REP. ABERCROMBIE (83RD): So, just so everyone's aware, the first hour is for public officials and then after that, if we don't finish all the public officials, then we will rotate public and the elected officials. The public gets three minutes and we would appreciate everyone, because we have a lot of people on the agenda, to adhere to the three minutes. If with the interpreters, if I'm going too fast, please just give me a signal because I don't anybody to miss anything in translation. And with that, we will start with the commissioner of DSS, Commissioner Bremby. So, we were trying to get closed caption. They have not shown up and we're wondering if -- there's so many people here today, the parking is the issue. So, we do apologize, but we don't want to hold back the public hearing starting. Jay, do you want to just move that? Oh, okay. Good morning, Commissioner.

COMMISSIONER BREMBY: Good morning Representative Abercrombie and distinguished members of the Human
Services Committee. My name is Rod Bremby, and I am the commissioner of the Department of Social Services. I'm pleased to appear before you to offer remarks on several of the bills on today’s agenda.

Starting with Senate Bill 943, AN ACT CONCERNING MEDICAID TREATMENT OF AN INACCESSIBLE ASSET. This bill would prevent an applicant for Medicaid from being determined ineligible on the basis of a single, unliquified asset, provided that the individual provides evidence to the commissioner of Social Services that such asset is inaccessible. The department has multiple concerns with this bill.

The change pertains to a single disqualifying asset that causes the institutionalized individual’s total assets to exceed the Medicaid limit. The term “unliquified asset” is ambiguous and undefined, and is not a term that is used in Medicaid or by the Social Security Administration. If an individual has the right, authority or power to liquidate the asset, then it is countable towards the Medicaid limit. A delay in accessing funds does not remove the right to the funds.

Further, there is no standard in statute as to what constitutes evidence acceptable to the commissioner of Social Services. So, the lack of an evidentiary standard could lead to inconsistent decisions. It is not clear whether the individual would have the right to an administrative hearing if the commissioner of Social Services determined that the individual did not present acceptable evidence that the asset was inaccessible.

The exclusion of a single disqualifying asset would effectively allow institutionalized individuals to have assets in excess of the Medicaid asset limit,
and still qualify for assistance. This would remove any incentive for individuals or their representatives to reduce their assets in a timely manner by paying nursing facilities. This section would increase Medicaid expenditures by allowing applicants to be eligible for Medicaid services earlier. For these reasons, the department must oppose this bill.

Senate Bill 944, AN ACT CONCERNING THE PROVISION OF SERVICES TO CHILDREN BY OCCUPATIONAL THERAPISTS. This proposal would result in additional costs to the state. The department is unable to support the changes required under the bill because there are no funds included in the Governor's budget proposal to support such costs. Furthermore, it is neither necessary nor appropriate to require payment for specific services in statute. Fee changes should be addressed using our standard methodology that uses Medicare’s recommended coverage of new services and procedures, and supplements the Medicare’s rules with other coverage rules for appropriate for populations not covered by Medicare

To put a specific service in statute would require subsequent statutory changes as new services and procedures become the standard of care, thus subverting the existing process and eliminating the department’s ability to adapt to changes in clinical practice, national billing code changes, and other areas that may require adjustments in the future, potentially on short notice. Further, the department does not understand the intent of section 1(b) of the proposed legislation, as explained in the written testimony. Section 1(b) of the bill conflicts with the comprehensive, federally approved way in which the department currently pays local
school districts and birth-to-three providers. Connecticut's Medicaid program pays qualified birth-to-three providers for services that are covered under federal Medicaid law. Finally, section 1(b) of the bill would also require the department to provide annual billing training to occupational therapists. That language is unnecessary because the department, through its fiscal agent, DXC Technology, already has various types of provider training available including the New Provider Workshop and professional refreshers, which would both be available to occupational therapists who choose such trainings.

Lastly, although section 2 does not address DSS services, we believe it is unwise to screen -- to require one screen for developmental and social delays to the exclusion of other evidenced-based screens. Statute is static, whereas medical and developmental research expands daily. While the Ages and Stages Questionnaire is arguably the state of the art today, it may not be tomorrow. For all these reasons, the department is unable to support this bill.

