting this change. And yet, here we go this was always a municipality type of operation. The municipality names the commissioners and they hire, you know, the people that uphold the maintenance and -- and whatever problems there are in the Housing Authorities. So now the state of Connecticut is jumping in forcing them to put another commissioner on and now trying to force them to have a grievance procedure.

There is one in place. There's all kinds of avenues for the tenants to complying or to -- to file a grievance, to go through the housing director, spell out their problems and generally this (inaudible) without any fanfare.

The problem now is you have a tenant who may be a little dismayed at what's going on and doesn't like what's going on. This person could really be a thorn in the side of the Housing Authority and cause all kinds of problems. Again, we don't need it. It was never asked for by the Housing Authorities. All we have is an advocacy group that wants it.

And low and behold, somebody put the bill in and here it is. We already had the bill passed where one tenant will be added to our Housing Authority on top of the one that was by law. It's something that is not needed, is redundant. If the tenant is a -- well, today we have a lot of handicapped who live in our Housing Authorities.

You have people who are incapacitated with -- with, you know, they're in -- they were on drugs, so they just can't hold a job, people that are alcoholics and they're not fit to hold a job. We have people with all sorts of problems; mentally impaired, so if you get some of these people on the board we could have some major problems. And up to this point we've had no problems.

The Housing Authorities do their job, and that is to provide clean, safe, affordable housing. There is no question about that, because the Housing Authorities have been around for quite a long time, and I've yet to hear one complaint about the -- the tenants not having their say at a meeting.

In the case of my town, we had the Housing Authority Chairman was a tenant and -- for a number of years and they -- the person did a good job. No

complaints from anybody. Our tenants haven't complained about anything. So now we're going to subject 107 Housing Authorities in the state of Connecticut to something that really is not needed.

And I know that we were told there was going to be no cost to this thing. And already my town has spent \$350 for postage for a mailing that they have to send out because of the original bill two years ago and it cost us 350 bucks for postage. And I was assured there would be no costs; however, that's typical, you know, when we say there's going -- not going to be any costs, you know, don't believe it because it's going to happen.

And if there was an election needed, the League of Women Voters may come, but you're going to have to have some attorneys there. And they're going to cost you, so this is going -- this could be a -- a costly mandate on the Housing Authorities. And right now the money they get is not enough to carry the whole Housing Authority complexes if there's a major problem.

The rents for a one-bedroom apartment in the Housing Authority is something like oh, 2 to 300 dollars a month. And in some cases that includes

heat. That's -- that's a phenomenal way and it's a great thing for seniors who -- who are probably living on a fixed pension or a little bit of Social Security. They need help.

You know, the town of -- the state of Connecticut we have the highest rentals in the nation almost. If you're a family, if you've got two or three people in a family you can go to a two or three-bedroom apartment and you'll pay between 3 and 500 dollars a month. And listen, you can go on get a 72-inch TV for \$900 so, you know, that's not a lot of money. And most of those people do have big television sets in their house.

So I -- I really don't think -- see the necessity to have a grievance bill that is -- is going to be redundant. We have that and in statute right now. And the feds -- or Housing Authority goes by what the federal government tells us to do as far as grievance procedures go.

And again, I'm just a little leery about what could happen if we get a person on there would is just unreasonable and tries to get into the day-to-day operations of the Housing Authority. This is not something that they should be getting involved in. If

they want to get involved in maybe when -- when they should be painted, or when they should replace some of the fixtures in the house, that kind of thing, that's a possibility, but we're going to have another person in the Housing Authority. That's like putting a -- you know, the fox in the hen house, and I think it's wrong. I think it's going to cost problems and again, not one Housing Authority came to speak in favor of it. Many of them were very upset that this thing was passed. I know I got a -- a number of letters from a number of the people and from the head of the Housing Authorities, and they said that it's not needed and why are we doing this. And all I could tell them was, well, somebody wanted it. They got a hold of a Legislator and that bill was passed.

Now, that we're not happy because the grievance procedure wasn't put in place right away so now the demanding that we pass this bill and had the grievance procedure put in writing so they could utilize it. I think that's not the purpose of the Housing Authority. We're not there to -- to fight wars or to help people get what they want. We're just again, we just give them housing that's clean, safe and affordable and that's the goal of Housing Authorities.

And we've done a great job in the state of Connecticut and I don't see why we're going to upset the apple cart at this stage. So I wish I could vote on that bill separately, but I guess I can't. But any event, I just think it's unwarranted; not needed.

So with that, Mr. Speaker, I have an amendment I would like to call. The amendment number is LCO 8738. Would the Clerk please call and I be allowed to summarize?

SPEAKER SHARKEY:

Will the Clerk please call LCO 8738, which will be designated House Amendment "B"?

THE CLERK:

House Amendment "B", LCO 8738 introduced by Representative Miller of the 182nd -- 122nd.

SPEAKER SHARKEY:

The gentleman seeks leave of the Chamber to summarize. Is there objection? Is there objection?

Seeing none, you may proceed with summarization, sir.

REP. MILLER (122ND):

Thank you, Mr. Speaker.

What this amendment does it's a copy of the Massachusetts's law that limits the number of

handicapped people that could live in a Housing Authority projects. It limits them to 14 percent. The balance would be for 62-year old seniors.

Right now we have 30 Housing Authority projects that are above 14 percent. There are some that 80 percent of handicapped people. If you listen to everything that's said up here in the last few years about aging. We are the ninth oldest state with elderly people. And it's going -- not going to get better, it's going to get worse.

As they increase they're going to need housing that's affordable, and Housing Authorities provide that. So again, this bill is a copy of what was going on in Massachusetts where they have had the bill on the books for about three years and it obviously is not in any way -- is not -- it is sanctioned by the federal government.

And what it does is provide a certain percentage for people who are handicapped and the rest would be seniors. And if there's a waiting list without enough people on there then they can break that 14 percent rule and put a couple more people in there if they have got the room, but right now I -- there's 31 Housing Authorities with over 14 percent of handicap,

and some of the units there's 80 and 70 percent of these people are handicapped.

So what are we going to do with seniors as they get older? And Connecticut is very expensive state to live in. They need some proper housing, something that they can live in and afford, and we're a very compassionate state. We try to give everybody their due and I think seniors, the people that (inaudible) going over the years, provided funding (inaudible) worked, they deserve a break. And at this stage instead of squandering what units we have left and we should (inaudible) -- a percentage in that allows for 14 percent of handicapped.

I have no qualms about people with handicap, but seniors are going to be -- I don't want them sleeping on the street, Mr. Speaker. So I think we -- we ought to look -- take a good look at this and -- and approve it because if you got seniors in your area think about it. They need someplace to go. You know, as they get older and they start to go through their savings just to stay alive and people are living longer obviously in their 80s and 90s. We got to do something to provide them with housing.

And again, if there's not enough seniors on a waiting list, well, then you can go to some of the handicapped people and put them in the extra units. So you would break that 14 percent figure, but it would be done legally. And the trouble is, too, we have a little culture problem with -- with our Housing Authorities. We've got the old timers who are brought up in a different way of life and now we get youngsters moving in who come from a different culture.

Seniors like to go to bed early. They listen to music, news, they don't make a lot of noise, and now we're subjecting them to a large amount of handicapped people who may be younger, maybe in his 20s or 30s, he likes loud music, and he likes to hear that at night, so the poor 80-year old woman next door, she gets upset, can hardly sleep.

At times you have drug -- people who are on drugs and who are incapacitated in the sense they can't get a job and yet they'll have their friends come over to their Housing Authority apartment and they'll have a drug party.

And that again gets some of these people a lot of hostility towards the young people. We have people

who are mentally incapable who go screaming down the hall (inaudible) knocking on the doors and scare the be juniors out of some of these elderly people.

That's not right. I don't anybody in this Chamber wants to see their grandmother or mother in a Housing Authority building when some guy is knocking on the door and claiming that they're after him and you've got to do something. You got to do something. And the poor woman is scared. She doesn't know what to do and she gets nervous and, you know, at that age we don't want them to get upset. This is a place for them to -- to spend the rest of their lives in very affordable and safe area. Not to have some person knocking on a door at 3:00 in the morning, or at 4:00 in the morning. What we want is a -- a -- an operation where there's no problems.

Then we have people in the -- some of the Housing Authorities that they're afraid to go out, because when they do go out some young person will break into their apartment and steal what goods they have. And so -- so -- a lot of these people just don't go out. It's not fair for the elderly.

And I would say that the things that -- if there's a problem with some of the handicap people

there's all kinds of services that we provide them; ADA, Fair Housing Law, there's a number -- and we have a number of our -- our health organizations that go these Housing Authorities and deal with these people and try to make everything right for them.

So I don't see where this is going to hurt anybody. It'll help our seniors, you know, again I -- I have nothing against handicapped, but I think that seniors deserve a priority in these buildings. And that's where I'm coming from, Mr. Speaker.

Again, I ask you to think about your grandmother or your mother who's in a Housing Authority. I don't think any of you wants to have her or him upset over what may be going on next door. So again, Massachusetts has had this on the books for I guess three years at least and it seems to work out and there are ways to circumvent the percentage if there's nobody on the waiting list.

So again, think of your grandmother or your mother living in one of these complexes. I don't think you would want activity that's going to annoy them and give them a lot of angst. This is serious stuff. I don't know what else to say, but it's just -- you have all the compassion for the elderly. I know

we do in a lot of committees and this is something that's at -- not going to cost of anything. There's no fiscal note for this thing. This is just a law that limits the percentage of seniors and the limits the number of handicapped.

So Mr. Speaker, again, you know, think about your grandmother or mother. If they're living in one of these buildings when there's a little hanky panky going on with some of these characters you ought to vote for this. Again, it's no cost to the state.

So Mr. Speaker, I urge the Assembly to vote for this. Again, think of your mother and grandmother.

Thank you.

SPEAKER SHARKEY:

Thank you, sir.

And sir, did you move adoption?

Thank you, although that was not on the mic.

I'll recognize the fact that you've moved adoption, sir.

Question before the Chamber is adoption of House Amendment "B". I have several folks on the board. If you're not prepared to speak on House Amendment "B", if you could clear the board that would be helpful.

Representative Butler of the 72nd District.

REP. BUTLER (72ND):

Thank you, Mr. Speaker.

The good gentleman, the Ranking Member of the Housing Committee he brings up a -- a good point that's a problem in many of our communities, but I would have to say that when we were going through our public hearing there's a lot of advocates on both sides of how to deal with this that will even dispute the percentages, and what's actually Constitutional about a possible -- possible answers and solutions to this.

Today we're here talking about how to establish a new Department of Housing, and it's in its infancy, and us actually voting to establish this new housing department I don't think we're ready to look at constitutional objections that may arise. So with that in mind, I -- I will hope going forward that we on the Housing Committee could work with the new department in terms of possible solutions.

But at this time, I would encourage my colleagues to vote against this amendment, and when it's called, I would ask that roll call vote be taken, Mr. Speaker.

SPEAKER SHARKEY:

Question before the Chamber is a roll call vote.

All those in favor of a roll call vote on House
Amendment "B", please signify by saying, aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

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

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

If not, staff and guests to the Well -- I'm
sorry. Representative Miller for the second time?

REP. MILLER (122ND):

Yes, Mr. Speaker, thank you.

As far as the constitutional issue goes,
Massachusetts had no problem and there were -- so long
as you get the approval from Washington you have no
problem. So constitutional issues are really not a --
not something that we have to worry about.

I just want to make sure we corrected that.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Representative.

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

Representative Wood. No?

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

If not, staff and guests to the Well of the
House. Members take your seats; the machine will be
open.

THE CLERK:

The House of Representatives is voting by roll.
The House of Representatives is voting by roll. Will
members please return to the Chamber immediately?

DEPUTY SPEAKER RITTER:

Have all the members voted? Have all the members
voted?

Will members please check the board to determine
if their votes are properly cast?

If all the members have voted, the machine will
be locked and the clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

House Amendment "B" to House Bill 6705 and E-
Cert.

Total Number Voting 142

Necessary for Passage	72
Those voting Yea	51
Those voting Nay	91
Absent and not voting	8

DEPUTY SPEAKER RITTER:

The Amendment fails.

Will you remark further on the bill as amended?

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

REP. WOOD (141ST):

Thank you, Madam Speaker.

And I stand in support of the pieces in the
Implementer and thank the good Chair Cathy
Abercrombie.

I do have -- I think she recapped it pretty well.
There are pieces that just make sense. I mean, what
we do in Human Services is we are the safety net for
the state, and I think what we did made a lot of
sense. We pulled things together. We reorganized
some things, department changes, and it was -- it's --
it's good and we ought to vote for it.

But I do have a couple of questions, through you,
to the proponent of the bill.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. WOOD (141ST):

Thank you.

On the Department of Rehabilitation Services has cut the funding for the visually impaired. It used to be \$6,400 and now they're going to be doing it instead of the districts hiring teachers, they're going to be doing it through DO -- DORS. And I just wonder how many students this impacts?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Thank you, Madam Speaker.

Through you.

Between 6 and 800 students.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Thank you.

And also, are there enough teachers indoors to handle that case load?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Thank you, Madam Speaker.

Through you.

According to DORS, yes, there is, but if there isn't they will be hiring more. The whole idea is to be able to do like a consolidation versus having one teacher per student right now.

Through you.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

So a consolidation you mean through the students in the same vicinity would be taught by the same teacher from DORS?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Through you, Madam Speaker.

