

Legislative History for Connecticut Act

PA 14-226

HB5528

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 19
6233 – 6539**

Favorable Report of the joint standing Committee on
Planning and Development, Substitute House Bill 5528,
AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Thank you, Mr. Speaker.

I move for the joint committee's Favorable Report
and passage of the bill.

SPEAKER SHARKEY:

The question is acceptance of the joint
committee's Favorable Report and passage of the bill.
Will you remark, madam?

REP. SAYERS (60th):

Yes, Mr. Speaker. This bill aligns the work of
local public health departments and districts with
national standards which will position Connecticut to
readily access federal funding and assist our public
health agencies to become accredited. It also ties
this to funding from the Department of Public Health.

Mr. Speaker, the Clerk has in his possession an
amendment, LCO Number 5585. I ask that he call it and
I be allowed to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 5585, which will be designated House Amendment "A."

THE CLERK:

House Amendment "A," LCO 5585, introduced by Representative Johnson, et al.

SPEAKER SHARKEY:

The gentleman -- woman has sought leave of the Chamber to summarize. Is there objection?

Seeing none, you may proceed with summarization, madam.

REP. SAYERS (60th):

Thank you, Mr. Speaker.

This amendment removes the cost, in that on line 14 and 44 it adds "within available appropriations." It also adds the U.S. Department of Agriculture as a list of agencies whose regulations must be followed when euthanizing laboratory animals.

I move adoption.

SPEAKER SHARKEY:

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

Will you remark?

Representative Perillo.

REP. PERILLO (113th):

Good afternoon, Mr. Speaker. Thank you --

SPEAKER SHARKEY:

Good afternoon --

REP. PERILLO (113th):

-- very much.

SPEAKER SHARKEY:

-- sir.

REP. PERILLO (113th):

If I could, through you, sir, just one question to the proponent of the amendment.

SPEAKER SHARKEY:

Please proceed, sir.

REP. PERILLO (113th):

Through you, Mr. Speaker, I understand what the amendment does; we're adding a federal layer of oversight.

My question, very simply, is: How is it that this amendment is germane to the underlying bill? The amendment has to do with euthanization; the underlying bill has to do with health departments.

Through you, sir.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, I'm sorry; I didn't hear the last half of the question.

SPEAKER SHARKEY:

Representative Perillo, could you repeat your question?

REP. PERILLO (113th):

Thank you, Mr. Speaker.

I'll repeat. The amendment has to do with euthanization of cats and dogs. The underlying bill has to do with health departments and what they must do. I'm just wondering what the thread is in terms of germaneness.

Through you, sir.

REP. SAYERS (60th):

Through --

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, the thread is because it is regulations, it's that are regulated through the health department as well. But it adds one more agency, so regulations must be followed.

SPEAKER SHARKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

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

If not, let me try your minds -- I'm sorry --
Representative Sayers?

REP. SAYERS (60th):

Nope.

SPEAKER SHARKEY:

Sorry; got it.

If not, if there's no one who'd like to -- else
would like to speak on House Amendment "A," I'll try
your minds. All those in favor of House "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 on the bill as amended?

Representative Srinivāsan.

REP. SRINIVASAN (31st):

Good afternoon, Mr. Speaker.

Through you, Mr. Speaker, just a few questions to the proponent of the bill as amended.

SPEAKER SHARKEY:

Please proceed, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, if you look at Section 2 and lines 34, we talk about an amount equal to \$1.18 per capita. Through you, Mr. Speaker, who would get this dollar-and-eighteen cents; which municipalities?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, the municipalities that are required to have a health director.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Mr. Speaker, as we go down, we look at lines 35 to 37, where if a vacancy exists in the Office of the Director of Health or it is filled by an acting director for more than three months, through you, Mr. Speaker, in that situation, what

would those municipalities receive?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, basically what that is, it refers back to those municipalities that only follow the -- the requirements of Section 3.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I will definitely be getting to Section 3, but in Section 2 we are talking about, I just want for clarification as to who gets a-dollar-eighteen and who gets \$1 per capita, as -- as we see that in line 41.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through -- through you, Mr. Speaker, that just refers to if there's a vacancy for that health director, what will happen with the Department of Public Health and the funding.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, if the good Representative can repeat that answer one more time; I'm not clear as to who gets the dollar and who gets the \$1.18.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers, would you mind repeating your answer?

REP. SAYERS (60th):

When they, when the -- through you, Mr. Speaker -- when the municipality employs a full-time health director, they receive the dollar-eighty-five (sic); when that is vacant or they do not employ a full-time health director, they receive the dollar.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I apologize for being persistent but maybe because of the background noise I'm not able to hear at all.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Ladies and gentlemen, we have a lot of work to do today, but the proponent of the bill and Representative Srinivasan cannot hear each other. Would you please take your conversations outside or keep it down to a dull roar. Thank you.