Senate Bill 946, AN ACT CONCERNING DEADLINES APPLICABLE TO HEARING DECISIONS BY THE DEPARTMENT OF SOCIAL SERVICES. General Statute 17b-61 provides that, when a person aggrieved by a decision of the Department of Social Services, it can request a fair hearing. The commissioner shall take final definitive administrative action on the case within 90 days. Final definitive administrative action has been held to mean the issuance of a hearing decision. The Department of Social Services strongly supports Senate Bill 946 and urges its passage.
In *Handel vs. Commissioner of DSS*, 183, the appellate court held that the Department of Social Services fails to issue a decision on a request for a fair hearing within 90 days of receipt of the request; the appellant is entitled to relief he or she requests. Prior to Handel, it was assumed that the 90-day deadline in section 17b-61 was directory and did not impose a mandatory, enforceable obligation on DSS.

In response to the Handel decision, a fair hearings unit has already implemented certain internal changes to ensure decisions are entered or issued in a timely manner. Still, rendering a decision within 90 days of a hearing is not always possible due to limited agency resources and complexity of particular cases. For example, Medicaid long-term care applications often require the submission of years of financial records and review of various legal documents such as wills, trusts and probate decrees. These cases can take months to develop, and then be analyzed in the context of complicated eligibility rules. During this time, the applicant may already be receiving long-term care services from a nursing home at rates in excess of $10,000 dollars per month. As a result of the Handel decision, if a hearing officer is unable to render a decision within 90 days in a particularly complex Medicaid long-term care case; these costs would be shifted to the state, even when the long-term care application was properly denied.

This bill would resolve the dilemma created by the Handel decision while still providing appellants with a legal remedy in the event that a hearing officer does not issue a decision in a timely manner. This language, which tracks the current
language in the federal Medicaid regulation upon which section 17b-61 was based, strongly indicates that the 90-day deadline in section 17b-61 is intended to be directory, not mandatory. Second, the bill explicitly provides that if DSS fails to issue a decision prior to the expiration of the 90-day deadline, the aggrieved person’s remedy is to seek a writ of mandamus from a superior court to compel DSS to issue the decision. Given the absence of an explicit remedy in the current language of section 17b-61, this was presumed remedy for an aggrieved party prior to the issuance of Handel.

Senate Bill 947, this would be AN ACT TO ESTABLISH A NURSING HOME PROVIDER USER TAX EXEMPTION FOR MATTATUCK HEALTHCARE FACILITY, INC. This bill would exempt one nursing facility from the user fee applied to more than 200 nursing facilities in the state. Mattatuck is a 43-bed Rest home with nursing supervision nursing facility. For the following reasons, the Department strongly opposes this bill.

This bill singles out Mattatuck for a financial benefit, exempting it from the user fee without any justification. The proposal's impact on Mattatuck is financially equivalent to an indirect rate increase outside of the existing regulatory structure, which is not being afforded to any other nursing home operator. Exempting Mattatuck from the user fee would require significant waiver language, policy, and calculation changes as part of a revised waiver approval process that would need to be completed. There is no guarantee of CMS approval of any additional waivers, especially in this situation, where the change would specifically be designed to benefit one provider without any apparent policy justification. Absent waiver
approval, this exemption would violate federal law and would subject the state to potential federal penalties.

Providing any new financial benefit to all nursing homes would substantially increase expenditures or reduce revenues, which is not included in the Governor’s budget proposal. In any case, this particular facility has not demonstrated a need for rate relief or any other financial benefit. For all these reasons, DSS is unable to support Senate Bill 947.

For House Bill 7231, AN ACT EXPANDING THE ADULT FAMILY LIVING-FOSTER CARE PROGRAM TO PERSONS WITH INTELLECTUAL DISABILITIES. The department agrees that the Adult Living Services is an important community option within the long-term services and supports delivery system. Since people with intellectual disabilities already have access to three options of Adult Family Living services, the bill represents duplication of existing services. For this reason, DSS is unable to support this bill.

House Bill 7233, AN ACT PROMOTING EFFICIENCY IN STATE BENEFIT PROGRAMS. The bill is unclear as to the level of detail required in both the interagency report and the joint report to the General Assembly. Specifically, pursuant to CGS 17b-90, DSS is only permitted to disclose information about applicants or recipients of DSS services for purposes directly connected with the administration of DSS programs. There is no “notwithstanding” provision that would enable another state law to override that limitation.