The good Chairwoman is exact. The good Chairwoman, yeah. I just gave you a (inaudible), in that response.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Thank you.

And if they were short teachers, would they hire some of the teachers that the districts had employed to teach the visually impaired?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Through you, Madam Speaker.

That makes sense because they're already trained in it. It wasn't part of the original discussion, but I think you're absolutely right.

REP. WOOD (141ST):

Great.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Thank you.

All right. A question on CONNPACE. This bill eliminates all references to CONNPACE, which is being phased out to be transit -- those people to be transitioned to Medicaid Savings Plan, but I know there were some who are not eligible for that and what

is -- how many are there and what is happening to them?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Through you, Madam Chair.

I'm not -- I mean, through you, Madam Speaker.

I'm not exactly sure of the question. CONNPACE is being eliminated because everyone is being moved into the Exchange, so there won't be anybody that's left out. Currently under CONNPACE there is about 123 participants. I'm not sure if that helps.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Yes, it does. I think the recap I was reading then was probably just slightly written in a way that was slightly misleading.

Thank you. That does answer the question.

Thank you. And I appreciate the Chairwoman's answer. And thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Will you remark further on the bill as amended?

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Thank you, Madam Speaker.

Madam Speaker, the Clerk is in possession of LCO 8790. I ask that it be called and I be given the opportunity to summarize.

DEPUTY SPEAKER RITTER:

Will the Clerk please call LCO 8790, which --

THE CLERK:

LCO Number --

DEPUTY SPEAKER RITTER:

-- will be designated House Amendment Schedule "C".

THE CLERK:

LCO Number 8790, designated House Amendment Schedule "C", offered by Representative Abercrombie.

DEPUTY SPEAKER RITTER:

The Representative seeks leave of the Chamber to summarize. Is there objection to summarization? Is there objection?

Seeing none, Representative Abercrombie, you may proceed with summarization.

REP. ABERCROMBIE (83RD):

Thank you, Madam Speaker.

Madam Speaker, what this does is strikes Section 104 in its entirety, which is the False Claims Act. I move adoption.

DEPUTY SPEAKER RITTER:

The question before the Chamber is adoption of House Amendment Schedule "C".

Yes. I would ask the Chamber to stand at ease for one minute until the amendment is distributed.

(Chamber at ease.)

DEPUTY SPEAKER RITTER:

The Chamber will please return to order.

The question before the Chamber is adoption of House Amendment Schedule "C".

Will you remark on House Amendment Schedule "C"?
Will you remark on House Amendment Schedule "C"?

Representative Wood.

REP. WOOD (141ST):

Thank you, Madam Speaker.

I do have a question to the proponent of the amendment.

DEPUTY SPEAKER RITTER:

Please proceed.

hac/gbr
HOUSE OF REPRESENTATIVES

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REP. WOOD (141ST):

Thank you.

Can you please tell me why this section was taken out of the bill?

Thank you, Madam.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Through you, Madam Speaker.

It wasn't drafted properly.

Through you.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Thank you.

What's -- was it a specific section that was not drafted properly? Was it the entire -- the section in its entirety?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

The section entirely. It was under the Medicaid Assistance Program, which if you look at the drafting that's not how it relays when you read it.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

I'm a little bit confused. It's under the medical -- it should be under the Medical Assistance Program, or it's not under the Medical Assistance Program?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83RD):

Through you, Madam Speaker.

The statute that is in 104 is a Medical Assistance Program. It was supposed to be that recipients under Medicaid if they do fraud it gives DSS the ability to look at other programs that they're included, but the way it's drafted it's opened up to any contractor, not necessarily within Medicaid.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Thank you, Madam Chair.

Would -- would there be the possibility of -- oh,
it got quiet.

DEPUTY SPEAKER RITTER:

You have the floor, ma'am.

REP. WOOD (141ST):

I know. I'm thinking. Was relishing the
silence.

DEPUTY SPEAKER RITTER:

Take your time.

REP. WOOD (141ST):

I -- I will -- could run out the clock at this
rate. Another 20 -- 28 hours and 30 minutes.

No. The fiscal -- thank you. The -- what is the
fiscal impact of taking this section out of the bill?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

I apologize. I don't know.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Okay. I understand its \$165 million of taking it out. So is that -- I just heard that -- so the question -- is that a question?

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

It's --

DEPUTY SPEAKER RITTER:

Representative Abercrombie, you have the floor.

REP. ABERCROMBIE (83rd):

Okay. Thank you, Madam Speaker.

My understanding is there was 60 million perhaps in the budget, but that was not validated and that's why we feel we need to take it out.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

Okay. I guess I'm a little perplexed because I'm understanding from a colleague that it was \$170 million in the budget -- a line item in the budget and

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that will leave a whole, so I just wonder how that will -- how the finance folks address that?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

That wasn't the only fraud item. There are others within that line item, so I think the budget is going to be fine with it.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Wood.

REP. WOOD (141ST):

All right. I guess that's all the questions I have.

Thank you, Madam Chair.

And thank you. Thank you, Madam Speaker. And thank you to the good chairwoman.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment? Will you remark further on the amendment?

Representative Perillo. Representative Perillo, did you wish to remark on the amendment? You have the floor, sir.

REP. PERILLO (113th):

Thank you, Madam Speaker.

I was just waiting for my light to go on.

So if -- if I could just to clarify, I understand the concern that perhaps there may be an issue regarding the fact that this language could translate over to payers and organizations other than government programs, but it seemed to me the actual intent to enable DSS to look at other programs beyond medical programs -- beyond health programs; is that correct, within DSS -- other government programs, that was the intent?

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

Yes.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker.

And the concern was, that in doing that and -- and shooting towards that intended goal we have also included private payers and other private organization; is that correct?

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

That is correct.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker.

So my follow-up question is, if our intent was to include other government providers and other -- other government social services organizations, yet exclude private social service organizations and -- and payers, why have we written an amendment that excludes both?

Why didn't we try to craft an amendment that included those government social service organizations, those government payers, yet specifically excluded private organizations, private payers, private social service organizations?

Did -- did we contemplate that option?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

To the good Representative to be honest with you it was just brought to our attention and we did not feel that we had the time to adequately write it, so it we thought it was better to take it out of the budget at this point.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you.

And I appreciate that. My concern though is that as -- as was related before and I think it's referenced in the -- the fiscal, this is a nearly \$170 million impact as I read it. Would it not make sense to take a little bit of extra time and craft this amendment appropriately so that we still gain the benefit of that \$165 million, while still excluding what we intend to exclude, which is those private payers,

private providers, private social service organization?

It -- it seems to me as though we are throwing the baby out with the bath water because we're concerned that it might take a little bit too much time, yet I'm sure that parties in this Chamber on both sides of the aisle would rather see that this be done properly and make sure that we're able to continue to observe that \$165 million. That would make sense to me.

And if I'm incorrect about the 165, please let me know, but I'm worried that we're missing something here and if we took a little bit of time to craft something that was a little bit, you know, sort of a scalpel instead of an ax we might have a better out -- outcome.

Is -- is it my understanding correct?

DEPUTY SPEAKER RITTER:

That is -- and that is a question.

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Thank you, Madam Speaker.

Through you, Madam Speaker.

The good Representative is exit -- actually right in that if it was just the 160 million was just on that one program, but because under that fraud unit there are -- are other programs through Judicial and other services that we thought would be able to cover that. If you look at the OFA analysis it says that it's unclear what portion of the DSS will impact this 165 million.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker.

So my understanding is that by striking Section 104 and, you know, eliminating the brackets around the words under a medical assistance program administered by DSS, what I think I just heard is that even though we're eliminating those brackets we are also including other programs, because as it was explained to me we are eliminating those other programs?

I'm -- I'm sorry if I'm asking questions that -- that -- but we -- we honestly -- we literally just got this amendment, so I want to make sure we're not making a mistake that we're going to regret later on.

So as I understood Representative say, we are still going to be able to gain savings through other government programs, despite the fact that it appears here in this amendment by the elimination of Section 104 that we would not be able to do that? So if there could be some clarity as to how that can be.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker.

Yes, I'm referring to another comment that was made by Representative Wood, about the total amount being 165 million. My understanding is there are other fraud programs within that line item in the budget and if you look at the OFA analysis it said it's unclear how much of that will be from the DSS budget, so that is what I am referring to.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker.

And I appreciate that. So as I understand it there are other programs within that item, so we may not be losing the entire \$160 million, but am I correct in saying that we are likely to lose some of that 160 million; is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

It's possible.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker.

And I -- I -- I am grateful for the answer. But again, it gets back to my initial question, which is rather than get this amendment at the very last minute quite frankly, you know, handed on our desks right now -- five minutes ago. Would it not make sense for maybe for us to talk a little bit longer and understand this a little better so somebody could come up with an amendment that was a little bit more

specific so we could ensure that we're not going to lose any of that \$160 million.

I mean, my sense is that we're very, very serious about the elimination of fraud and that was something that was mentioned in the governor's original budget and the budget that came out of appropriations and the budget that this Chamber voted on a few days ago and the Senate voted on last night. So if we're truly concerned about fraud it's not just on Medicaid. It's in other areas.

I would hate for this amendment, which is somewhat last minute to eliminate some of the savings that could be derived through evaluation of fraud and detection of fraud and the ending of fraud. I mean, unfortunately here we are with -- with very little time to do anything about this. I -- I wish we had an opportunity to eliminate that possibility as -- as the Representative said -- that possibility that some of that \$160 million will be lost.

It seems as though we could do that relatively simply, rather than striking all of 104, just making some changes to 104. So it's a shame that we're in this situation. I -- I appreciate the desire that we don't want to meddle in private social service

organizations and private payers. I understand that. I feel as though that perhaps in -- in -- in doing what we're doing here we're making a mistake.

So I'm eager to listen to more of the discussion on this amendment, but I felt it necessary to mention that the -- perhaps the fact that we're -- we're creating problems perhaps we hadn't anticipated.

Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Thank you, Representative Perillo.

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Thank you, Madam Speaker.

I just wanted to add that if -- when the roll is taken it can be taken by roll call please?

Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

The question before the Chamber is on the taking of the vote on House Amendment "C" by roll.

All right. Let me try your minds. All those in favor of a roll call vote, please respond by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER RITTER:

It appears that the requisite 20 percent has been met. When the vote is taken on House Amendment "C" it will be taken by roll call.

Will you remark further on House Amendment "C"?
On the Amendment -- on House Amendment "C" will you remark further? Will you remark further on House Amendment "C"?

If not, will staff and guests please come to the floor of the House? Will members take their seats; the machine will be open?

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 the members please check the board to determine if their vote has been properly recorded?

If all the members have voted, the machine will be locked, and the Clerk will take a tally.

Will the Clerk please announce the tally?

THE CLERK:

House Amendment "C"	
Total Number Voting	141
Necessary for Passage	71
Those voting Yea	91
Those voting Nay	50
Absent and not voting	9

DEPUTY SPEAKER RITTER:

The amendment passes.

Will you remark further on the bill before us as amended? Will you remark further?

Representative Srinivasan, you have the floor, sir.

REP. SRINIVASAN (31st):

Good evening, Madam Speaker.

Madam Speaker, I have quite a few concerns with regards to the public health component that we're going to be talking about for the next few minutes.

I see our intentions obviously are in one direction, but I see the fiscal notes across the board going in the opposite direction, and so I'm a little concerned about what we try to accomplish here on the one hand costing us resulting in a cost to our state, which obviously given the fiscal crisis we are in,

given the financial burdens that we have, I find that very alarming that with the good intentions we are creating a further hole.

I do understand that the budget that we passed -- that the Senate passed and the -- and the governor will sign, you know, is a balanced budget, but obviously we know what all has gone into making that budget what it is.

And with that, through you, Madam Speaker.

If I can have a few questions -- quite a few questions to the esteemed Chair.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

One -- one moment, Representative.

Representative Johnson, please prepare yourself.

Representative Srinivasan, you may proceed.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I was just giving the good Chair a moment to get herself together.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. SRINIVASAN (31st):

Looking at Sections 133 through 139, we're talking about the tattoo artists, which we felt the right thing for us to do in this day in age with infections that these artists -- the tattoo technicians need to be appropriately licensed. No question about that at all.

I remember vividly intense debate in the Public Health Committee and then how we all felt unanimously that it's the right thing for us to do.

But through you, Madam Speaker.

I see that there is a fiscal note attached to this licensing process and that is very concerning -- very alarming to me. Knowing very well that moving forward each and every tattoo artist will have to be licensed and the licensing fee is no small number. It's \$250 per artist to be licensed for the first time.

So through you, Madam Speaker.

I don't understand as to how with the licensing of these artists paying \$250 per -- per artists that

we will be ending up with the state having to pay a relatively large number, anywhere from \$60,000 as far as the licensing fees.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker.

The -- the licensing fees will not cover the entire cost of implementing the licensing program through the Department of Public Health.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If I understand that clearly that in spite of adding \$250 a person we feel that the -- that that cost in the first year where we'll have a whole slew of people that will have to be licensed obviously as we go down it is less, even if they have to renew it it's \$200. A temporary permit is \$100. I can understand that.

