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as opposed to being very , very clear that we're giving the folks who are putting this plan together a free hand to really come up with the best set of options for Connecticut. And I wanted to be clear, that 's why I'm focusing on this language. Because I think that could be very important ultimately what the plan looks like when all is said and done, Mr. President.

I thank Senator Harris for answering my questions and I would just say by way of supporting the legislation that not only do I not see any harm in doing this, I see very obvious value in considering, as Senator Harris put it, all of the State's options for doing this. I would note that I think the legislation before us is realistic in the sense that it speaks about assessing both the costs and the potential savings. And I think that language makes clear that there is a possibility that we could be wrong and that there could be costs that end up being a net negative to the State. And that's something we need to look at as well. But if, at the end of the day, we have something that we think results in a net savings to the State, that that is something we ought

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to pursue because we ought to be doing everything we can to save our taxpayers as much money as possible in an area that is growing increasingly costly for the State. And so for those reasons, I'm very pleased to support the bill and I thank both the Chair and Senator Harris for your indulgence. Thank you.

THE CHAIR:

Thank you, Senator. Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. Through you, if I may, a couple of questions to the learned Senator Harris.

THE CHAIR:

You may frame your questions.

SENATOR RORABACK:

Thank you, Mr. President. Just -- I am not on the Public Health Committee and I'm the first to admit that my understanding of the way in which the State purchases pharmaceuticals is incomplete at best. And through you, Mr. President, to Senator Harris -- but I have been around for a few years and seen many bills over the years in which we debate how much we should pay our pharmacists for the work they perform in filling a prescription and how much we should pay the

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manufacturers of pharmaceuticals for the product that's in the bottle. And through you, Mr. President, to Senator Harris, I've always understood that the State of Connecticut has a blanket, statutory rate that we pay which is the sum amount off of the average wholesale price, the AWP, and through you, Mr. President, to Senator Harris, does he have an understanding of how we pay drug companies for pills that we provide, for instance, to Medicaid-eligible individuals in the State of Connecticut? Through you, Mr. President to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I don't have the exact formula in my head, but yes there are formulas out there as Senator Roraback discussed, as to how we derive certain prices. And again, this goes to trying to really aggregate and again, purchase in bulk with the idea of figuring out is that is a way to lower costs. And in particular, to go beyond our borders where we're focusing now and to see if some of these multi-state pools, which many other states are

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participating in could give us more market leverage  
and lower that cost.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And through you to  
Senator Harris, under the existing scheme, is it a  
pretty much take-it-or-leave-it proposition? We say  
to Pfizer or Merck or whoever it is that makes the  
drug, we, as the State of Connecticut, are going to  
pay you the average wholesale price less -- I think  
it's 12 percent of 14 percent or something like that  
and that's the way it is. And either you will deal  
with us on those terms or you won't, through you, Mr.  
President, to Senator Harris. Is that how it works?  
If he knows, because I don't have a complete  
understanding of how it works. Through you, Mr.  
President to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Mr. President, to my  
understanding that being able to entertain these other

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methods of purchase, we would assume more leverage over the system and over the cost to the people of Connecticut. So that the notion of it being entirely take it or leave it, I don't believe is correct, currently.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And that may well be the case because, presumably, if the pharmaceutical companies say, you know what, we're not going to sell you our product at 15 percent below our average wholesale price, then that would leave Connecticut citizens obviously, at risk of not being able to get the pharmaceuticals that they need to maintain their health or improve their health. But my understanding, Mr. President, is that as a generic proposition, that's the way it's done today. And through you, Mr. President, to Senator Harris, what -- does he have an understanding of -- how many of the pharmaceuticals that Connecticut citizens need are -- how many of them is there a monopoly on by the drug maker? Is bulk purchasing intended to induce competition amongst

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manufacturers to give us the lowest price? Because if there's only one supplier of a product, it doesn't matter if you're going to buy ten pills or a thousand pills, they can -- if they have a monopoly, I don't know how we control cost? Through you, Mr. President to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I appreciate the Senator's detailed and insightful questions. Through you, it's my understanding that we purchase from multiple companies especially once a drug goes generic, there might be multiple manufacturers of that particular drug at that point.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. I know I, for one, appreciate that there are certain pharmaceuticals that the generic is not the equivalent. I remember -- I think it was clozapine and Clozaril drugs were used for people with schizophrenia, but even though they

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might be represented as being the same, there actually are possible adverse consequences that flow from taking the wrong one. So, through you, Mr. President, to Senator Harris, are there implications in the bulk purchasing process if we find that purchasing in bulk we get a cheaper price with the quote, generic equivalent, does that mean that individuals that might require the brand name would be compelled to use the generic equivalent or is there a process through which they would be given relief? Through you, Mr. President to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I believe that situation would be dealt with the same way it is now, when drugs are switched under various formularies.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you and through you, if the State -- would the State take physical possession of pharmaceuticals if it engages in bulk purchasing or is it something



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that would be done -- I suppose we have records of what we're buying today. Through you, Mr. President to Senator Harris, does he know whether DSS could tell you how many thousands of Lipitor prescriptions or fill-in-the-blank prescriptions have been paid for by Medicaid in a given year? Through you, Mr. President to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I would hope so.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you and I would hope so, too (laughter) which is a different answer than "yes" and I understand that you may not be in possession of that information. So assuming that DSS could tell us how many prescriptions for each particular drug were purchased in the last fiscal year, then we have a pretty good idea of the volume that we consume year to year. And through you, Mr. President, is this bulk purchasing proposition intended to leverage that

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information such that we will pay less than we're paying now by going to the drug companies and saying because we buy in this large volume, we're going to insist on a lower price. Through you, Mr. President, is there a negotiation that's anticipated?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, just to back track, I didn't mean to be flip on the previous answer. It is my understanding that the Department of Social Services, in particular, given that we've carved out a prescription drug program recently, has all of those statistics on the consumption, if you will, of prescription drugs in the State of Connecticut through our public health programs. And so yes, we should have a snapshot of the volume of various prescriptions and we could use that. And I assume that we will use that in this process to determine whether another method of purchasing -- bulk purchasing by one state or bulk purchasing multi-state would lower costs to the taxpayers of Connecticut.

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Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. Do you know or do we know has anyone posited the hypothetical, as I understand it, Senator Harris, there is an existing multi-state purchasing pool that this bill will obligate Connecticut to consider joining? Through you, Mr. President to Senator Harris, do I have that correct?

(NEW CHAIRMAN IN THE CHAIR)

THE CHAIR:

Excuse me for one second, Senator Roraback.

I'd like to remind the gallery you cannot use cell phones or laptops while you are in the Chambers. If you have to use them, you please have to leave the Chambers.

Excuse me. I'm sorry. I apologize. Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, if I understand Senator Roraback's question correctly, is there one particular multi-state pool that we are obligated to join? If that's the question, no, as a matter of fact,

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there are -- to my understanding, multiple multi-state pools and we would see which one, if any, would be best suited for us to join. And I don't have the numbers in front of me. I actually had it when we first debated this bill but there are upwards of 20 plus states, if I'm remembering correctly -- I could be confused at this late time in the session with fatigue -- that actually are doing bulk purchasing as we speak. So this is not something that it's new, it's something that we need to, as Senator DeBicella talked about, investigate seriously to try to see every way we can to lower the cost of health care for the people of Connecticut.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, and I well appreciate the imperative that we proceed on the course that Senator Harris is outlining. I'm just trying to get a better understanding. My understanding was that there might be opportunities for us to join with sister states which already have cooperatives, for lack of a better word, that are engaged in bulk purchasing. And

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what I'm trying to understand is have we -- well,  
first of all, Mr. President, through you to Senator  
Harris, are there -- have some of our sister states  
banded together to do bulk purchasing collectively  
rather than individually?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, if the good Senator  
could repeat his question.

SENATOR RORABACK:

Thank you, Mr. President, and through you to  
Senator Harris, does Senator Harris have an  
understanding of whether there are groups of states  
which are working together to purchase in bulk  
collectively rather than individually? Through you,  
Mr. President, is that taking place in the world?.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, yes, there are 20  
states that do bulk purchasing and I believe there are  
at least three multi-state cooperatives, as you

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described, that do bulk purchasing.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President and is one of the options under this bill that we join one of the multi-state cooperatives, that we join them in their purchasing process? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, yes, and I also would envision potentially, we could perhaps, even create a new multi-state cooperative.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you. The range of options is, I suppose, limited only by our imagination, Mr. President. But what I'm trying to understand is has anyone called up the existing pools and say "Hi, we're Connecticut and we buy 10,000 Lipitor prescriptions every year, it's costing us \$100,000. What will it cost us if we

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joined your pool?" My question is trying to go to the -- and I haven't looked at the fiscal note on the bill and maybe our Office of Fiscal Analysis has done that work. I'm just curious how definitive -- how definitively we can calculate the potential savings from this initiative. Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I don't know what calls have been recently made. I know that this issue has been discussed before and I assume with the good brains that we have in DSS and our other agencies that this has been at least thought of before, but that's exactly what this bill is trying to get at, to make sure that we have all the information on the table and an implementation plan to move in that direction if the General Assembly so chooses.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And I think this is

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clearly a wise approach for us to explore and it's not a criticism of Senator Harris, but I'm just surprised we're moving forward without better information about what lies at the other end of this process. We know what we spend today on pharmaceuticals. I would be happier if we could quantify with today's book of business, what we're going to save going forward using bulk purchasing. And I understand that that information has not been developed. And that's probably because the agencies are overworked just trying to keep up with what we do now. But I do think we would be better served as a matter of public policy to go in with our eyes wide open and I do thank Senator Harris for his expertise and his commitment to saving money for the State. And with that, Mr. President, I will sit down and allow others to question, if they wish, the proponent of the bill. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Senator Kissel.

SENATOR KISSEL:

Thank you, Mr. President. Just some questions, through you to the proponent of the bill and at the



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outset, I want to laud him and say what an exciting proposition this is. You know, whenever you talk to constituents, at least when I do, they're very excited about the idea of utilizing our massive bargaining power as a State to try to drive the best bargains with the free marketplace. And Connecticut is particularly sensitive to issues regarding pharmaceuticals because, obviously, with Pfizer and other nationally known companies that we have, it's certainly an industry that drives a lot of revenue into our State and creates an awful lot of jobs.

But, through you, Mr. President, some questions to the proponent. And I'm going to start off with some questions regarding the details of the bill and then get to some more broad brush issues.

But, my first question is, regarding the composition of who has to get together to discuss this. And regarding the Commissioner of the Department of Social Services at the outset. Why would the Commissioner of the Department of Social Services be involved in coming up with this plan? Through you, Mr. President.

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Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, DSS is our Medicaid agency and the program's actually described within this bill are under the authority of -- except for the inmates and the Department of Corrections, are under the authority of the Department of Social Services.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And one of the questions that always is brought to my attention is that you indicated that the Commissioner of the Department of Social Services is in charge of our Medicaid program and I'm just wondering the distinction between Medicaid and Medicare and whether both of those programs use pharmaceuticals. Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Through you, Medicare is a federal program. Medicaid is a state based

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program that has a 50-50 federal stake payment match.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And what would bring an individual to need medical attention through Medicare or Medicaid versus Medicare or Medicare versus Medicaid, rather.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. It depended upon which program you are qualified for and there are even those that are dually eligible, that are qualified for both.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. So at the outset, -- all right, another question through you to the proponent of the bill. It's my understanding -- and please correct me if I'm wrong, that Medicare has to do with individuals that are substantially at or near the

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poverty level or -- no, Medicaid is for those that are at or near the poverty level whereas Medicare really is not based on one's socio-economic status. Is that a correct characterization?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, that's a good generalization.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you and I believe Senator Harris had indicated that it's a 50-50 match regarding Medicare. Is the Medicare program completely administered by states or is there any federal participation, other than funding? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I believe Senator Kissel said Medicare so just to clarify, Medicaid is the program that is both a state and federal program with the 50-50 match. We have a -- of course --

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Medicaid agency that has been designated as required under federal law. That's the Department of Social Services and there is also CMS on the federal level that also helps with the Medicaid program.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President. What does CMS stand for? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

It actually stands for the Center for Medicare and Medicaid Services, I believe, but I don't know why there's one "M" when there should be two and I've wondered about that for several years but basically, that's it.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And so it's the Medicare program that we're most concerned with regarding this particular bill; is that correct, Mr. President?

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THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, no, we're talking about our Medicaid programs.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. Okay. All right. Medicaid and that's why we have the Commissioner of the Department of Social Services. Why are we including the Department of Administrative Services in this particular statute where they have to come up with this program? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. The Department of Administrative Services has particular expertise in bulk purchasing because of other activities under their authority in the State.

THE CHAIR:

Senator Kissel.

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SENATOR KISSEL:

Thank you very much. Between the Commissioner of the Department of Social Services and the Commissioner of the Department of Administrative Services, does the Commissioner of the Department of Social Services have independent authority to make purchases or merely to make recommendations that have to be executed by the Department of Administrative Services?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. The Commissioner of Social Services and that Department actually oversees the carve-out of our pharmaceutical program in our State medical programs. So they have independent authority and this is really more DAS and I think an expertise issue on how to structure bulk purchasing programs. And there are certain authorities that we might need to rely on that the Commissioner of DAS does possess.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

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Thank you very much. And I want to thank Senator Harris for that answer because it's very helpful.

The other individual that needs to be a part of this is the Comptroller and currently, our elected Comptroller is Nancy Wyman. I've stated in the past that she's a lovely lady. I've always enjoyed working with her and I think she does a terrific job for the people of the State of Connecticut. I'm not quite sure though, I know that her name is on the checks that State employees get, but I'm wondering why the Comptroller has been selected to participate in working this out? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, the Comptroller has a very significant financial role in the State of Connecticut, has various audit powers and other financial authority that I think are important and also areas of expertise again, because what we're talking about here is developing a plan. And as Senator Roraback said, with wanting to go forward on this with the best information, that's exactly the



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purpose of this bill, to do exactly what he said. To be able to have all of the people with the expertise at the table to develop the best information, analyze feasibility, put down a plan that can then be implemented by the General Assembly.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. I'm a little confused by that. I'm not sure what audit authority the Comptroller has. I know that we have two State Auditors but I'm not sure exactly what the auditing role of the Comptroller is. Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Actually, recently I believe through the Comptroller's office we did an audit of certain services at DSS and that expertise is currently available in the Comptrollers office. So again, we wanted to pull together all of the expertise that could best judge the financial impact of bulk

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purchasing for the people of Connecticut to lower costs.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. Under the terms of the statute would the Comptroller herself have to participate in this or could it be her designees? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

For purposes of the statute, the Comptroller would be a participant, it doesn't specify a designee. However, in many instances there are other people on the staff that participate in the process that we've outlined here.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you. Moving along with the language of the statute, it says in consultation with the Department of Public Health. I'm wondering why the Department of

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Public Health wasn't just made a party to this group that has to come up with this plan and why is it just these three entities and then they have to consult with the Department of Public Health? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, we wanted to spare the Commissioner extra meetings.

(LAUGHTER)

THE CHAIR:

Senator Kissel. And you can only laugh through the Chair.

SENATOR HARRIS:

Through you, Mr. President, may I laugh?

THE CHAIR:

Please proceed.

SENATOR HARRIS:

Through you, Mr. President, we believe that the primary area of expertise and authority are the first three that we described, but of course, because the Commissioner has purview over the public health of the

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citizens of Connecticut, that it would be important to have the Commissioner have a role in this process albeit, not necessarily a direct role.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. Proceeding along through the language of the underlying statute, it says the plan must focus on the purchase of pharmaceuticals for HUSKY part B, state administered general assistance, the Charter Oak plan, CONPACE, the Department of Corrections Inmates and it includes people eligible for insurance under the State employee and municipal employee health insurance plans. Through you, Mr. President, are there any other areas where the State provides medical assistance to individuals, either on behalf of the federal government or a standalone state programs? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I cannot think of any off the top of my head. I believe that this pretty

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much lays out our involvement but it does actually, as I read down, help me put a little bit more shape on the Senator's earlier question and that is, of course, the Comptroller is very much involved in our State employee health insurance plans and that's another reason that she would be a key person at the table. Through you, Mr. President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. Would the (inaudible) plan that was just recently passed out of this Chamber on Saturday have any impact on this charge to come up with a pharmaceutical pricing plan? Through you.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. It may, depending on where the (inaudible) plan goes, because as we know, one of the pieces of Sustinet would be an additional pool that would be a state operated insurance pool that individuals and businesses could buy into and therefore, perhaps, there would be bulk purchasing in

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within that pool, so it could be.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President and through you, I believe the language of the statute says "and municipal employees health insurance plans", we call them MEHIP, does that include mega-MEHIP? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I would hope so, I would never want to exclude Mega-MEHIP.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you. Laughter through you, Mr. President. Okay. HUSKY Part B is delineated in the statute, is there a HUSKY Part A? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

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Through you, Mr. President, yes, there is.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President. How come  
HUSKY Part A is not delineated in the statute?

Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, within that program  
that's actually now where we have a part of our carve-  
out, so perhaps that's actually why it's not specified  
within this plan. But the intent here again would be  
to develop a bulk purchasing plan to lower the costs  
to the people of Connecticut throughout all of our  
programs unless prohibited by federal law.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And through you, Mr.  
President, it's my understanding that we already, in  
the State of Connecticut, do bulk pharmaceutical

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purchasing for the Department of Corrections? Is that correct? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I believe there is some bulk purchasing there , but again, this is to create a larger bulk purchase, either within the State or in a multi-state bulk purchasing cooperative to be able to get more market leverage. Through you.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And was it contemplated and ultimately rejected as to whether to include the Commissioner of the Department of Corrections, since at least to some extent, we do have bulk purchasing that benefits the Department of Corrections? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. It might benefit the



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Department, but again, I believe that the main authorities that would be in charge of bulk purchasing and that have all the expertise to determine the feasibility and the implementation of a bulk purchasing plan have been included.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. I very much appreciate that response from Senator Harris. And I want to say right now, here we are, about 25 minutes of five. I appreciate Senator Harris' patience regarding this as well. At the end of the day, a lot of other bills are probably going to get a lot more press, but ultimately a few years out from now, this may be the one that helps save the State more than anything else.

Through you, Mr. President, as a State employee being a State Senator, I have a plan that I select for the health insurance for myself and my family. But when we need to utilize pharmaceuticals, essentially we end up going to CVS or Walgreen's and giving them the prescription that the physician has given to us. How would bulk purchasing have any impact on the

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provision of those drugs? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Again, by setting up a system where we can lower cost, then the cost paid by the State for those prescriptions, which you would then receive through CVS or another company as the conduit would be still a lower price, if and when we have a plan that works and is implemented.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President. And I'm a little bit confused regarding this particular aspect of this plan. I can envision when we have inmates and for example, in my neck of the woods, we have six correctional facilities and house in excess of 8,000 inmates. That is, literally, a captive audience as far as recipients of medical care. God willing, none of them are going out to a Walgreen's or a CVS to get prescriptions filled, but I'm not quite clear as to how this would roll out for individuals who obtain

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their prescription drugs through the private marketplace. We might be able to come up with a plan for purchasing but has this been rolled out in any way to retailers in any way, shape or form, regarding any State programs? Through you, Mr. President.

THE CHAIR:

Senator Kissel -- Senator Harris -- Senator Everybody -- Senator Harris, go ahead.

SENATOR HARRIS:

Thank you, Mr. President. Through you, I'm not certain I understand the exact question but maybe if we have a little bit of a colloquy on it, we can kind of drill down a little bit here. Again the purpose is to come up with a plan. And ultimately, actually, in my personal opinion, we would maybe benefit by going beyond just our State administered programs and do what has been done in the state of Maine for many years, where all citizens are entitled to lower drug costs by bulk purchasing. They have the Maine RX program. Maybe we have a CTRX program. And it's my understanding that the State negotiates and pays for these drugs through the pharmaceuticals but they still are distributed through pharmacies. So that both

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pieces of the equation occur. The details of how that occurs and how it would occur under a larger bulk purchasing agreement, I think, are going to be part of this plan that we've asked the Administration to prepare.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And I know that when some of the -- I think it's Medicare part B was passed, one of the criticisms was that there was a prohibition on negotiating with pharmaceutical manufacturers, but that another part of the federal government had that latitude. And I believe that was the Department of Veteran's Affairs. And would we look for example to federal agencies to have some input on how we could fashion this as well? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I would hope that this group would call upon anyone that has the expertise necessary to determine feasibility and to

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implement a plan or to give us a plan to implement, I should say.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And my understanding of the underlying bill says the plan must also have the State join an existing multi-state Medicaid pharmaceutical purchasing pool and I believe I heard Senator Harris in response to one of the questions of Senator Roraback indicating that we might create a new pool. But it seems to me that we can't create a new pool, we have to use an existing pool. Is that correct? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, this is to come up with a plan and as I said before, really it's to look at a wide range of options. I do think even under the reading of this statute with the "and" there, it doesn't require us to join in one particular multi-state pool. By doing our homework under subsection 1,

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we may be able to come up with an additional State purchasing pool with other states that could save the taxpayers of Connecticut money.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And through you, Mr. President, Senator Harris had indicated that the state of Maine has a MaineRX program. Could Senator Harris, if he is aware, let us know if there's any other local multi-state Medicaid pharmaceutical purchasing pools? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I don't remember their locations but I believe there are at least three around the nation and over 20 states which do bulk purchasing in some way, shape or form.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And through you, Mr.