If the department determined that the disclosure was for purposes of administering a DSS program, it was
only then that we'd be permitted to disclose the information. It should be noted that sharing client data solely to administer other agencies’ programs, such as reducing fraud at another agency, would be outside the administration of a DSS program.

Also 42 CFR Part 2 restricts the department’s ability to disclose any client identifying information regarding diagnosis or treatment of a substance use disorder and the Health Insurance Portability and Accountability Act - HIPAA - which restricts the department’s ability to disclose client-identified medical information.

In regards to section B (2) of the bill, the language proposes an unnecessary requirement. DSS already receives information about beneficiary deaths and incarcerations. DSS currently uses monthly files from the Social Security Administration and the Connecticut Department of Corrections to identify recipients of public benefits and take action on those cases. The Department currently provides a quarterly report to the General Assembly on Fraud Early Detection pursuant to CGS 17b-7a.

In addition, DSS also submits an annual Program Review and Investigations report to the co-chairs and ranking members of the Legislative Programs Review and Investigations Committee. As such, we believe this proposal is unnecessary and would have a negative impact on the timeliness of eligibility determinations. For this reason -- for these reasons the department must oppose bill -- House Bill 7233. With that, I'll stand for questions along with the team of subject matter experts.
REP. ABERCROMBIE (83RD): Thank you, Commissioner, and thank you for being here. Questions? Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chairman. And thank you, Commissioner, for coming before us once again. In terms of H.B. 7231, AN ACT EXPANDING ADULT FAMILY LIVING, what is the current wait list for adults with intellectual disabilities waiting for community placement?

COMMISSIONER BREMBY: I don't have the waiting list for that waiver, but we can get that information.

REP. HUGHES (135TH): It's over 2,000. It's around 2,600 now. So, this bill is going to open up that option for those families that are waiting for years and years to desperately place their adult, child that is usually living with them and they can't get to the front of that wait list unless their parent and caregiver dies. So, this is really important. It's not a third option. It's not at all redundant. It's actually providing a lifeline for those families on the wait list.

COMMISSIONER BREMBY: What we're conveying is that there are waivers that exist. There are limitations there, severe limitations, due to the limit of the waivers. But in order to expand the waiver list, we'll have to make sure that those resources are in the budget. They're not in the Governor's recommended budget. So, we can't support the bill in the current format.

REP. HUGHES (135TH): Got it. Okay. So, we would need to do that research to see -- because my understanding is that the Adult Family Living-Foster
Care Program to persons would be way more cost effective than the current wait list placement.

COMMISSIONER BREMBY: What we can do is identify, confirm, the number that are on the wait list and also provide a cost per slot. So, if you wanted to expand the wait list, it would be a financial estimate what that would take -- entail.

REP. HUGHES (135TH): That would be great. We would need that. Yeah. Thank you very much.

COMMISSIONER BREMBY: You're welcome.

REP. ABERCROMBIE (83RD): Further questions? Really? Okay. I'll go. Thank you for being here. Let's start with S.B. 943. Can you tell me what -- can you give me an example of an unliquidated asset?

COMMISSIONER BREMBY: I'm looking for the language here.

REP. ABERCROMBIE (83RD): Sorry, I should've said what the bill was; 943 is AN ACT CONCERNING MEDICAID TREATMENT OF AN INACCESSIBLE ASSET.

COMMISSIONER BREMBY: Dan is our subject matter expert within our legal department that handles trusts and estates. And so, an unliquidated asset is the question.

MR. BUTLER: Good morning, Representative Abercrombie. Dan Butler, principal attorney with the department. As I read the statute, an unliquidated asset would mean an asset that has not been converted to cash. But it's a bit fuzzy because that term is not used in Medicaid or Social Security law. We use the term accessible or inaccessible. So, again, I'm a little fuzzy as to what that -- that was one of the reasons that we
were concerned about the bill, because there was no
definition of an unliquidated asset. If you do go
to the Social Security Administration Program
manual, they do have some descriptions of assets
that are considered liquid, and that would be cash,
no matter what form, in a bank. And they use other
terms, maybe, you know, liquid, but not
unliquidated. So, again, I'm not sure what they're
talking about.