But \$250 for all the licensed artists that we will have in our state, I still find that why would it be that the DPH will still need an extra -- in -- in the excess of about \$60,000 for them to go ahead with the licensing?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Those reflect the cost of additional staff, their salaries, and fringe benefits.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

With the staff that they have right now at DPH would we be able to -- to execute this licensing program?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That was actually the subject of discussion. I checked and did look into it and it seems as though they don't quite have the staff to fully implement the program as it stands today. So there may be some staff that could do some of the work, but they don't have enough staff to do the entire project.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Would it not have been more appropriate knowing where we are in our state, knowing where our fiscal status, figuring out first what the expense would be, because we came with this number of 250? We just didn't pull that number out of a hat. There must have been some calculation. Something would have gone into the process to decide on the various fees, 250, 200, 100, so on and so forth.

Would it not have been more appropriate -- through you, Madam Speaker, to have the fees in such a way that from a state point of view we are cost neutral?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

The idea was certainly to try and defray some of the cost with the licensing fees. On the other hand these -- we were not interested in creating such a large fee that it might be a burden on the businesses.

So these are business friendly fees and -- and so -- and they're also -- we have to keep in mind that this is an excellent public health measure because we're not going to be transmitting blood borne diseases. We're not going to be in a situation where there might be someone was maybe a little bit negligent in transmitting, not just blood borne diseases, but other types of diseases.

So as a matter of good public health policy, we had to make sure that we're doing the right thing with respect to that, so like most of the things that we do here, we're balancing the -- the impact on the business community with the public health needs of our -- our people here in the state of Connecticut.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I beg very respectfully to disagree with my Chair, because this definitely is not pro-business. This is not friendly to business at all. If that had been the intent I would have suggested that maybe we just give them the license so that they stay in the state and don't charge them at all.

The technicians that I've spoken to in this process are very dismayed at the -- at the charge they have to -- \$250. So it is not a small amount on the one hand, so it is definitely not something that is business friendly. So on the one hand we are not doing something that is adequate as far as the businesses are concerned and at the same time incurring a fiscal expense to our state and that to me is a major concern, Madam Speaker, given once again the climate that we are in.

If we were like in the good old days where we could afford this and probably a lot more I would not be standing here so concerned about the \$60,000. I agree in a \$20 billion budget 60,000 is not a whole lot. I do agree, but it's only when you count your

pennies that you will be ultimately end up by saving and not spend as much as we do.

Through you, Madam Speaker.

Line -- Section 140 talks about the licensing fees. Now, we are going to an automated system. We are request -- not requesting -- we are mandating.

And through you, Madam Speaker, I just want to be clear, would that be a request to all our medical providers, or is it a mandate that they will be renewing their license online?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

We are requiring that they renew online unless they are -- are circumstances can be documented that they don't have a credit card and don't have the ability to renew online.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Since we are now requiring that all the licensing be done by online, which is the right way to go in this day and age. It is the right way to go.

Through you, Madam Speaker.

Why are we imposing on them this additional fees of \$5 for this renewal? It is not us -- it is not a big amount, no question about that at all, but it is still another fee, another add-on to our medical community. And this goes for the entire breadth of the medical community.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Those are the costs from the bank.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If you look at the fiscal note for this we have savings in the DPH for about \$8,600. We have \$30,000 that we will save because we will be averting bank processing fees and postage costs. So when we know

that we can do this in an efficient way would it not have been friendlier to our businesses, friendly to our medical providers not to have imposed this \$5 additional charge on them?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It's a matter of balancing the interest of the -- what it will cost us and also the implementation of something that will eventually be very cost efficient, so there are always these kinds of measures that we have to look at and try and balance.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If I have been concerned about the previous sections and I'm sure you realize that I am, I am most concerned about Sections 143 and 144. One forty-three, 144, Madam Speaker, talks about childhood immunization. And I'm sure you recall vividly the

discussions and the intense debate about childhood immunizations.

We here in Connecticut had a perfect system -- near perfect. We had our immunization rates in excess of 99 percent. We were the envy of the entire nation, as far as childhood immunization was concerned.

We took a system that is working -- a perfect system that we have in our state -- and decided, yes, we did have a task force. We did go through all the necessary steps and said, that from now on our pediatricians need to purchase their vaccines from the state. They cannot go to a private provider and get the vaccine.

There was no need for that. There was no requirement for that. It was not that our children were not being immunized. It is not that our children on Medicaid were not immunized. Far from that. Our immunization rates were in excess of 99 percent.

So we took this perfect system that we had and we decided we're going to change it and we will now make all our pedestrians across the state get the vaccines from the state and then they will administer the vaccine.

On paper it looks solid. Why not? Why should the pedestrian have to get it from a private care provider and not get it from the state? There's a whole list of problems that our pediatricians are facing from January on this year. This is only five months. This is June now, so it's only five months that they have been in this program and they are already experiencing so many hurdles.

Not only the financial part, acquiring the vaccines, keeping track of the vaccines, keeping -- making sure that they have adequate staff so the vaccines are all maintained and so on and so forth. So we took a perfect system, messed it up, in my opinion, and I'm -- as you can see I'm very clear on that concept of that.

And what troubles me today very much is this fiscal note. Is -- we are now a lose-lose situation. We want to be a win-win situation. We want our state to be ahead and not to lose. And what we are doing in Sections 143 and 144, Madam Speaker, the pediatricians because of this -- as of January of this year -- have incurred more expenses because of what they all need to do -- get -- to keep track of their vaccines.

And now I find that the state has got to pay for maintaining this vaccine as well.

Through you, Madam Speaker.

I see that in order to maintain this child immunization program the DPH needs three administrative positions, and of course, all these expenses that go with those positions. Three additional positions just to make sure that we keep track of our vaccines with the funding of about \$140,000 in fiscal '14 and 152 in fiscal '15.

Through you, Madam Speaker.

Why was it not looked at that to execute this program we will not be saving the state. That was the intent that by switching from a program where the pediatrician could go either way; get from a private provider, get from the state, but now we mandate them to get from the state alone. The pediatricians are losers.

I -- I get that. But now the state is a loser too. We have to pay. We, the taxpayer, you and I and our entire state has to pay for this decision that we made.

Through you, Madam Speaker.

Why is it that the Department needs extra funding to take care of this immunization schedules?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The insurance actually -- insurance companies actually pay for the vaccine program. And this has been something that has been going on for years that they have had the responsibility and -- and willingly of paid for the vaccine program for many, many years.

The change was made to enhance access to vaccinations for the children and make sure that they had access to them. And the reason for the accounting requirement that includes more -- more people in the Department of Public Health is that the insurance companies that pay for the vaccinations for everyone actually requested that they have some type of accounting method so they can show what -- where their money is going when they purchase these vaccines.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I definitely understand that. The vaccines are paid for the insurance companies, so we all know that. They need accountability, no question about that at all. We want to make sure that fraud does not occur. Once again, understood. We get that.

But in this process of accounting and accountability -- and nothing has changed. Insurance companies paid in the past. Insurance companies continue to pay in the present. We have, as I said earlier on, an excellent record as far as our immunization rates are concerned. So the good Chair talked about access. I definitely get that. It is important.

But we are there. We are almost next to perfect. We cannot get better than where we are in terms of access. So access we already had. The insurance companies always pay and they will continue to pay for the vaccines, whether it be through the federal government or through the private insurers. But what we have created now is an unnecessary expense and add-on layer of people, of staff for the DPH and obviously that will translate into dollars and cents.

Dollars and cents for our state, which we can ill-afford at this particular point in our -- in -- in -- at our particular point. And definitely adding onto the expense to the -- to the private providers -- to the individual pediatricians as well.

Through you, Madam Speaker.

What is this accountability that the state has to do to the private insurers now, which was not done before by the individual providers?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The accountability is to just demonstrate the efficacy of the program.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

In this charge that the state does to the insurance companies to acquire -- to obtain the necessary vaccines -- through you, Madam Speaker,

between the costs that we -- that we charge the insurance companies and the overhead that the state has in terms of the staffing, in terms of accounting, in terms of the accountability, is that not factored in when we bill the insurance company for the vaccine, so at the end of the day the state does not have to pay this amount of money on an annual continual basis?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That is correct.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Maybe I didn't understand. What is correct?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Your remarks regarding the accounting of the -- efficiency of the program.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

My question, maybe the good Chair missed that part of it and I will repeat myself was, should that factor -- that component of overhead not been included in what we charge for the vaccines to the insurance company, so that the state does not have to pay any money at all. Knowing very well that we need the manpower to -- to do this particular program. We will need the accountability, all of that goes without saying.

So having known that, how come we left the state holding this bag for about \$150,000 on an annual basis?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

All of these things are consideration in terms of the cost to the insurance company.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

It is very disturbing, given the fact that we have taken an ideal setting and turned that around into where the pediatricians are unhappy. They have been calling us all the time. We've had intense conversations with DPH in our -- in -- in the Public Health Committee about the -- the workings of this particular program.

So we have taken a perfect program, made the pediatricians unhappy and we are now saying that the state also will be having a charge. So we really have turned this into unfortunately a lose-lose situation for both our state, as well as for the providers in our state.

Through you, Madam Speaker.

Section 145. Section 145 looks at the CON -- the CON requirements. So in the future -- through you, Madam Speaker, when there is an application is made

what all criteria will go into whether there is a need or not?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This is something that has been added that is whether or not the - the provider provides Medicaid and care for indigent people.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

To get that clear, so only if that provider provides services to Medicaid recipients will the certificate of -- of need be -- be provided or given?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson

REP. JOHNSON (49th):

Through you, Madam Speaker.

This is an addition to other requirements so the -- the change in this -- this provision -- in this section has to do with adding, in addition to other -- other circumstances the provision of care to Medicaid and indigent folks.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I'm well aware that this is added on and that is why I'm concerned. If it had not been added I would not be standing here and asking you, through you, these questions, Madam Speaker.

So what is the reason, is what I'm asking you.

Through you, Madam Speaker.

To add this requirement that Medicaid recipients should be included in the -- in -- in the overall structure before we give somebody a certificate of need.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

These are requirements under the Affordable Care Act.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Are we clear as to what the proportion, the ratio? Have you worked it all out in terms of the Medicaid recipients, or are we not clear on that in providing a certificate of need?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Could the good Representative please rephrase his question so that I will understand what he's asking me?

DEPUTY SPEAKER RITTER:

Representative Srinivasan, if you would --

REP. SRINIVASAN (31st):

I definitely will --

DEPUTY SPEAKER RITTER:

-- rephrase --

REP. SRINIVASAN (31st):

-- Madam Speaker. I will definitely make myself clearer.

Since the services of Medicaid recipients have to be considered -- have to be taken into account before giving a certificate of need.

Through you, Madam Speaker.

Do we know what are the various rules? What are the various guidelines with regards to the Medicaid recipients?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

I -- I was unable to hear the last part of the question.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan, if you could repeat the last part of your question?

REP. SRINIVASAN (31st):

I definitely will. I definitely will, Madam Speaker.

Through you, Madam Speaker.

Do we know the formula? Do we know what ratios -
- what proportion of Medicaid recipients need to be in
that particular pool before they are given this
particular certificate?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

There -- as -- as the good Representative knows,
a number of issues involved with providers providing
Medicaid and care and services to people who have no
way to pay for the services. These are -- these --
this analysis goes on today, but now we're -- it's
formalized in terms of the certificate of need because
we need to be able to know who is there and what is --
what is going on in terms of services.

In some circumstances some providers do not
provide the service, so that should be documented.
And right now we are not documenting to the extent
that we should in terms of trying to figure out what
services we will need to be able to provide in the
future. So for those reasons, this -- these

provisions have been added because we want to make sure that -- that perhaps the hospital or provider or the non-profit organization that provides services doesn't have the staffing.

So in that circumstance if they don't have the staffing that would be one reason why they might not be able to provide the service.

We can't overwhelm our providers with an influx of a large number of people whether they have the ability to pay or not, but certainly it's relevant as to whether our Medicaid beneficiaries and our indigent folks can gain access based on the new -- new legislation that will be implemented under the Affordable Care Act.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

The good Chair is very clear and I appreciate that -- the answer very much.

But my concern is that when somebody applies for a certificate of need they are prepared. They know that this is what they need. This is what they plan

to do. This is what their -- what -- is what they project that they were going to have. But what we are trying to do here is attempt to stifle that by saying that you need to have a certain population mix. You need to have a certain percentage.

My question, through you, Madam Speaker, is -- is I was applying for certificate of need. If you were applying for certificate of need would it not be fair to know what is this mix that we need to have before we can apply for that, so that we are prepared for what the need will be?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I think that the -- that the analysis goes in kind of the reverse. You want to know what the region has for potential people or people who have actually tried to access services and what services are available, so I would say that the analysis would be in -- in the reverse.

There are many places in the state of Connecticut and many stay -- places throughout the country even

have -- have people who are well insured so they wouldn't be perhaps an issue, and in terms of people who are well insured in those regions they would not be an issue to a provider, because the provider would be able to maintain the expenses as -- as the good Representative knows.

People who have insurance, or have health maintenance organizations and many, many circumstances these large corporations go into the provider and provide brokered types of reimbursement rates. People who are indigent cannot go to a provider and get a brokered rate. They end up being charged the full rate, which is way beyond many -- in most circumstances with a brokered rate is.

In terms of the Medicaid reimbursement, or even the Medicare reimbursement, those reimbursement rates are at a percentage of what the total cost would be for the -- for the provider who's providing the service, so many circumstances.

The Medicaid rate is, you know, around 65 -- 60 percent of the actual cost to the provider. And other circumstances you have the Medicare rate. It's 65 -- 70 percent to the provider. Whereas with brokered

private insurance the cost is right around 120 percent of the actual cost.