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President, I know that there was some concern several years ago about going up to Canada and buying drugs in bulk and people had issues regarding how patriotic that is on the other hand some people said, you know, if drugs are super cheap in Canada why can't we just go up there and buy them and bring them to Connecticut. Other folks indicated that that might be against federal law, does this contemplate purchasing drugs with vendors or manufacturers that are outside the United States? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. This I believe would contemplate purchases that are within the limits of federal and state law.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. Thank you very much, Senator Harris. Through you, Mr. President. Just to reiterate, what's the time frame that they have to deliver the report to the legislature? Through you,

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Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I believe it's  
December 31st of 2009.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And so, should this  
particular piece of legislation go forward, there  
seems to be a fairly short window when they are going  
to report back to us. Has this proposal been  
something that's been ironed out in amicable fashion  
with the relevant entities that are going to be charged  
with coming up with this plan? Through you, Mr.  
President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes, there has been  
discussion and some of the various statements I made  
on the record were to clarify some issues for the



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administration. But one of the purposes of this legislation, I believe, is to give a little bit of a shove, if you will, to the Executive Branch so that we address the very real problem that I believe Senator Roraback accurately raised. And that is to make sure that we compile, not just through the Office of Fiscal Analysis our non-partisan financial analyst here in the legislature, but through the very agencies that would be charged with administering a program. So this is really trying to cooperatively take the next step.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. Regarding the aspect that has to do with current State employee health plans and municipal employee health plans, in those health plans are those administered by private entities or are they administered through the State of Connecticut?

Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

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Through you, Mr. President. I and, I believe, others on the State health plans are contracting with private companies.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And I'm just wondering if we know when those health plans are set to expire and be renegotiated? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, if Senator Kissel is talking about the actual (inaudible) arrangement, as far as benefit levels to State employees, I believe that agreement is in place until 2017. With respect to individual contracts the State may have with one or more carriers, I'm not certain. I would assume from some of my experiences with the HUSKY program that those contracts are -- come up at varying times over the years.

THE CHAIR:

Senator Kissel.

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SENATOR KISSEL:

Thank you very much. And would we have to wait until those underlying contracts expired before we could act to request that any bidders incorporate any bulk purchasing of pharmaceuticals pursuant to a plan? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, all very good questions which really bolster the reason for this bill. This is exactly the type of questioning that we are asking out experts in the agencies to answer for us. Because these will be the factors that will determine the very real issues that Senator DeBicella mentioned on not only what we can save, how much it would cost.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. I don't have any further questions through you, Mr. President, for the proponent of the bill, but I want to stand in strong

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support of the direction the State is going.

I went to a couple of national conferences over the last couple of years -- and for everybody in the Circle, not paid by any taxpayer dollars whatsoever. It was funded by the Pugh charitable Foundation and part of it was to get folks from around the nation together, in particular, legislators that had an interest in matters regarding the Department of Corrections. And there are many aspects of Corrections that are of interest to people throughout the United States.

For example, there are instances regarding overcrowding in the state of California, the exorbitant cost of corrections in areas where they use private entities. Also there are a lot of states -- and we should feel very proud of the men and women that work in our Department of Corrections -- but if you watch some of the programs, sometimes they're on the History Channel about gangs, it's very scary in a lot of parts of our country.

But another aspect that's probably less glamorous and less glitzy and it doesn't get the media attention that some of the more violent aspects of Corrections

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gets, is the notion that it is a vast enterprise and efficiencies have got to be looked at to try to make it work more efficiently. And so, as I had indicated in my questioning to Senator Harris, when you're talking about, for example, the 8,000 plus inmates that we have in North Central Connecticut prisons, that is a captive audience. And one of the things that I've enjoyed discussing with Commissioner Starkowski over the years, is that we have the notion that the Department of Social Services is out there trying to purchase pharmaceuticals and could that notion of bulk purchasing be married to the Department of Corrections? And I'm excited to know that that whole notion has been incorporated into this legislation that Senator Harris has worked so incredibly hard to fashion.

And I have to say that as legislators go, it's been a pleasure since day one working with Senator Harris and my only regret this year, is that we don't serve on the same Committees. But when I went to those national conferences, one of the issues that actually was very much of interest to other legislators from around the country was the direction

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that Connecticut is going as far as both purchasing bulk pharmaceutical and their utilization in our Department of Corrections. And that is no small part because of the other aspect that is very troubling in our Department of Corrections and that is the notion that we have many folks that have health issues, whether it's mental health issues or other kinds of health issues within the Department of Corrections.

Right now, my understanding is that we utilize the University of Connecticut Health Center to provide those health services.

And that actually brings to bear another question through you Mr. President, to Senator Harris. Because it's my understanding that the University of Connecticut and specifically John Dempsey Hospital is where a lot of the inmates go, is it contemplated that this might bring in some of our State health care providers such as John Dempsey Hospital which performs such a valuable role in providing health services to our inmates in the Department of Corrections? Through you, Mr. President.

THE CHAIR:

Senator Harris.

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SENATOR HARRIS:

Through you, Mr. President. Yes, that would be one of the range of options if it was feasible and within the plan developed and adopted by the General Assembly.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. And I noticed that the statute itself indicates that one of the things that has to be done is whether it is feasible to subject some or all of the programs listed above to the preferred drug lists adopted by DSS. And I'm just wondering do we have fixed formularies for our social service programs here in the State of Connecticut? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, yes.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

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Thank you very much. And one of the areas of concern that I have is that it's my understanding through the Department of Social Services we have a pilot program regarding primary care physicians making health decisions and I know that from my years in the Human Services Committee, that the issue of psychotropic drugs and proper physician care for individuals with mental health disabilities and health issues that, for example, generic drugs aren't helpful sometimes. And that in dealing with mental health issues in particular, that the ability to finally prescribe pharmaceutical treatment is an area of great sensitivity for advocates and an area where my understanding is, at the end of day, there's better health outcomes. Will there be a sensitivity to that issue of health care delivery as we proceed along this course? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, if I have any say in it, yes.

THE CHAIR:



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Senator Kissel.

SENATOR KISSEL:

Thank you very much. And so as I had indicated, I had gone to these national conferences and these issues came up and again, the reasons why corrections is such an important area to focus on is not only because you have such vast numbers of individuals that are literally a captive audience for the delivery of health care services.

But also because they really form a wide array of individuals with different kinds of health needs and in particular and almost unfortunately, there are many individuals with mental health issues as well. I want folks to know here in the Circle that when we did examine last year, issues of criminal justice reform, when it was put out by some individuals that perhaps we should have some kind of standalone facility for those with mental health issues within the Corrections system, that advocates for those with mental health issues were actually adamantly in opposition. Not the least of which because of the notion of isolation and the notion of singling out, but also, and I think very rightfully so, they indicated that if we addressed the

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health care issues with folks with mental health issues, we would be actually able to get to the root of some of the reasons why they ended up incarcerated. For example, if you go off your meds, you may not end up following through with some of the conditions of your probation or parole and then you end up reincarcerated. So these things are all very important.

Ultimately, where we're moving is we're trying to ring out as much cost savings out of our State system as possible and I think that it's very clear to everybody why we have to move in this direction. There are so many cost drivers when it comes to the provision of health services for the State of Connecticut that if we want to try to create the best safety net for the provision of health care, we also have to try to make sure that we have enough dollars to get there. There's a lot of things working in the other direction, unfortunately. Here in the northeast, we have an older population group as opposed to other parts of the nation. That older population group, as the baby boomers, in particular, get older. They're living longer, they're following

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their physicians advice. The fastest growing age group are those 80 and older and with those individuals there's added responsibilities for our State as we try to create a State health care safety net.

One of the areas that Senator Harris and I have worked on together over the years is long-term care and paying particular notion to our senior. And I would hope that as we go along this road towards bulk purchasing and with the best of hopes that they can come up with some plans to ring out more cost savings. That areas where we may have to pull back as far as dollar value, and in particular, the CONPAYS program for our seniors, even though we may only able to give so much dollars to that program, if we can, at the same time ring out savings through bulk purchasing with the manufacturers and developers of these drugs, then we will be able to, at the end of the day, provide the same amount of services and drugs, if not more, to our seniors for less dollars. And that is the way we're going to have to go not only as a State but as a nation. At some point, we are going to reach the end of the line where we have rung out every bit

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of savings from the system possible and, at that time, we're going to have to come to grips with what are other drivers of health care costs.

But at this point in time, I think the notion, the very basic notion that if you buy things in bulk that you will be able to get a better value for that. That's a part of the equation. But then we're going to have to figure out a distribution network whereas heretofore at least for folks within the State employee plan, CBACK and MEHIP, they're tapped into utilizing the Walgreen's and CVS and other providers of drugs. And so we're going to have to try to figure out a new way of delivering the pharmaceuticals but at the same time, we have to be mindful that we have to get them and get them into our hands so that they can be distributed in the most efficient manner possible.

So I very much appreciate Senator Harris' very thoughtful responses to my questions. I wanted to get that on the record in terms of legislative history. And with that, Mr. President, I stand in strong support of the bill. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Kissel. Senator Franz.

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SENATOR FRANZ:

Thank you, Mr. President. I appreciate that. I stand in support and take my hat off to Senator Harris one more time for all of his work in this area. You've been hard at work and I believe this is your fourth bill in front of us. Am I correct on that? And I think that's terrific. What I'd like to do, through you, Mr. President, is ask a few questions of Senator Harris. Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR FRANZ:

Thank you, Mr. President. Appreciate that. We all know that in the private sector that bulk purchasing is something that's employed and has been for well over a hundred years if not longer. And there's no question that it does provide savings for the entities involved and it's a concept that could easily be extended to anything having to do with goods and services being purchased by a state such as Connecticut. So my question for you, Senator Harris, is what other states are in the multi-state purchasing pool at this time, if any?

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THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. As I had stated, I think on a couple of times before, there are three multi-state purchasing pools. I do not have the list of states in front of me, but there are over 20 states that now use bulk purchasing.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you very much. Through you, Mr. President. I apologize if I missed that question and answer before. And correct me if I'm asking a question that has already been answered. Through you, Mr. President, the experience so far with the multi-state purchasing pools?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. It's my understanding that states both -- when they do bulk purchasing themselves or in multi-state pools have achieved

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levels of success. That's exactly the purpose of this bill to go out and have this State of Connecticut determine if it is appropriate for us to be able to lower the costs to the taxpayers of Connecticut by bulk purchasing ourselves or through a multi-state pool.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you, Senator. Through you, Mr. President. And do we know the magnitude of those savings and do we expect further improvement?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I don't have the magnitude of them offhand, but with respect to further improvement, one of the things that is the purpose of this bill is to see how much market leverage we can get. One multi-state pool might have a certain amount based on the size and other factors and another might have another level. So I believe that one of the things that we are trying to do for us and for those

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states that we might participate with, of course, is to push forward with improvement and use the market, and as Senator Debicella and I described, when this bill was first before this esteemed Circle last week and the example of purchasing Cheesy-Poofs in bulk, that we get the best price by having as much market leverage as possible.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you. Through you, Mr. President. Is Cheesy-Poof an official food group?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I'll have to look back at our menu labeling bill.

(LAUGHTER)

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you, Senator, and through you, Mr. President. Any federal issues that come to mind



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combining the various health care and health insurance programs that we have already in the State of Connecticut -- HUSKY, SAGA, Charter Oak, anything like that?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, there may be federal issues and that's exactly why that we are, through this bill, asking the Administration to look at the feasibility and develop a plan within the limits of federal and state law.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you. Through you, Mr. President, if this goes into effect and I am confident it will, because it's a great idea, does the Commissioner have latitude in choosing the inter-state purchasing pool that he or she would like?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

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Through you, Mr. President, the Commissioner of Social Services, the Comptroller will develop an implementation plan. That will be delivered to the General Assembly by December 31st, 2009. And then we will take a look at it next session and determine the final shape. Within there, there should be potentially some discretion for the Commissioner.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you. Through you, Mr. President, if a change were deemed necessary and desirable, there would be the latitude to make that change at some point in the future?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, if Senator Franz could repeat that question, please, I apologize.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you, Mr. President. The question is if

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there was a need or desire to change to a different inter-state purchasing pool, the Commissioner -- the Commissioners could do that at some point in the future? There's latitude in the provisions in the bill here today to do that?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, we have this tennis match going on here. Through you, Mr. President, that would depend on what plan was ultimately implemented by this General Assembly after the report by this group.

THE CHAIR:

Your serve, Senator Franz.

SENATOR FRANZ:

At least I'm keeping the ball in play. Thank you, through you, Mr. President. In Connecticut, there is, of course, a large pharmaceutical and biopharmaceutical presence. In the public hearings that were held concerning this bill, was there positive feedback from the industry? Through you, Mr. President.

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THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I don't recall any real positive feedback by them. I think, you know, when you're dealing with affecting the market, those that are participating in the market always have potential concerns. We are seeking lower prices, but by the same token, there could be advantages of companies by being able to sell in bulk and sell more. So I don't view this as a game where there has to be winners and losers, perhaps all of us could benefit.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you and I agree with that concept. I think we can all be winners as volume picks up over the course of time.

Final question for you, Senator Harris, and I'm not trying to be a wise guy or anything, but in Section 504 of the amended bill it states that radiological facilities or imaging centers performing the technical component of computerized axial

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tomography, positron emission tomography or magnetic resonance imaging diagnostic imaging services shall directly bill either the patient or the responsible third-party payer for such services. What procedures would be considered a technical component? In other words, what does that mean, if anything? I clearly don't have a background in medical technology or the medical profession. Through you, Mr. President, does it mean anything, you know?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, these are the technical ways of describing tests that you and I have heard of such as MRIs, CAT scans, PET scans, those diagnostic tests that have become crucial parts of our health care system.

THE CHAIR:

Senator Franz.

SENATOR FRANZ:

Thank you, thank you, Mr. President. I appreciate it. That answers all my questions to my satisfaction and, again, congratulations on a great effort here. I

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know it's going to be successful. Thank you, Mr.

President. Thank you, Senator.

THE CHAIR:

Thank you, sir. Will you remark further on the bill, Senate Bill 1048? Senator McLachlan.

MACH:

Thank you, Mr. President. I rise for point of questions to the proponent of the bill.

THE CHAIR:

Senator Harris.

MACH:

Senator Harris, thank you for your advocacy on behalf of Connecticut tax payers as we try to find new ways to save money. I must admit that I was hesitant to support pooling early in the session. And I see that you've modified this bill quite a lot along the way.

But I guess I'm a little concerned that Senate Amendment B was dropped downstairs in the House and could you just set my mind at ease and clarify for me that you are perfectly clear and you're okay with this change, that this is not going to hamper the stated goals of this legislation? Through you, Mr.

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President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. No, it will not and this is an agreement that we actually reached with the Administration and the Hospital Association to drop these two provisions and that's why the bill is back here.

THE CHAIR:

Senator McLachlan.

MACH:

Thank you. Okay, so that's good news and I -- so you're convinced then that this agreement will in fact, allow you to proceed and it won't slow the process down? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

That's not what's slowing the process down. Through you, Mr. President, yes, these actual sections, one of which, I mean, they're related to the underlying bill here, which of course, is the bulk

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purchasing, but they don't and will not impact our ability to go out and determine whether we can create a feasible plan to lower the cost of prescription drugs to the people of Connecticut.

THE CHAIR:

Senator McLachlan.

MACH:

Thank you, Mr. President. And through you, Mr. President, looking at some bulk purchasing agreements that exist elsewhere in the United States, I see that there's six or eight of them that seem to be the big ones. Is there one of those particular groups of states that you have sort of modeled as the idea scenario, that is the general accepted best practice, if you will, that would be a likely partner here for Connecticut? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. No, again, the purpose of this bill is for the agencies, the Comptroller, those with expertise to understand the structures that we have here in Connecticut, cost and



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otherwise, take a look at what's done in other states, including multi-state pools and to try to determine the best fir for us herein Connecticut.

THE CHAIR:

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President. So, through you, Mr. President, you didn't have specific discussions with any of those other pools in your analysis of constructing this legislation? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. No, as we do here as a policy-making body, we raise issues when we see evidence out there in the communities in our state, create bills to then instruct our Executive branch to go and answer the very questions that my friends around this Circle have been raising today. That's exactly the purpose of this bill, to go out and answer these questions, to drill down in a better way.

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Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President. So I agree, I think the legislature serves a good purpose in that regard and should empower the Executive branch of government to do sort of that day-to-day, nitty-gritty work that needs to be done to implement.

Another question, if I may, are there any states who have adopted pooling or prescription bulk buying that have since abandoned the idea? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I don't recall from the testimony if that's the case. I can get back to you, Senator, on that. It's not my -- I don't recall any that came up in testimony that have completely abandoned it. I do know some that have adjusted programs, but I don't know of any that have abandoned it.

THE CHAIR:

Senator McLachlan.

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SENATOR MCLACHLAN:

Thank you, Mr. President. And thank you, Senator, for your response to my questions and thank you for the work that you've put into this bill. I will support it now in hopes that we can in fact, find some new opportunities for savings here in the State of Connecticut. And I do have some concerns so when this comes back to us for further consideration, I will be looking carefully. Some of the concerns I have is easy access to pharmaceuticals and prompt delivery of the pharmaceuticals and also, not limiting free trade in the process. So I'll be looking for a successful report back and hope that this can actually work for the State of Connecticut. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on Senate Bill 1048? I guess it's you, Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. By process of elimination. Mr. President, I'd ask the Clerk to call an amendment, LCO 7566.

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Mr. Clerk.

(gap in tape)

THE CHAIR:

The Senate will come back to order. Mr. Clerk.

THE CLERK:

LCO 7566, which will be designated Senate  
Amendment Schedule C. it's offered by Senator  
Debicella of the 21st District.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. I move the Amendment  
and ask permission to summarize.

THE CHAIR:

There is a motion on the floor for summarization.  
Without objections, so ordered. There is also a  
motion on the floor to move the item, seeing no  
objection, please proceed, sir.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, very  
much like Senator Harris and the underlying bill have  
been huge supporters of reducing costs, bulk  
purchasing is one way to do that.

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One way that we talked about relatively extensively on Saturday was through preventative medicine. And Mr. President, the Amendment before us today seeks to achieve that goal in a way that I think could be more impactful than the underlying bill. And that is, Mr. President, by getting more people to get screened for the most preventable diseases. And, Mr. President, if we are able to catch diseases early, we will be able to save, literally, billions of dollars as a State.

Let me tell you how this works. First, there are five diseases that constitute 80 percent of our health care costs today. They're the ones that have afflicted every family in Connecticut. Cancer, heart disease, stroke, diabetes and obesity. And these five causes take up 80 percent of our health care dollars. And, Mr. President, if you look at that list, four out of the five of them are either treatable by detecting them early or could be fixed through lifestyle choices. The ones that this bill focuses on are the ones that are treatable. And the ones where if you catch them early, you will be able to save costs and save lives. Mr. President, the benefit of

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preventative medicine is very well known. It is something that both sides of the aisle agree on, it is something that medical professionals consistently ask for.

And there are two reasons for that. One is the cost savings that I mentioned. But the other is, this is the very point of medicine, the very point of medicine isn't just treatment. It isn't just to go when you're sick and get treated. It is to stop you from getting sick in the first place.

So, Mr. President, this Amendment is the healthy living tax credit that we had a public hearing on this year and that I've been promoting for the last three years. And what it would do is it would say every family in Connecticut can deduct all of your out-of-pocket expenses from your State income tax if you get all of the prescribed preventative treatments that the AMA says that you should get. Now what does that mean?

Well, first let me talk about what you have to do to get the tax credit and then I'll talk about what the tax credit would actually impact, financially.

So, first, you would have to get your annual

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physical. So, not a huge burden, something everybody should do. It is something where in the course of the annual physical, that is where most major problems are initially found.

Second, you would have to get the age and gender specific tests that the AMA recommends that you get. So that means when you're 40 years old, you have to get a prostate exam, if you're a man. If you're a woman at the right age, you have to get a mammogram. Now these are going to vary, obviously, by gender, it's different for a man and woman. It's going to vary by age. And that's it. If you do those two things, you're going to be able to deduct all of your out-of-pocket expenses from your state income tax.

So this is not a huge burden. This is not something that we are saying you have to go to the doctor sixteen times to get this. This could be covered in one visit. One visit to your doctor and you'd be able to deduct hundreds of dollars, maybe thousands in the case of larger families from your State income tax.

Now the actual logistics of this is something that we've talked pretty extensively about. So we have

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talked about the fact that the form for this would be a one-page form. So when you go to the doctor we have a standard form, the doctor fills out and signs it, gives it to you, you slip it right in with your Connecticut State income tax. And there will be an additional line on the Connecticut 1040 where you deduct the amount that's on that form. Very easy. Very minimal cost to actually implement.

And then the other concern that people had was the privacy of results. One of the things that people asked me when I first introduced this is well, geez, are you going to send the results of my physical to the government? Are you going to send the results of my prostate exam to DRS? And the answer is no, of course not. All this form would have on it is a check box. Check, you got your annual physical. Check, you got your prostate exam if you're a 40-year old man. Check, et cetera, et cetera. So, Mr. President, that is how the healthy living tax credit would actually work.