REP. ABERCROMBIE (83RD): Yeah, what the proponent
is looking for, right. And the proponent of this
bill actually isn't on this committee. We have
tried to get further information from him, which, on
our end, has been a little hard to get also. So, I
think that there needs to be more discussions. So,
what I think I'm hearing from you is, the word
inaccessible and unliquidated don't mean the same
under definition.

MR. BUTLER: Well, again, I don't know what
unliquidated means, so. But there have been prior
versions of this bill that have tried to restrain
the department's ability to count certain assets.
And they've used -- and the term has been
inaccessible or accessible. And this is the first
time that I've seen the term unliquidated used.

REP. ABERCROMBIE (83RD): So, what's an inaccessible
example?

MR. BUTLER: Okay. We have several provisions in
our uniform policy manual where, for example, if an
asset is in probate [inaudible - 00:18:53] estate
during that time period, the asset is not
calculated. Another example would be an
individual's home who is now in a nursing home
during the time that they are attempting to sell the
home; it's considered an inaccessible or an exempt asset.

REP. ABERCROMBIE (83RD): Okay. Thank you. And then moving on to S.B. 946, which is AN ACT CONCERNING DEADLINES APPLICABLE TO HEARING DECISIONS BY THE DEPARTMENT OF SOCIAL SERVICES. How often are these deadlines not met, Commissioner?

COMMISSIONER BREMBY: I'm sorry. We have an aging report that tells us whether those hearings go over the 90 days. It happens from time to time, depending on the case volume. Gram is here to talk about what the caseload is currently and the handled decision and the impact that it might have on our ability to process timely.

MR. SCHAFFER: I'm Gram Shaffer. I'm an attorney with the Department of Social Services. The statistics we keep -- I checked with our fair hearing supervisor, and the statistics that they keep on how many decisions become untimely are done by the month. So, it could be the decision is untimely one month, it's untimely the next month, and therefore it's counted twice in these statistics. So, that's sort of a caveat. But they counted 120 decisions that were untimely during 2018 at some point.

REP. ABERCROMBIE (83RD): And so, what happens if --

MR. SCHAFFER: Yeah. And just to clarify, there were -- in 2018, there were also 1,167 decisions actually issued. And there were 15,038 fair hearings that were scheduled. So, a fair number of those fair hearings that are scheduled either never take place because the appellant does not show up, in which case a no-fault decision would be issued.
The case will just be dismissed. And others are resolved by compromise or some other means with withdrawal of the appeal in the meantime. But the total amount that were actually issued are 1,167.

REP. ABERCROMBIE (83RD): So, talk about the process a little bit when you don't meet the timeline and why you think that this statute needs to be changed.

MR. SCHAFER: Well, I don't know that there's really a process when the timeline's not met. I mean, they do track the time that it's taking in the case. If there's communication from the appellant as to the deadline, what's happened with the decision, then that decision is prioritized. But, typically, when a decision has not been issued within the time, it's often because the record's been left open, as we're awaiting additional evidence. And so, one of the changes that we have implemented since the Handel decision is to have the parties agree that if they do want the record left open that they waive their rights under the 17b-61 in the Handel decision. But the decisions -- there's no additional process, really, that follows. There's typically a reason that the case has extended beyond the 90-day threshold, whether because of the complexity of the case or because the hearing officer is awaiting additional evidence or additional argument.

REP. ABERCROMBIE (83RD): So, then why do we need this legislation? I'm a little confused here, then, if there isn't an issue with it.

MR. SCHAFER: Well, I think that there is still an issue. I mean, there are gonna be cases that are gonna extend beyond the 90 days. And our concern is that a lot of those cases are the most complex cases
that we deal with, the long-term cases. And what the Handel decision basically for the first time says is that where that deadline is not met, the appellant is automatically entitled to the relief that they request. And our concern with that is that that's not a Federal Medicaid rule. So, the extent that the relief requested is, for instance, coverage for, in some of these cases, in excess of a year of long-term care coverage; that is going to be solely bore by the state.

REP. ABERCROMBIE (83RD): Thank you. Thank you very much for that. Moving on to H.B. 7231, AN ACT EXPANDING THE ADULT FAMILY LIVING-FOSTER CARE PROGRAM TO PERSONS WITH INTELLECTUAL DISABILITIES. So currently, under the Connecticut Home Care Program for Elders, it's 65 years and older under the 1915(c) Home and Community Based Waiver. Is there any flexibility within that waiver that we could apply to amend it so that individuals with intellectual disabilities would qualify under that program? Or would we have to move it to another waiver program?