So you have these averages and these different places, but it depends on where you are and -- and low-income districts -- districts that have a lot of people who are on Medicare and Medicaid and those circumstances they would not be able to ever meet their total cost, which is why we have the Young Compensated Care Fund, or Disproportionate Share Fund.

So you have those kinds of situations with hospitals. You have -- and in that by the way is divided into several different -- different categories. There are also a number of -- number of different ways that providers limit access -- limit their resources to people who just have the private insurance, so when you -- when you look at it how this is structured you -- you probably want to look at the region. Look at who isn't getting care when they try to access the care, then you want to be able to record what it is.

Now, a lot of people have been trying to discover exactly what we need for resources because people who do not have health insurance, people who are indigent with no health insurance, or no access to Medicaid

usually put off healthcare decisions. So they -- they don't go for healthcare treatment and now with the perhaps the opportunity to obtain some type of coverage they will be able to go and provide -- obtain the services.

But the concern here is that we will have the resources available and that we'll be able to document what the reasons are if -- if the provider can't provide services.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker.

If somebody was going ahead and needing this particular certificate, would they know going ahead as to what are the rules of the game? What is the structure? What is the requirement? What is the percentage of Medicaid patients they need to take care of? What is the percentage of Medicare patients? Are those rules established or is this work in progress?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

As -- as stated, the provider and the population are always in a state of change and the interaction between the provider and the availability of different types of coverage, the changes now that we're going to be experiencing over the next few months and maybe a couple of years with the Affordable Care Act will require additional documentation.

The only change here is the fact that the -- that the provider needs to document whether or not they're providing Medicaid and indigent care and able to explain if they can't do it why.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Moving on to Section 147. I am -- it's -- it's wonderful to know that the UCONN Health Center could possibly -- potentially save as much as \$420,000. This is fabulous in -- in a -- in -- in their savings. This is, Madam Speaker, for the new neonatal intensive care unit as far as a transportation is concerned.

This are the savings that they will have in their transportation services because it is being provided by another qualified service.

Through you, Madam Speaker.

I'm glad of the savings. We will take any savings we get these days, no question about that at all, but who is the other qualified service that the UCONN services will be using? And how will it result in a savings for UCONN?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

What this does is it allows and it does not require -- it's permissive language -- allows UCONN Medical Health Center to provide this service. They are managed at this point by the Children's Hospital -- Connecticut Children's Hospital, so they're -- they're managed, but they -- they talk about how the emergency transportation services can be provided by some other entity, so that's -- that's perhaps what will occur and that will be something that they may be able to save.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Section 150 requires the hospitals to provide a detailed patient bill upon request. And this bill upon request to whom will the hospitals have to give these bills?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This is a provision if the patient is not satisfied with the bill they could go to the hospital and request through this procedure a detailed bill.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker.

So that I'm clear, the patient gets a bill from the hospital and then still needs another bill?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That is correct, Madam Speaker.

They will need a bill that maybe spells out each aspirin, each types of -- type of medication, the types of procedures in the -- in all the different things that -- all the different equipment and services that they received while they were there and apparently these bills that are being sent to patients now don't have those details, so they can do that.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Will this bill that the patient now requests from the hospital require just the services that were given rendered to the patient -- let's say in hospital, you know, these medications were given. This is your -- your charge for -- for this particular, you know, activity that happened a CAT scan, a chest x-ray, so on and so forth.

Will it just have to numerate them a, or will they have to say what the charges are and what the charges were reimbursed by their insurance provider?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

These things just go to the charges of the hospital in detail.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I could not comprehend the answer, so if you would be kind enough for the Chair to be a little more elaborate in her answer.

- " Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So the bills come to the patient. The patient has a -- a question about what it is that they're

being charged for. So in this circumstance they will go back and try and get the bill. And they will match this bill with the services that they know they received.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

And that is a good thing. It is -- I'm glad we are able to do that so because patients need to know what happens to them in the hospital. What was done and what is it that they're charged for. I just wanted to flush out a few things on Section 150.

In Section 153 -- I'm sorry 152, Madam Speaker, the December -- disbursements -- disbursements -- must be a long evening -- from the Tobacco and Health Trust Fund. What changes are we making in -- in this disbursement that we are doing of these funds?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

There are some changes that are going to occur because some of the fund money will actually be put into the General Fund.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

And that is very alarming that the fund -- some of the fund is going to the General Fund as opposed to for the purpose what it was meant for was various medical conditions directed to them.

Through you, Madam Speaker.

Is there a formula of what is going to go in terms of the research, in terms of looking at the multiple -- multiple medical entities that have no answer yet, but a lot of research needs to be done, or is it per year that somebody -- the -- the task force or the board of directors, whoever they are, decide how much goes into medical research and how much goes into the General Fund?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The amounts are set out in statute.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So the amount that goes into the General Fund is also set in statute?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes. That's correct.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And through you, Madam Speaker.

My last question, Section 157, it eliminates the HIV and the WAIDS (sic) -- AIDS waiver and obviously results in savings as far as the state is concerned. I'm glad that we're having a savings, but on the other hand I'm concerned about this waiver.

Through you, Madam Speaker.

Why is it that we are having an HIV and AIDS
waiver?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This was never implemented.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

This was never implemented is what I heard. I
just wanted to make sure that's -- that word was said?

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):

So since it has not implemented, through you, Madam Speaker, is that why we are anticipating the savings of about 1.3 million in fiscal '14 and 2.2 in '15.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Johnson.

REP. JOHNSON (49th):

That is correct.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Madam Speaker, I have a lot of concerns as it is obvious to you with this -- with this Implementer, Madam Speaker. We have a lot of expenses. We're adding on to our budget. Yes, it is accounted for. I understand that. We do have a balanced budget. I under -- I get that as well.

But in arriving at that in getting that what we have done is we have looked at avenues and not adequately charged them, so resulting in a cost of fiscal note for the state. We have taken a system that is working and kind of split it -- broke it apart

and the net result is once again an additional charge as far as the state was -- is concerned.

I wish we had the foresight to look at all of these factors before we went and acted. Yes, we all do that with the best of intentions, no question about that at all. We all want to do what is best for our state, what is best for each and every constituent, but unfortunately what we have done here already and hence we are paying for it in one form or the other in balancing the budget is not the right way to go about taking care of our patients here in Connecticut.

Thank you, Madam Speaker. And I want to thank the good Chair for her answers.

Thank you.

DEPUTY SPEAKER RITTER:

Representative Chris Davis, you have the floor, sir.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

A few questions through you to the esteemed Chairman of the Housing Committee if I may?

DEPUTY SPEAKER RITTER:

Representative Butler, if you would prepare yourself.

Please proceed, Representative Davis.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

Through you, to the Chairman.

I would like to draw your attention to Section 1 of the bill where we are creating a position within the newly created Department of Housing the Deputy Commissioner position. How many employees does the Department of Housing have?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Butler.

REP. BUTLER (72ND):

Through you, Madam Speaker.

I don't know the exact number, but I could tell you that there will be 18 -- 36 -- close to 36 staff.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Smith.

Yes. I'm -- Representative Davis, my -- my error, Representative Davis.

REP. DAVIS (57TH):

Not a -- not a problem, Madam Speaker.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. DAVIS (57TH):

How did the kind gentleman derive that number? My understanding looking at the bill is that we're transferring 13 positions from where housing is already being done in DCD and transferring them to the Department of Housing.

Through you, Madam Speaker.

How did he come up with the number of 36 positions?

DEPUTY SPEAKER RITTER:

Representative Butler.

REP. BUTLER (72ND):

Through you, Madam Speaker.

Well, I said, at least. I can tell you that there are seven positions that will be transferred from DECD, two positions from OPM, nine from DSS and about 18 that are non-General Fund positions, and if you include in those -- what those numbers the -- the actual Commissioner of the new Housing Department, as well as a Deputy Commissioner, you're thereabouts at 36 -- 38 total people.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

And do we know how much the Deputy Commissioner position will be paid?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Butler.

REP. BUTLER (72ND):

Through you, Madam Speaker.

I can tell you that all the staff accounted for is already in the budget that we just passed.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

And my understanding is that we're implementing the budget and in this bill -- in this bill before us that we're actually creating this new position so does the gentleman know how much we've allocated for this position of Deputy Commissioner in the Department of Housing?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Butler.

REP. BUTLER (72ND):

Through you, Madam Speaker.

I don't know exactly how much they have allocated for this position, but this is a may have position. I don't believe there's a definite commitment to fill this position yet.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

And is the kind gentleman aware of how many other agencies within the state of Connecticut have the Deputy Commissioner position?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Butler.

REP. BUTLER (72ND):

Through you, Madam Speaker.

I don't have any idea how many Deputy Commissioners are in state government.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

And I asked that question not to -- to put the kind gentleman on the spot, but to illustrate the -- what we're doing in this bill. We're creating a position of Deputy Commissioner in the Department of Housing. The Department of Housing may or may not have 36 staff members transferred to it.

My understanding is the Department of Education, which has 1,620 positions. There is no Deputy Commissioner for the Department of Education with 1,620 positions. The Department of Motor Vehicles 599 positions, yet none of those positions are a Deputy Commissioner. And the Department of Banking, which has 111 positions has no Deputy Commissioner.

I bring this to our attention because we're creating yet another layer of middle management here in the state of Connecticut with this Implementer. And Madam Speaker, the Clerk is in possession of LCO Number 8774. Will the Clerk please call the amendment and I be allowed to summarize?

DEPUTY SPEAKER RITTER:

Will the Clerk please call LCO 8774, which will be designated House Amendment Schedule "D"?

THE CLERK:

House Amendment Schedule "D", LCO 8774 introduced by Representative Davis of the 57th.

DEPUTY SPEAKER RITTER:

The Representative seeks leave of the Chamber to summarize the amendment. Is there objection to summarization? Is there objection?

Seeing no objection, Representative Davis, you may proceed with summarization.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

This amendment strikes Section 1 of the bill, essentially says there is no need to create a Deputy Commissioner position within the Department of Housing, as illustrated to the fact that other state agencies operate at a much larger number of employees without a Deputy Commissioner and I move its adoption.

DEPUTY SPEAKER RITTER:

The question before the Chamber is adoption of House Amendment Schedule "D". Will you remark further on the amendment?

Representative Davis.

REP. DAVIS (57TH):

Thank you, Madam Speaker.

This amendment eliminates the creation of the Deputy Commissioner position within the Department of Housing. The Office of Fiscal Analysis estimates that this position will most likely cost us up to \$120,000 a year. We will also have benefits for that individual if that individual stays in state service they'll be entering into our pension program.

They -- it's illustrated throughout the rest of -- of state government and some of the largest agencies that we have in the state that there is no need for a Deputy Commissioner position. And what we're asking here today is let's save some money for the state of Connecticut.

Let's save \$120,000 plus benefits, plus future costs and potential pension costs by eliminating this position here today as we create the Department of Housing.

Madam Speaker, I ask that when the vote be taken that the -- that the vote be taken by roll.

DEPUTY SPEAKER RITTER:

The question before the Chamber is on a roll call vote on House Amendment Schedule "D".

Let me try your minds. All in favor of a roll call vote, please respond by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER RITTER:

It appears that the requisite 20 percent has been met. When the vote is taken it will be taken by roll call.

Will you remark further on this amendment? Will you remark further on the amendment? Will you remark further on the amendment?

Representative Butler.

REP. BUTLER (72ND):

Thank you, Madam Speaker. Thank you, Madam Speaker.

Madam Speaker, this -- this position is something that we put in place in the event that it's considered it could be needed at some point. It's -- it's not -- it's not in the budget now. This is -- this is a new department. It's in its infancy and going forward if they find the need to actually use this position it's here for them to use.

So with that being the case, I would urge rejection of the amendment.

Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment? Will you remark further on the amendment? Will you remark further on the amendment?

If not, will staff and guests please come to the Well of the House? Will members please take your seats; the machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber immediately?

DEPUTY SPEAKER RITTER:

Have all the members voted? Have all the members voted?

Will the members please check the board to determine if their vote has been properly cast?

If all the members have voted, the machine will be locked, and the Clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

House "D"

Total Number Voting 142

Necessary for Passage 72

Those voting Yea	52
Those voting Nay	90
Absent and not voting	8

DEPUTY SPEAKER RITTER:

The amendment fails.

Will you remark further on the bill as amended?

Representative Kupchick, you have the floor.

REP. KUPCHICK (132ND):

Thank you, Madam Speaker.

A question to the proponent of the bill.

DEPUTY SPEAKER RITTER:

Please proceed, Representative Kupchick and it might be helpful if you would designate the portion of the bill about which you intend to speak.

REP. KUPCHICK (132ND):

To -- to Representative Butler.

DEPUTY SPEAKER RITTER:

Thank you, Representative.

Representative Butler, please prepare yourself.

Please proceed, Representative.

REP. KUPCHICK (132ND):

Through you, Madam Speaker.

I received a correspondence from the Director of Operation Hope, which is a homeless shelter in my

community and my -- and she's asking -- she's saying that all the homeless shelters in the state of Connecticut receive their funding for their service contracts through the Department of Social Services right now. And as you know, they -- they -- most of these shelters supply shelter, food bank and social services for their clients.