Now let me talk a little bit about the fiscal impact of this because that, obviously, is always the concern of this. The bill that we have before us



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tonight starts in 2011, so the bill before us has no fiscal impact in the upcoming biennial. Now the fiscal note we have on this -- you'll see I actually had filed two Amendments. One was to start immediately and one was to start in 2011. They both have the same fiscal note on it, I believe that's just an oversight on OFA's part. There is a cost to this, Mr. President, but it wouldn't start until FY12. And the cost of that is up to 38 million dollars a year, if 100 percent of families took advantage of this. So if every family in the State of Connecticut got all the preventative medicine that they needed, we would have a cost of 38 million dollars which is not insignificant.

However, Mr. President, the benefit of doing this is immense. And the potential payback, not just to our state government, but to individuals out in the state is a magnitude of that 38 million. Very specifically, the Milken Foundation has estimated that on these preventable diseases, in the latest year they have data for, which I believe is 2003, the State of Connecticut spent 16.9 billion dollars treating health care. 16.9 billion - now that's not State government,

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that's everything, private insurance, the State, out-of-pocket expenses. And if, Mr. President, we were able to identify 25 percent of those diseases early, we could save up to 90 percent of the treatment costs. Think about that for a second. If we were able to catch just a quarter of these early; heart disease, cancer, we would be able to actually treat them for a lot less. You know, we've all had family members who go through horrible things like cancer and when you look at that, you obviously wish that you would catch that early so you could treat that family member. And there's a huge amount of emotion that's wrapped up in that.

But as we look at the problems of our health care system, there's also a huge amount of dollars associated with that. By catching the diseases early, rather than spending a million dollars on a cancer patient, we spend \$100,000 and they live longer. So all in all, Mr. President, using the Milken Foundation's numbers, if we caught 25 percent of cancers and heart disease and diabetes earlier, we would save four billion dollars a year. Four billion dollars. Now, Mr. President, it doesn't take an MBA

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from Harvard to know that a 38 million dollar investment and getting back a four billion dollar payout is a tremendous, tremendous return.

Now that four billion dollars is for the entire State. If you look at our State budget, our State budget would get back about a billion dollars. A billion dollars in savings. I got to tell you, in budget negotiations that we're having, if we could find a billion dollars in savings, we would snatch it like that.

Now of course, the issue with this is timing. The cost of this will borne in 2012 when people start making the deductions. The benefits of it won't be for ten years out. Because, obviously, the fact that you're catching these diseases early means you avoid the cost of treating them in the out years. So, Mr. President, I believe that this is a great idea for the State of Connecticut in and of itself.

But it also helps with the two fundamental problems of health care. And Senator Harris and I had discussed this on Saturday in discussing the Sustinet bill -- is two of our core problems are health care inflation, which is hurting the middle class and the

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six to eight percent of us who don't have insurance. This bill helps both. First, this bill helps the middle class by lowering that cost and the cost of health care in Connecticut by up to four billion dollars. Where's that money going to go? Well, opponents will say that's going to go into some health care company's pocket. Well, the truth of the matter is we do have a competitive industry out there. And so much of that is going to flow to middle class families in the forms of lower premiums. It's going to help small businesses out there who are being crushed by escalating health care costs. So this is going to help our middle class health care crisis. And it's going to help our economy.

But. Mr. President, at the same time, it's going to help the uninsured. And one of the criticism I've heard about this bill is if you're uninsured, how do you go get preventive medicine? If you're uninsured how do you go get your annual physical? And that's a very valid critique because this bill doesn't address that.

But what it does do, through lowering the cost of health care because the other 94 percent of us who

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have health care are going to be healthier and it costs less money. It will cost less to treat the uninsured. And by lowering costs for the uninsured, it is going to enable more of them to be able to sign up for a basic plan, like Governor Rell's Charter Oak plan or a normal private industry plan.

Now will this cure the issue of the uninsured? No. But could it reduce it by one or two percent? I believe it could.

So, Mr. President, tonight, in bringing this out, my hope is that it will receive bi-partisan support to move forward. It does not have a massive fiscal impact for the biennium but I do believe that in the long run it will serve the people of the State of Connecticut, not only to be healthier but to deal head on with the problem of escalating health care costs. And I would ask for a recorded vote when the vote is taken.

THE CHAIR:

A roll call vote will be ordered, sir. Also just to note when the Amendment was called, it was called, just to bring to the attention of the Chamber, as Amendment C. After careful review of all the

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information and reading newspapers here at the dais,  
it is agreed that it is Amendment D. Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Mr. President, I rise  
in opposition to this Amendment. I want to thank  
Senator DeBicella for the discussion. And he is  
correct that we both agree that lowering the cost of  
health care is the most important thing that we really  
can do at this point to get to real health care  
reform. And I think this Amendment is well-intended  
substantively to do that. The problem that I have  
with it is a couple of things.

First of all, it is really a tax issue, a finance  
issue and we are dealing with it in the context of a  
public health bill. And something like this, while  
the fiscal impact is not immediate -- and I respect  
the fact that you'd like to put it out to avoid the  
current budget issues, that it's something that really  
needs to be taken into account, in the context of  
larger health care reform, in the context of budget  
negotiations.

And a couple things that I fear. One, I know  
because of work I've done on the earned income tax

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credit, the Administration has had objections to making our code more complex and I fear that this would pull down this bill and, also, of course, it's been mentioned here before, the late timing of the Amendment, the unfortunate late timing would cause this to be sent back to the House and then we would lose what this discussion in this Circle has shown to be a very helpful path, that of bulk purchasing and some of the other health care reforms that we have in the underlying bill. So I would love to talk about this in the future. But today, I'm going to oppose the Amendment.

THE CHAIR:

Thank you, sir. Will you remark further on Senate Amendment D? Senator Kane.

SENATOR KANE:

Thank you, Mr. President, through you, a few questions to the proponent of the Amendment?

THE CHAIR:

Senator Debicella.

SENATOR KANE:

Through you, Mr. President, I do remember this, this is actually a very good proposal but I have a few

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questions for you. In talking about healthy living, I don't know if you mentioned this, I hope you did. But, we talk about preventing these diseases head on. Are there incentives for people to see their doctor more often, let's say physicals, visits, that kind of thing, regular visits, through you, Mr. President.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President, through you to Senator Kane. That's exactly right. The hope would be that people would be eligible for this tax credit after one, maybe two visits to their doctor. Most of the preventative medicine prescribed by the AMA can be dealt with both in the context of your annual physical plus one or two extra tests depending on your age and gender. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. How do individuals meet the requirements of this tax credit? Is it based on age, gender, other specifics that they need to meet?



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Are there criteria? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Mr. President, the bill actually leaves it up to the Department of Public Health to specify any other specifics that may be there. It is the legislative intent of this bill that it be very easy for people to meet it as long as they're getting the proper screening. So the annual physical and the age and gender specific tests are absolutely part of that. Not being a doctor, I don't know if the AMA would suggest any other kinds of tests that are not age or gender specific. If that were to be true, I would expect DPH to include that in the regulations that would surround the actual implementation of the tax credit. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President, through you, would there be a form that the person can fill out? Would they get it from the Department of Public Health?

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Would they get it from their doctor's office? How would they know about this and how would they apply for it or participate in it? Through you, Mr. President.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. I would imagine this coming from the doctors. It's that we would distribute to every doctor in Connecticut the one-page form that would be filled out by the doctor at that point of that meeting to say you've gotten your physical, you've gotten tests X,Y and Z. Here's your form. You might have different forms depending on if you're a man or woman, depending on if you're 20 years old or 50 years old. But you would then simply take that form signed by your doctor, include it in your income tax packet when you're sending it in and put a line and fill out a line on CT1040 that would allow you to deduct those expenses.

Now, Mr. President, Senator Harris also had brought up the fact that this has -- is a finance issue. And he's correct about that. And there has

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been reluctance to actually add a line and additional lines to the Connecticut State income tax form. We have a pretty tight and basic income tax form. However, this is an issue of such great import, that to me, at least, the added complexity of an additional line on the income tax would be worth the potential savings and the potential saved lives from increased use of preventative medicine. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I thought I did see something in reading through here about a person's W2 form. Is that how it would flow into the tax return? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Mr. President, it would actually be included with your W2 form when you send in your taxes. By actually getting the form -- there's no number, no new number that would appear on your W2 form, it's actually a

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separate form from W2, but you would send it right along with it when you send in your Connecticut State taxes.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. And through you, I can understand that because if people are participating with their doctors, going to physicals, taking a proactive approach to their health, then quite possibly, we can prevent a lot of these diseases that come up. In your work on this, do you have any numbers, any statistics, just, you know, some background on how much we could save in prevention versus care, if you will, for lack of a better term Through you, Mr. President.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. In fact, we do. We actually have incident rates for all of the major diseases that are here in Connecticut. For example, with cancer, we had, in 2003, the latest year that we

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have data for, 136,363 cases of cancer, which is an incident rate of about 3.9 percent of the population having cancer. For diabetes, 147,392, about 4.2 percent of the populations. Heart disease, 224,165 cases, 6.4 percent. So these are diseases that we're talking about -- I just named probably, the big three that can be dealt with through prevention, cancer, diabetes and heart disease. And when I say prevention, I don't mean that we're going to prevent them entirely. It's actually early detection and treatment that we're going to be dealing with these diseases. And you can see that just right there in 2003, that 15 percent of the population of Connecticut was dealing with those diseases.

I think it's clear to say that every family in Connecticut is touched by them. So when you talk about the savings and you say well, geez, if 15 percent of us had one of these three diseases and we could stop -- I used the number 25 percent before -- let's use the number 10 percent. If one out of ten of these diseases could be caught earlier, that would be, just based on these numbers, about 30,000 people whose lives would be saved. 30,000 people who would have a

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better chance of surviving cancer or heart disease or diabetes.

And the cost savings from that, as estimated by the Milken Institute, is up to 90 percent of the cost of treating them. So you take 30,000 people a year, times a 90 percent savings rate on their treatment and you're looking at significant dollars. I used the number before, four billion, that would assume a 25 percent rate of early detection. If it were ten percent, you're still looking at a 1.5 to 2 billion dollar savings for Connecticut. Not just in our government, that's our overall economy. But, Mr. President, Senator Kane is absolutely right when he says that there are significant savings possible based on the statistics that are out there. Through you.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. You know, I believe in that. I agree. I had a family member recently who took a proactive approach and went to see his doctor for prostate screening. Every year he goes and they were able to detect something at the very early onset

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stage. And in doing so, he was given a number of choices of how to attack the problem, the spot, if you will. And right here in Hartford Hospital, as a matter of fact and not too long ago, I probably think it was March, I believe, he was able to, with all due respect, nip it in the bud, because he was able to care of the problem head-on and now, he's fantastic. You know, he's back to work, everything's going well and he's cancer-free, knock on wood.

So I think that's a very crucial part of this, is you mentioned if ten percent of the population can take advantage of this, I know one in my own family that could have taken advantage of something like this because they were able to detect it quite early and prevent any onset or anything further. Because if you let it go, that's when it gets worse.

So I think that this is a wonderful program. My last question, to you, Senator DeBicella, through you, Mr. President, is this seems pretty innovative. And a lot of people talk up here about well, what are other states doing, and I've heard it mentioned a couple of times, we could be the first. I know it was spoken about a day or two ago, that we could be at the

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forefront. Well, we could be at the forefront of this.

Do you know if, beyond Connecticut, what we're proposing here today, which could be quite historic, any other states doing anything like this? Through you, Mr. President.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Mr. President, through you, first off, I'm very thankful that Senator Kane's family member was able to get the early detection and is now cancer-free. It's something that we wish him all the best of luck and to all of our families as well because we've all been touched by this.

In answer to your question, to Senator Kane's question, this would be a historic first-in-the-nation tax deduction that we would have for preventative medicine. This is something that would be innovative. It is something that has not been tried before. So this is something -- we always talk about trying to do historic firsts in Connecticut and we have done some, even in the last year. This historic first would be a



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phenomenal experiment in reducing costs and saving lives.

And in the worst case scenario, if the fiscal note is right, we lose 38 million dollars a year, starting in 2012. If this is an absolute failure and it doesn't work, we lose 38 million. But to me, the opportunity to save four billion, if it does work, is well worth that risk.

So this is an opportunity, through you, Mr. President, to Senator Kane for us to really take a leadership role here in Connecticut in containing health care costs. It's something that we've been working a lot on in the Public Health Committee. We've had a lot of good ideas come through here this session. This one would truly be ground-breaking. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President, through you, I actually do have one more question and my apologies for not getting into the specifics more in depth or in detail.

n the example I gave you of a family member who

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obviously went to the doctor proactively and had the checkups and was able to take this prostate problem head on. In his scenario, let's say the bill was enacted, we already had it in place, he would receive a tax credit of what kind? Is it based on his premiums, is it based on the procedure that he has? I should have asked this question earlier, Mr. President, and I apologize, but just in that specific example, what kind of tax credit would it be in that example? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Through you, Mr. President. It would be equal to all of that family's out-of-pocket-expenses for that financial year. So to be very specific, it would consist of copays, it would consist of deductibles and it would consist of any other out-of-pocket expense. Not just for those procedures, but any out-of-pocket expense for the entire year.

Now another thing, to be very specific, Mr. President, for a family, every member of that family must get the preventative medicine to qualify for that

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treatment. So if you are a family of four, all four of you have to get your annual physical, all four of you have to complete any other tests recommended by the AMA. So this is something that everyone in the family has to do, but the benefit of it in terms of the tax deduction is much greater than the immediate preventative services required. Through you, Mr.

President.

THE CHAIR:

Senator Debicella. Very good. Senator Kane.

(LAUGHTER)

SENATOR KANE:

Thank you, Mr. President. You actually just made me think of another question. Because --

THE CHAIR:

Was it me or Senator Debicella?

SENATOR KANE:

It was Senator Debicella, Mr. President, with all due respect. But what you made me realize is we've had a great number of debates on mandates. And we talk about how we can't have a one-size-fits-all type of system that we have here in the State of Connecticut, mandating all these different types of coverages for

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every single individual when maybe not every individual would take advantage of those mandates and not necessarily need those mandates. So I gave you an example of a family member that had an issue with a prostate. So obviously the other members of the family -- they're not going to have that because they're females or younger people or whoever, they're not going to have that same issue. So this doesn't require any type of mandates like that? Through you, Mr. President. I'm assuming that this doesn't say that these are the coverages, but you're allowed all these different types of coverages based on your individual issue or individual procedure that you're looking to be proactive with? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, Senator Kane is correct. There is no additional mandates in here and in fact, most, if not all, of the AMA prescribed, recommended tests are ones that are covered in basic health insurance plans. So we're not

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asking here for any crazy, exotic tests of any kind. These are very standard tests that everyone should receive. And, quite, honestly, if you go to your doctor, they will tell you, you should get this. Even without this they would say here are the tests you should get given your age and gender. So there are no additional mandates in this bill. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President and I appreciate Senator Debicella for all his answers. You know, as we spoke, it kind of just drew more questions for me and having a family member as specifically as I do who could have taken advantage of such a program, I firmly believe in it. We are very happy that he was able to take advantage or be proactive in his own health care and move on beyond this issue and it's very pleasant for that.

I thank Senator Debicella for promoting this here today. I think it's something that we should all vote in favor for here on the Senate floor and I look

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forward to it. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on Senate  
A. Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. If I may, I have a few  
questions, through you, to Senator Debicella.

THE CHAIR:

Senator Debicella.

SENATOR CALIGIURI:

Mr. President, through you, and I -- and Senator  
Debicella, if you addressed this, I can move on to a  
different question, but my recollection is that some  
studies have shown that a surprisingly low percentage  
of the American population is actually going in, for  
example, for an annual physical. I don't recall you  
addressing that but I think that's an important  
starting point in assessing your legislation, through  
you, Mr. President, because it forms a really strong  
basis of the need for it. Through you, Mr. President,  
Senator Debicella, could you address the data you have  
available about the use of preventive care and in  
particular annual physicals? Through you, Mr.

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President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Through you, Mr. President. An excellent question by Senator Caligiuri. The report from the University of Pittsburgh showed that only 20 percent of Americans actually get their annual physical exam. And I was shocked by that number. To say that only one out of five of us are visiting a doctor once a year when we're not sick, it's an amazingly low number. So, through you, Mr. President, for annual physicals that's the statistic that I have.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. And I thank Senator Debicella for that answer. Another question is that the bill obviously, having established the need, which is to incent individuals to engage in preventative care.

I think the strength of the bill is that it relies on tax policy to achieve that, but it assumes that tax

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policy is an effective way of inducing certain types of behavior. Through you, Mr. President to Senator Debicella, I would appreciate it if Senator Debicella can point to any learning that he has or any basis for the assumption embedded in this that tax policy is the better way to incent behavior as opposed to other types of inducements, mandates or incentives? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President; we have seen a number of times in Connecticut and in fact, a number of times in this Circle in the last, even in the last two weeks of evidence that tax incentives lead to certain behavior.

And I'll take one from outside the health industry because tax incentives are something relatively new to the health industry. But one that we've looked at here in Connecticut is the film industry tax credit where we have used a tax policy to try to incent a particular behavior, very specifically getting film companies to come to Connecticut. We have seen that



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policy has been successful. Now, some proponents or opponents may debate that that actually costs us more money than it brings in and that's a debate we could have. But the fact that the tax policy actually changed behavior, actually changed the actions of film companies in deciding where to locate is one example.

Another example is one that Senator LeBeau brought up actually, just two weeks ago in talking about Bradley Airport. It's a bill that we passed out of this Chamber that creates a development zone around Bradley Airport. Where, by giving tax incentives, on both property taxes and State taxes, Senator LeBeau is hoping, and I think accurately so, that the ten-mile radius around Bradley Airport will get developed and will start to see more economic activity. And so, Mr. President, we have seen people respond to incentives, tax incentives in other areas of their life.

And Senator Caligiuri, quite correctly says, that there are other ways that we could do this. We could mandate this. We could say everyone must get an annual physical every year. I don't know how we would enforce that, very tough to enforce to make sure everyone's getting their annual physical. So the

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incentive idea is one that says we are going to try to get that 20 percent of people who are getting their annual physical up. And I don't - I mean, this is the first in the nation type of bill, I don't know whether that number will go to 30 percent, 40 percent, 50 percent, we have to see. But I do believe there's strong evidence that tax incentives do influence behavior. Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. And I thank Senator Debicella for that response. I know in response through Senator Kane's, one of his questions earlier, you cited, through you, Mr. President to Senator Debicella, a body of evidence about the cost that we incur as a result of not having proper incentives in place of preventative care and the savings that we could realize as a result of instituting a policy like this if it's successful. And I believe that it would be. Through you, Mr. President to Senator Debicella, I'm wondering for purposes of measuring the success of this program, if we're fortunate enough to have it

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become law. Does Senator Debicella, through you, Mr. President, have some thoughts on what the best metrics would be for measuring the success of this type of a tax credit program, if we're able to pass it into law? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. That's an excellent question, Senator Caligiuri. It's something in -- as we talk about results-based accountability, we want to be looking at the results and the outcomes. So I'll suggest a couple that we look at. And there's some that are short-term, some that are medium-term and some that are long-term.

I believe in the short-term, one of the best indicators is to see what the change is in the first few years of people taking advantage of the tax credit. Because presumably, assuming that the statistics that we have in front of us are correct, probably about 20 percent of the people would take advantage of it if no change in behavior happened. If people are just going to get their annual physical and

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assuming those folks are getting the other tests. So the first metric would say by 2013 or 2014, the second or third year of the program, do we see the number of people actually utilizing the tax credit go up, because that would mean that more people are getting their annual physicals and other tests.

The second metric I would use -- so that's a short-term metric. The second metric I would use is to see if we see a change in the cost per patient for various diseases. And we could track that best through our government health care systems. We don't have access to all the private industry data but we do for Medicaid, SAGA, Charter Oak, for all the public plans that we have. So what I would want to see, as you look kind of in the five to ten year time frame is to actually see a reduction in the cost per patient for cancer, for heart disease or for diabetes. And in the long-term and most importantly as we look out ten years and beyond, we would want to see a decrease in the fatality rate, a decrease in the number of people dying from these diseases or alternatively, an increased life span for those once diagnosed with cancer or heart disease.

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So I think those are three metrics -- short-term, medium-term and long-term, that we can look at to actually evaluate if this is going to be successful or not. Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President and I thank Senator Debicella for that. And it's my sincere hope that we have a chance to actually measure the success of this program, because I think we would find that it would be very successful and I think that those metrics that you suggest are very good ones, indeed.

Briefly, Mr. President, speaking in favor of the Amendment. I want to commend Senator Debicella for introducing this and really pushing this over the last several years along with Senator McKinney. This is, I think, a very effective way to encourage behavior. I think from a policy perspective, we have fundamental choices that we face every day. We're trying to encourage or discourage certain types of behavior and the question is what is the right and best way to do that? We often deal with that by choosing to mandate,

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to prescribe certain behaviors, to require certain behaviors or to prohibit certain behaviors.