Representative Sayers, would you mind repeating your question for a third time now, because of the noise.

REP. SAYERS (60th):

My answer, sir?

SPEAKER SHARKEY:

Your previous answer; I think Representative Srinivasan has indicated he didn't hear it, so --

REP. SAYERS (60th):

Okay. Through you, Mr. Speaker, what that refers to is that public health, local public health departments that employ a full-time health director will receive the one-eighty-five. And when that is absent, for other services, they receive the dollar; it's not -- the one-eighty-five is tied to the local health director.

SPEAKER SHARKEY:

Representative Srinivasan.

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

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REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I want to thank the good Representative for the answer. I'm clear now on the dollar and the dollar-eighty-five. But maybe in line 34 there is \$1.18 -- 1-8 and not 85 -- per capita. Maybe the good Representative can inform us as to who gets the \$1.18.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, I'm not seeing the area that he's talking about in line 35.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, it's line 34 -- Mr. Speaker. Through you, Mr. Speaker, dollar-eighteen, it appears on line 34.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

That refers to where a vacancy exists in the Office of the Health Department.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Mr. Speaker, we then have three options that the municipalities will receive; a-dollar-eighty-five if they have a medical director, a full-time director of health; a-dollar-eighteen; and, a dollar, on three separate occasions, for three separate situations.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Srinivaṣan, I'm not sure I heard the question.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I'm sorry; I apologize. Is that right that there are three scenarios for a municipality where they could -- will qualify for three different rates to receive for taking care of their constituents?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, yes.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, moving on to Section 3, that the good representative alluded to, line 59 talks about the "department shall ensure." Through you, Mr. Speaker, what is it that the department is trying to ensure, and it has to, as it is a "shall?"

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative -- Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, it's -- wishes to ensure that our health departments move to the standard of the ten essential health services that should be provided by health, local health departments. This will allow us to get, going forward will allow us to get more federal reimbursements and also improve the quality of care that our health departments provide.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, from lines 62 to 75, the end of this bill talks about the various requirements. It lists them and there are ten such requirements that are needed from line 62 to 75. Through you, Mr. Speaker, would the municipality have to ensure that all of those ten requirements are met so that they get the appropriate funding?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, yes. Those are the requirements that are standards, and they will improve the quality of care.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, if, let us say, some of those requirements are not met for one reason or the other, the municipality is not able to deliver all of those ten requirements, what then happens to their funding?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Well one of the problems -- through you, Mr. Speaker -- one of the problems is that we, if we're not meeting all of those standards, we don't have the quality of care that our health districts should be providing to the people that they serve. And, in addition to that, it would make us ineligible for additional federal funding. So it's very important that we ensure that this happens.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Mr. Speaker, I definitely understand the importance of meeting those ten requirements so that the services are rendered and we get the appropriate federal funding. It's very critical that every municipality meets those ten requirement standards.

But through you, Mr. Speaker, my concern is that if for whatever be the reason there is a vacancy; there's a temporary time period when those requirements are not able to met, to be met, is there a process by which the -- the municipality can be told

that these are the requirements you're not meeting and to quality these are the things you need to do?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, the Department of Public Health actually is working very hard on this particular issue. The Commissioner has received a grant and has a work group that is working towards this, and they will be actually working with health departments to make sure that they are able to meet these requirements.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Mr. Speaker, I definitely agree that for health services to be delivered in our state, the Department of Public Health has to work very closely with all the various departments that we have in our state, whether they have a full-time or they a part-time medical director. And what this bill tries to do is makes -- ensures, as it says in line 59; it ensures that these

services are met so that the funding, the funding is received by the municipalities and we get our federal grants, our matching grants as well.

Mr. Speaker, I hope members on both sides of the aisle will be strongly supporting this bill as amended.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

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

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. Good morning or good afternoon, already.

SPEAKER SHARKEY:

Good afternoon, sir.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

Mr. Speaker, I rise with some concerns with the underlying bill as it relates to -- to our health departments, because as I'm seeing here, we are placing additional requirements on them. And I, as I understood from the -- the dialogue previously, these

requirements are, I guess -- may -- may I just ask this one question to clarify?

Through you, Mr. Speaker, my question was is whether, if I heard correctly, these requirements that we're putting upon the health districts are needed in order to make sure that we receive federal money that passes through to these health departments?

Through you, Madam -- Mr. Speaker.

SPEAKER SHARKEY:

Representative Sayers.

REP. SAYERS (60th):

Through you, Mr. Speaker, and actually Representative, it's not all the health departments, it's the larger ones. It's the ones in our municipalities. It's the ones that are 50, 000 or more people. And they already provide most of these services; this is more to codify it and make sure that they are meeting those national standards. Most of these are not new requirements for these departments, but rather, as I said, just making sure that they are in compliance with all of them.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker, and I -- I appreciate that answer.