And she asked -- she asked if the transfers are going to be made to the new Department of Housing. When would these contracts -- when would the people who are contracted be contacted, because as of such date, no one has received any information about how that will work and apparently it's supposed to go into effect July 1st?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Butler.

REP. BUTLER (72ND):

Through you -- through you, Madam Speaker.

The -- all the matters associated from DSS that are transferring to the Department of Housing I think should be effective I think July 1st so I think that would be the case, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Kupchick.

REP. KUPCHICK (132ND):

Through you, Madam Speaker.

Yes, it's supposed to take effect July 1st; however, would the -- would these service providers be contacted prior because to date they have not received any communication about how those contracts will be transferred, or what they will look like?

Through you, Madam Speaker -- Mr. Speaker.

SPEAKER SHARKEY:

It's magic.

Representative Butler.

REP. BUTLER (72ND):

Thank you, Mr. Speaker.

What I imagine upon passage of this legislation they will be notified.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Kupchick.

REP. KUPCHICK (132ND):

Thank you, Mr. Speaker.

And just quickly, will -- will those contracts be similar to what they are now with the Department of Social Services?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Butler.

REP. BUTLER (72ND):

Through you, Mr. Speaker.

I imagine that all the contracts and service commitments that are previously in DSS are all being transferred to the Department of Housing and they will live up to those commitments.

Thank you, Mr. Speaker.

Through you.

SPEAKER SHARKEY:

Representative Kupchick.

REP. KUPCHICK (132ND):

Thank you -- thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further on the bill as amended?

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Thank you, Mr. Speaker.

Mr. Speaker, I have a few questions of what I believe is called the small hospital pool, so I

believe it's best directed to the Chairwoman of the
Human Services.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie, could you please
prepare yourself?

Please proceed, madam.

REP. BACCHIOCHI (52ND):

Thank you, Mr. Speaker.

Through you.

I'm trying to understand if the -- if there is
such a thing as the small hospital pool, if that does
exist in Section 116?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

If you give me one moment please to look at 116.

What this is is a supplemental. We were notified
by CMS in April saying that under the DSS that there
is going to be some federal money for hospitals that
have low cost and that's the -- that's going to be a

supplemental payment. I had talked about it in my opening remarks.

We have not gotten what the criteria is going to be, but we're hopeful that there's going to be between 30 and 50 million dollars that will be allocated towards the hospitals.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Okay. I do know that in Section 77 there is a -- a line in there that does talk about additional supplement -- supplemental payments for low-cost hospitals, which I would like, if the good Chairwoman could explain what -- I'm just trying to determine if the small hospital in my district is going to qualify for either that item -- the low-cost hospital or what I believe was being called the small hospital pool, which I think is being discussed in Section 116.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Through you.

Mr. Speaker, in -- in Section 77 that is the 15 million that we had allocated to 11 hospitals as a supplemental payment within the -- the state budget. The other section that you referred to is a federal supplemental payment that we are hoping is going to come from the feds around the same idea of what we did with DSS but we don't have the criteria, so there are two different pockets of money.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Thank you.

Through you, Mr. Speaker.

Could the good Chairwoman tell us which 11 hospitals will qualify under Section 77 for the low-cost hospital distribution?

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

No, I cannot at this point. Only because the data that we were using was old data and we're --

according to CMS we will not be able to use that data, because as of April 1st that's when the hospitals have to support -- have to submit their cost estimates, so we're in the process right now of getting those runs to see which hospitals will qualify.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie (sic).

REP. BACCHIOCHI (52ND):

Thank you, Mr. Speaker.

And I don't want anyone in the Chamber, especially the good Chairwoman to think I'm trying to belabor this point, but for my hospital whether or not they qualify for the small hospital pool will relate to over \$2.3 million, which I do believe is going to have a huge impact on the jobs in my district and even a bigger impact on the services in the programs.

So I do want to just be a little bit more diligent here. I understand you cannot tell me under Section 77 which hospitals would qualify, but could you give me a ballpark idea of what the criteria are for a hospital to qualify for that additional payment?

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

What we used for the 15 million was if they had 65 percent or more of a Medicaid-Medicare mix for the 15 million.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Through you, Mr. Speaker.

And I'm sorry, are you saying 15 million or 50 -- five, zero million?

Through you.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

Fifteen, one, five.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Okay. Thank you.

So I understand the low-cost hospital piece Section 77. Could you tell me a little bit more under Section 116 what that additional pool of federal money is for and how it will be allocated to the hospitals?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

I -- I cannot give you any more details that what I gave you. We were notified in April from the feds that they're looking at some supplemental payments through what we normally use as DSS payments. They think that Connecticut's going to be qualified for this money. We were told it's between 30 and 50 million dollars and I apologize to the good woman, but that's all the information I have at this point.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Thank you.

Through you, Mr. Speaker.

I was able to obtain a run of estimates for estimated impact on hospitals for Medicaid and DSS changes where -- where it talks about the small hospital pool. That is the piece that is Section 116; am I correct?

Through you, Madam -- through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

I'm not exactly sure what she is looking at. I'm sorry. Can you repeat what run you have in front of you? I'm not sure.

REP. BACCHIOCHI (52ND):

Thank you.

SPEAKER SHARKEY:

Representative Abercrombie (sic).

REP. BACCHIOCHI (52ND):

Thank you.

Mr. Speaker, what I'm trying to determine is one, if there were discussions with some allocation of money called a small hospital pool, is this what is being discussed in Section 116, or in Section 77, where it refers to low-cost hospitals.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

I'm not familiar with that term, so I'm not sure where she is getting that small hospital terminology.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Through you, Mr. Speaker.

That terminology came from a statement that I received from OFA, which ran a distribution analysis for small hospitals and I was trying to determine if that was in the formula in Section 116, or the formula of Section 77?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

I apologize to the good Representative, can you repeat that. Someone was in my ear. I apologize.

Through you, Mr. Speaker.

REP. BACCHIOCHI (52ND):

Well, I was hopeful that whoever was mentioning something to you might have been able to help me understand if the small pool funding, which I received a run from OFA and it has in there the runs for the hospitals. If that small pool is the piece in Section 116 or does that come into the piece in Section 77?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker.

That -- if that's the runs that we were using originally that would be for Section 77.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52ND):

Thank you.

Thank you for the answers.

SPEAKER SHARKEY:

Thank you, Madam.

Would you care to remark? Do you care to remark further on the bill as amended?

Representative O'Dea of the 125th?

REP. O'DEA:

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

You're welcome, sir.

REP. O'DEA (125TH):

Through you, Mr. Speaker.

A few questions for the proponent, Representative Johnson, if I may

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson, please prepare yourself.

Please proceed, sir.

REP. O'DEA (125TH):

Thank you.

Through you.

Representative Johnson, in -- in Section 154, Line 7193 through 7219 I would like to just address a few issues or questions that I have, through you, Mr. Speaker.

It says in that section on Line 7195 that there's going to be -- to the extent that there are private or federal funds available there will be a pilot program. What is the amount of the public -- or the private or federal funds that are sought? How much do you have

to collect in order for us to get that program started?

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

This is a program that we feel very strongly about; however, because of the fiscal constraints that we have had the -- the money would be of course as -- as good Representative has suggested from the Commissioner of Education and -- and consultation with the Commissioner of Public Health to try and see what we can do to establish a pilot program that would study the incidents and -- of injuries and concussions, particularly in our schools. And we know that there is a way to be able to make some of the programs in our schools systems through the athletic programs safer.

We know that for example, boys and girls get different types of injuries on a consistent basis, but we haven't been able to really quantify these things to -- to the extent that we'd like. And so based on that there are a number of foundations that we

consulted with and they would -- they said that they would be amenable to us writing a proposal.

Now, we have not written that proposal yet, so the amounts we're not sure about.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Thank you for that response.

It -- it says here that we're going to try and fund though 20 high schools for the purpose of monitoring such injuries during a two-year period. Do we have an idea what that cost will be?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

As the good Representative see -- can see, this would be done -- these proposals would be written in conjunction with first consulting with the 20 high schools to see what their methodology would be within those programs.

Then we would also work with the Department of Public Health and the Commissioner of Education so that we would be able to come up with a plan that would satisfy the interest and request of the Department of Education and also the Department of Public Health.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Thank you, Mr. Speaker.

And for the response.

How are those 20 schools going to be selected?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

Well, they would consulted with and asked whether they'd want to be -- participate in the study and perhaps based on the population size as well. I think that would be a good -- good thing to do. Try and get larger high schools that have athletic programs, perhaps large and consistent athletic programs that

we'd be able to take the data from those programs, so it would be a way to get a good -- a good sampling of the injuries.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Thank you, Mr. Speaker.

And -- and I would request -- I think it would be a good idea that the schools as they're selected should be of different areas, whether urban or suburban, different sizes, and different parts of the state. Certainly I would hope that the -- the 20 schools that are selected would be a broad sampling of the entire state, not just one simple area.

And through you, Mr. Speaker, I assume Representative Johnson, that you're -- your understanding the Commissioner would do that?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

I think the good Representative makes a very excellent point and the thing that I have may perhaps in some of the other bills that we've discussed throughout this session and during this period that is that our computer -- our communities are extremely diverse.

We have some very, very small communities. We have very large communities. We have communities that have different types of athletic programs. We have regional school systems and we have school systems that are very, very large, but are operated one -- one town, so -- or city.

So these -- these are very excellent suggestions that the good Representative makes and we will look forward to doing that as soon as we determine exactly what the Department of Public Health would like to do, what the Department of Education would like to do, and I'm sure that they also have some suggestions about how to get the samples and the kinds of things that we would be able to record so that we would know how to protect our -- our students when they play athletics and perhaps provide them with accommodating equipment that would prevent the injuries.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Thank you very much.

And -- and on Line 7200 to 7201 it -- it identifies that those 20 high schools will monitor such injuries during a two-year period. And then on Line 7210 it states that the Commissioner of Education shall report no later than one year after the commencement of the pilot program. I'm just wondering -- it -- it appears by definition that we're going to want the Commissioner of Education to make a report prior to the two-year period of -- of monitoring that's done by the high schools.

And I'm wondering if that's intentional language there or that was an oversight?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

The -- are -- are we saying that the Commissioner has to report one year after the study is done?

REP. O'DEA (125TH):

It -- it --

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Through you, Mr. Speaker.

It says that not later than one year after commencement of the pilot program and by that I would infer it's the pilot program being with the 20 high schools and so if they're -- if the Commissioner of Education is to mandatory report within one year after commencement of the pilot program, but the high schools are supposed to monitor for -- the injuries for a two-year period, it seems as though we're requiring the Commissioner to report on -- in it -- within a year with the monitoring period is two years.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

It seems like it might be a drafting error.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Okay. Thank you.

So for legislative intent purposes, it -- it would -- it would appear to me that the not later than two years after commencement of the pilot program would be the proper language, or would we want to give the schools more time to compile or -- or I assume -- excuse me -- I would assume we want the Commissioner of Education to be able to compile more information from the -- the 20 schools that are doing the two-year period to give the Commissioner some time to make that report. So I'm wondering if -- if the mandatory report by the Commissioner should be sometime between maybe two years and three?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

That makes complete sense. I -- to have it perhaps some time between two years and three. Yes, I would agree to that.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

And through you, Mr. Speaker.

Just the recommendations at the very last part of that section are for decreasing the number of -- and severity of injuries incurred by students during a high school athletic activities. I would hope that those recommendations would be on improving the -- the scholastic athletics and not eliminating them.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

That's -- that is correct, Mr. Speaker. There are a number of things that we've discovered through the years about the equipment and safety that our -- our students use whether or not they have a head injury, how long they should be held out of a game for a time to make sure that they don't exacerbate the injury. So there are a lot of different things that we can do to make sure our students get the full benefit of athletics that -- that are really a great part of educational -- our educational opportunities here in the state.

So through you, Mr. Speaker, there is absolutely no desire here to limit athletic activity. What we

want to do is we want to expand athletic activity. We want to make sure our athletes are able to be out there on the field. If they have an injury we want to make sure the injury is healed.

And if we can, we want to try and prevent that injury so that our students maybe can become professional athletes at some time or at least enjoy these athletic activities, you know, right through adulthood.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Thank you.

And -- and just a -- one last follow up. There's not going to be any focus on any particular sport then -- based on the comments that I've heard that the Commissioner is going to look at or have the 20 schools look at?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker.

No, there's no focus on any particular sport. Just trying to collect the data to see where the injuries are and try and make a decision about how to address them.

SPEAKER SHARKEY:

Representative O'Dea.

REP. O'DEA (125TH):

Thank you, Mr. Speaker.

And one last brief comment. No more questioning. Thank you.

As a coach of all my children in their football, baseball, basketball, and lacrosse, in fact -- my son actually had a concussion in baseball, not in football in all his years of playing.

So I'm very pleased to hear that we're not focusing on one sport to try and limit that sport or eliminate that sport and I do thank the proponent for y her fine answers and thank you for the time and appreciate it.

SPEAKER SHARKEY:

Thank you, sir.

Care to remark? Would you care to remark further on the bill as amended? Would you care to remark further on the bill as amended?

If not, staff and guests to the Well of the House. Members take your seats; the machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please report to the Chamber immediately?

SPEAKER SHARKEY:

Have all the members voted? Have all the members voted?

Will the members please check the board to make sure their vote is properly cast?

If all the members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the Tally?

THE CLERK:

Yes, Mr. Speaker.