And on the other side of the spectrum is to use inducements to certain types of behavior. Part of the, I think, great advantage of the approach reflected in this Amendment is that it choose to encourage behavior, induce behavior but in a way that ultimately values human freedom. It's still a choice, it's still something that, ultimately, an individual choose to do. Government isn't telling them, they must do this or must do that. Government isn't saying you may not do this or may not do this. What government is saying, when it uses tax policy, the way this Amendment would have us use tax policy, is it says as a matter of principal we want to encourage you to do X or Y or Z. Because we believe, as a matter of public policy, that we will be better off, you, individual, will be better off if you engage in these activities. But ultimately, we respect and value human freedom enough that we don't mandate it. And we use incentives instead to try and get us to the same result.

I think that's part of the wisdom here and

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although this next comment is not directly on point, we often face choices that ultimately impact the size of state government. And one of the things that I've liked so much about using tax policy to encourage behavior is that we're able to achieve very important objectives without growing the size of our state government, which is something we can barely keep up with as it is. So certainly, there is a cost but if we're going to pay a cost, I would rather do it through diminished revenue than on the other side of the equation, which is through an ever larger government, that absorbs more and more of our tax payer dollars. And so that's also part of the wisdom I think of using tax policy instead of growing bureaucracies to achieve certain aims. So for all of those reasons, I believe the Amendment is very thoughtful and would represent an excellent advance for public health and well being for the State of Connecticut. I look forward to voting in favor of it and I commend Senator DeBicella once again for his leadership on this issue. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on Senate

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Amendment D? Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I just request a roll call vote, please.

THE CHAIR:

A roll call vote was requested earlier, sir. Thank you.

Senator Guglielmo.

SENATOR GUGLIELMO:

Thank you, Mr. President. I hadn't planned to speak on the Amendment but I did read some of the material and it's pretty impressive. I did want to compliment Senator Debicella for coming forward with the idea. In some of the material I read and I guess there was a study by the Milken Institute that said for every dollar that we spend on this type of program there'd be a \$40 return and that, in the type of demographics we have now, with our population aging, this is going to become even more and more of a factor.

And I did have one or two questions for Senator Debicella. Through you, Mr. President, I know that the Senator said that there were no other states who



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had this kind of program, but internationally, are there other nations that have programs that encourage their citizens to get annual physicals because that seems to be the starting point for all the good things that can happen?

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, I am actually not sure of the answer to that question. I'm actually not sure if other countries are doing things to actually incent the folks getting their annual physical nor do I have comparative statistics. So we talked about 20 percent of Americans are getting it, not sure how much it is in other, say, European or South American countries. Through you, Mr. President.

THE CHAIR:

Senator Guglielmo.

SENATOR GUGLIELMO:

Thank you, Mr. President. I want to thank Senator DeBicella. But the reason I did stand up was that my wife and I have both had annual physicals over the years and for personal experience, it was beneficial.

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And in one of my annual physicals, maybe 15 years ago, I found out I had diabetes. Not early onset, but I did have it and still do. And it encourages you to do some of the things you ought to do anyway. Lose a little weight. I didn't lose enough, but I lost some. Exercise a little, I don't exercise enough but I'm doing some. Of course, these past few weeks, with the food we've had here, hasn't been too helpful, but it does help you to identify problems that you had no other way of knowing.

And the same with my wife who went to the same physician for an annual physical, saw somewhat of a murmur in her heart valve maybe seven or eight years ago, we watched it annually, it got a little worse, she had open heart surgery and heart valve replacement in October, she's back to a hundred percent, goes to the gym every day, stays on the treadmill for an hour.

These are all just examples of things that neither her nor I would have known about had we not had the benefit of an annual physical. I am surprised that only 20 percent of the people would take advantage of that. But if we just increased that to 40 percent -- and I know we're spending three billion dollars a year

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here in Connecticut alone, over 3, on medical care for chronic diseases. If we could just increase that percentage -- getting physicals from 20 to 40 percent would have a huge impact on not only cost wise, but just in the quality of life of the people here in our state. So I want to commend the Senator for that. And thank him for bringing it forward and thank you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, through you, if I may, a couple of questions to Senator DeBicella.

THE CHAIR:

Senator DeBicella.

SENATOR RORABACK:

Thank you, Mr. President. Through you, Mr. President to Senator DeBicella, I was curious to know whether this idea has been experimented with in any other states and if so, what states and what their track record has been? Through you, Mr. President to Senator DeBicella.

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Senator Debicella.

SENATOR DEBICELLA:

Mr. President, through you, the answer is I don't believe so. I believe this would be a first-in-the-nation experiment that would be groundbreaking.

Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And quite frankly, I think the time for a paradigm shift has long since past. It always amazes me that you have to fight with insurance companies to get them to pay for a mammogram or a physical. If I were an insurance company, I would say that if you want to stay on my plan you have to get a physical, you must get a mammogram. Because any right thinking insurance company and profit oriented insurance company would recognize that by obligating you to go through the preventive measures we have available, they can avoid much costlier consequences down the road. So through you, Mr. President, to Senator Debicella, is the intent of this tax credit to make a small investment early to avoid

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large costs later on? Through you, Mr. President to Senator DeBicella.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Through you, Senator Roraback has it exactly right, which is a small investment of both money, in terms of the tax credit, but also in terms of time, in terms of the amount of time individuals have to spend just getting their physical is a huge investment that will yield billions of dollars of savings later on in terms of avoided costs, not only from the direct cost of medical care, but, Mr. President, something I failed to mention before, is included in the statistics I cited, are the costs of lost human life. Because when you think about it, if we are losing people to cancer, to heart disease, to other ailments earlier than otherwise is possible, we are losing a tremendous amount of human productivity. We're losing the creativity that people bring, especially as these tend to be older workers in our economy. So the investment that Senator Roraback talks about is not just one that saves us medical

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dollars but it saves human lives and all of the great things that our economy gets out of the creativity of older workers. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. I remember a couple of years ago, I read an article, I think it was Philadelphia, where the city of Philadelphia was giving maybe tickets to the circus or concert tickets to parents that would bring their children to be immunized. And at first blush, I thought that it was, at some level sad, that in order to induce parents to get their children the proper inoculations that the government would have to dangle something of value to get their attention or to induce them to do the right thing.

But then I came to understand that not only was it best for the health of the kids, but quite frankly, whatever the circus tickets cost or whatever the concert tickets cost, those costs for government were considerably less than what the costs would be if the children did not get their inoculations and then came

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down with the childhood diseases which were so easily preventable.

And so, through you, Mr. President to Senator Debicella, is it fair to look at this tax credit proposal with the same line of thinking, that it's in government's best interest to reward behavior in a financial way which causes people to focus on maintaining their health. And that in fact, in the fullness of time, the costs that are incurred in the short-term will be recovered many times over in the long term as the public comes to see that not only is there a short-term financial gain for taking care of oneself, but there's a long-term public, social gain to a healthier population. Through you, Mr. President to Senator Debicella.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Through you, two parts to the Senator's comments. The first being of the Philadelphia example and how can someone not go, especially for their kids, I share Senator Roraback's shock at that.

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But when you think about why adults aren't getting their annual physical, I look no farther than my dad and the example of my dad and I've talked about my dad several times in the circle. Bridgeport cop and a tough guy. And he would -- he never went to the doctor, he's say, I'm not sick, I don't need to go to the doctor, I don't have time to go to the doctor. I've got 50 things to do, forget about it. And so, he never went and the one time that he eventually did end up going, under great duress because my mom forced him to, they found a lump under his armpit, that actually turned out to be cancer. And so my dad, looking back, would say, my God, I should have gone but I found ever excuse not to. I don't need it, I don't like doctors, I don't have time.

And so this bill gives that extra oomph, this bill gives that extra incentive to say, well, you know what, if all those reasons aren't good enough and all those reasons you know you should, here's a couple hundred dollars in reduced taxes that you'll get for going. And so that's the first part of what Senator Roraback had said.

The second part is absolutely right, it's from a



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public policy perspective. And from the State of Connecticut's perspective, we have an incentive to keep our citizens healthy and productive. And the small investment, according to the fiscal note, of 38 million dollars, if everybody took advantage of this, in FY 2012, pales in comparison to the amount of savings we would get, not only in direct medical cost, which would help us both with our middle class health inflation and covering the uninsured, but in human lives.

And so, Senator Roraback is absolutely right in how he is looking at this Amendment. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President and through you to Senator DeBicella. Obviously, there's a debate taking place at the national level about how best to promote public health throughout this nation. And through you, Mr. President to Senator DeBicella, is he aware of elements in the thinking in Washington which are reflected in the Amendment that's before us today?

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Through you, Mr. President to Senator Debicella.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President, to Senator Roraback, the federal government and the Obama administration are looking at a couple of key tenants of health care reform. One of which is preventative medicine. So this is very much on the national radar as a topic. In terms of actually using tax credits as the incentive device to spur more people to get their annual physicals and other tests, that has not been something I've heard out of the Obama administration yet. But I know that this topic is a key area of focus for the President and for the national Congress as they try to craft a national health care solution. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President and through you to Senator Debicella, I wonder if Senator Debicella gave any thought to holding his proposal on his head and

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somehow penalizing people in a financial way for neglecting to take necessary preventive steps to protect their health?

And by way of example, Mr. President, I think we all know that colonoscopies are recommended for individuals over the age of 50. And for those who choose not to follow the best medical practices and do that, they are exposing not only themselves to potentially much more sickness than would otherwise be the case if they were early intervention, but obviously, society bears the costs of disease that could have been averted if something had been done diagnostically earlier.

And at some level, Mr. President, this is kind of the debate about whether people should wear motorcycle helmets. Because the motorcycle helmet debate goes to the question of to what extent should society be asked to bear the costs of individual liberty when those costs are not visited exclusively on the individual who chooses to exercise that liberty. So through you, Mr. President, to Senator DeBicella, did he give any thought to pursuing this line of policy in a more punitive way rather than rewarding people for doing

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the right thing? Did he think about punishing people for doing what one might characterize as the wrong thing? Through you, Mr. President to Senator Debicella.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And, Mr. President, I think it's no coincidence that the Senator is using the colonoscopy-at-50 example as I'm sure that he is either has or recently will have that experience himself and I hope he gets it done.

Through you, Mr. President, the answer to the question is yes, we did consider a more punitive way of doing this and rejected it. The punitive way of doing this is actually, though, very much so along the lines of what you had said before. It is to say rather than a financial penalty to say that we would allow health insurance companies and the State would mandate that if you do not get an annual physical, you can either be rejected from the plan, you could have a higher co-pay, a higher deductible, you would have a different pricing structure. We rejected the

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punitive approach to this as saying you know, given where we are right now, with 20 percent of people getting their annual physicals, we don't want to set up a system that punishes 80 percent of the people who aren't getting their physicals right now. It would be too harsh a manner to achieve the desired result.

Thus, we arrived at the tax incentive as a better way to actually insure that we are giving people every chance possible to get the preventative tests and annual physicals done, rather than saying "we're going to raise your deductible, we're going to kick you off health insurance", which might exacerbate some of our short term problems to meet the long term goal.

Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And speaking to the paradigm shift which I referred to earlier in my remarks, because I think it's essential for us as a society to begin to look at health care responsibility in a different way and to create a new mix of incentives, through you, Mr. President to Senator

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Debicella, is Senator Debicella aware of the experience of the Pitney-Bowes Corporation had when they chose to eliminate co-pays for maintenance drugs? You know, we're all kind of conditioned to anytime you get a prescription, you should have to reach into your own pocket, to feel the pain and yet for maintenance drugs, a copay could be a deterrent to people actually going out and getting the drugs which keep them healthy. And so through you, Mr. President, I was wondering if Senator Debicella had any familiarity with the experience that Pitney-Bowes had when they elected to eliminate co-pays for maintenance drugs in their workforce? Through you, Mr. President to Senator Debicella.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Through you, Mr. President, I'm actually embarrassed to say that I do not, seeing as how I have a Pitney-Bowes facility in my district. It actually sounds like a very interesting way to actually reduce costs. And forgive me for answering a question with a question, but through you, Mr. President, how did it

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turn out? Is the Senator aware of the results of that program? Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, in fact I am. And last year, I had the distinction or the honor of serving as the ranking member of the Public Health Committee and in that context, had the opportunity to learn a little bit about different innovative approaches that are taking place in the private sector to drive down health insurance costs.

And through you, Mr. President, to Senator Debicella, one of the interesting approaches was that which was taken by the Pitney-Bowes Corporation when they said, you know what, we're going to give our employees, for free, those drugs which enable them to maintain their health. So-called maintenance drugs. And so, not surprisingly, their prescription drug bill went up but it didn't go up to the extent of the money that they saved in treating this chronic conditions because when employees got the drugs for free, it meant that they didn't suffer those chronic conditions

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which would have been present if they had say, you know what, I don't want to reach into my pocket and buy those pills so I'm not going to take the pills, therefore I become sick, therefore the insurance pool bears a much higher cost to treat the illness than what the investment was to avoid the illness.

So through you to Senator Debicella, the experience that Pitney-Bowes said was there was a short-term bump in what they paid for the prescription drugs, but it was more than compensated for by the long-term reduction in costs that were incurred in treating chronic diseases.

And through you, Mr. President, I don't know the extent to which Senator Debicella's Amendment addresses the reality, but I think about 70 percent of health care costs in this country are spent on managing chronic conditions. And through you, Mr. President, would these tax credits be available to individuals with chronic conditions who choose to manage them in a responsible fashion? Through you, Mr. President to Senator Debicella.

THE CHAIR:

Senator Debicella.



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SENATOR DEBICELLA:

Thank you, Mr. President. Through you, first off, Senator Roraback's example from Pitney-Bowes is actually a fantastic one and thank you for sharing that with us. Because the question that the Senator asked before - had another state done this -- and the answer is no, not to my knowledge, but learning that the private industry has done something, not exactly the same, but parallel in investing in preventative medicine and reaping much greater savings demonstrates the potential for this program.

And as so often, our private businesses serve as a laboratory for what could actually work here in State government. And so, Mr. President, I thank him for that.

To his direct question about whether folks with chronic diseases; diabetes, heart disease, hypertension would be eligible for this tax credit, the answer is yes. There is no pre-existing condition. People who might have cancer and are going back on a regular basis to get the preventative checkups necessary and as prescribed by the AMA would be eligible for this tax credit. Through you, Mr.

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President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, and would the tax credit -- a couple of technical questions about how the tax credit would work in reality. This is a deduction against the Connecticut State income tax, Mr. President? Is that correct, through you to Senator DeBicella.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Through you, the answer is yes and I thank the Senator for bringing out that clarification because I colloquially refer to it as a tax credit. It actually, in reality is a tax deduction. So the amount of out of pocket expense that you have would be deducted from your income for purposes of figuring out your taxable income rather than a direct credit, which would apply against your tax liability. So even though I use the word credit loosely to describe it, it is in actuality a

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deduction. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. Through you, to Senator Debicella, is he aware of whether or not Connecticut law allows for any deductions whatsoever against Connecticut personal income tax liability? Through you, Mr. President to Senator Debicella.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. There is one major and several minor ones. The major one is the property tax credit which allows -- forgive me, in speaking, I'm confusing myself, because that is a credit. The property tax credit is a direct credit against the income tax. The deductions and the good Senator will forgive me, I do not have it in front of me, I believe there are six different deductions and additions, the alternative to that, to the State income tax when figuring out your income. And I believe that includes things like the interest on Connecticut bonds and

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there are four or five others that you can deduct from your national adjusted gross income, but the good Senator will forgive me, I don't have that list in front of me. It is a relatively limited list. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And would Senator Debicella concur -- my understanding, other than those deductions, which I think by law, we're not allowed to tax interest on federal obligations, but my understanding is the only deduction against Connecticut income that we currently allow is contributions to the CHET program. Through you, Mr. President to Senator Debicella, is he familiar with the CHET program and the deduction that we allow Connecticut taxpayers to claim when they make contributions to the CHET program.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President and I thank the Senator

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for reminding me of that. That is one of the deductions that is allowed although I dare say that as ranking member on Appropriations talking to the ranking member on Finance, I am probably at a disadvantage relative to my friend, Senator Roraback in terms of knowledge of the tax deduction structure. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. The point I'm trying to make is that we, as a matter of public policy, have seen fit to offer a tax deduction for educational purposes because we, the General Assembly, a couple of years ago said promoting public education is a public policy priority for us. And so, through you, Mr. President, to Senator Debicella, is it -- my guess is that his Amendment is predicated on the belief that health care for our citizens is equally as important as education and equally deserving of a place in our tax code to incent people to take care of themselves, just as we incent people to support higher education. So through you, Mr. President to Senator Debicella, is

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that the thinking which underlies this Amendment?

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Senator Roraback's absolutely right. It's that although we have had, historically in the state of Connecticut, a resistance to adding on a large number of deductions onto our income tax, this rises to the level of having such great importance in terms of saving lives and in terms of reducing health care costs, that I do believe that it rises to the same level as the CHET deduction, if not, in my personal opinion, potentially, even greater. Because here we're talking about matters of life and death and one of the major fiscal issues facing our State and our nation over the course of the next ten years. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And one of the public policy initiatives that I've taken a great interest in is the notion of smart metering. That if people had

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electric meters inside their homes and could see that they were charged a price differential for consuming electricity at peak times, that we would see changes in behavior which would (inaudible) to us as a society and, through you to Senator Debicella, I see this Amendment as being born of the same kind of thinking, that human beings tend to react to price points of financial inducements. And that if we say to people, not only is there a health reward for doing the right thing, but you also get a financial benefit for doing the right thing by way of your health, that we would see more people availing themselves of those things which make us healthier as a society. And through you, Mr. President to Senator Debicella, is that a fair way to kind of analyze this Amendment?

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President, Through you, , I believe that's exactly correct. In saying that people respond to economic incentives is one of the foundational thoughts in our capitalist system. And it's something that I think is proven time and time

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again in so many different areas of life. Senator Caligiuri and I had spoken about having to do with public policy, specifically around Bradley Airport and around the film tax credit we have.

But economic incentives operate throughout our lives and not just in the tax code. You know, there are some that are fundamental, so fundamental that we don't even think of them. You know, ones that most people, Mr. President, I would presume, would not get up and go to work if they were not -- if they did not have a financial incentive to do so. Now work, in and of itself, has some intrinsic rewards and many people love their jobs and love what they do. But I don't know if many people would actually get up and go to their jobs every single day if there weren't that economic incentive to do so. So that's a very foundational and fundamental example, but as we think about tax credits as a way to incent behavior that's going to lead to better public health policy, I think we can see any number of examples of economic incentives leading to changes in behavior.

So, Mr. President, I believe the Senator is absolutely right that the philosophy underlying this



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bill is that getting your annual physical and getting preventative tests are good in and of themselves.

Whether this passes today or not, people should do that. But this does give them that extra incentive, that extra monetary incentive to go and get those tests and that annual physical done. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And I thank Senator Debicella for bringing this Amendment forward. I think, as we engage in a national discussion about how best to control health care cost, to broaden access to coverage, we can't have that debate responsibility without asking each of us as citizens in this country to take greater responsibility for safeguarding our own individual health. Mr. President, I think this Amendment represents a very responsible merger of sound financial policy and sound public health policy. I urge Members of the Chamber to support the Amendment and I thank Senator Debicella for his answers. Thank you, Mr. President.

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THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President. Mr. President, I rise in support of the Amendment before us. Mr. President, this may be one of the more important topics we discuss as a government, as a legislature and this may be one of the best solutions to handle the problem. To handle the problem of ever-escalating health care costs, sky rocketing increases in health care costs which limits the access to proper health care by individuals. Costs that are so high which is why we have maybe as many as six to ten percent of the people in the State of Connecticut without health care. Costs that are so high that our hospitals are struggling to make ends meet every day.

And when you think about the underlying principle behind what Senator DeBicella has offered, I want you to think about how it is exactly consistent with bills that we have already passed this year with near-unanimity in this Senate and legislation that we have passed in prior years.

Just last night, Mr. President, we passed a bill

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that did a number of things regarding insurance mandates. One of the provisions of that bill was a bill regarding bone marrow testing. Well, there's a cost to testing people -- to do bone marrow testing, but there is tremendous savings to be born by early detection. By actually having a registry so that you can go national and find out if you need a bone marrow transplant, who that match is. And not only are you saving a lot of money through that, you're actually saving people's lives. And we just did that last night, a preventative measure that will save long-term in our health care system, but cost a little bit of money to do now.

We've also done early screening for cystic fibrosis, this session, within the last two weeks in this Senate. And again, we all examined the fiscal notes. And we all talked about, well is there a cost to do the testing for cystic fibrosis and the fiscal note says yeah, it might cost a little bit. And then the fiscal note continues to talk about how much we save in our health care system by early prevention through testing.

Those are two things that we've done just this

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year alone. We have over the past decades of course as a society done things with regard to mammographies and breast cancer testing. We've done things with respect to prostate cancer for men. Because we have seen how testing, going to see your doctor, early detection, not only saves lives, it also saves our system lots of money.

This is the same underlying principal here, that by incentivizing, by spending a little bit in your health care system you will improve people's lives, indeed, save some lives and at the same time, lower the cost of health care, lower the impact on our economy and save money. Senator Roraback mentioned in talking about this, about the example he gave where people were actually paying money for kids to get immunized.