I think one of the hesitancies that I have with this particular provision is we've talked a lot about regionalization and -- and trying to save money for our towns, which I certainly, obviously do support these concepts.

In my town, you know, we have a community of about 14,000, and we regionalized our health district with two of our neighbors. And starting out by doing so, it certainly did save us money and made a lot of sense; it was probably back about, well over 15 years ago that it was done.

What's happened now is as that health department has grown over the years, it's still servicing the same communities of Branford, East Haven, and North Branford, but I've seen that department grow in astronomical size and -- and having a budget that's -- that's quite substantial. And what it's actually done, in fact, is that our town no longer saves money by regionalizing; it actually costs us additional money.

And while the health departments in these regions

might be providing services that are above and beyond what a sanitarium would provide or those minimum requirements that some of our small communities may provide, a town like mine is questioning is it worth having all these additional services that are provided; should we start going back to just hiring a sanitarium and hooking up with a -- a local doctor in town to provide the services, those minimum requirements that a municipality can meet and save money that way.

So what we're seeing right now are our towns going through that process. I'm concerned that we're going to begin to see a retraction of these health districts around the regions.

I think when it had started out, you know, our budget was somewhere around \$50,000 for the health district. I believe it's -- it's upward of \$200, 000 now that the community pays for this service. And most recently, when our town went through the budgeting process this year, they determined that it would cost about \$80,000 to meet the state requirements and to, and to pull out of the health district.

In addition, you know, anecdotally we hear

stories about these health districts have the ability to set the -- the service fees, permitting fees, you know, for -- for our restaurants and things of that nature, for swimming pools, and septic systems. And, you know, these fees are -- are set, frankly, I think in our communities are quite high now at this point.

So in addition for the town the be paying the \$200,000, its residents and the businesses are paying \$1,200 to \$1,000 in order to renew their services and just keep their operations for inspections. It's costing them quite a bit of money to operate, and so then there's pressure put on the local councils, in our case, for businesses to complain that, you know, we're paying lot of money for these services.

And the other problem is then the town loses, you know, the autonomy over some of these permitting, so they sort of lose the ability to have this working relationship with a department that the residents and the businesses look at as being the local health department. And so we've really struggled to try to have a balance between the two.

And what's -- what's happened is, you know, in addition to these high fees, most recently our health department decided that if a business is late in

paying the fee, let's charge them a 50 percent fine in order, in order to recoup some even additional money. So if you're one day late in renewing your permit, you get whacked with paying an additional 50 percent of the permit fee.

And while we have local residents that might serve on these boards, all too often because of this autonomy, the way that silo works, is those members that are on the boards end up serving the board of directors of the health service and -- and lose sight of the fact that they need to be serving their local communities.

And so I, you know, I put this on the record now, as we -- we address this bill because I think it's important for us to all keep in mind as we're looking to regionalize, we need to make sure that we're maintaining the balance of the efficiencies that we wanted to create. And -- and also with, you know, are we turning these into mini-state agencies, effectively? I fear and I think -- you know, my town, in particular, hasn't finished their budget process -- but I fear that what will happen in our community is that we're going to, we're going to remove ourselves from that particular health district and go back to

the way of a sanitarium. And I know it's not the overall intent in what we want to do through -- with the State of Connecticut, so I -- I think as we move forward, somehow we're going to need to strike that balance and -- and help our municipalities in addressing this.

And so I'm a little concerned. I think that these are, this is all well-intentioned, but I'm concerned that by regulating the health departments the way we do, we end up creating sort of mini-state agencies, and they really forget that they're there to serve each municipality that they're representing.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark? Would you care to remark 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 return to the Chamber immediately.

SPEAKER SHARKEY:

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

Will members please check the board to make sure your 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:

Mr. Speaker, House Bill 5528 as amended by House "A."

Total Number Voting	146
Necessary for Passage	74
Those voting Yea	136
Those voting Nay	10
Those absent and not voting	5

SPEAKER SHARKEY:

The bill, as amended, passes; the bill passes in concurrence with the Senate.

A VOICE:

Hold on; let me see that.

A VOICE:

Okay.

A VOICE:

(Inaudible.)

A VOICE:

This says it's a Senate bill.

A VOICE:

It wasn't supposedly.

A VOICE:

5528 (inaudible).

A VOICE:

A Senate amendment.

A VOICE:

Okay. (Inaudible.)

SPEAKER SHARKEY:

It's in, it was in concurrence?

THE CLERK:

Yes, it was.

SPEAKER SHARKEY:

The bill passes in concurrence with the Senate.

Will the Clerk please call Calendar 529.

A VOICE:

That's the bill we just we did.