On Emergency Certified Bill 6705 with House
Amendment "A" and "C"

Total Number Voting	141
Necessary for Passage	71
Those voting Yea	93
Those voting Nay	48
Absent and not voting	9

SPEAKER SHARKEY:

The bill as amended passes.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Good evening, Mr. Speaker.

SPEAKER SHARKEY:

Good evening, sir.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move we immediately transmit to the Senate all business acted upon here in the House this morning -- today.

SPEAKER SHARKEY:

Motion is to immediately transmit all previously passed items from the House to the Senate. Is there objection? Is there objection?

So ordered.

DEPUTY SPEAKER SAYERS:

Will the Clerk please call Calendar Number 647?

THE CLERK:

Yes, Madam Speaker. On Page 31, Calendar Number 647, favorable report of the Joint Standing Committee on Aging, Substitute Senate Bill 523, AN ACT CONCERNING THE RETURN OF A GIFT TO A PERSON IN NEED OF LONG-TERM CARE SERVICES.

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GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 16
4803 - 5160**

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So ordered, sir.

SENATOR LOONEY:

Thank -- thank you, Madam President.

Madam President, I also move that all of the items on Senate Agendas Numbers 3 and 4 be placed on our Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And, Madam President, if the Clerk would call as the -
- as the next order of business the Emergency
Certified Bill 6705 from Senate Agenda Number 2.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Senate Agenda Number 2, Emergency Certification,
House Bill Number 6705, AN ACT IMPLEMENTING THE
GOVERNOR'S BUDGET RECOMMENDATIONS FOR HOUSING, HUMAN
SERVICES AND PUBLIC HEALTH, as amended by House
Amendments "A" and "C".

THE CHAIR:

Good evening, Senator Harp.

SENATOR HARP:

Good evening, Madam President.

I move the Emergency Certified Bill in concurrence
with the House.

THE CHAIR:

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The motion is on acceptance and passage of the -- in concurrence with the House.

Please proceed, Ma'am.

SENATOR HARP:

Thank you, Madam President.

This bill makes changes to laws governing state housing, human services and public health programs. Concerning human services, the bill makes changes in programs that the Departments of Social Services and Children and Families administers.

The major revisions include requiring the Department of Social Services to reimburse acute care hospitals for providing inpatient, outpatient and emergency room care based on severity of their patient's diagnosis or diagnosis referred groups.

It eliminates the ConnPACE program which currently provides pharmacy assistance to elders and individuals with -- with disabilities who do not qualify for Medicare. It repeals the Medicaid low income adult program.

It requires a pilot program to improve the educational outcomes of children in state custody. It requires the Department of Social Services to administer a medication step therapy program for Medicaid recipients.

And it makes it easier for nursing homes to recover debt. It ultimately implements the social services portion of the budget.

With that, Madam President, I would like to yield to Senator Bartolomeo.

THE CHAIR:

Senator Bartolomeo, please will you accept the yield?

SENATOR BARTOLOMEO:

Yes, thank you, Madam President.

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Madam President, the Sections 1 through 69 are for the establishment of the new Department of Housing and with that establishment we will be moving a variety of programs from other departments into the Department of Housing.

From DECD we will be moving the Elderly Rental Registry and Counselors, the Fair Housing Program, Subsidized Assisted Living Demonstration Program, Congregate Facilities Operating Cost, Housing Assistance and Counseling Program, Elderly Congregate Rent Subsidy.

From DSS we will be moving the Emergency Shelter for Homeless, Residences for Persons with AIDS, Transitional Living, Rental Assistance Programs, Special Projects, Housing and Medication Services, Rent Bank and Security Deposit Program.

From OPM we will be moving into the Department of Housing the Tax Relief for Elderly Renters, also known as the Renters Rebate Program, and the Main Street Initiative Fund.

With that being done, we will be moving 18 positions from the general fund from DECD, DSS and OPM to Department of Housing as well as 18 non-general fund positions and these are federally funded positions.

With that I would like to yield, if I might, to Senator Gerratana as the Public Health Chair.

THE CHAIR:

Will you accept the yield, Senator Gerratana? Please proceed, Ma'am.

SENATOR GERRATANA:

Here we go. Yes, Madam President, thank you very much.

The part of this implementer concerning the public health, the bill makes changes to various healthcare facilities and professions regulated by the Department. It is a true implementer in making some

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of the changes in these areas including in home healthcare agencies, assisted living service agencies, community health centers and also some changes to our certificate of need process.

And additionally it also makes some changes to some of the technical and conforming language. It's very much a budget implementer with the variety of changes that I mentioned. It does set up a tattoo licensure and, as I said, it also affects some of the other facilities in our state including the community health centers and also the tobacco fund and health trust fund disbursements.

With that I will yield the floor back to Senator Harp.

THE CHAIR:

Senator Harp, will you accept the yield back?

SENATOR HARP:

Thank you very much.

I guess I just want to reiterate that this is a budget implementer for the human services side of the budget and would urge adoption.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not -- oops I tried. Go ahead Senator Markley, I tried.

SENATOR MARKLEY:

Thank you very much, Madam President.

I had the pleasure, I suppose I could call it the pleasure, of bringing out the human services implementer 28 years ago as a freshman Senator as Chairman of the Human Services Committee and Chairman of what was then called the Welfare Subcommittee of Appropriations and I remember saying to my friend at

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OLR what is this because it just looked like a mass of numbers and he said don't worry about it, it's an implementer, it's purely technical.

And later on in the day the chairman of the -- the Commissioner of what was then the Department of Income Maintenance who was Steve Heintz, a man I respected very much, came to me and said we have a change we have to make and we have to put a little amendment on the implementer and I said it's okay with me, it's just a technical change.

And before I stood to bring the implementer out, Con O'Leary, who was the Senate Minority Leader in those days, I think might have sat in Senator Gerrantana's seat, okay over there somewhere --

THE CHAIR:

Senator Kissel.

SENATOR MARKLEY:

-- Senator Kissel's seat, okay, came over to me and said -- stood right in front of me here and said do you swear that that amendment you have on the implementer is purely a technical amendment and I said aw I guess so, that's what Steve Heintz told me. As far as I know it is.

But I will say that that was the -- the purity of implementers in 1985 and it's interesting to me that Senator Gerrantana said that a good deal of the public health aspect of it was a pure implementer.

I rise just to remind us of the concept of a pure implementer and I think the importance not of necessarily achieving that in any single session but of realizing that there was a value in having bills which were purely technical and having the bills which made changes in policy be separate bills which were taken up individually, which were subject to public hearings, which were subject to the committee process, which could be corrected and understood.

What I have in front of me this time is -- I guess -- it's hard to say that it is, in part, a pure

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implementer because anything which is not wholly pure -- wholly pure cannot be said to be pure at all I guess.

There's parts of it that surely do nothing but implement the budget. There's other parts of it that make policy. I think that this is one of the problems we have here and I only mention it by no means to criticize the -- the Senators who have put it together because it has become practice.

But I think it's an unhealthy practice. I think we all know it's an unhealthy practice and I think that if we could acknowledge that and strive to move to -- to roll it back gradually it would be a good thing for us to do.

Insofar as there is policy in the implementer, there is one thing in particular which I would like to address and for that purpose I would ask the Clerk to look for LCO Number 8839 if he would.

THE CHAIR:

Mr. Clerk, will you please call the amendment.

THE CLERK:

LCO Number 8839, Senate "A", offered by Senators McKinney, Fasano, et al.

THE CHAIR:

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

I would move the amendment, ask the reading be waived and beg leave to comment on the amendment.

THE CHAIR:

Motion is on adoption.

Will you remark, sir?

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SENATOR MARKLEY:

I will, thank you very much, Madam President.

This implementer addresses one specific section of the -- of -- this amendment addresses Section 81 of the implementer, the section which eliminates the higher Medicaid reimbursement rate for independent pharmacies.

This is a section that I think that all of us have been concerned over the last three years about the hit that independent pharmacies have taken and I know in my own hometown of Southington two of the few businesses which survived from my boyhood are Serafino's Pharmacy downtown in Southington, run by a good Democrat I might -- I might mention, and the Plantsville Pharmacy run for years by the Potrepka family.

Those businesses -- and I'm sure you've heard from the independent pharmacies you have in your own towns, those businesses are absolutely on the ropes and the leaders of the Appropriations Committee labored to find a way to increase the reimbursement to give them a lifeline and a little hope to be able to continue their business; to give them a little light at the end of the tunnel.

And I applauded their effort at that time. I think they were sincere in it and I'm sure that it pains them to see this change made but I feel that if we're going to -- if we're going to pride small businesses, and I'm convinced that we will regret their passing some day when the larger businesses prove to be less stable, I -- I don't know how you can be more stable than Serafino's Pharmacy or Plantsville Market -- Pharmacy which has been in business in the same family, I think in the case of Serafino's for something approaching 80 years.

If this gives them help, I'm for doing it and I think that I'm not alone in this Circle. In fact I suspect that I have 35 allies in this Circle in wanting to help these people. This amendment would give them

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that help and I would urge my colleagues here to support it.

Thank you.

THE CHAIR:

I'm sorry, will you remark?

Senator Harp.

SENATOR HARP:

Thank you very much, Madam President.

This is a -- a laudable goal. As a matter of fact we had really hoped that we could have a two-tiered rate setting but I think as the Department looked into setting up different tiered rates for the same drug, it became very difficult to get it approved by CMS and so that's one of the reasons why we have taken this out of the budget.

But it -- I think we all thought it was a laudable goal at the time and are really sorry that the federal government didn't see it in the same way that we did and for that reason I'm going to ask that we vote against this amendment and when the vote be taken it be taken by roll.

THE CHAIR:

A roll call vote will be had.

Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Thank you very much, Madam President.

Madam President, I rise to support the amendment and I thank the good Senator for bringing this issue out. It was one of the aspects of the bill that was of great concern and made me hesitate in supporting this particular bill and if this could be resolved it would

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go a long way to being able to support it going forward.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Mr. Clerk, will you please call for a roll call vote and 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 Senate "A" has been ordered in the Senate.

Immediate roll call has been ordered in the Senate. Senators to the Chamber please. Immediate roll call on Senate "A" has been ordered in the Senate.

THE CHAIR:

If all members have voted, if all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

Senate Amendment Schedule "A" for House Bill 6705.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	14
Those voting Nay	21
Absent and not voting	1

THE CHAIR:

The amendment fails.

Will you remark?

Senator Kane.

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SENATOR KANE:

Thank you, thank you, Madam President.

If I may I rise for a couple of questions to the proponent of the bill.

Through you, Madam President --

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

-- Section 70, Senator Harp, talks about the -- eliminating partial reimbursement to towns for costs associated with teachers for visually impaired students. Can you speak to that if you will?

Through you, Madam President.

THE CHAIR:

Senator Harp please.

SENATOR HARP:

Thank you.

Through you, Madam President, previously the state reimbursed towns to pay for teachers for the visually impaired and in this budget proposal the proposal is that those teachers would no longer be reimbursed except municipalities would have access to the Department of Rehab Services teachers for the visually impaired at no cost to the towns.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you.

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When the town -- well what type of teachers were used for these students before this bill?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I -- I believe that in both cases the teachers that were used were teachers who had a specialty in being able to teach children with this disability. The -- the difference is that the Department actually provides those services and makes them available to municipalities and what is happening because of our budget savings initiative is that we are no longer reimbursing towns for that service but providing the service through the Department.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I guess what I'm asking is prior to this bill the towns would be reimbursed for the use of these teachers and it was a cost of \$1.1 million. How is the Department of Rehabilitation Services able to offer to the towns these same teachers at no cost?

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Through you, Madam President, the Department hires teachers itself and makes them available and I believe that the Department had always done that but, in some cases, municipalities actually hired their own teachers and then the Department reimbursed for those teachers.

Well the reimbursement is no longer available but the teachers that work for the Department are available to all municipalities should they chose to use them.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I'll move on to Section 81. Senator Markley just provided a very good story about a local pharmacy in his district and also offered an amendment that I think that I did support that I think would help these independent pharmacies.

You mentioned that it was a laudable goal and my first question to you would be this policy in this legislation, is this something that has gradually taken place to affect our independent pharmacies over the last couple of budget cycles?

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Madam President, over the past five or six years the amount of reimbursement to pharmacies has been reduced significantly.

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Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I'll tend to agree with that and is there any effort, if you will, over the next future coming years to reverse that policy or at least make it not as onerous or difficult on these independent pharmacies? As you did say it is a laudable goal so how can we hopefully fix this in the future going forward because, as Senator Markley stated, you know, these are very important small businesses in our community and it seems to me that we are going to lose these independent pharmacies a little -- little bit over time gradually and again they are a part of the fabric of our -- our main street so I'm wondering if there's any, from the Appropriations standpoint, anything in place for us to reverse this trend?

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, I believe that the provision that we are eliminating was one of the efforts that we had hoped that we could implement which was a two-tiered system. Unfortunately the Department I believe inquired into developing a system like this but was never able to implement it and I don't know of another state in which two tiers of reimbursement exists for a -- the same products.

One of the things that we had looked at is the profession of pharmacy itself. As you may know most pharmacists now are what they call Pharm Ds. They have a doctorate and they are beginning to engage in medication therapy and assist private practices,

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clinics and hospitals in assuring that particularly complex patients who have multiple medication regiments don't have medications that are contraindicated. So that might be some place that we could go in the future.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I thank Senator Harp for that answer. Moving to Section 102, yesterday -- I think it was yesterday, it's hard to remember all the days now getting into the final minutes of session, but we talked at length between yourself, myself, Senator McKinney about the change in the LEA Program into this new program.