We've done something similar to that in Connecticut, we do it nationally as well. Where we actually spend money in our budget to educate people and help people take medications. For example, people with HIV and AIDS. And we actually spend money in trying to educate and help and promote people taking their proper medication when they should take it. And

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it doesn't make sense when you first think about it. Wait a minute, people have a chronic disease, a deadly disease and we're actually spending money as a government to take their medication. Well, does that make sense? Of course, they're going to take their medication. But the proof is that some people were not. And the cost in human fatality and the cost in dollars far outweighed the money that we spent in actually putting that in the budget. Similar to what we did again, recently in this Circle, when we changed the standard wage laws for the janitors. The reason why we changed that is because they weren't getting paid enough to pay for health care because health care costs have gone so high. But people who supported that and I was one of them, Mr. President, understood that if we didn't spend that money, it would actually or may actually cost us more in the costs of these individuals going on HUSKY or some other State plan. Again, you can't look at just what the cost of a program is, you have to look at what the costs of not doing the program are. And when you look at this tax credit you understand, as the Milken Institute proves, without question of a doubt, that if

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we were to pass this, the State of Connecticut would save a lot of money.

And let's just take a quick look at some of those numbers. According to the Milken Institute, there were two million cases of seven chronic diseases that were reported in Connecticut-- and this study, Mr. President, was done in the year 2003. Those seven chronic diseases were cancers, diabetes, heart disease, hypertension, stroke, mental disorders, pulmonary conditions, two million cases just in 2003. And the cost of those illnesses, those chronic illnesses, as Senator DeBicella, talked about, have a massive loss in productivity to the State of Connecticut.

Let's just think about that for a second. Someone who goes undetected for months or years with diabetes or heart disease or, God forbid, cancer, who gets very sick because of that disease, because they did not get early detection, that person misses a lot of work, perhaps can't even keep a job if the situation, if their condition gets that much worse. And according to the Milken Institute study in 2003, the State of Connecticut lost 12.9 billion dollars, 12.9 billion

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dollars were lost in economic activity because of those seven chronic diseases.

Now according to the same study, Mr. President, prevention, prevention, early detection and prevention can prevent and stop up to 25 percent of those chronic illnesses. So if I do my math correctly, Mr. President, 25 percent of 2 million is 400,000 people. That's 400,000 people in the State of Connecticut, 400,000 people in the State of Connecticut in the year 2003 who could have been helped and had early detection of cancer or heart disease or any of those seven chronic diseases. And if those people had early prevention and let's put aside the obvious, which is in human toll, their lives are incredibly improved. If they're married with children, the lives of their spouses and children are improved because they don't have a mother or a father who may be dying of cancer, but now they have a mother or a father who is recovering and beating cancer.

Putting aside that human toll, think about the economic costs, think about the economic savings we have that 12.9 billion dollars in lost economic activity is cut by one-fourth. That's 3 billion

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dollars in economic activity that we have in the State of Connecticut for a bill that may cost 20 to 25 million dollars. I would daresay if we have any economic proposal before us -- and Senator LeBeau as chairman of the Commerce Committee or any other member of this Circle, stood up and said friends, we can spend 20 to 25 million dollars and we'll get three billion dollars in economic activity, we would have a race to see who the first Senator to issue a press release was, Mr. President, because we would be that proud of that measure.

In addition to the 12.9 billion dollars in lost economic activity, there are almost two billion, 1.9 billion in direct costs associated with treatment of these seven chronic diseases. 1.9 billion dollars in directly treating those individuals, those 2 million individuals with these seven chronic diseases. You take 400,000 people out, you cut a quarter of that 1.9 billion dollars and I daresay we might not have as bad a budget deficit as we have right now, Mr. President, because we would have 4- to 500 million dollars more in our economy in the State of Connecticut.

Now why are we focusing on a tax credit for people



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to get what may amount to an annual physical? Here's the reason. And I got to tell you this statistic wasn't surprising to me when I read it. Twenty percent of all Americans actually get an annual physical exam. Think about that. Twenty percent of people in this country actually get an annual physical exam. Now we know a lot more than 20 percent of people in this country have health care insurance. In the state of Connecticut, we have over 90 percent of the people that have health care insurance, yet a majority of people without health care insurance don't even get an annual physical.

And the reason why I wasn't surprised with this, Mr. President, is I actually probably went a little bit more than a decade between annual physicals. I'm not proud to admit that. And I won't disclose to the Circle what my physician told me about my decision not to get an annual physical. Let's just say she wasn't impressed with my intelligence. And she was right. Because when I last went and I turned 41, I believe, Mr. President. She looked at me and she said, you know, I don't have you on the charts here, how long has it been, I couldn't remember, we determined maybe

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it was a little bit more than ten years, linked it back to when my wife and I had gotten married, which was almost 15 years ago. And she talked about all of the things that can happen to you as a male turning 40 and in your forties, starting with prostate cancer and a whole list of other things. Things that are on these seven chronic diseases. And what my life could have been had I been unfortunate enough to be stricken with one of those diseases. And when you get home and you imagine, wow, that was really stupid. That was really stupid. I have health care insurance, it doesn't take long to go to a doctor for an annual physical. All I had to do is set up the appointment, block some time away and go do it. But you know what, I didn't, Mr. President, and I have one of the best health care coverages anywhere.

And we now know, because of this University of Pittsburgh study , that only 20 percent, that's actually a remarkable figure, only 1 in 5 of us goes and has their annual exam. And I think we also know without even doing a study, we also know that if we were to provide financial incentives in the form of tax credits that are suggested in this Amendment, that

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that number would increase from 20 percent.

And indeed, the Milken Institute study demonstrates that that number would increase. So we know, Mr. President, and I daresay that people can't object to the conclusion, that if we were to pass this tax credit we would lower the cost of health care in the State of Connecticut, we would increase economic activity in the State of Connecticut, we would save in the hundreds of millions of dollars and that's not even the good part, the good part is we would actually improve people's lives and save some lives, literally save people's lives. It's remarkable when you look at this seven chronic diseases, too and what some of the leading advocacy groups and research groups say about this very idea. The American Cancer Society, and let me just briefly quote: lifestyle changes and greater utilization of proven screening tests could prevent at least half of the cancer deaths. Proven screening tests could prevent half of the cancer deaths. So we have a test. We know how to screen and we can prevent half of the cancer deaths. The problem is you've got to get the person to go take the test. And sadly, some people are not.

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Well, there are two ways we can do that, Mr. President. One is we could mandate it. We could require it. We could say in the State of Connecticut, you have to go get a physical every year. If you live here and you're a resident here, you have to go. Now, I'm not voting for that Amendment, Mr. President. I don't think anybody here would. So then you have to say well, if we're not going to force people to do it and we know people aren't doing it, how do you get there? You get there through financial incentives. And that's why this is such an important bill.

Mr. President, I'm just going to briefly wrap up my comments here. We've had a lot of debate about health care, from the preventive issues that I've talked about like the bone marrow testing, the cystic fibrosis screening. We've had a lot of talk about the health care pooling bill and the Sustinet bill. The health care pooling bill, which was intended to lower some costs for people that already have health care. Sustinet, which is to lead to a single payer system so everybody has health care. Neither of those provisions would lower health care costs overall and neither of those two provisions would actually protect

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billions of dollars of lost economic activity in the State of Connecticut. that's why this approach is something that we must look at in the State of Connecticut, whether we have 90 percent of the people covered by health insurance or 100 percent in the State of Connecticut, our costs are still going up. The only way, the best way, the best way we can lower costs to the whole system, Mr. President, is if people are healthier, less sick and need less care in the health care system. The best way to do that is to prevent it from happening in the first place. That's why I rise in strong support of this Amendment. It is an idea that I believe we could all rally around. I want to thank Senator DeBicella for his hard work on this. Let me just say, Mr. President, he and I have met on this issue now since probably January of 2008. He has put a tremendous amount of work into this. He has backed up his arguments with facts and figures and studies done by peer reviewed articles and deserves a lot of credit. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator. Will you remark further on Senate D? Will you remark further? If not a roll

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call vote has been requested on Senate D. if there are no further comments to be made, the Chair will ask the Clerk to announce that a roll call vote is in progress in the Senate. The machine is open. Senators may cast their vote.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Senator Boucher.

THE CHAIR:

Will all Senators please check the board to make certain that your vote is properly recorded. If all Senators have voted and all votes are properly recorded, the machine will be locked. Would the Clerk take a tally?

THE CLERK:

The motion is on adoption of Senate Amendment Schedule D.

Total number voting

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Those voting Yea	12
Those voting Nay	24
Those absent and not voting	0

THE CHAIR:

Senate D is rejected.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President. If that item might be passed temporarily.

THE CHAIR:

Motion is to pass temporarily. Is there objection? Seeing none, so ordered.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Mr. President, the Clerk is in possession of Senate Agenda number two for today's session.

THE CHAIR:

Mr. Clerk, please call Senate Agenda number two.

THE CLERK:

Mr. President. Clerk is in possession of Senate Agenda number two for Wednesday, June 3rd, 2009, copies have been distributed.

THE CHAIR:

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Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Mr. President, I move all items on Senate Agenda number two, dated Wednesday, June 3rd, 2009 to be acted upon as indicated and that the agenda be incorporated by reference into the Senate Journal and the Senate Transcript.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, also move that the disagreeing actions on Senate Number 2 be printed on the Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. At this point, I would move for what I hope will be a relatively brief recess and we will then reconvene later on, on the call of the Chair. Thank you, Mr. President.

THE CHAIR:

The motion is for a brief recess, without



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objection, the Senate will stand in recess.

(SENATE IN RECESS)

THE CLERK:

The Senate will reconvene immediately. The Senate will reconvene immediately.

THE CHAIR:

The Senate will come back to order. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. First, Mr. President, I would like to mark a number of items for a Consent Calendar.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Yes, Mr. President. Mr. President, thank you. Beginning on Calendar page 2, Calendar 229, Senate Bill 547, Mr. President, move to place that item on the Consent Calendar.

THE CHAIR:

There is a motion to place Calendar number 229 on the Consent Calendar. Without objection, so ordered, sir.

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SENATOR LOONEY:

Thank you, Mr. President. Mr. President,  
continuing also, Calendar page 2, Calendar 269, Senate  
Bill 1036, move to place the item on the Consent  
Calendar.

THE CHAIR:

Motion on the floor to place Calendar number 269  
on the Consent Calendar. Seeing no objection, so  
ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. On Calendar page 3,  
Calendar 271, Senate Bill 1039, move to place that  
item on the Consent Calendar.

THE CHAIR:

Motion on the floor to place Calendar number 271  
on the Consent Calendar. Seeing no objection, so  
ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Moving to Calendar page  
7, Calendar 602, House bill 6584, move to place the  
item on the Consent Calendar.

THE CHAIR:

Motion on the floor to place Calendar number 602

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on the Consent Calendar. Seeing no objection, so  
ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, moving  
to Calendar page 10, Calendar 639, House bill 6684,  
move to place the item on the Consent Calendar.

THE CHAIR:

Motion on the floor to place Calendar number 639  
on the Consent Calendar. Seeing no objection, so  
ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Moving to Calendar page  
12, Calendar 667, House bill 6539, move to place the  
item on the Consent Calendar.

THE CHAIR:

There is a motion on the floor to place Calendar  
number 667 on the Consent Calendar. Seeing no  
objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Moving to Calendar page  
13, Calendar 678, House bill 6306, move to place the  
item on the Consent Calendar.

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There's a motion on the floor to place Calendar number 678 on the Consent Calendar. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Continuing Calendar page 13, Calendar 679, House Bill 6279, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 679 on the Consent Calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. And continuing Calendar page 13, Calendar 682, House bill 6041, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 682 -- I thought Senator Fasano was running to do something there -- Calendar 682 on the Consent Calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Moving to Calendar page 14, Calendar 692, House bill 6248, move to place the

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item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 692 on the Consent Calendar. Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Moving to Calendar page 15, Calendar 700, House Bill 6693, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 700 on the Consent Calendar. Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Continuing Calendar page 15, Calendar 701, House bill 6642, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 701 on the Consent Calendar. Without objection, sir, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, Calendar

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page 17, Calendar 714, House bill 6280, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 714 on the Consent Calendar. Without objection, sir, so ordered.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Continuing Calendar page 21, Calendar 735, House bill 6523, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 735 on the Consent Calendar. Senator Looney, I believe because it's single starred, you're going to have to suspend the rules first, sir.

SENATOR LOONEY:

Yes, Mr. President. Move for suspension, take out that item and place it on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to take single starred Calendar number 735 to double star on the Calendar. Seeing no objection, please proceed, sir.

SENATOR LOONEY:

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Thank you, Mr. President. If we might, Mr. President, if we might stand at ease for just a second.

THE CHAIR:

The Senate will stand at ease.

(SENATE AT EASE)

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, continuing, Calendar page 26 --

THE CHAIR:

Senator Looney, on 735, we've got a -- what did you want to do with that, sir?

SENATOR LOONEY:

Yes, Mr. President, to place it on the Consent Calendar.

THE CHAIR:

Okay. There's a motion to move Calendar number 735 onto the Consent Calendar. Without objection, so ordered, sir. Please proceed.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Mr. President, moving to Calendar page 26, Calendar 377, Senate Bill 1047, Mr. President, move to place that item on the

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Consent Calendar.

THE CHAIR:

There is a motion on the floor to place Calendar number 377 on the Consent Calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President, moving to Calendar page 29, Calendar 498, Senate bill 1091. Mr. President, move to place that item on the Consent Calendar.

THE CHAIR:

There is a motion on the floor to place Calendar number 498 on the Consent Calendar. Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President, Mr. President, moving to Calendar page 33, Calendar 378, Senate bill 1048, Mr. President, move to place that item on the Consent Calendar.

THE CHAIR:

There is a motion on the floor to place Calendar number 378 onto the Consent Calendar. Without objection, so ordered, sir.

SENATOR LOONEY:



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Thank you, Mr. President. Mr. President, now moving to items on the agenda, first of all, on Senate agenda number one, Mr. President, would move to take up House Bill 5211 for purposes of moving it to the Consent Calendar.

THE CHAIR:

There is a motion to place House Bill number 5211 from Senate Agenda number one onto the Consent Calendar. I believe, Senator Looney, you need to suspend the rules on that one first.

SENATOR LOONEY:

Yes, move for a suspension for that purpose, Mr. President.

THE CHAIR:

There is a motion on the floor to suspend the rules to move House bill number 5211 onto the Consent Calendar. Seeing no objection, Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, thank you. Also, Mr. President, on Senate Agenda number one, move to take up Senate bill 880 for purposes of moving it to the Consent Calendar.

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There's a motion on the floor to take up Senate Bill 880, to move it to the Consent Calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, on Senate Agenda number 2, previously adopted, move to take up House bill 6481, for purposes of placing it on the Consent Calendar.

THE CHAIR:

There's a motion to move House Bill 6481 off of Senate Agenda number two to the Consent Calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. And also, Mr. President, on Senate Agenda number two, would move to take up Senate bill 1128 and to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to item Senate Bill 1128 off of Senate Agenda number two onto the Consent Calendar. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Yes, Mr. President. Mr. President, thank you. We

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call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar.

SENATOR LOONEY:

Just a moment, I think we have an adjustment to the items. If we might stand at ease for a moment, Mr. President?

THE CHAIR:

The Senate will stand at ease.

(SENATE AT EASE)

THE CHAIR:

The Senate will come back to order, Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, thank you, there are three items that we need to remove from the Consent Calendar because there will be amendments offered on them before they are voted on and those three items are Calendar page 2, Calendar 269, Senate bill 1036, if that might be removed from the Consent Calendar and instead marked go.

THE CHAIR:

There's a motion on the floor to move the item

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from consent to go. Seeing no objection, so ordered,  
sir.

SENATOR LOONEY:

Yes. Thank you, Mr. President. And also, Calendar  
page 3, Calendar 271, Senate bill 1039, would move to  
remove that item from the Consent Calendar and to mark  
it go.

THE CHAIR:

There's a motion on the floor to remove Calendar  
number 271 from the Consent Calendar to go. Seeing no  
objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Also, Mr. President,  
Calendar page 29, Calendar 498, Senate bill 1091,  
would move to remove that item from the Consent  
Calendar and to mark it go.

THE CHAIR:

There's a motion on the floor to remove Calendar  
number 498 from the Consent Calendar. Without  
objection, so ordered, sir.

SENATOR LOONEY:

Yes, Mr. President. And, Mr. President, another  
item to add to the Consent Calendar. And, Mr.

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President, that item, again, appears on Senate Agenda number one, it is substitute for House bill 6672. Mr. President, would move to place that item on the Consent Calendar from Senate Agenda number one, House bill 6672.

THE CHAIR:

There is a motion on the floor to move House Bill number 6672 off of Senate Agenda number one to the Consent Calendar. Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President, and Mr. President, before calling the Consent Calendar, I have a number of items to mark go which we will take up after the Consent Calendar.

The first of those go items, Mr. President, is on Calendar page 7, Calendar 583, House bill 6592. The second, Mr. President, is on Calendar page 14, Calendar 688, House bill 6585. The third, Mr. President, is on Calendar page 19, Calendar 722, House bill 6097. The next item to be marked go, Mr. President, is on Calendar page 35, Calendar 683, House Joint Resolution number 1. And then two more items earlier in the Calendar, Mr. President, to mark as go.

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Back on Calendar page 18, Calendar 719, House Bill 6676 is marked go and Calendar page 33, Calendar 354, Senate bill 499 is marked go.

Yes, Mr. President, thank you. At this point if the Clerk might call the items on the Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar.

THE CLERK:

Immediate Roll Call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

Mr. President, the items placed on the first Consent Calendar begin on Senate Agenda number one, Substitute for House bill 5211, Substitute for House bill 6672 and Senate bill 880.

From Senate Agenda number two, Substitute for House bill 6481 and Senate bill 1128.

Going to Senate Calendar, calendar page 229, Substitute for Senate bill 549. Calendar 229, substitute for Senate bill 547. Calendar page 7,

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Calendar 602, substitute for House bill 6584.

Calendar page 10, Calendar 639, House bill 6684.

Calendar page 12, Calendar 667, substitute for House

bill 6539. Calendar page 13, Calendar 678, substitute

for House bill 6306. Calendar 679, substitute for

House bill 6279 and Calendar 682, substitute for House

bill 6041. Calendar page 14, Calendar 692, House bill

6248. Calendar page 15, Calendar 700, substitute for

House bill 6693. Calendar 701, substitute for House

bill 6642. Calendar page 17, Calendar 714, substitute

for House bill 6280. Calendar page 21, Calendar 735,

House bill 6523. Calendar page 26, Calendar 337,

Senate bill 1047.

THE CHAIR:

Sir, I believe that was 377.

THE CLERK:

Yes, Mr. President, Calendar 377, Senate bill 1047. And Calendar page 33, Calendar 378, substitute for Senate bill 1048. Mr. President, that completes the items placed on the first Consent Calendar.

THE CHAIR:

Please call for Roll Call vote.

Please call for a Roll Call vote on Consent number

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one, the machine will be open.

THE CLERK:

The Senate is now voting by Roll Call on the  
Consent Calendar. Will all Senators please return to  
the Chamber? The Senate is now voting by Roll Call.  
Will all Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted,  
please check your vote, the machine will be locked,  
the Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number  
One.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar Number One passes.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President, would move for  
immediate transmittal to the House of Representatives



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of any items voted on Consent Calendar number one requiring action in the House of Representatives.

THE CHAIR:

There's a motion on the floor for immediate transmittal. Without objection, so ordered, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, if the Clerk might begin calling the go items, beginning with those we had mentioned beginning on Calendar page 7 and adding in later the ones removed from the Consent Calendar. But beginning with the items marked on Calendar page 7 as go.

THE CHAIR:

Thank you, sir. Mr. Clerk.

THE CLERK:

Calendar page 7, Cal 583, file number 316,  
substitute for House Bill 6592, AN ACT CONCERNING THE  
CHARTER OF THE LORD'S POINT ASSOCIATION, Favorably  
Reported, Committee on Planning and Development.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President. I move acceptance of

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the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

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

SENATOR COLEMAN:

Thank you, Mr. President. This is a bill that seeks to amend the charter of the Lord's Point Association in Stonington. It makes it clear that the association is a corporation and the members, who are adults and own property and, also entities, including corporations and partnerships who own property are entitled to one vote at the meetings of the associations. Significantly, the Board of the Executive Committee becomes the Board of Directors and the Board of Directors may fix compensation for the president, the vice president and the treasurer of the Association and the Board of Directors may also authorize the treasurer --

THE CHAIR:

Excuse me, Senator Coleman. According to my watch, we still have some time before end of session, so if you have a conversation, please take it outside.

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We're trying to do some business in here. Senator Coleman, I apologize.

SENATOR COLEMAN:

Thank you, Mr. President. My final comment is that the Board of Directors is authorized to authorize the treasurer to borrow money. If I may, Mr. President, I'd like to yield to Senator Daley for purposes of an Amendment. Not Daley, sorry, Senator Stillman.

THE CHAIR:

Senator Stillman, do you accept the yield?

SENATOR STILLMAN:

Thank you, Mr. President, I do. Thank you, Senator Coleman. Yes, for the purpose of an Amendment, I'd like to call -- if the Clerk would kindly call LCO 8384 and then I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 8384 to be designated Senate Amendment  
Schedule A as offered by Senator Stillman of the 20th District.

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THE CHAIR:

There is a motion on the floor for summarization.  
Without objection, ma'am, please proceed.

SENATOR STILLMAN:

Thank you, sir. I move the Amendment.

THE CHAIR:

Motion on the floor on adoption. Without  
objection, please proceed, ma'am.