A VOICE:

(Inaudible.)

SPEAKER SHARKEY:

No, I didn't.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
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pat/gbr
SENATE

285
May 7, 2014

Yes, Madam President, I want to verify. If the Clerk would announce that he is in possession of those Agendas.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The Clerk is in possession of Senate Agendas 3, 4 and 5 dated Wednesday, May 7, 2014. They've been copied. They're on Senators' desks.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, I move all items on Senate Agendas Number 3, 4 and 5 dated Wednesday, May 7, 2014 to be acted upon as indicated and that the Agendas be incorporated by reference in the Senate Journal and the Senate Transcript.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Madam President, have a couple of additional items to add on Senate Agenda Number 1. Request suspension for the purpose of adding two additional items to the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President, the first is under House Bills Favorable Reported, Substitute House Bill 5528,

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SENATE

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May 7, 2014

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

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

And the second item on Senate Agenda Number 1 is
Substitute House Bill Number 5311, move to place this
item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. And Madam President, on
Calendar, on Senate Agenda Number 4 previously
adopted, Madam President, would ask for suspension to
take up for the purposes of placing on the Consent
Calendar an item on Senate Agenda Number 4.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Madam President, would
move from Senate Agenda Number 4, from Senate Agenda
Number 4, Substitute House Bill 5593, would move to
place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

And also another item on Senate Agenda Number 4, would
move for suspension to take it up for purposes of
marking it Go, and that is Substitute House Bill
Number 5417.

pat/gbr
SENATE

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May 7, 2014

SENATOR LOONEY:

Madam President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. One additional item to place on the Consent Calendar at this time. It's Calendar Page 25, Calendar 562, Substitute for House Bill Number 5466. I move to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Now, Madam President, if the Clerk would list the items on the Consent Calendar so we might proceed to a vote.

THE CHAIR:

Mr. Clerk.

THE CLERK:

We have items from previously adopted Senate Agendas, House Bill 5525, Senate Bill 152, House Bill 5528, House Bill 5311.

On Calendar Page 5, Calendar 327, House Bill 5099.

Also on Page 5, Calendar 330, House Bill 5441.

On Page 6, Calendar 341, House Bill 5117.

Calendar 338, House Bill 5323.

Calendar 344, House Bill 5442.

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May 7, 2014

SENATOR LOONEY:

If we might pause for just a moment to verify a couple of additional items.

Madam President, to verify an additional item, I believe it was placed on the Consent Calendar and Calendar Page 30, on Calendar Page 30, Calendar 592, Substitute for House Bill 5476.

THE CHAIR:

It is, sir.

SENATOR LOONEY:

It is on? Okay. Thank you. Thank you, Madam President. If the Clerk would now, finally, Agenda Number 4, Madam President, Agenda Number 4 one additional item ask for suspension to place up on Agenda Number 4 and that is, ask for suspension to place on the Consent Calendar an item from Agenda Number 4.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President, and that item is Substitute House Bill Number 5566 from Senate Agenda Number 4.

Thank you, Madam President. If the Clerk would now, if we might call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk. Will you please call for a Roll Call Vote on the Consent Calendar. The machine will be opened.

THE CLERK:

An immediate Roll Call has been ordered in the Senate.

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May 7, 2014

An immediate Roll Call on Consent Calendar Number 2 has been ordered in the Senate.

THE CHAIR:

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

THE CLERK:

Consent Calendar Number 2.

Total number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Two additional items to take up before the, our final vote on the implementer. If we might stand for just, for just a moment.

The first item to mark Go is, Calendar, to remove from the Consent Calendar, Calendar Page 22, Calendar 536, House Bill 5546. If that item might be marked Go.

And one additional item, Madam President, and that was from Calendar, or rather from Agenda Number 4, ask for suspension to take it up for purposes of marking it Go, that is House Bill, Substitute for House Bill 5417. Thank you, Madam President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 6
2203 – 2692**

2014

Thank you, so much, for being here and sharing your story and your testimony with us today; very much appreciated.

BILL KNIGHT: You're welcome.

REP. JOHNSON: Next person I have on list, Representative Steinberg.

Welcome, Representative; thank you for being here today.

REP. STEINBERG: Thank you, and good afternoon, Representative Johnson and members of the committee.

I'm here to testify on 5326, but I -- I beg the Chairs' indulgence for a 30-second comment on 5528. Mark Cooper, the Director of Health at the Westport-Weston Health District gave me a suggestion as it related to language in that bill that I'd like to share with the committee.

He refers to the references to health care professionals in 5528 and he notes that nowhere it is defined in statute but rather sporadically alluded to throughout the statutes and can refer to a doctor, an RN, and LPN, a chiropractor, a dentist, a APRN, a physician assistant, a naturopathy, physical therapist; in other words, there's lack of clarity as to the definition of health care professional and he respectfully suggests the term "public health professional" be substituted because in the context of this bill, it would be a more appropriate and relevant reference. So I -- I submit that to the committee.