So is this the process to which DSS will set up this new program?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, yes this is the new program. It's called the Medicaid Low Income Populations Program and this is the program that is enabled by the Affordable Care Act and begins an expansion population up to 133 percent of poverty as of January 1, 2014.

Through you, Madam President.

THE CHAIR:

Senator Kane.

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SENATOR KANE:

Thank you, Madam President.

And the process to which the federal government will reimburse us and the process to which the expenditure will take place is that also in this section?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, yes it is.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And through -- through you, to Senator Harp, the -- this will be a general fund appropriation or is this a -- a separate fund appropriation?

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, actually this will -- program will be net funded and will not be indicated in our general fund.

Through you, Madam President.

THE CHAIR:

Senator Kane.

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SENATOR KANE:

Thank you, Madam President.

In Section 115, the Department of Corrections, with DMHAS, initiated an 18-month pilot treatment program for drug therapies at certain facilities. Can you speak to the specifics of that section?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, this is a pilot program in the New Haven Correctional Facility actually in my district and it provides a therapy -- drug treatment therapy utilizing Methadone maintenance and other related drug therapies that treat addiction illnesses.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Through you to Senator Harp, the correctional facility that you speak of is that a short-term or long-term facility?

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, it is a short-term facility.

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THE CHAIR:

Senator Kane.

SENATOR KANE:

And when you say -- thank you, Madam President.

And when you say short-term, is that 30 days, 60 days, a year? I mean what -- what type of facility, if -- if I may, through you, to Senator Harp?

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I can get that information for you later but I don't believe it's more than 2 years but I -- I -- I am not sure. I can't say for sure.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I -- I guess the reason for that question is -- is I'm trying to understand the -- a) how long these individuals are at this facility and b) if these -- I guess my next question will be if these individuals are currently involved in some type of drug therapy program currently.

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Thank you.

Through you, Madam President, I would imagine that these individuals would be assessed and if the drug therapy is appropriate for the addiction that is experienced by the individual inmate and they chose to participate in this program, that it would be made available to them.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

And -- thank you, Madam President.

And if these individuals are participating in the program now, how are they able to use or take advantage of the program? Are -- what's the difference with this legislation versus what is taking place currently?

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, currently there aren't alternative drug or pharmaceutical-related addiction treatments available in our corrections system and this would be a pilot treatment program for Methadone maintenance and, to my knowledge, it is not used currently in any of our Department of Corrections facilities.

Through you, Madam President.

THE CHAIR:

Senator Kane.

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SENATOR KANE:

Thank you, Madam President.

Well I guess the question I'm asking is the -- how physically are the inmates at this correctional facility able to use the program? Is -- they are -- actually physically leave the facility and go to the -- the treatment facility? Is that -- I guess what I'm asking the -- the geography of it. How the -- the transportation of the inmates who take advantage of this -- how -- how this is going to work.

Through you.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I believe that the program will take place in the facility and that they will not be leaving the facility to participate in this treatment.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Right and -- and thank you, Madam President, that's my question. So currently how does it take place is what I'm -- was what I'm getting at? How is this different?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

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Through you, Madam President, currently there is no Methadone maintenance program in any of the facilities in our state. This will be a pilot program only in the New Haven Community Correctional Center.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

That's what I was getting at. So currently if an individual is serving his sentence, he is not provided with this type of therapy. It is only when he is released that part -- I would imagine part of the terms of his release is that he would have to enter into such a program. Am I correct in that assumption?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, I believe that there are different types of drug treatment programs currently available and interestingly about seven years ago the Connecticut Law Revision Commission recommended that we implement Methadone maintenance treatment programs in our corrections facilities because they've been the most evidence-based for certain types of drug addiction and this will be a pilot to determine whether not in fact it worked for this population so that they will be started in treatment in our corrections center and will -- once they are released will continue their treatment in our community.

Through you, Madam President.

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Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I -- I will -- I'll get off of this subject because it actually intrigues me more for the policy than it does for the math and I know of course you are the Appropriations Chair and not the Judicial Chair but it seems to me that entering a program would be part of a person's release and not something they would take advantage of while during -- they are serving their sentence.

So it seems to me that this would be taking away something that would help in the releasing a person in -- back into society under conditions that they would fulfill these programs in -- as a condition of their release.

So I'll refrain from questioning you any further because of the mathematics on it but I -- I do have very good questions, I think, as to the policy of it.

In Section 116, which is the very next section, is this where the cut to hospitals is located?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, no this -- we discussed actually last night when we brought out the budget, this basically requires the Department of Social Services to divert revenue that is associated with the new Medicaid low income population hospitalization that will provide 100 percent federal reimbursement.

This allows the Department to divert that revenue and then send a portion of the diverted revenue to hospitals. We think that it will provide an extra \$35

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to \$40 million to hospitals to offset some of the other cuts that are in our budget.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

So the -- the \$550 million cut to hospitals, would that be in this bill?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, I don't believe there's a section that speaks to it. There might be but I -- I haven't seen it.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

One last question, if I may. In jumping to Section 127, can you explain to me that section in regards to the pharmacy step therapy for Medicaid program?

Through you.

THE CHAIR:

Senator Harp.

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SENATOR HARP:

Thank you.

Through you, Madam President, this section establishes a step therapy program and basically it requires that a physician utilize the drugs on the preferred drug list and that a patient uses those drugs first prior to any other drugs.

If they don't -- if they fail on one of the drugs on the preferred drug list, then the physician can prescribe another but it requires that the preferred drug list drugs are used first but then also offers a methodology for using other drugs should those drugs fail.

It doesn't apply to mental health drugs and it gives the prescriber access to a clear process for having the Department override the step therapy drugs under certain circumstances so that I believe it's safe and it's something that actually fully implements this state's preferred drug list.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I thank the Chair of the Appropriations Committee for answering my questions as she does certainly in the Committee and I also appreciate her taking the time to get into some of the policy with me. I think a lot of my questions certainly are on the fiscal part of it but also in the policy that's in the underlying bill to which I have a -- a -- some serious reservations.

Thank you, Madam President.

THE CHAIR:

Thank you.

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Will you remark? Will you remark?

Senator Welch, good morning, sir.

SENATOR WELCH:

Good morning. Thank you, Madam President.

You know it's -- it's interesting, I remember not too long ago earlier on in the session sitting down with the Office of Policy and Management and going through the public health portion of this implementer and there was a lot in there I liked and, in fact, I remember saying wow this might be an implementer I can vote for.

And then, Madam President, I got to what is now Section 145 of this bill and essentially what that section does is it makes -- it makes Medicaid -- let me -- let me back -- back up a moment, it makes access to services for Medicaid recipients a factor that is to be considered by OHCA when an entity is going through a certificate of need process.

Now a certificate of need process, Madam President, is -- is an application that -- that healthcare providers have to go through when they do a number of things such as establishing a new healthcare facility or an outpatient surgical facility, transferring the ownership of a healthcare facility, terminating services, starting services, purchasing numerous amounts of equipment.

And although the intentions here might be good, I can see some very bad consequences and that is you might have medical providers in parts of the state that don't service or have a lot of Medicaid clients and the very fact that they don't have those clients is going to be considered when they make an application for an important piece of equipment that will help their practice.

And so I had an amendment and I'm not -- I do have an amendment and it is -- it is here so, Madam President, the -- the Clerk -- okay.

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Thank you, Madam President, I -- it's not -- it's not quite ready yet and this is --

THE CHAIR:

I feel your pain, sir.

SENATOR WELCH:

Yeah thank you, Madam President, I know you do too. They say that third time's a charm but it might not be.

So, Madam President, the language in this implementer I think is going to be problematic, problematic for a number of healthcare providers throughout the State of Connecticut because I don't think they'll be able to operate their businesses in the models that they have designed them to to provide efficient, proficient healthcare to the people of the State of Connecticut.

While we're waiting for that amendment, Madam President, there's another part of this implementer that gives me great, great caution. Madam President, for a number of years we have had in the State of Connecticut in our statutes something that has often been referred to as a False Claims Act but the False Claims Act has been limited to certain industries and the -- the industries -- would be industries that essentially providing medical assistance programs administered by DSS.

What this implementer does is it strikes that language and it essentially then applies the False Claims Act to all sorts of industries that are contracting with the State of Connecticut. Now that's not necessarily a bad thing but there is an industry where that has been a very challenging thing over the years, whether it be in the State of Connecticut or other states that have gone down this road, and that happens to be the construction industry and let me tell you why.

A contract in the construction industry is a very intricate document often hundreds of pages. Indeed the details, the drawings, the shop drawings, submittals, all of that becomes part of the construction contract and because it's so document-

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intensive and because there are so many details it's very easy for there to be a mistake.

In fact, in most construction programs, there are mistakes. That's why they have something called a change order. The change order essentially modifies the contract because the contract isn't just you do this and I do that, the contract is you build me a building according to the specifications that you provided me and I'll pay you X.

Well, Madam President, what's happened in a lot of other states, and what I think might happen in this state should -- should this implementer be passed, is that the False Claims Act winds up discouraging contractors from bidding on state construction projects and the reason why is because every little change, every little mistake in these voluminous documents, potentially becomes a misrepresentation for which they could be liable.

So, Madam President, with that I -- it appears the amendment is not ready. I'm not going to belabor it. I think the point has been made, Madam President. I appreciate the time from the Chamber.

THE CHAIR:

Thank you, sir.

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I just wanted to make one correction that in the underlying bill the False Claims Act was extended to all the departments but the House actually had an amendment that struck that section so that it is no longer in the bill, Madam President, just for the information of the members of the Chamber.

THE CHAIR:

Thank you.

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Will you remark further? Will you remark further?

Senator McLachlan, good morning to you, sir.

SENATOR McLACHLAN:

Good morning, Madam President.

I stand for a purpose of a few questions to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR McLACHLAN:

Thank you, Madam President.

Thank you, Senator Harp, for your hard work on this budget process. I'm sure you'll sleep well sometime late tomorrow as hopefully we all will but I -- I do have some questions as it relates to a few sections in this bill that talk about federally qualified health centers and community health centers.

So if I may begin and ask for clarification of Section 126 which appears to appropriate \$20 million over the biennium.

Through you, Madam President, could you clarify that particular process and how -- how those funds will be distributed?

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, the Department of Social Services required in our deficit mitigation bill that all of the federally qualified healthcare centers in our state provide cost reports and, based upon federal law, federally qualified healthcare clinics are provided a cost-based reimbursement.

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So with the new cost information that was given as of the beginning of the year, the budget basically asks that the Department rebase the rates for federally qualified healthcare clinics and utilize an -- an enhancement of \$10 million in each year to do a rebasing of the rates based upon the cost studies that they receive from those centers at the beginning of the year.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

Thank you, Senator Harp. The appropriation amount of \$20 million in the biennium, was that an amount of -- a guesstimate of what the anticipated benefits payable to the federal health centers -- community health centers will be or was it a number that you came to the conclusion that's all the -- you would be able to afford to pay to fill that gap?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, it unfortunately was not based upon having run through any numbers so I guess, using your term, it was more of a guesstimate than anything else.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

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Thank you, Madam President.

And one other section, if I may, through you, Madam President, Section 142. Senator Harp, it talks about within available appropriations additional monies that may go to qualified -- federally qualified health centers, actually in line 6532 it says it may go to federally qualified health center or a federally qualified health center look-alike.

Through you, Madam President, could you clarify what that means?

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Madam President, federally qualified healthcare centers are healthcare centers that have been designated by having reached certain goals and objectives that are written in federal law to become federally qualified and they apply I believe to the Bureau of Public Health I believe and HRSA as part of Health and Human Services and they receive this designation.

A look-alike has almost all of those same qualities but has not received the federal designation but operates in much the same way.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

And -- and so it's my understanding I -- perhaps you can clarify if I'm wrong, it's my understanding that

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the federal government sort of grants a franchise to a community for a community health center but in some communities, like mine, there is more than one community health center.

One is -- sort of has the -- the franchise, if you will, from the U.S. Department of Health and Human Services and then another community health center which may have that sort of franchise in -- in another community but doesn't have it in my community and I guess that's the look-alike you're talking about is that it sort of operates like but it just doesn't have that federal designation.

So my question is, through you, Madam President, are those community health centers, whether they have the sort of federal franchise or do not, do we treat them the same for reimbursement rates and/or whatever assistance the state provides to them?

Through you, Madam President.

SENATOR HARP:

Through you, Madam --

THE CHAIR:

Senator Harp.

SENATOR HARP:

-- through you, Madam President, it is my understanding that we do as a state treatment them much the same.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

And then the next subparagraph in Section 142 talks about the Commissioner will develop a formula to disburse monies and it talks about factors that are --

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must be included within the formula. Specifically it talks about the types of services provided by the community health center.

It -- it does appear that some community health centers provide more complicated services than others. Does that mean if they're providing more complicated services they're going to get more money from the state?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

I believe that it's my understanding that it will be cost-based and that the Department and the federal government have -- has some say into what those costs are and from time to time they can indicate a population that has more acuity but there are elements that are identified by the federal government in the cost-based.

We were really clear to make -- to assure that any alteration beyond what it is allowed by the federal government would be something that would come back to the Committees of Cognizance.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

Thank you, Senator Harp, and just one final question as it relates to community health centers. I described a -- a situation in my community where I

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live where there is a -- two community health centers and one has the federal designation and one does not.