SENATOR STILLMAN:

Yes, thank you. This Amendment recognizes some  
needed changes for the Cornfield Point Beach  
Association, which will now become the Cornfield Point  
Association. The members -- many members of this  
Association worked on this particular -- on these  
changes. We had a recent meeting and agreed to some  
changes to the initial Amendment that was before the  
Chamber. It increases the number of days for notice  
and just generally updates the technical changes that  
are needed for this Association.

THE CHAIR:

Thank you, ma'am. Will you remark further on  
Senate Amendment A? Senator Maynard.

SENATOR MAYNARD:

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Yes, thank you, Mr. President. I just want to urge adoption of this. I thank Senator Coleman for his work and I urge, also, adoption of Senator Stillman's Amendment. Thank you.

THE CHAIR:

Thank you, sir. Will you remark further on Senate A? Will you remark further? If not, let me try your minds.

All those in favor, please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. Ayes have it. Senate A is adopted. Will you remark further on House Bill 6592 as amended by Senate A? Senator Coleman.

SENATOR COLEMAN:

I believe we require a roll call vote on this item, Mr. President.

THE CHAIR:

Is there any further conversation? If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

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Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked and the Clerk will call the tally.

THE CLERK:

The motion is on passage of House Bill 6592 as amended.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The bill as amended passes. Mr. Clerk.

THE CLERK:

Senator Looney.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

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Yes, Mr. President, thank you. Would move for immediate transmittal to the House of Calendar page 7, calendar 583, House Bill 6592 as amended.

THE CHAIR:

There is a motion on the floor for immediate transmittal. Without objection, so ordered, sir.

THE CLERK:

Calendar page 14, Calendar 688, file number 457 AND 940, substitute for House bill 6585, AN ACT CONCERNING REGIONALISM, as amended by House Amendment Schedule A, Favorably Reported, Committees on Planning and Development, Finance, Revenue and Bonding.

THE CHAIR:

Senator Looney. Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President. Mr. President, I move acceptance of the Joint Committees' Favorable Report and passage of the bill.

THE CHAIR:

Acting on acceptance and passage of the bill, sir, would you like to remark further?

SENATOR COLEMAN:

Just some preliminary remarks, Mr. President. LCO

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advises that in order to accomplish -- well, let me explain to the Members what I'm seeking to accomplish. Ultimately, I'd like to call an Amendment which will strike sections 2, 4 and 6 of the bill. What we have before us at the present time has come up from the House and section 6 has already been deleted. But, unfortunately, what the -- the action of the House was not incorporated into a file copy. So LCO is advising that we first reject House A and, if that is successful, then proceed to adopt Amendment LCO 9318, which would strike sections 2, 4 and 6. So first, Mr. President, I move rejection of House A.

THE CHAIR:

There's a motion on the floor for rejection of House A. Let me try your minds. All those in favor of rejecting House A, please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. House A is rejected. Senator Coleman.

SENATOR COLEMAN:

Mr. President, I'd ask the Clerk to call LCO 9318.



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THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 9318 which will be designated Senate Amendment  
Schedule A as offered by Senator Coleman of the 2nd  
District, et al.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Move adoption, Mr. President.

THE CHAIR:

There is a motion on the floor for adoption.  
Seeing no objection, please proceed, sir.

SENATOR COLEMAN:

May I have permission to summarize?

THE CHAIR:

There is a motion on the floor for summarization.  
Without objection, sir, please proceed.

SENATOR COLEMAN:

LCO 9318 deletes section 2 which is a mandate to  
OPM to approve regional economic development plans.  
It also deletes section 4 which is the sales tax  
incentive that received a lot of discussion yesterday

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evening. It also deletes section 6 which is a provision for an optional hotel tax. I would move adoption of the Amendment.

THE CHAIR:

Motion on the floor for adoption of Senate Amendment A. Will you remark further? Will you remark further on Senate A? If not, let me try your minds. All those in favor, please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The Ayes have it, Senate A is adopted. Senator Coleman.

SENATOR COLEMAN:

What's remaining, Mr. President, is section one which establishes parameter for voluntary regional cooperative agreements. It includes provisions regarding federal economic development districts, non-compete agreements, property tax revenue sharing. Section 3 also remains and that provides that the OPM secretary must certify that a region has met the requirements of section one which pertain to the

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process for agreements between municipalities.

Section 5 also remains which calls for the regional planning organizations to identify obstacles to regional cooperation. I urge passage of the bill as amended.

THE CHAIR:

Thank you, sir. Will you remark further on House bill 6585 as amended by Senate A? Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. Mr. President, I appreciate the Amendment by Senator Coleman, I fully endorse the Amendment and the underlying bill. I think that it clears up many of the questions that were raised yesterday and I support the initiative. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on the bill as amended by Senate A? Will you remark further? If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the

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Chamber. Immediate Roll Call has been ordered in the  
Senate. Will all Senators please return to the  
Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have  
voted, please check your vote. The machine will be  
locked and the Clerk will call the tally.

THE CLERK:

The motion is on passage of House Bill 6585  
as amended by House Amendment Schedule A -- Senate  
Amendment Schedule A.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The bill as amended passes. Mr. Clerk. Senator  
Looney, do you want to transmit?

SENATOR LOONEY:

Yes, Mr. President, thank you. Would move for  
immediate transmittal to the House of Representatives  
of Calendar page 14, Calendar 688, House Bill 6585.

THE CHAIR:

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There's a motion on the floor to immediately transmit Calendar688. Without objection, so ordered.

Mr. Clerk.

THE CLERK:

Calendar page 19, Calendar number 722, files number 314, 956, 1027, substitute for House bill 6097, AN ACT CONCERNING BROWN FIELD DEVELOPMENT PROJECTS AS AMENDED BY SENATE AMENDMENT SCHEDULE A, Favorably Reported, Committees on Commerce and Export.

THE CHAIR:

Senator LeBeau.

SENATOR LEBEAU:

I move acceptance of the Joint Committees' Favorable Report and passage of the bill as amended.

THE CHAIR:

Acting on acceptance and approval of the bill as amended, sir, would you like to discuss it further?

SENATOR LEBEAU:

Thank you, Mr. President. I'm going to very briefly say a few words about the bill. A lot of work done on this bill over the last year by the brown fields task force. And this empowers municipalities to better control their own destiny by allowing them

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to identify, investigate and ultimately, remediate for the tax benefit bringing properties back on tax rolls. It establishes time lines and that is it.

THE CHAIR:

Thank you, sir. Remark further on House bill 6097? Remark further on House bill 6097. If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

A Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? Senator Gomes, could you please vote? Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked and the Clerk will call the tally.

THE CLERK:

The motion is on passage of House Bill 6097 as amended by Senate Amendment Schedule A.

Total number voting 36

Those voting Yea 36

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Those voting Nay 0

Those absent and not voting 0

THE CHAIR:

The bill passes. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, would move for immediate transmittal to the House of Representatives of Calendar page 19, Calendar number 722, House Bill 6097 as amended.

THE CHAIR:

There's a motion on the floor to immediately transmit Calendar number 722. Without objection, so ordered. Mr. Clerk.

THE CLERK:

Calendar page 35, Calendar number 683, File number 632, House Joint Resolution number one. A RESOLUTION EXPRESSING PROFOUND REGRET OF THE CONNECTICUT GENERAL ASSEMBLY FOR THE HISTORY OF WRONGS INFLICTED UPON BLACK CITIZENS BY MEANS OF SLAVERY, EXPLOITATION AND LEGALIZED RACIAL SEGREGATION AND CALLING ON ALL CITIZENS TO TAKE PART IN ACTS OF RACIAL RECONCILIATION, as amended by House Amendment Schedule A, Favorably Reported, Committee on Government

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Administration and Elections.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, thank you, thank you, Mr. President. Would move for adoption of House Joint Resolution number one, in concurrence with the House of Representatives.

THE CHAIR:

There is a motion on the floor of adoption of House Joint Resolution number one in concurrence with the House. Senator Looney.

SENATOR LOONEY:

Yes, Mr. President. Mr. President, just briefly, this resolution recognizes a significant and painful fact of Connecticut history, recognizes that during the 17th, 18th and part of the 19th century, Connecticut was not an enlightened and a humane place for residents of African American heritage. The resolution points out that in Connecticut, slavery, unfortunately, did exist during our colonial heritage, that emancipation bills were several times rejected by the Connecticut legislature in 1777, 1779 and '80.

Ironically, at the same time that Connecticut was



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engaged in fighting for freedom from Great Britain during our War of Independence.

The Connecticut legislature did enact the Non-Importation Act in 1774. Gradual Abolition Act of 1788 to prevent the slave trade. The Constitution of 1818 adopted in Connecticut specifically denied the right of the African American population to vote and it was only over times, as the 19th century went along, that a significant movement towards abolition of slavery and a gradual recognition of this question as a fundamental human rights issue of the 19th century grew and culminating in the outlawing of slavery in Connecticut in 1848. So this resolution expresses a profound apology for that highly unenlightened period in our State's history which we shared with the rest of the nation in so many unfortunate ways. At this point, I would yield to my colleague, Senator Harp.

THE CHAIR:

Senator Harp, do you accept the yield?

HARP:

Thank you, Mr. President. I do. I just thought that it was really important for the record to

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underscore the fact that slaves were legally recognized as property in Connecticut until 1848. And that slaves were first known to be in Connecticut from 1639 in Hartford and 1644 in New Haven. On the eve of the American Revolution, Connecticut had the largest number of slaves in New England. All of the principle families of Norwich, Hartford and New Haven are said to have had one or two slaves.

By 1774, half of all the ministers, lawyers and public officials owned slaves and a third of all of the doctors. In 1774, New London county had become the greatest slave holding section of New England with almost twice as many slaves as the most populous county in Massachusetts. As you've heard before, the Connecticut General Assembly rejected emancipation bills in 1777, 1779 and 1780. Connecticut disenfranchised blacks officially in 1818 and that was a mere formality because slaves and people of color were not allowed to vote and there is no evidence that they did vote.

I first became aware of Connecticut by reading a book called "The Economics of Slavery" and half of that book talked about Connecticut Negroes. And it

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mentioned that New Haven Harbor was a slave harbor and an entryway for slaves to come in to the United States. And slaves often jumped ship in New Haven Harbor and swam up the Quinnipiac River and joined the Narragansett tribes. And that's one of the reasons that we see that many of the tribes in Connecticut look as if they have an African descent.

As you know, in 1839, slaves mutinied on a ship called La Amistad. And what we have done in Connecticut with our slave history, frankly, is to begin the whole abolitionist movement and give it credence across the United States. With the good people of the United Church of Christ throughout the State of Connecticut, with African Americans, they came together to assure that those people who mutinied on La Amistad were not considered chattel and enslaved and helped to take freedom one step forward. And that is why our flagship is the Amistad here in the state of Connecticut. What is a shame to me is that much of this history has been forgotten.

But I think that many African Americans, as myself, wear the brand of slavery internally. And as we look at the ways in which the African American

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community has a disproportionate number of people who are in our corrections system, have disproportionate - a disparity in health outcomes, I believe it's a brand of slavery that still exists throughout on the African American community to this day.

So I believe that an apology and a recognition of the impact of slavery of the way in which it manifests in the lives of particularly many African Americans here in this State continues to persist, is something that will go a long way in making things different. I know that in many respects, it's symbolic, but I would hope that this symbolic move reflects something that we will -- a renewed commitment to assuring that the disparities that we see that exist today will no longer exist. And we'll be able to answer the question that Sengbe Pieh, who was the head of the mutiny on the Amistad, we will be able to answer his question when he says "What kind of place is this where you almost mean what you say, where laws almost work? How can we live like that?" The answer will be that we won't. And I urge your support of this resolution.

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Thank you, ma'am. Yes, Ma'am?

HARP:

I would like to yield, if it's possible, to  
Senator McKinney.

THE CHAIR:

Senator McKinney, do you accept the yield?.

SENATOR MCKINNEY:

I do, thank you, Mr. President.

THE CHAIR:

Please proceed.

SENATOR MCKINNEY:

And thank you, Senator Harp for the yield. Mr.  
President, very briefly, it is certainly an honor to  
speak on behalf of this resolution. We are living in  
remarkable times, obviously, Mr. President. As I hope  
all of us in this nation watched with tremendous pride  
as our country elected and then inaugurated the first  
African American President in Barack Obama.

But despite that tremendous progress, we must not  
forget our history. And what this resolution does,  
which is so important, is that it does provide a brief  
history of not only Connecticut's involvement with  
slavery, but also, as Senator Harp so importantly

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pointed out, our role in starting the abolitionist movement and the importance of the Amistad.

What's important, Mr. President, is that we continue to look and understand our history so that we will understand how it impacts what we are every day and the constant need and vigilant need to look for equality in every sector of our life in the State of Connecticut. So as this resolution apologizes for our past, we also hope that our schools and our religious organizations and our businesses and our civic organizations will continue to take a look at that history so we can understand it and appreciate it and not make those mistakes again.

With that, Mr. President, I want to thank the majority leader for the opportunity to speak on behalf of this resolution. I want to thank all of those in this circle, Senator Coleman, as well and all of those in the House who worked so hard on this, Representative Ken Green, in particular. And urge adoption. Thank you, sir.

THE CHAIR:

Thank you, sir. Any remarks further on House Joint Resolution number one? Senator Williams.

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SENATOR WILLIAMS:

Thank you, Mr. President. I rise to associate my remarks with Senator McKinney. Also, Senator Looney and Senator Harp. Senator Harp spoke about how there were slaves held in Connecticut through the 1840's. A lot of time we think about slavery as occurring only in the South. We know it was prevalent here in New England. Sometimes we think of it as being urban, as Senator Harp was remarking in terms of our major cities at that time in Connecticut. I also know that it was rural in northeastern Connecticut where I come from. There were slaves held, as a matter of fact, in the town of Brooklyn, there is a wonderful historic church on Church Street, appropriately, built in the late 1700s. It was built with slave labor. It exists today. On the second floor of the church, there are what was know at the time as slave pews. I've been in that church, I've been up there in those pews. And there are carvings of sailing ships, perhaps the sailing ships that those slaves made their trip to America in.

So, Mr. President, with that, I also want to acknowledge that the Abolitionist Movement was alive

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and well here in Connecticut with Prudence Crandall and William Burley, Theodore Dwight Weld and not only white abolitionists, but blacks like Sarah Harris, who stood up for her rights, educationally, and because of that abolitionist movement here in New England, the Emancipation Proclamation issued by President Lincoln was made possible. If not for those efforts from those folks from Connecticut, the Emancipation Proclamation that ultimately led us to the progress we have made today would not have been possible so I support this resolution. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on House Joint Resolution number one? Remark further? If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:



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Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on adoption of House Joint Resolution number one.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

House Joint Resolution number one passes. Senator Looney.

SENATOR LOONEY:

(inaudible)

THE CLERK:

Calendar page 18, Calendar number 719, files number 869 and 1024, Substitute for House bill 6676,  
AN ACT CONCERNING LICENSURE OF MASTERS AND CLINICAL SOCIAL WORKERS, as amended by House Amendment Schedule A, Favorable Report, Committees on Public Health and Appropriations.

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Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Good evening, I move acceptance of the Joint Committees' favorable report and passage of the bill in concurrence with the House.

THE CHAIR:

Good evening, sir. Acting on acceptance and approval of the bill, sir, would you like to remark further?

SENATOR HARRIS:

Thank you, Mr. President. This bill establishes a new license for social workers with a masters in Social Work and have passed a mater's level exam. I urge adoption.

THE CHAIR:

Remark further on House Bill 66676? Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, through you, a few questions to the proponent of the bill.

THE CHAIR:

Senator Harris.

SENATOR DEBICELLA:

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Through you, Mr. President. When we had originally discussed this in Public Health there was a concern because if we included State employees in the licensure, it would result in a significant fiscal note. Yet if we did not include State employees, it might set up a dual system of licensure for public versus private. Through you, Mr. President, I know this has been amended by House A, do we have the dual public-private system in this bill? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. We do have a dual private-public system and the reason is as follows. First of all, it's my understanding that most of the social workers in state service are licensed clinical social workers currently. Secondly, according to DAS, the only social workers who provide psychotherapy for the state and who do not have a licensed clinical social worker status are trainees and interns who work under supervision. So they have that type of supervision that we want under licensure. And they're

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identified by title as trainees and interns and are working towards their license -- clinical social worker license. So it is unnecessary and of course, this does avoid a fiscal note.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And Mr. President, through you, I've received some calls and concerns about this bill as it relates to other groups that deal with mental health issues that may not be social workers, whether they're MFTs, professional counselors, psychiatric nurses, psychologists and the concerns that they've been expressing is that this may set up an unfair system, where people who have less clinical experience, the master of social worker level, are allowed, under this licensure, to practice at the same level as these other professions where a higher level of licensure is still needed. And through you, Mr. President to Senator Harris, does he have concerns that this bill may be setting up a dual system, not just public-private, but between social workers and other professions that deal with mental

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health issues? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. No.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

(laughter) Through you, Mr. President, I thank Senator Harris for the answers to the questions.

Mr. President, I have some concerns about this bill. I think, on the positive side, there's clearly a need for mental health professionals in our State, especially for mental health professionals willing to work for the poor and people in need.

However, Mr. President, I think that the bill before us tonight is problematic in two respects. And they are the two respects that I just laid out. First, I believe that setting up a dual system of public-private partnership is going to be a real issue in terms of actually implementing this bill, where you're going to have people moving between the public sector and the private sector in two different

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licensure regimes.

Mr. President, I also have serious concerns about whether this is fair to those in the other professions I listed; professional counselors, psychiatric nurses, psychologists, I just believe that if we were to do this for social workers, it seems to make sense that we would do the exact same thing for all of these different professions.

So, Mr. President, I believe I'm reluctantly standing in opposition to this bill tonight. I believe that there is a need for this, it is not the worst bill in the world, but I do believe that there are serious enough issues with it tonight that with 65 minutes to go, left in this session, it's not one we should be passing. So I stand in opposition. Thank you, Mr. President.

THE CHAIR:

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

SENATOR KANE:

Thank you, Mr. President. I, too, want to make my remarks with Senator Debicella's and rise in opposition to this bill. I think this would create

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multiple levels of licensure to practice social work. I think what it looks like is that students will be able to practice social work right out of school via this temporary license and maybe I can ask that as a question to the proponent of the bill, through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I had trouble hearing that. If the question could be repeated.

THE CHAIR:

Senator Kane, could you please repeat your question?

SENATOR KANE:

Thank you, Mr. President, I will. Is it true that in this bill that graduates who've just come out of school are able to practice social work via a temporary license? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes, there is a

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temporary license of 120 days provided for in this  
license.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. And up until this  
point, these same social workers would have more  
history or more experience in the field than what  
we're offering to day, correct? Through you, Mr.  
President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. What the purpose of  
this bill is, and I can get into a little bit more  
detail if necessary, is that social workers have found  
themselves in a Catch-22 situation. They graduate  
with a masters in social work. In order to become a  
licensed clinical social worker, they need 3,000 hours  
of experience. To get 3,000 hours of experience, they  
need a job, but a lot of settings in the health area  
require licensure to get a job. So this allows an  
interim license so they can get a job, be supervised



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by the State so there's more consumer protection and be able to work towards, with a job, that 3,000 hours so they can become licensed clinical social workers.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. Through you, but don't you think, Senator Harris, that we would be selling our consumers short? And the very people who need access to mental health care could be dealing with students right out of college rather than someone who has 3,000 hours of valuable training and has the license that's necessary to deal with mental health? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. When this program goes into full effect, in 2012, at that point, these masters of social work will be required to be under the supervision of various health care professionals. So it's a supervised position, it does not jeopardize the public health.

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THE CHAIR:

Senator Kane.

SENATOR KANE:

Through you, Mr. President. Maybe Senator Harris can explain that supervision to us?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, if you could repeat the question, please?

THE CHAIR:

Senator Kane.

SENATOR KANE:

Of course, thank you, Mr. President, through you, can you explain the supervision part of it, then?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Sure. Through you, Mr. President, I also want to clarify something. I believe Senator Kane used the word "out of college". These are people that have masters degrees, they're not just graduating from college. They have advanced education, also, which

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also had internships.

But as far as professional supervision goes, there's a definition in section 8 of the bill, which is face-to-face consultation between a supervisor and the supervisors are described in section 7 and they are --

THE CHAIR:

Senator Looney, for what purpose do you rise, sir?  
Senator Harris, excuse me. Senator Looney.

SENATOR LOONEY:

Mr. President, with apologies to Senator Harris, would ask that this bill be passed temporarily.

THE CHAIR:

Without objection, so ordered. Mr. Clerk.

THE CLERK:

Calendar page 33, Calendar number 354, file number 467, Substitute for Senate bill 499, AN ACT CONCERNING PET LEMON LAW AND THE RELEASE OF RABIES VACCINATION RECORDS TO ANIMAL CONTROL OFFICERS as amended by Senate Amendment Schedule A and House Amendment Schedule A, the House rejected Senate Amendment Schedule A and the House passed with their own Amendment A on June 2nd. Favorably Reported,

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Committee on Environment.

THE CHAIR:

Senator Superman. Oh, I'm sorry, Senator Meyer.

SENATOR MEYER:

Thank you, Mr. President. Thank you, Mr.  
President, good evening.