REP. JOHNSON: Thank you for, thank you for that.

REP. STEINBERG: Thank you and I'll move on to 5326.

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mhr/gbr PUBLIC HEALTH COMMITTEE

March 17, 2014
10:30 A.M.
ROOM 1D

by Maura Esposito.

CHARLES BROWN: Good afternoon, distinguished Co-Chairs --

SENATOR GERRATANA: Good afternoon.

CHARLES BROWN: -- and members of the Public Health Committee. My name is Charles Brown, and I'm the Executive Director of the Connecticut Association of Directors of Health. CADH is a nonprofit organization comprised of directors of health from each of Connecticut's 74 local health departments.

Local health directors serve as the statutory agents of the Commissioner of Public Health and they ensure the provision of essential public health services at the local level in Connecticut. On behalf of the association, I'm submitting testimony in support of Bill 5528, AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES, because as public health professionals, we believe local public health services within the state of Connecticut should be aligned with the public health standards now being utilized at a national level.

Connecticut's local public health departments are currently operating under obsolete regulations that could make it harder to access federal funds in the future and do not accurately describe the work actually being done by local health officials. Proposed H.B. 5528 would modernize Connecticut's public health law to reflect the nationally recognized framework which has been in existence since 1994, that describes what public health is, clarifies the position of public health within the health care system, itself, and outlines the functions and services of local public health departments as, that they should be

providing.

By aligning the work of local public health departments with the national standards, we position our state to readily access federal funding in the future and assist our public health agencies to become accredited through the voluntary public health accreditation process. This nationally recognized accreditation process is based upon the same essential public health services outlined in the proposed bill. And by framing local public health services in Connecticut in the same way, will provide our departments with a strong foundation as they seek this recognition of their programs.

While the language outlined in, within House Bill 5528 is generally assigned with the language from the national association and city and county health officials, Essential Service No. 8 has been changed in the bill language, as was previously referenced, to read "assuring the existence of a competent workforce of health care professionals" instead of "assure a competent public health and personal care workforce." This is a critical change which was well outside the purview of local health departments, since they do not have oversight for health care professionals within their jurisdictions. They work within their public health workforce, which was sanitarians and public health nurses, but they really don't have oversight for that, for those health care professionals within their community.

To summarize, Connecticut's local health departments, they work hard every day to prevent disease by promoting safe communities and a healthy environment for all our residents and visitors, while upholding public health regulations that protect the quality of life.

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Passage of AB -- H.B.. 5528 would assist them
in their efforts today and in the future.

Thank you for your consideration and the
opportunity to testify.

SENATOR GERRATANA: And thank you, Mr. Brown. Thank
you for giving your testimony today.

Does anyone have any questions?

Senator Welch.

SENATOR WELCH: Thank you, Madam Chair.

I guess I'm a little confused as to what
exactly is your position on -- on subsection 8,
section 3. Are -- are you saying you like it
as its drafted or you would prefer it to go
back to the national standard?

CHARLES BROWN: We would prefer that it go back to
the national standard because it --

SENATOR WELCH: Yeah.

CHARLES BROWN: -- was, as it was drafted, it really
relates to health care professionals, and local
health departments don't have oversight for
that within their jurisdictions.

SENATOR WELCH: Got it. That -- that makes sense to
me; thank you.

SENATOR GERRATANA: Thank you, very much, sir.

Next is Maura Esposito, to be followed by
Jennifer Kertanis.

MAURA A. ESPOSITO: Yes.

SENATOR GERRATANA: Kertanis.

MAURA A. ESPOSITO: Thank you, very --

SENATOR GERRATANA: Hi.

MAURA A. ESPOSITO: Thank you, very much.

As you said, my name is Maura Esposito, and I am the Director of Health for the Town of Killingworth. It's a real pleasure to be here to offer my support of Bill No. 5528.

This is my first time before you, and my goal today is to educate you on the importance of this bill and how it will impact my profession and be an asset to those that work and support local public health departments and districts.

I presently work in a very small, part-time, municipal health department. I became the director of health over two years ago, but I am not like most health departments in the state. I am the department; you are looking at the sole, part-time employee, besides a part-time secretary that I share with two other land-use officers.

As a new director of health, I needed to be extremely organized to efficiently operate my new health department. The most challenging task of my new employment was educating my public health board, which consists of ten, very well-educated individuals, on what a functional local health department was. This was vital so that they could understand my role and the challenges that I would face being a part-time department and provide them the services that were necessary and mandatory.