Is that unusual in the State of Connecticut or are there many communities in the state that have more than one community health center, one with and others without?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Madam President, I'm not aware of it necessarily being related to a community. It could be the size of your community.

Through you, Madam President, I know in New Haven we have two federally qualified healthcare clinics but they have different catchment areas so I would imagine that if you have the same catchment area that you're likely not to be able to have two federally qualifieds representing that area.

And I'm not certain the size of a catchment area but I know in New Haven we have two federally qualifieds in New Haven but we are a town of about 130,000.

Through you, Madam President.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

And thank you, Senator Harp, for your answers.

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Thank you.

Will you remark? Will you remark?

Senator Fasano.

Oh I'm sorry, Senator Markley.

SENATOR MARKLEY:

For the second time, Madam President, with your indulgence, but I had one question just about one section that was brought to my attention since I was on my feet the last time which is Section 111 concerning the Medicaid therapy management services and two pilot programs which are being set up under it and with a -- with a very encouraging projected savings and I wondered -- I -- if I'm not mistaken I know we -- this was discussed perhaps on the Appropriations Committee, perhaps on the Human Services Committee, but I believe this is based off of a study or a small pilot program, if I'm not mistaken, that was undertaken maybe three or four years ago and I wonder if it would be possible to ask Senator Harp to comment on that.

Through you, or to illuminate me further on what the background is in Section 111 the Medicaid therapy management service.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you.

Through you, Madam President, yes this is a pilot program that will work with the Connecticut Pharmacists Association and pharmacists who will work with chronically ill persons who have numerous medications and they will assure that those medications are appropriate and that the individuals are taking them appropriately.

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In the pilot program that occurred a few years ago the state was able to save significant dollars as well as improve the overall health of people who participated in the program.

So there will be two pilot programs, one will be conducted by the Connecticut Pharmacists Association with pharmacists that have the skill and are connected with UConn Pharmacy School and another will be at a -- through a pharmacy at a community-based healthcare clinic.

So in both cases the goal will be to look at highly complex individuals who have multiple medications to assure that they are taking the medications right, that the medications don't interact with one another and that the dosage is appropriate and they'll be working with the physicians to assure that medications actually are adhered to and provide the most efficacy in terms of treating the various diseases that the people may have who are highly complex.

Through you, Madam President.

THE CHAIR:

Senator Markley.

SENATOR MARKLEY:

Through you, Madam President, thank you very much for that answer. That's what I was hoping you were going to say and I think that is a very, very commendable project.

Thank you.

THE CHAIR:

Thank you.

Will you remark?

Senator Fasano.

SENATOR FASANO:

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Thank you, Madam President.

Madam President, through you, to Senator Harp, just a couple of quick questions.

THE CHAIR:

Please proceed.

SENATOR FASANO:

In Section 145, Senator Harp, it talks about the -- the Office of Health Care Access to consider an applicant's provision of services to Medicaid recipients when considering the certificate of need applications.

Is it my understanding that what that language is saying when you file -- Section 145, when you file for a CON for a piece of equipment, one of the criteria will be for the applicant to demonstrate services to Medicaid patients to some degree?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I believe that -- I believe that you're correct. I think that the language is trying to assure -- or least measure that one of the things that will be taken into consideration in granting a certificate of need is whether or not the physician or the practice or the hospital or the clinic provides services to Medicaid recipients.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

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SENATOR FASANO:

Thank you, Madam President.

And I thank the Senator for that answer. If I could just follow-up and say is that a new criteria or was that always in existence?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, this is a new criteria and I believe that it's related to wanting to assure that all practices serve this very vulnerable population.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

I agree with Senator Harp it is a vulnerable population one of which indeed needs services.

Through you, Madam President, is there a table or a formula through which an objective onlooker could look at to determine whether or not that criteria has been met?

Through you, Madam President.

THE CHAIR:

Senator Harp.

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Thank you very much.

I believe that this language enables the Office of Health Care Access to consider it and to develop methods, I would assume it's implied, for when a certain threshold is met.

I guess the thing that I would worry about if I were someone applying is if I didn't see any Medicaid patients in my practice.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

So through you, Madam President, the thresholds are they delineated any place through which an applicant can look at -- excuse me for a second -- are they delineated anyplace for which an applicant could look at to make a determination whether they have a safe harbor or is this based upon the discretion of those who give out the CONS?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, I believe this is a policy that has yet to be implemented and I don't believe those standards have been developed yet but I would imagine that the Office will develop them.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

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And through you, Madam President, in the event that someone was denied based upon the sole reason that they have not reached some unknown Medicaid threshold, is there an appeal procedure for which -- and if you don't know it's not to put you on the spot, Senator Harp, I'm just curious more than anything, is there an appeal procedure for which someone could take on that issue or is that discretion alone, you know, sort of unfettered and unreviewable?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, there is almost an appeal process for everything that government does but I can't say for sure whether or not one exists specifically if you don't meet every criteria that you're measured by when applying for a certificate of need. I know you can always make another application.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And through you, Madam President, is -- is -- and I'm -- and I'm not asking these questions for any other purpose but to get a better feel of this new provision because it's important for a number of regards.

If a hospital we'll say applied for a certificate of need, year one, receives a certificate of need so there was an analysis done today saying that they reached that Medicaid threshold and four years from now the hospital were to apply for another certificate of need for another piece of machinery, but they had not increased that threshold that is -- what it was the day they got their first piece of equipment, would

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the Senator have an opinion whether or not once you meet it once you're apt to improve upon that record or would it be that if you meet it once you're presumed to have met it years on?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, I don't believe there's anything in here that says that there's an escalator and that every time you apply you have to meet another threshold of serving Medicaid patients. And I don't believe that serving Medicaid patients would be -- or not serving them would be one of the things that decides whether or not you actually get that certificate of need.

It's one among many things and I would imagine if a practice or a hospital or a clinic asks why they were denied, they would get a comprehensive response from the Office of Health Care Access and would indicate all of the reasons why they were denied the certificate of need.

One of the things that -- that I would like to just observe is that most often those certificates of need are not denied and most often the Office of Health Care Access works with them if they're providing services that are needed in a certain geographic area.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, I certainly appreciate Senator Harp's answers and I know that working with Senator Harp in

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the New Haven area that she has the medical needs of the community at heart and I appreciate that.

Madam President, I ask the Clerk to call LCO 8859.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 8859, Senate "B", offered by Senators Welch, Markley and Fasano.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Madam President, I would move the amendment for adoption and request permission to summarize.

THE CHAIR:

The motion is on adoption.

Will you remark, sir?

SENATOR FASANO:

Thank you, Madam President.

Madam President, what this says -- I -- I appreciate the comments by Senator Harp and what this says is that if the applicant for a CON is a hospital and who has failed to provide or reduce the access to Medicaid patients but it is -- but demonstrates good reason while that has happened and it's not based upon the difference of reimbursement rates to Medicaid, it's based upon the hospital's decrease in size, layoffs because they are unable to take on the patient -- the number of patients, items like that, if they're able to show a good reason not related to the reimbursement rate but related to some function of the hospital as a result of tough economic times, that this would be a safe harbor for the hospital to argue I'm still

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entitled to this CON for that equipment, it's just I didn't reach -- or I reduced the number of Medicaid patients unrelated to the issues that normally people point to or related to the functioning of the hospital and its inability to increase or a need to decrease that Medicaid patient.

Madam President, the point of this is to make sure that that provision for which has no threshold and no table for someone to look at it, but purely discretionary by someone, at least give the applicant some foothold, if you would, either at the time of making the argument or an appeal process.

Madam President, it's given with the good intention to reach the goals that I believe Senator Harp is looking for which is to give quality hospitalization and medical attention to those who need it and certainly it's a worthy cause but there could be those reasons, unrelated to reimbursement, for which those thresholds can't be met.

Madam President, I hope it's offered -- this amendment is offered I hope with the good intentions for which it is meant.

Thank you, Madam President.

THE CHAIR:

Will you remark?

Senator Harp.

SENATOR HARP:

Thank you, Madam President.

I urge rejection of this amendment. I believe that this is already taken into consideration in the -- in the bill and it is unnecessary.

And when the vote be taken it be taken by roll.

THE CHAIR:

A roll call vote will be had.

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Will you remark? Will you remark?

If not, Mr. Clerk, will you please call for a roll call vote and the machine will be open on Senate "B".

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call on Senate "B" has been ordered in the Senate.

THE CHAIR:

If all members have voted, if all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

Senate Amendment Schedule "B" for House Bill 6705.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	14
Those voting Nay	21
Absent and not voting	1

THE CHAIR:

The amendment fails.

Will you remark further?

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, I'm -- I'll keep my remarks short. My concern on this CON, and -- and I -- I believe Senator Harp is in the same position I am, which is we want to make sure that when we give the CON which are -- which is, to some extent, a privilege to have equipment and the idea originally of CON was to make sure that when a piece of equipment is given, if every

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doctor or every hospital gets the same piece of equipment, the ability to recoup the cost of that equipment would be depleted.

So we did CONs, certificate of need, to say there's a need for this equipment so when you purchase it you can get the return of capital. It really was initially, certificate of needs, built in an economic model because if I did it as a doctor and the neighbor next door did it as a doctor and the neighbor next to that, we couldn't recoup the cost so certificate of needs almost were a financial guarantee to make sure people can recoup the cost of equipment that could run hundred to hundreds of thousands of dollars. I get that.

We're putting in a new element and the new element is Medicaid patients and while I agree that it is important in our medical community that Medicaid patients receive the medical treatment they're entitled to, as that's a great public policy, I get concerned without knowing an equation.

If I'm a one single doctor office versus a 30 single doctor office and at what standard am I going to be held to? Do I have to do three, if I'm a three-person office, three times as much as the one person? And I just don't understand where that comes in and as soon as you get rid of certainty, you may be working the system against the medical profession because they can't have certainty.

Madam President, I think Senator Harp, and if she disagrees will say so, but I think the idea is we just want to make sure that when these machines go in and we give -- that they're doing for the community the need that's there but I hope that it's not going to be a litmus test for determining whether or not you get a piece of machinery.

Madam President, I am very concerned over this only because it is a new requirement for which no one can point to and say that's the number, that's the percentage and that always gives that much discretion to government which gives me concern.

Thank you, Madam President.

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THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President, and good morning.

THE CHAIR:

Good morning, sir.

SENATOR KELLY:

I have a couple of questions, through you, to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KELLY:

Thank you very much.

With regards to Section 127, the implementer will establish a pharmacy step therapy for -- for the Medicaid program. Could you explain what that step therapy program will do?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, I guess for the second time, basically what this does is to require, under certain circumstances, that the patient first try a drug that is on the Department of Social Services's

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preferred drug list for 30 days and that in order to get another drug the patient must try and fail on the one drug on the preferred drug list -- list before another one can be prescribed and be eligible for DSS payment.

But it doesn't apply to mental health drugs and it also gives the prescriber access to clear and convenient process to expeditiously request DSS to override the step therapy under certain circumstances so that it -- we believe it's safe and it just requires that preferred drug list medications are used first.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

And with regards we're looking at an \$11.8 million savings in fiscal year '14, a \$15.8 million savings in fiscal year '15. How would that savings occur?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Thank you very much.

The drugs on the Department of Social Services preferred drug list give the state drug rebates so that, not only is the cost negotiated at a lower rate, the state also receives rebates for these drugs and I believe prior utilization of the preferred drug list will assure that we get more rebates and the drugs will again be purchased at a lower cost and I believe that's how they calculated the savings.

Through you, Madam President.

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THE CHAIR:

Senator Kelly.

SENATOR KELLY:

So the savings occurs through Medicaid lower costs and then also with regards to utilization there's a rebate from the -- the pharmaceutical company that would come back depending upon which -- which prescription is -- is used. Is my understanding correct?

Through you, Madam President.

THE CHAIR:

Senator Harp.

SENATOR HARP:

Through you, Madam President, you're correct. All of the drugs on the preferred drug list are negotiated with pharmaceutical companies for a certain price. Some of them are generic. Some of them are not and almost all of them receive the rebates that come to the state because we're utilizing them on the preferred drug list.

Through you, Madam President.

THE CHAIR:

Thank you.

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

And as I understand it this is a new program. We're not utilizing step therapy right now with the Medicaid population so this is -- is new and a new procedure.

Through you, Madam President.

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Senator Harp.

SENATOR HARP:

Through you, Madam President, it is new to the Medicaid population but it's used often in commercial insurance. The preferred drug list though is not new. It's about 10 to 15 years old.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

And thank you, Senator Harp, for your very thorough and complete answers.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, I will call -- Mr. Clerk, will you call for a roll call vote and 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 has been ordered in the Senate.

THE CHAIR:

Senator McLachlan, thank you.

If all members have voted, if all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

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House Bill 6705.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	21
Those voting Nay	14
Absent and not voting	1

THE CHAIR:

The bill passes.

Will you remark?

Senator Looney.

SENATOR LOONEY:

Madam -- Madam President, yes I have some additional items to add to the Consent Calendar.

Madam President, the first item is on Calendar Page 7, Calendar 536, Senate Bill 1163, would move to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Next is Calendar Page 14, Calendar 651, House Bill 6565.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

The third item is Calendar Page 3 -- excuse me
Calendar Page 15, Calendar 660, House Bill 6290.