Senator Bartolomeo, Representative Urban, and members of the Committee,

Thank you for the opportunity to testify today. My name is Merrill Gay, I am the Executive Director of the Connecticut Early Childhood Alliance, a statewide membership organization committed to ensuring that all children in Connecticut are healthy, safe and ready for lifelong success.

I am here to testify in support of House Bill 6595, An Act Exempting Baby Diapers from the Sales Tax, and Senate Bill 839, An Act Concerning Children’s Issues.

House Bill 6595, An Act Exempting Baby Diapers from the Sales Tax, would exempt baby diapers in the same way that adult diapers are exempted. We strongly support this bill.

Diapers are not an unnecessary luxury item, they are a vital component of the health and well-being of infants and toddlers. Due to the high cost of diapers, in poor and low-income households, babies can spend a day or longer in one diaper. Because safety-net programs such as the Food Stamp Program and WIC (Special Supplemental Nutrition Program for Women, Infants and Children) do not cover the cost of diapers, it is essential that Connecticut not add cost to an already very expensive item.

Senate Bill 839 – An Act Concerning Children’s Issues, will study mental, emotional and physical issues faced by children. Many children have mental health needs early but go undiagnosed and untreated for years. According to CHDI only about 30% of children’s delays are detected before kindergarten. This points to a glaring gap in developmental screening and services for children ages birth to five. We are hoping that the implementation of our new Connecticut Behavioral Health Plan will significantly increase identification for our youngest children. At age 5, a more defined system of screening and services is available through the public schools.

To begin to create a system for young children, the Connecticut Early Childhood Alliance strongly supports universal screening, including screening for social and emotional development for all children ages birth through 5. Screening only for cognitive and physical developmental delays has long been the practice. However, screening for treating social, emotional and behavioral issues is as important. In addition to screening, a significant effort must be made to increase treatment options for delays and disabilities identified through universal screening. The treatment programs that currently exist that focus on early childhood mental health operate at capacity, often with long waiting lists. They need to be available to all children in our state. This shortage of treatment options is costly both in child development terms as well as economically.

Thank you for the opportunity to speak about these issues. I welcome any questions that you may have.