I researched Public Health Code 19a-76-2, which states that you are, if you are eligible for -- for state grand funds than you shall ensure the

provisions of a basic health program which includes public health statistics, health education, nutritional services, maternal and child health care, communicable and chronic disease control, environmental services, community nursing services, and emergency medical services. As a part-time health department, we are allowed to either do all this mandatory services ourselves -- the one of me -- or contract them out with other public health agencies or regionalize.

I was perplexed as to how I was going to do this on a very limited budget, which is 100 percent paid for by local tax dollars. I came across a 2005, National Association of City and County Health Officials' operational definition of what is a functional, local health department, and I felt relieved. Their national organization membership of over 1,450 local health directors created standards of which all local health departments should be accountable, accountable regardless of size and resources. These standards are known as the "10 Essential Health Services of Public Health" and are the foundation of this bill.

House Bill 5528 represents what I and the other 74 health, directors of health in the state do on a daily basis. We monitor the health status of the communities. We protect our residents from health hazards. We provide information so people can make healthy choices. We engage the community to solve health problems. We develop health policies. We enforce health law and regulations, and we help people receive services and maintain a competent health workforce as well as evaluating programs and contributing to evidence-based public health research.

Lastly, I use the 10 Essential Health Services

to organize my board of health meetings and to show my members that although we are part-time, we are so functioning as a local health department should.

SENATOR GERRATANA: Thank you.

MAURA A. ESPOSITO: Thank you so --

SENATOR GERRATANA: Thank you so much --

MAURA A. ESPOSITO: -- very much.

SENATOR GERRATANA: -- for your testimony. I don't think anyone had any questions but thank you.

MAURA A. ESPOSITO: Uh-huh.

SENATOR GERRATANA: Okay. Jennifer Kertanis.

JENNIFER C. KERTANIS: You couldn't --

SENATOR GERRATANA: I apologize --

JENNIFER C. KERTANIS: -- offend me.

SENATOR GERRATANA: -- if I mispronounced --

JENNIFER C. KERTANIS: That's okay.

SENATOR GERRATANA: -- your last name.

JENNIFER C. KERTANIS: It was close, Kertanis, Jennifer --

SENATOR GERRATANA: Kertanis.

JENNIFER C. KERTANIS: -- Kertanis.

SENATOR GERRATANA: There you go.

JENNIFER C. KERTANIS: Yeah. I --

SENATOR GERRATANA: Thank you.

JENNIFER C. KERTANIS: -- am Jennifer Kertanis, the Director of Health for the Farmington Valley, representing your town, serving 110,000 people living in ten towns in the Farmington Valley. I've worked for more than 25 years in governmental, public health in the state of Connecticut, at the local and state level, and I'm here today again to urge your support of Bill 5528, AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES.

This bill is necessary to replace the existing, antiquated language regarding local public health and to more accurately reflect what every resident should expect of their local health department while aligning those expectations with the national standard.

Local health departments are responsible for -- for preventing disease outbreaks, promoting policies that support good health, and protecting residents from public health emergencies. The 10 Essential Services reflect the activities, skills and capabilities required to effectively and efficiently accomplish this goal.

Local health departments routinely monitor the health status of their communities and diagnose and investigate health problems, a critical component to effectively and swiftly presenting disease outbreaks and public health emergencies. Providing health education and working with community partners is essential to promoting healthy behaviors and policies in an effort to curb preventable diseases.

Local health departments enforce the public health code and local regulations designed to

protect the public from foodborne illness and environmental threats that adversely impact the public's health. Emerging infections, the challenges of chronic disease, and evolving science demand that local health departments stay current with the latest research and engage in routine workforce development.

These are the activities articulated in -- in the 10 Essential Services; these are the activities of an effective and efficient, local health department. Adoption of the 10 Essential Services is not a new concept but one that is long overdue.

In fact, in 2010, a Governor's task force comprised of state and local health officials, municipal officials, CCM, COST, and other public health organizations recommended the adoption of the 10 Essential Services to define the work of local public health. Failure to modernize public health law means that we continue to operate under a set of antiquated expectations that most local health departments cannot or do not fulfill. In addition, not referencing this nationally recognized framework may impede our ability to seek and achieve voluntary accreditation.

Taking action now more cleanly defines the work of local public health, increasing accountability to the rest, residents that we serve, while eliminating outdated mandates.

Thank you --

SENATOR GERRATANA: Thank you.

JENNIFER C. KERTANIS: -- for considering this simple yet important step.

SENATOR GERRATANA: And thank you for coming and

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testifying today. We certainly --

JENNIFER C. KERTANIS: Yeah.

SENATOR GERRATANA: -- do appreciate that.

Does anyone have any questions? If not, thank you, so much.

I do have one, very quickly. I could not find your testimony on-line; did you submit it, by any chance for --

JENNIFER C. KERTANIS: Yeah. It was --

SENATOR GERRATANA: You did?