THE CHAIR:

Good evening, sir.

SENATOR MEYER:

I move for passage of this bill in concurrence  
with the House Amendment.

THE CHAIR:

Acting on acceptance and approval of the bill,  
sir, would you like to remark further?

SENATOR MEYER:

Colleagues, you'll recall, about ten days ago we  
passed the pet lemon law to give some security to  
people who buy cats and dogs from various kinds of  
animal mills. And the bill was passed by the Senate  
unanimously. It went down to the House and the House  
made two small Amendments and I'm asking that we  
approve those Amendments tonight.

The first Amendment was that we provided

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protection against not only pet shops, but also  
against kennels and the House stripped kennels.

Secondly, the House exempted from the law some  
cats, namely cats which have been spayed and neutered.  
We can deal with those issues again next year, we can  
Amendment it and get this law through. It's a good,  
sound law that protects those animals and the owners  
of animals and I urge we pass it.

THE CHAIR:

Will you remark further on Senate bill 499? Will  
you remark further? Senator Kane.

SENATOR KANE:

Thank you, Mr. President. Clerk is in possession  
of Senate Amendment 9338. I ask the Clerk call the  
Amendment and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 9338, which will be designated Senate  
Amendment Schedule B as offered by Senator Kane of the  
32nd district.

THE CHAIR:

There is a motion on the floor for summarization,

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without objection, please proceed, sir.

SENATOR KANE:

Thank you, Mr. President, I move adoption.

THE CHAIR:

Motion on the floor for adoption. Without objection.

SENATOR KANE:

Mr. Clerk -- I'm sorry, Mr. President. What this Amendment does is in lines 27 and 28, actually, really 28, you'll see that in the underlying bill, it said that kittens that are spayed or neutered, what this Amendment does is strike that entirely and just says that a licensee shall not be subject to the obligations imposed by this subsection for the sale of a cat.

And the reason for this, Mr. President, is many kittens are donated to these pet stores. They don't come from mills like the underlying bill with the puppies that it was geared towards. They're literally donated by individuals like you and I who have extended litters. So what this will do is allow the exemption of kittens because the kittens cannot -- well, they will succumb to anesthesia if they were

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spayed or neutered at an early age. This will allow them to go six months before that occurs. This will exempt them from the bill because it's very dangerous and what would happen is no one would donate kittens, adopt kittens and we'd end up with a worse problem on our hands. So I believe this Amendment would protect the lives of these kittens that we're trying to protect in the underlying bill. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark? Will you remark further on Senate A. Senator Meyer.

SENATOR MEYER:

Yes, Mr. President, thank you. Briefly, in regretful opposition. We're in the last hour of the 2009 session and if we amend this, it's unlikely that the Amendment will get through the House below. This is a bill that many, many people are asking for if you saw my correspondence file. Many people who have bought, primarily puppies from puppy mills where the puppy has had either a congenital defect or an illness of some kind, we're protecting those people who bought those and I'm going to urge that we reject this

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Amendment and take up Senator Kane's pursuit in the next session. And as soon as possible in the next session.

THE CHAIR:

Thank you, sir. Will you remark further? Senator Kane, for the second time.

SENATOR KANE:

Thank you, Mr. President, I appreciate Senator Meyer's remarks and I do believe that he is willing to work with us on this and I look forward to working with him on this issue. And I will withdraw my Amendment.

THE CHAIR:

There is a motion on the floor to withdraw Senate Amendment B. without objection, so ordered. Will you remark further on Senate bill 499? Remark further on Senate Bill 499? If not, Mr. Clerk, please call for a roll call vote and the machine will be open.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the



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Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on adoption of Senate bill 499 as Amended in concurrence with the action in the House.

Total number voting	36
Those voting Yea	33
Those voting Nay	3
Those absent and not voting	0

THE CHAIR:

The bill passes. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, would move for immediate transmittal to the House of Representatives, Calendar page 33, Calendar 354, Senate bill 499.

THE CHAIR:

There's a motion on the floor to immediately transmit -- Senate will stand at ease.

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(SENATE AT EASE)

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, I believe that may have been in concurrence. As a returned item, in that case, it would not need to be transmitted.

Thank you, Mr. President. Mr. President, the Clerk is in possession of Senate Agendas three and four for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, Clerk is in possession of Senate Agendas number three and four, dated Wednesday, June 3rd, 2009, copies have been distributed.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President. Mr. President, I move all items on Senate Agendas numbers three and four, dated Wednesday, June 3rd, 2009 to be acted upon as indicated and that the agendas be incorporated by

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reference into the Senate Journal and the Senate Transcript.

THE CHAIR:

There is a motion on the floor to move all items on Senate Agendas numbers three and four. Without objection, so ordered, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, would like to mark several items on Senate Agendas numbers two and three at this time, to move to take them up for purposes of placing them on the Consent Calendar.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Thank you, Mr. President. First, on Senate Agenda number two. Under House Bills Favorably Reported, substitute House bill 6678, AN ACT CONCERNING REVISIONS TO THE DEPARTMENT OF PUBLIC HEALTH LICENSING STATUTES. Mr. President, would move to take that item up and place it on the Consent Calendar.

THE CHAIR:

There is a motion on the floor to take up item

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House bill number 6678 and place it on the Consent Calendar, off of Senate Agenda number two. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, on Senate Agenda number three, under House Bills Favorably Reported, substitute House bill 6552, AN ACT BANNING THE POSSESSION OF POTENTIALLY DANGEROUS ANIMALS AND IMPORTATION, POSSESSION AND LIBERATION OF WILD ANIMALS, Mr. President, would move to take that item up for purposes of placing it on the Consent Calendar.

THE CHAIR:

There's a motion to place items, House bill 6552, on the Consent Calendar. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, continuing on Senate Agenda number three, under disagreeing actions. First Senate Bill number 586, AN ACT CONCERNING COLLINSVILLE HYDROELECTRIC FACILITY, Mr. President, would move to take that item up for purposes of placing it on the Consent Calendar.

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THE CHAIR:

There's a motion to place items, Senate bill 586, on the Consent Calendar. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President, continuing under disagreeing actions on Senate Agenda number three, Substitute Senate bill number 881, AN ACT CONCERNING INTERNATIONAL COMMERCE, Mr. President would move to take that item up for purposes of placing it on the Consent Calendar.

THE CHAIR:

There's a motion to place items, Senate bill 881 on the Consent Calendar. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, finally on Senate Agenda number three, Substitute Senate bill number 887, AN ACT CONCERNING CHANGES TO ECONOMIC DEVELOPMENT STATUTES, Mr. President, would move to take that item up for purposes of placing it on the Consent Calendar.

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There's a motion on the floor to take up items,  
Senate bill 887 off of Senate Agenda number three.  
Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, if the  
Clerk might call that Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar.

THE CLERK:

Immediate Roll Call has been ordered in the Senate  
on the second Consent Calendar. Will all Senators  
please return to the Chamber. Immediate Roll Call has  
been ordered in the Senate on the second Consent  
Calendar . Will all Senators please return to the  
Chamber.

Mr. President, the items placed on the second  
Consent Calendar begin on Senate Agenda number two,  
substitute for House Bill 6678, Senate Agenda number  
three, substitute for House Bill 6552, Senate bill  
586, substitute for Senate Bill 881 and substitute for  
Senate bill 887. Mr. President, that completes those  
items placed on the second Consent Calendar.

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Please call the Consent Calendar again, sir, the machine will be open.

THE CLERK:

The Senate is now voting by Roll Call on the Consent Calendar. Will all Senators please return to the Chamber. The Senate is now voting by Roll Call on the Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on adoption of Consent Calendar number two.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar number two passes. Senator Looney.

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SENATOR LOONEY:

Yes, Mr. President. Mr. President, if the Clerk might call next from Calendar page 2, Calendar 269, Senate bill 1036.

THE CLERK:

Calendar page 2, Calendar number 269, file number 305, Substitute for Senate bill 1036, AN ACT CONCERNING METROPOLITAN DISTRICTS, Favorably Reported, Committee on Planning and Development.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President. Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Acting on acceptance and approval of the bill, sir, would you like to remark further?

SENATOR COLEMAN:

Mr. President, this bill had been -- not this particular bill, but the concept had been before us earlier in this session. It is an Amendment to the charter of the Metropolitan District Commission which



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would authorize the Commission to make charitable contributions to non-profit organizations, such as the Connecticut Science Museum and the Children's Museum. I would ask that the Clerk please call LCO 9415.

THE CLERK:

LCO 9415, designated as Senate Amendment Schedule A as offered by Senator Coleman of the 2nd District.

SENATOR COLEMAN:

I move adoption, Mr. President.

THE CHAIR:

Motion on the floor for adoption, seeing no objections, so ordered. Please proceed.

SENATOR COLEMAN:

This is a strike-all Amendment and it accomplishes what I said in my opening remarks. It allows the Amendment to the charter of the MDC to allow charitable contributions. I urge adoption of the Amendment, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on Senate A? Senator Kissel.

SENATOR KISSEL:

Thank you very much. I had some concerns when the

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original bill was raised in this Circle. Some of my towns fall within the Metropolitan District and my concern was if they're authorized to make charitable contributions to worthy causes, that it may in some small way, result in the raising of rates to them. I'm wondering, through you, Mr. President, does the Amendment have any limitation as to how much could be donated to these charitable organizations? Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

It is the same figure that we had discussed previously. It's \$150,000 for a ten year period -- up to that amount. Through you, Mr. President

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you, Mr. President. Again, a question. Is it \$150,000 per year for ten years for a possible total donation of 1.5 million dollars? Through you, Mr. President.

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Senator Coleman.

SENATOR COLEMAN:

That would be the maximum amount allowed, Mr. President, through you, to Senator Kissel.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President. Not to belabor the point, because I know there's an awful lot of business we want to try to accomplish in the next 48 minutes, but I will say this. That potential 1.5 million dollars coming out of funds that may end up raising the water rates for my constituents that are served by the Metropolitan District, I think, with all the other pressures on folks trying to pay their bills as much as the goals of the donations are extremely laudable and Senator Coleman is eloquent as always in advancing this, I will reluctantly have to be voting no on this. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark further on Senate A? Will you remark further? If not, let me try your minds.

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All those in favor, signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay.

SENATORS:

Nay.

SENATOR COLEMAN:

Mr. President, may I have a roll call vote on the  
Amendment, please?

THE CHAIR:

A roll call will be ordered. Mr. Clerk, please  
call for a roll call vote.

THE CLERK:

Immediate Roll Call has been ordered in the  
Senate. Will all Senators please return to the  
Chamber. Immediate Roll Call has been ordered in the  
Senate. Will all Senators please return to the  
Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have  
voted, please check your vote. The machine will be  
locked. The Clerk will call the tally.

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THE CLERK:

The motion is on adoption of Senate  
Amendment Schedule A.

Total number voting	35
Those voting Yea	24
Those voting Nay	11
Those absent and not voting	1

THE CHAIR:

The Amendment passes. Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, would like to announce that  
Senator Maynard is abstaining from this vote under  
Rule 15, Joint Rule 15.

THE CHAIR:

It will be noted in the Journal, thank you, sir.

Will you remark further on the bill as amended by  
Senate A. Remark further? If not, Mr. Clerk, please  
call for a roll call vote, the machine will be open.

THE CLERK:

Immediate Roll Call has been ordered in the Senate

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THE CHAIR:

Senator Maynard.

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Folks, we're going to have to close this out because Senator Maynard had voted and we will reopen the machine.

Okay. The machine will be open.

THE CLERK:

The Senate is now voting by Roll Call. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on passage of Senate bill 1036 as Amended.

Total number voting	35
Those voting Yea	22
Those voting Nay	13
Those absent and not voting	1

THE CHAIR:

The bill as amended passes.

Senator Looney.

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SENATOR LOONEY:

Yes, Mr. President, thank you. Mr. President,  
move for immediate transmittal to the House of  
Representatives of Calendar page 2, Calendar 269,  
Senate Bill 1036 as Amended.

THE CHAIR:

There's a motion on the floor for immediate  
transmittal of Calendar number 269. Without  
objection, so ordered, sir. Senator Looney.

SENATOR LOONEY:

Yes, Mr. President. Thank you. The Clerk might  
call Calendar page 3, Calendar 271.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 3, Calendar number 271, file number  
307, Senate Bill 1039, AN ACT CONCERNING TECHNICAL  
CHANGES TO MUNICIPAL STATUTES, Favorably Reported, the  
Committee on Planning and Development, the Clerk is in  
possession of an Amendment.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

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Thank you, Mr. President. Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Acting on acceptance and approval of the bill, sir, would you like to remark further?

SENATOR COLEMAN:

I would. I would request that the Clerk please call LCO 9041.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 9041 which will be designated Senate Amendment Schedule A as offered by Senator Coleman of the 2nd District.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

I move adoption of the Amendment, Mr. President.

THE CHAIR:

There's a motion on the floor for adoption --

SENATOR COLEMAN:

May I summarize?



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THE CHAIR:

-- without objection, please proceed. And there's a motion to summarize. Without objection, please proceed, sir.

SENATOR COLEMAN:

Thank you, Mr. President. This Amendment revises section 14-313 of the General Statutes which authorizes the representative bodies of cities, towns and boroughs to serve as the appeal -- the body to which a person, an aggrieved person would appeal a decision of a local traffic authority. It also authorizes those bodies to delegate through an officer or a panel. There are -- it's come to our attention, in some cities, there are equivalent -- there are bodies that are equivalent to a Court of Common Council or a board of Aldermen which are referred to as a Board of Representatives. And in some towns, at least one town, there is a body that's equivalent to a town council or a board of selectmen, which are referred to as a Board of Directors. This Amendment incorporates those references; Board of Representatives and Board of Directors into the list of representative bodies that may hear appeals or

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delegate appeals of traffic authorities. I move  
adoption of the Amendment, Mr. President.

THE CHAIR:

Motion on adoption of Senate A. Will you remark?  
Will you remark further on Senate Amendment A. If  
not, let me try your minds. All those in favor,  
please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The Ayes have it, Senate A is  
adopted. Will you remark further on Senate Bill 1039  
as amended by A? Senator Coleman?

SENATOR COLEMAN:

I simply move passage of the bill as amended, Mr.  
President.

THE CHAIR:

Thank you, sir. Will you remark further on the  
bill as amended? If not, Mr. Clerk, please call for a  
roll call, the machine will be open.

THE CLERK:

A Roll Call has been ordered in the Senate. Will  
all Senators please return to the Chamber. Immediate

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Roll Call has been ordered in the Senate. Will all

Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? Have all Senators voted?

If all Senators have voted, please check your vote.

The machine will be locked. The Clerk will call the  
tally.

THE CLERK:

The motion is on passage of Senate bill 1039  
as Amended by Senate Amendment Schedule A.

Total number voting	35
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The bill as amended passes.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Would move for  
immediate transmittal of Calendar page 3, Calendar  
271, Senate bill 1039 to the House of Representatives.

THE CHAIR:

There is a motion on the floor for immediate

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transmittal of Calendar number 271. Without  
objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, if the  
Clerk would call Calendar page 29, Calendar 498,  
Senate Bill 1091.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 29, Calendar 498, file number 698,  
substitute for Senate bill 1091, AN ACT CONCERNING  
COMPLAINTS PENDING IN THE DEPARTMENT OF PUBLIC HEALTH  
AGAINST PHYSICIANS AND OTHER HEALTH CARE PROVIDERS,  
Favorably Reported, Committee on Judiciary and Public  
Health. Clerk is in possession of Amendments.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. I move acceptance of  
the Joint Committees' Favorable Report and passage of  
the bill.

THE CHAIR:

Acting on acceptance and approval of the bill,

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sir, will you remark further?

SENATOR MCDONALD:

Thank you, Mr. President. Mr. President, this bill is intended to provide a mechanism by which individuals who have filed complaints against physicians would have a meaningful role in the complaint process. Mr. President, the Clerk, I believe is in possession of LCO number 9089. I ask that it be called and I be granted leave to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 9089 which will be designated Senate Amendment Schedule A offered by Senator McDonald of the 27th District.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

I move adoption.

THE CHAIR:

There's a motion on the floor for adoption. Seeing no objection, please proceed

SENATOR MCDONALD:

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Thank you, Mr. President. Mr. President, after consulting with the Department of Public Health as well as members of the medical community, we were able to clean up this language so that we could still achieve the goals of the underlying legislation while protecting the rights of physicians who are under investigation by the Department of Public Health.

THE CHAIR:

Will you remark further on Senate A? Will you remark further?

If not, let me try your minds. All those in favor, please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The Ayes have it. Senate A is adopted. Will you remark further on Senate Bill 1091 as amended by A? Senator McDonald.

SENATOR MCDONALD:

Mr. President, the Clerk is in possession of LCO number 9320. I ask that it be called and I be granted leave to summarize.

THE CHAIR:

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Mr. Clerk.

THE CLERK:

LCO 9320 which will be designated Senate Amendment  
Schedule B offered by Senator McDonald of the 27th  
District.

THE CHAIR:

There's a motion on the floor for summarization.  
Without objection, please proceed, sir.

SENATOR MCDONALD:

Thank you, Mr. President. I move adoption of the  
Amendment.

THE CHAIR:

Motion on the floor for adoption. Without  
objection, please proceed.

SENATOR MCDONALD:

Thank you, Mr. President. Mr. President, this  
Amendment represents a meeting of the minds between  
the trial lawyer community as well as the medical  
community in creating a mandatory mediation process  
for all cases where personal injury or wrongful death  
are experienced. And would allow for early  
intervention of a mediation process to avoid needless  
litigation.

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THE CHAIR:

Remark further on Senate Amendment B? Remark  
further on Senate Amendment B.

If not, let me try your minds. All those in favor,  
signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The Ayes have it. Senate B is  
adopted. Will you remark further on Senate Bill 1091  
as amended by Senate A, B? Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President. Clerk has LCO 9077. I  
ask that it be called and I be given leave to  
summarize.

THE CHAIR:

MR. Clerk.

THE CLERK:

LCO 9077 which will be designated Senate Amendment  
Schedule C as offered by Senator Witkos of the 8th  
District.

THE CHAIR:

Senator Witkos.



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SENATOR WITKOS:

Thank you, Mr. President. I move adoption.

THE CHAIR:

Motion on adoption. Seeing no objection, please proceed, sir.

SENATOR WITKOS:

Thank you, Mr. President. Ladies and gentlemen of the Circle, this Amendment was here before us once before. This is regarding the -- where you have to serve jury duty. The only change in this is that we've moved the date out to allow the courts to make the necessary changes to their data programs. It now becomes effective October 1st, 2009. Thank you, Mr. President.

THE CHAIR:

Will you remark? Will you remark further on Senate Amendment C? Senator McDonald.

SENATOR MCDONALD:

Mr. President, I rise in strong support of the Amendment.

THE CHAIR:

Will you remark? Will you remark further on Senate Amendment C?

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If not, let me try your minds. All those in favor, signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The Ayes have it. Senate C is adopted. Will you remark further on Senate Bill 1091 as amended by Senate A, B, C? If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all Members voted? Have all Members voted? If all Members have voted, please check the board. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on passage of Senate bill 1091

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as Amended by Senate Amendment Schedules A, B and C.

Total number voting	35
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, move for immediate transmittal of Calendar page 29, Calendar 498, Senate bill 1091 to the House of Representatives.

THE CHAIR:

There is a motion on the floor to immediately transmit Calendar number 498. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, the next item to be marked go and called is Calendar page 8, Calendar 609, House Bill 6624.

THE CLERK:

Calendar page 8, Calendar 609, file number 671,

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Substitute for House Bill 6624, AN ACT CONCERNING THE  
BOARD OF PARDONS AND PAROLE, Favorably Reported,  
Committee on Judiciary.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Mr. President, I move  
acceptance of the Joint Committee's Favorable Report  
and passage of the bill in concurrence with the House.

THE CHAIR:

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

SENATOR MCDONALD:

Thank you, Mr. President. Mr. President, this  
bill comes to us from the Board of Pardons and Paroles  
and is intended to modify the hearings and pardons  
process to facilitate the operations of the Board of  
Pardons and Parole.

THE CHAIR:

Thank you, sir. Will you remark? Will you remark  
further on House Bill 6624? Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. Mr. President, the

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Clerk is in possession of Amendment LCO number 6945.

I would ask that the Amendment be called and I be  
given leave to summarize, Mr. President.

THE CLERK:

LCO 6945 which will be designated Senate Amendment  
Schedule A as offered by Senator Caligiuri of the 16th  
District.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. I move adoption. I  
would also ask for a roll call vote when the vote is  
taken.

THE CHAIR:

A roll call vote will be ordered, sir.

SENATOR CALIGIURI:

Mr. President, thank you. I will be brief, given  
that the hour is late. This is an issue that's  
familiar to all of us. What this Amendment would do  
is strengthen our persistent felony offender laws to  
allow for what's become known as a three-strikes-and-  
you're-out provision. It would mandate mandatory life  
imprisonment for a three time violent criminal. We've

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had this debate several times over the last year and a half so I'll keep my remarks brief. Let me just say a couple of things.

This is limited to the most serious repeat violent criminals. It is done within the context of existing law. We're not creating a new approach to dealing with these individuals and I would just say, with respect to the death penalty debate that we had just a few weeks ago, that if a mandatory minimum sentence of life is appropriate for folks who are convicted of capital felony, then, in the judgment of at least this Senator, we've crossed that divide. And a mandatory minimum sentence is permissible and ought to be permissible and in fact, adopted as a policy for the State of Connecticut when it comes to -- Mr. President.