JENNIFER C. KERTANIS: -- submitted earlier --

SENATOR GERRATANA: Good.

JENNIFER C. KERTANIS: -- today.

SENATOR GERRATANA: I'm -- it'll -- it'll pop up --

JENNIFER C. KERTANIS: Great.

SENATOR GERRATANA: -- sooner or later.

JENNIFER C. KERTANIS: Thank you.

SENATOR GERRATANA: Okay. Thank you, so much.

Next is House Bill 5543.

Elizabeth Gara, followed by Zachary Bestor --
Elizabeth Gara; sorry.

ELIZABETH GARA: Thank you. My name is Elizabeth Gara, and I'd like to thank Senator Gerratana and the committee for raising this bill.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 8
3195 – 3650**

2014

Raymond E. Sullivan, M.D., FACS HB 5326

The Honorable Members of the Public Health Committee:

Legislative Office Building
Room 3500
Hartford, CT 06106-1591

March 14, 2014

Re: **HB 5528 - AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES**

Dear Members of the Public Health Committee

My name is Raymond E. Sullivan, M.D., Director of the Brookfield Health Department and a member of the Connecticut Association of Directors of Health (CADH). I am writing on behalf of my town to urge your support of House Bill 5528, An Act Concerning Essential Public Health Services. Here are the most critical reasons:

- **Connecticut's existing 8 public health mandates in the state statutes are severely outdated and no longer apply to local health departments and districts.** Local health departments are no longer responsible for emergency medical services, genetic disease oversight, or other specific services listed under the eight mandates. Outdated statutes, in existence for over 30 years, could make it harder to access federal funds in the future. It is indeed time to move Public Health into the 21st Century.
- **Nationally, local health departments embrace the 10 essential public health services as the standard for services.** The ten essential public health services are included in the curriculum of accredited public health programs taught by academic institutions in Connecticut and across the country. Additionally, the national standard for voluntary accreditation for public health agencies uses the 10 essential services as their foundation. However, I do take issue with the language of the Bill for essential service function #8. Local health can only be responsible for ensuring a competent and well trained workforce, and cannot be held responsible for doing so for "health care professionals," as variously defined currently, in statutes.
- **Every Connecticut resident should be assured provision of the 10 essential public health services.** No matter where a citizen resides or where tourists or visitors in CT are located, public health services should be equitably available. The ten essential services provide accountability by linking public health performance to health outcomes.
- **The ten essential services also provide the basis for our Community Health Assessments and our Community Health Improvement Plans.** The Town of Brookfield Health Department has played a strong role in the development of a Community Health Assessment for the Greater Danbury area, in cooperation with 10 surrounding towns. Our Improvement Plan and plans for becoming accredited by the National Association of City and County Health Officials is based upon the Ten Essential Services.

Lastly, I make a plea to make this Bill fair to ALL Connecticut residents, rather than those who are served by Health Districts and larger municipalities, alone. Fully one third of state residents are omitted under current funding guidelines - a throwback to earlier DPH recommendations under a prior administration. Every resident and taxpayer has an equitable right to state funding of local public health services. Given the huge number of unfunded legislative mandates our smaller departments face, this Bill should be broadened to provide nominal per capita contributions to all local health departments in the state.

I welcome the opportunity to meet or talk by phone with any of you, to discuss further how best to ensure that, moving forward, we can advance public health service quality and performance. Thank you for your consideration and support.

Sincerely,

Raymond E. Sullivan, M.D., FACS

Director of Health, Town of Brookfield

Ph: (203) 775-7315



Connecticut Association of Boards of Health

242 Main Street
Hartford, Ct 06106
860-293-1183

caboh2012@gmail.com

www.cpha.imfo



March 17, 2012 Testimony

My name is Carolyn Wysocki and as Chair of the CABOH Leadership Council I thank the Public Health Committee for the opportunity to provide testimony in support of :

HB-5528 -AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES.

To require local health departments to provide essential public health services as a condition for receiving certain state funding.

A new organization, the Connecticut Association of Boards of Health (CABOH) was established in 2012 as a section of the Connecticut Public Health Association (CPHA). The purpose of CABOH as written in our strategic plan and brochures is *to establish a statewide network of effective Boards of Health and public health partners that actively plan and support the provision of essential public health services in their jurisdictions.*

We are designed to provide: opportunities for networking among local boards, orientation and training specific to local BOH roles /responsibilities, and a platform for advocacy on important public health issues such as HB 5528.

Historically several Connecticut Board Members and Directors of Health were involved nationally over the years in the development of the 3 essential functions of Public Health, the evolution of 10 Essential Public Health Services and National Public Health Performance Standards.