THE CHAIR:

Can we have some quiet in the room so I can hear Senator Caligiuri? Senator Caligiuri, please proceed.

SENATOR CALIGIURI:

Thank you, Mr. President. I would just say as I wrap up, we've crossed this divide philosophically. We have mandatory minimum sentences. We've said that

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life is appropriate for those who've committed capital felony. Life should be an appropriate mandatory minimum sentence for three-time violent criminals. That's what this Amendment would do and I urge adoption. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Mr. President, through you, a couple of questions to the proponent of the and.

THE CHAIR:

Senator Caligiuri.

SENATOR MCDONALD:

Thank you, Mr. President. Senator Caligiuri, we obviously have had an opportunity to discuss this type of legislation in the recent past and most recently, we were able to double and in some cases, triple the sentences for persistent violent felony offenders. Through you, Mr. President, if Senator Caligiuri knows, what has been the experience of the States Attorneys around the State of Connecticut with the application of the new law that was adopted by the

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General Assembly in Special Session?

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. It's my understanding that the experience of the Chief States Attorneys and the prosecutors has been limited, given that they haven't had very much time under the new regime as has been adopted. I would also just point out though, that although we doubled and tripled the minimum sentence under the --

THE CHAIR:

Excuse me, there is no use of electronic devices or cell phones in the Chamber, ma'am. Thank you.

Senator Caligiuri, I apologize.

SENATOR CALIGIURI:

Thank you, Mr. President. I would just say, so while I believe the Chief State's Attorney's experience has been limited under the revised provision, I would also note that the revised provisions are not nearly as strong as they would appear. By saying you're double and tripling the minimum penalty, it sounds good but when the minimum



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penalty in over half the crimes involved is fewer than five years, you're not doing very much, Mr. President. Through you to Senator McDonald.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. I appreciate that response, but through you, Mr. President to Senator Caligiuri, if we don't have a great deal of experience from the States Attorneys, who are on the front lines prosecuting these types of cases, how, in your opinion, should we conclude that the reforms that were adopted on a bipartisan basis in the General Assembly need to be modified if they haven't been applied or situations haven't arisen where their application was necessary? Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. And my response would be because in the opinion of the proponent of this Amendment and I suspect, others who support it, this isn't about whether the statute has been strengthened

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sufficiently for purposes of the Chief State's Attorney. The issue is, as a matter of public policy, do we think it's appropriate to impose a tough, mandatory minimum sentence of life without the possibility of parole on a three-time rapist? That's the policy question before us. It's not whether the Chief State's Attorney likes the law as we revised it. It's a policy question about whether regardless of what he may think, we believe the penalty imposed under the law currently is tough enough. And in the opinion of the proponent of the Amendment, the answer is no. Through you, Mr. President.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Through you, Mr. President, under this legislation and under the existing law, isn't it, in fact, the case that it would still rest in the discretion of the State's Attorney in determining whether to bring a charge under this legislation? Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

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SENATOR CALIGIURI:

Thank you, Mr. President. Did I hear Senator McDonald correctly? Was the question whether -- where the discretion resides and if so, does it reside with the prosecutor? Is that the question?

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Through you, Mr. President, yes, the question is, if the concern is for stiffer or more draconian sentences for these persistent violent felony offenders, isn't it, in fact, the case that there would be nothing required of a prosecutor to bring a charge -- there would still be discretion on behalf of the prosecutor of whether to bring this charge? Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Mr. President, the answer is yes, but that's exactly the way it is already under all of our criminal statutes. The prosecutors have the discretion to decide what statutes to charge under.

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And so this law would be no different. Through you,  
Mr. President to Senator McDonald.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Through you, Mr.  
President to Senator Caligiuri, has any -- has the  
Chief State's Attorney's office suggested to Senator  
Caligiuri, or any other member of the legislature, if  
he knows, that the reforms we passed in special  
session have been unworkable or insufficient in  
application on the front lines of our criminal justice  
system? Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. The answer is no, not  
in that form, but the Chief State's Attorney has  
testified before the Judiciary Committee on at least  
two occasions that a three-strikes-and-you're-out  
provision would be a useful tool for prosecutors to  
have and in approximately the last year, year and a  
half, at one point the Chief State's Attorney

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recommended a minimum of forty to life for a three time violent criminal. So the Chief State's Attorney has testified before the Judiciary Committee that strengthening our persistent offender laws and putting a three-strikes provision on the books could be very helpful, although he hasn't said exactly what Senator McDonald asked about. Through you, Mr. President.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Through you, to Senator Caligiuri, Senator Caligiuri, when the Chief State's Attorney presented his testimony before the Judiciary Committee, there were approximately fifteen or so different versions of something called a three-strikes-and-you're-out, and I believe we actually adopted one of them in prior -- in the prior special session. But, through you and with reference to the testimony of the Chief State's Attorney, was this the proposal that the Chief State's Attorney was specifically addressing before the Judiciary Committee? Through you, Mr. President.

THE CHAIR:

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Senator Caligiuri.

SENATOR CALIGIURI:

Thank you, Mr. President. My recollection, through you to Senator McDonald, is that the Chief State's Attorney was answering questions generally, at least from this Member of the Judiciary Committee at the time, about the value of having a tough mandatory minimum sentence for three-time violent criminals, including the type of provision before us. So while I do not recall whether this was one of the provisions specifically that he was testifying before, I do know that he answered questions from this Senator about the value of having exactly this kind of change made to our laws. Through you, Mr. President.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Through you, Mr. President to Senator Caligiuri, when we had a hearing -- and we certainly miss Senator Caligiuri on the Judiciary Committee, but when we had a hearing on this subject, we had a great deal of testimony from others including the Executive Director of the Connecticut

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Sexual Assault Crisis Center who actually opposed this legislation because of the effects that it actually has and the progress of cases in the criminal justice system. So through you, Mr. President, if Senator Caligiuri knows, have the folks in the Sexual Assault Crisis environment or community modified their position, to your knowledge, about the wisdom of an Amendment such as this in the application of our criminal justice statutes? Through you, Mr. President.

THE CHAIR:

Senator Caligiuri.

SENATOR CALIGIURI:

Mr. President, with respect to the group specifically referenced by Senator McDonald, my answer is no, but there clearly have been a number of experts and individuals who believe that this type of change would be appropriate and I would just point out to Senator McDonald the fact that people oppose changes that we try to make doesn't mean that it doesn't pass or else the reforms to the death penalty that Senator McDonald pushed through would not have passed because clearly there were experts and other individuals who

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didn't support eliminating death as an option and it passed nonetheless. So ultimately, it is for us to decide as policy makers. Through you, Mr. President.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. And through you, Mr. President, to Senator Caligiuri, when we -- we had an unprecedented opportunity this session to confirm or reconfirm more than 50 judges and in many of those public hearings, we asked the question of judges whether they believed that judicial discretion was important in sentencing these types of cases. And to my knowledge, every single one of them who was asked the question, be they Democrat, be they Republican, be they incumbent, be they new nominee, all indicated that it is a critical element of the judicial process for judges to have discretion, to weigh the facts of cases on an individual basis because of the different nature of underlying crimes that might be actually part of the record. So through you, Mr. President to Senator Caligiuri, does he believe that all of those judges were in error in their application of our



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criminal justice statutes when they testified before  
the Judiciary Committee?

THE CHAIR:

Senator Caligiuri,

SENATOR CALIGIURI:

Thank you, Mr. President. My view is that Senator McDonald, perhaps, misunderstood the nature of their responses because they couldn't possibly have meant for you, Mr. President, that mandatory minimum sentences are not appropriate because there are many, many mandatory minimum sentences on our books. And for them to suggest that every one of them is inappropriate is not a reasonable position for us to be taking. Through you, Mr. President.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. And I certainly thank Senator Caligiuri for his answers to these questions. Mr. President, we actually did pass some extraordinary legislation in the special session that allows for the doubling and tripling of penalties for serious, persistent violent felony offenders, including life-

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in-prison sentences on the third strike. So I understand the passion with which Senator Caligiuri has articulated his position here and in other forms, but I have to say, Mr. President, that I have not received any indication from the Chief State's Attorney's office or from those who articulate and advocate on behalf of victims that the legislation that we passed previously has not been helpful and, in fact in my opinion, Mr. President, what we did has provided an extraordinary opportunity for prosecutors to effectively prosecute these persistent violent felony offenders. So therefore, I oppose the Amendment and I ask that when the vote be taken, it be taken by roll call.

THE CHAIR:

A roll call vote will be ordered. Senator Meyer.

Senator Meyer, would you like to speak, sir? No? Okay. Senator Kane.

SENATOR KANE:

Thank you, Mr. President, I'll speak. I rise in favor of this Amendment. I was, as many of you know, elected last year in a special election and the very week later, we had our special session in regards to

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this very issue of the three-strikes penalty or law. So I thank Senator Caligiuri for bringing out this Amendment and I do believe that we should pass this law. I believe that citizens of the State of Connecticut want this law and I believe that we should all look forward to passage of this Amendment. Senator Caligiuri has done a great deal of work on this and I believe that I look forward to the passage of it. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Will you remark? Senator McLachlan.

SENATOR MCLACHLAN:

Yes, Mr. President --

THE CHAIR:

Senator Looney?

SENATOR LOONEY:

Yes, Mr. President, would ask that this item be passed temporarily.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

; We might stand at ease for just a moment.

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THE CHAIR:

Senate will stand at ease.

(SENATE STANDING AT EASE)

THE CHAIR:

Senate will come back to order. Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, if the Clerk might call as the next item, Calendar page 33, Calendar 504, Senate Bill 939.

THE CLERK:

Calendar page 33, Calendar 504, File Number 694, Substitute for Senate Bill 939, AN ACT CONCERNING EDUCATOR CERTIFICATION, as amended by Senate Amendment Schedule A and House Amendment Schedule A, Favorably Reported. Committee on Education, Higher Education and Appropriations. The House passed with Senate Amendment Schedule A on June 2nd, 2009.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Thank you, Mr. President. Mr. President, I move acceptance of the Joint Committees' Favorable Report and passage of the bill in concurrence with the House.

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THE CHAIR:

Acting on acceptance and passage of the bill, sir,  
would you like to remark further?

SENATOR GAFFEY:

Yes, Mr. President. Mr. President, for the  
edification of the Members, this is the Teacher's  
Certification bill. The House passed House A which  
struck sections 24 through 27. I urge passage.

THE CHAIR:

Thank you, sir. Will you remark further, Senator  
Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, through  
you, some questions to the proponent of the bill.

THE CHAIR:

Senator Gaffey.

SENATOR DEBICELLA:

Through you, Mr. President, if -- just to  
recollect if the good Senator could describe what  
sections 24 through 27 did that House Amendment A  
stripped out?

THE CHAIR:

Senator Gaffey.

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SENATOR GAFFEY:

Thank you, Mr. President. Through you, to Senator Debicella. Senator Debicella, those sections pertained to the high school reform sections and also the school recycling section.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And Mr. President, why did the House strip those portions as we had passed this, I believe, unanimously out of this Chamber? Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Mr. President, obviously, there was not support for those sections, sir.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, I was looking at this bill and my inclination is to support it even with those changes. I thought the good

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Senator and his Committee had done an admirable job in putting together this comprehensive bill for education and changing the route of teacher's certification and the additional requirements for high school. The House, apparently, has disagreed with that action. And the bill before us tonight is one that I believe still has many positive qualities about it. It is something that, in looking at it and remembering the debate from the other day, you can clearly see that one of my favorite parts of the bill is the alternative routes to teacher's certification. Something that is going to allow many more people who are professionals or who are other non-traditional folks hoping to go into teaching a smoother path through to teaching. This is a bill, Mr. President, that I believe contains quite a few provisions to help with the teacher's certification process.

For example, section 4 discusses the bilingual educator's certificate, which extends temporary certification requirements for bilingual education teachers by a year. And in looking at this, Mr. President, this is something that will help not just, as we get alternative routes for teachers, but to help

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in communities where bilingual education is not only an option, but it is a necessity.

Mr. President, other aspects of this bill continue to impress me. Section 8 which remains, even after the House Amendment has criminal background checks for student teachers. This is something that strikes me as imminently logical to have a criminal background check for those who are hoping to go into teaching, who are teaching as student teachers. It starts on July 1st, 2010. It requires the local/regional board to notify the State Board of Education if a student teacher has actually been convicted under a crime. Mr. President, looking at the bill, it also has other sections still remaining in it that I believe are positive ones for the State.

If you look at Section 13, Section 13 has a resident teacher's certificate where we're establishing a one-year resident teacher's certificate that would allow a person to teach in Connecticut while they're going through one of those alternative routes to certification. And it allows the Education Commissioner, if they have good cause, to extend the certificate for an additional year. Mr. President,



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in looking at this bill, it also deals with substitute teachers, something that is absolutely essential to the proper functioning of any school. And the bill eliminates the Education Commissioner's authority to grant waivers that the requirements that substitute teachers must have at least a bachelor's degree. The impact of this, of course, will be we will be able to get more substitute teachers into our schools. That will enable us to have a much greater ability to insure that when a teacher is sick and out that the students continue to be taught.

Mr. President, sections 17 and 18 are simply technical changes to the bill. But section 19 has the authority to amend adopted local budgets and this, Mr. President, is something that I think is critical to our municipalities given the fiscal situation that we're in and the money that is flowing directly from ARRA, the American Recovery and Reinvestment Act, the stimulus package from the federal government to our municipalities. And specifically, what the bill allows, is it allows towns to open their budget to change the amount a Board of Education gets by the amount that they receive directly from the federal

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government under ARRA. This is going to enable towns to be made whole, which I think is the intent of the federal stimulus package. It will keep our Boards of Education in good standing relative to the budget that has been passed by the municipality, but yet, not penalize that municipality for any money that ARRA actually receives.

Now, Mr. President, in addressing some of the sections that were actually repealed, I believe -- and this is possibly, through you, Mr. President, a question to the proponent of the bill. Through you, Mr. President, a question to the proponent of the bill?

THE CHAIR:

Senator Gaffey.

SENATOR DEBICELLA:

Mr. President, I might be reading an old LCO note on this bill, but one of the sections that was eliminated, I believe, was section 26, a waiver of 180 day requirement for Granby School? Through you, Mr. President, was that one of the sections that the House eliminated?

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Senator Gaffey.

SENATOR GAFFEY:

Through you, Mr. President, no.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. So that is still in the bill then. Waiving the statutory requirement that public schools remain open for at least 180 days.

That is still in the bill? Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Yes, Mr. President, it is and the Granby School system would be very grateful, I'm sure, Senator Kissel and Senator Witkos, in fact, if we can pass this bill before midnight, sir.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. I certainly hope we will and I plan on voting for this, Mr. President. I

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do believe it is a good bill. I know it's a bill that my leadership supports as well. And they've given me several indications in terms of their support for it. And so, Mr. President, continuing to look at this bill and what I believe is a positive one for the State of Connecticut, section three, which we haven't talked about yet, gives testing exemptions and waivers, including requirements for the existing waiver of a teacher competency test. And Mr. President, this section says that before being admitted to an SBE teacher approved teacher preparation program or receiving a teaching certificate, teacher candidates must pass State reading, writing and math competencies. And Mr. President, I believe this is a very sensible thing that we would want to do, is to make sure that teachers have this ability to actually read the bill -- excuse me, actually pass --

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. This item might be passed temporarily and we have some --

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Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President, we have some items to add to the Consent Calendar.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Yes, Mr. President. Calendar page 2, Calendar 190, Senate Bill 910.

THE CHAIR:

There's a motion on the floor to place Calendar 190 on the Consent Calendar. Without objection, so ordered.

SB 910

SENATOR LOONEY:

Yes, Mr. President. Calendar page 7, Calendar 598, Senate Bill 6309.

THE CHAIR:

There's a motion on the floor to place Calendar 598 on the Consent Calendar. There is objection on the floor, sir.

SENATOR LOONEY:

Would remove that motion, Mr. President.

THE CHAIR:

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Motion to be removed. Senator Looney.

SENATOR LOONEY:

Mr. President, withdraw that motion at this time for additional consents and instead would call Senate Bill 920, which is on Calendar page 32, Calendar 227, Senate Bill 920.

THE CLERK:

Calendar page 32, Calendar 227, file number 251, Substitute for senate Bill 920, AN ACT CLARIFYING PENSION OBLIGATIONS OF CONTRACTORS AND SUBCONTRACTORS, as amended by Senate Amendment Schedule A, House Amendment Schedule A, Favorably Reported, Committee on Labor.

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. President, I move the Joint Committee's Favorable Report and passage of the bill as amended by the House.

THE CHAIR:

Acting on approval, ma'am, would you like to remark further?

SENATOR PRAGUE:

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I would, Mr. President. The House Amendment A was a technical Amendment. What this bill does is allow contractors who have paid the subcontractors who have to be bonded, who haven't paid into the pension funds to be able to go to Court and get that payment, which should have been properly made and that's the extent of the bill. It passed this Chamber once. There was no problem with it. The technical change had to be made in the House.

THE CHAIR:

Thank you, ma'am. Will you remark further on senate bill 920? Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. Mr. President, I'm not sure I understand the technical change. Senator Prague, exactly what was the change that was made in the House and why was it made?

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Through you, Mr. President, we amended the bill to allow a contractor to sue to recover damages from a subcontractor's failing to pay wages or benefits on a

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public construction project. This adds this cause of action to the existing prevailing wage law and appears to have created a new section that has some differences which could be potentially confusing and makes our conforming and clarifying changes. So it went down to the House, through you, Mr. President, and they removed the second cause of action created by Senate A and specifies the cause of action under the prevailing wage law as limited to damages sustained by making a payment required by the Department of Labor, plus costs and reasonable attorney's fees.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. Through you, Mr. President, and what was the -- if the purpose was to insure that the wages are paid correctly. Is that my understanding? Through you, Mr. President.

SENATOR PRAGUE:

Through you, Mr. President, the original bill was before us because general contractors were paying the subcontractors for the employee's wages and pension benefits and there were some contractors that were not



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paying the wages or the pension that they were supposed to pay. So Senate B gave the general contractor, who was being asked to pay twice, the right to go to court.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. I have no other questions, thank you very much, Mr. President.

THE CHAIR:

Will you remark further on Senate bill 920? Will you remark further on Senate bill 920? Senator Debicella. Senator Looney.

SENATOR LOONEY:

Mr. President, thank you, that item might be passed temporarily. I would ask the Clerk to call Senate Agenda number 5.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, Clerk is in possession of Senate Agenda number 5, dated Wednesday, June 3rd, 2009, copies have been distributed.

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SENATOR LOONEY:

Thank you, Mr. President. Yes, Mr. President, I move all items on Senate Agenda number 5, dated Wednesday, June 3rd, 2009, to be acted upon as indicated, that the agenda be incorporated by reference into the Senate Journal and the Senate Transcript.

THE CHAIR:

If the Senate could just stand at ease for a second, I'd like a copy of that Agenda.

(SENATE STANDING AT EASE)

THE CHAIR:

Thank you, proceed, Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, would move to take up on Senate Agenda number 5, under House bills Favorably Reported, Substitute House bill 6695, AN ACT CONCERNING THE CONVEYANCE OF CERTAIN PARCELS OF STATE LAND.

THE CHAIR:

There's a motion on the floor to take up House Bill number 6695 on Senate Agenda number 5, without objection.

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SENATOR LOONEY:

Yes, Mr. President, would move to place this item  
on the Consent Calendar.

THE CHAIR:

The Senate will stand at ease.

(SENATE AT EASE)

THE CHAIR:

Senator Fasano. I'm sorry, sir. I had put the  
Senate at ease. Senator Looney.

SENATOR LOONEY:

Yes, I was inquiring if there was an objection to  
the motion to place that item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to put Senate Agenda  
number 5, House bill number 6695 on the Consent  
Calendar. Senator Fasano, I can't hear you, sir.

SENATOR FASANO:

There is no objection.

THE CHAIR:

If there is no objection to placing to placing the  
item on the Consent Calendar.

SENATOR LOONEY:

Yes, we'd ask that item be voted as the single

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item on the Consent Calendar, Mr. President.

THE CHAIR:

Senator Looney, I believe there is more than one item on the Consent Calendar.

SENATOR LOONEY:

No, I believe at this point, we've -- do we have another item? The earlier item? I would ask the Clerk to call the Consent Calendar.

THE CLERK:

Mr. President, two items placed on the Consent Calendar. Calendar page 2, Calendar number 190, Substitute for Senate Bill 910 and on Senate Agenda number 5, substitute for House bill 6695. Mr. President, that completes those items placed on the third Consent Calendar.

THE CHAIR:

Mr. Clerk, please call for a roll call vote, the machine will be open.

THE CLERK:

The Senate is now voting by Roll Call on the third Consent Calendar. Will all Senators please return to the Chamber. The Senate is now voting by Roll Call on the third Consent Calendar. Will all Senators please

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return to the Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion on adoption of Consent Calendar number three.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar number three passes. Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, thank you. Mr. President, I move the Senate stand adjourned sine die.

THE CHAIR:

The Senate stands adjourned sine die.

On motion of Senator Looney of the 11th, the Senate at 12:00 a.m., adjourned Sine Die.