This Bill expands Connecticut's Public Health System with opportunities for new and additional programs and services while at the same time inclusive of those that were in the current status. The recent Annual Report of the Central Connecticut Health District is an excellent example of how the current programs and services are already integrated within the 10 Essential Services. (See Attachment) You will notice that the report follows the outline of the 10 Essential Services and incorporates the programs and activities very easily into the format.

As an advocate for Public Health and in promoting and protecting the health of our communities, CABOH supports HB 5528.

Please Contact me if you have any questions about CABOH and Boards of Health

Carolyn

Carolyn Wysocki MA, MHS
CABOH Leadership Council Chair
caboh2012@gmail.com



KILLINGWORTH HEALTH DEPARTMENT

Maura Esposito, M.P.H., Director of Health
323 ROUTE 81, KILLINGWORTH, CT 06419
PHONE: (860)663-1765 FAX: (860)663-3305

Testimony in support of Raised Bill No. 5528: An Act Concerning Essential Public Health Services

To: The Distinguished Co-Chair of the Public Health Committee, Senator Gerratana and Representative Johnson along with all members of the Public Health Committee

Date: March 17, 2014

Good Morning, distinguished co-chairs and members of the Public Health Committee. My name is Maura Esposito. I am the Director of Health for the Town of Killingworth. It is a real pleasure to be here to offer my support of Bill no. 5528. This is my first time before you and my goal today, is to educate you on the importance of this Bill and how it will impact my profession and be an asset to those that work and support local public health departments and districts.

I presently work in a small part-time municipal health department. I became the Director of Health over two years ago, but I am not like most health departments in this state. I am the department. You are looking at the sole part-time employee besides a part-time secretary that I share with two other land use officials.

As a new Director of Health I needed to be extremely organized to efficiently operate my new health department. The most challenging task of my new employment was educating my public health board, which consists of 10 very educated individuals, on what a "functional local health department" was. This was vital so they would understand my role and the challenges that I would face being a part-time health department and provide them the services that were necessary and mandatory.

I researched Public Health Code 19a-76-2 which states that if you are eligible for state grant funds, then you *shall* ensure the provisions of a basic health program which includes public health statistics, health education, nutritional services, maternal and child health, communicable and chronic disease control, environmental services, community nursing services and emergency medical services. As a part-time health department we are allowed to either do all the mandated services ourselves (the one of me), contract them with other public health agencies or may regionalize our services.

I was perplexed as to how I was going to do all this on a very limited budget which is 100% paid for by local taxpayers.

I came across the 2005 National Association of City and County Health Officials operational definition of a functional local health department and I felt relieved. Their national organizational membership of over 1,450 local health directors created standards of which all local health departments should be accountable regardless of size and resources. These standards are known as the 10 Essential Health Services of Public Health and are the foundation of House Bill no. 5528.

House Bill No. 5528 represents what I and the other 74 Director of Health in this state do on a daily basis. We monitor the health status of our communities, we protect our residents from health hazards, we provide information so people can make healthy choices, we engage the community to solve health problems, we develop health policies, we enforce health laws and regulations, we help people receive health services, we



KILLINGWORTH HEALTH DEPARTMENT

Maura Esposito, M.P.H., Director of Health

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maintain a competent public health workforce, we evaluate programs and we contribute to evidence based public health research.

Lastly, I use the 10 Essential Health Services to organize my board of health meetings and to show my members that although we are part-time, we are **SO** functioning as a local health department should.

I urge your support of HB No 5528 so *all* Local Health Departments in Connecticut are operating not only consistently but functionally. Thank you for your time.



March 13, 2014

Re: Support for R.B. 5536, AN ACT CONCERNING CONTINUING EDUCATION REQUIREMENTS FOR PSYCHOLOGISTS

Dear Members of the Committee on Public Health:

The Connecticut Psychological Association (CPA), **supports R.B. 5536, AN ACT CONCERNING CONTINUING EDUCATION REQUIREMENTS FOR PSYCHOLOGISTS.**

Nationally, 44 states require CE credits for psychologists. Within Connecticut, psychologists are the only mental health discipline which does not require CE credits.

The American Psychological Association defines Continuing Education as follows:

Continuing Education in psychology is an ongoing process consisting of formal learning activities that are (1) relevant to psychological practice, education and science, (2) enable psychologists to keep pace with emerging issues and technologies, and (3) allow psychologists to maintain, develop and increase competencies in order to improve services to the public and enhance contributions to the profession.

Continuing education requirements recognize the psychologist's responsibility to continue learning and developing professionally, and to stay current on research and treatment trends in the field. CPA also recognizes and supports this responsibility, and welcomes continuing education requirements for psychologists in Connecticut.

We encourage your support for R.B. 5536.

Thank you for your time and consideration.

Traci Cipriano, PhD

Traci Cipriano, JD, PhD
Director of Professional Affairs

Barbara S Bunk, PhD

Barbara S Bunk, PhD
President