COMMISSIONER BREMBY: I don't know.

REP. ABERCROMBIE (83RD): So we can follow up with that. I think what's going on and I think that it's a little hard for this committee to be able to talk to what's going on with the IDD individuals, because, just so people understand, IDD waivers currently fall under DDS, which falls under Public Health. I know it seems that they should fall under Human Services, but they don't. So, those waivers are housed over there. This waiver in particular is an elder's waiver, which falls under DSS. So, when some of us ask the Commissioner questions about how
many are on the wait list, it's a little hard, in his defense, to be able to answer that.

I will tell you that there are thousands, thousands, on the DDS wait list and that's why we're trying to figure out if there's any flexibility within the DDS waivers to move some of these individuals off the wait list. Because the reality is, and you're gonna hear testimony this, the reality is is that these individuals are so long on the wait list that the only way they end up getting into a stable housing facility is their parent passes away. And that's really sad that it gets to that point before individuals have -- and I can't even imagine, as a parent, the anxiety of knowing -- of not knowing what's gonna happen to my child in having to wait until I passed to know.

So, you know, the proponents of the bill I understand totally where they're coming from and what they're trying to look at and I think that, you know, we, as a state, really need to think about what the future looks like for this population. So, I thank you, Commissioner, for answering that, you know, that question as best as you can. It doesn't mean you're off the hook yet. I like when you put your pen away, but not so quick. Let me just see if there's one more. No. So, for my questions, I'm all set at this point. But committee members, did anybody come up with any questions? No? Well, thank you, Commissioner and have a great day. We appreciate all your generosity with your comments here today. Next up is Amy Porter from DORS, commissioner. Good morning, Commissioner.

COMMISSIONER PORTER: Representative Abercrombie, Representative Case and distinguished members of the
Human Services Committee. My name is Amy Porter and I'm the commissioner for the Department of Rehabilitation Services or DORS. I want to thank you for the opportunity to offer testimony on House Bill 7230, AN ACT CONCERNING INTERPRETER STANDARDS AND IMPROVING ACCESS TO PUBLIC SPACES FOR DEAF, DEAF-BLIND AND HARD OF HEARING PERSONS.

House Bill 7230 is a combination of two bills that were forwarded to the legislature by the Advisory Board for Persons who are deaf or hard of hearing. I know this committee is well aware, but for the audience's information, this advisory board was created by statute two years ago to provide a forum for members of the deaf community to offer input to the Governor and to the legislature on issues of importance to the deaf community. These proposals were drafted by members of the deaf community and other interested stakeholders outside of the board and brought to the board for consideration and support and the board approved both of the proposals that are before you today.

The first part of the bill, sections 1 and 2, concerns interpreting standards. I want to offer my support for ongoing efforts to ensure high-quality interpreting for people who are deaf, deaf-blind or hard of hearing in Connecticut. Interpreters ensure effective communication and it's critical that they meet quality standards.

We do have some concerns about specific language in the proposal. First, the proposal seeks to create a Standards and Monitoring Board within the Department of Rehabilitation Services. We've expressed this before; our agency doesn't have sufficient staff and funding to support the work of the proposed
Standards and Monitoring Board. It will require additional time and expense to support both the activities and the meetings of the board. Resources that we don't have in our budget.

Our second concern is that the proposal lays out a program of sanctions and monetary fines against any person or entity who might be found noncompliant. This is also proposed to be done within our department. Not only would administering sanctions and monetary fines be an unprecedented activity for our department, it would be unlike any activity that we engage in currently. It's really outside of our expertise and outside of our mission.

Our third concern relates to section 2(g), which calls on the department to adopt regulations should the Standards Board recommend changes to interpreter qualifications in the future. We feel that any future changes should be statutory, not regulatory. The qualifications are in statute now and therefore any future changes and amendments should also be done by statutory enactment.

Section 3, the second part of the bill, requires places of public accommodation, such as restaurants, bars, airports, to offer captioning on televisions that they have for their patrons. If they have more than one television, then captioning would be required on half of the televisions. We believe this proposal would provide real inclusion and benefit to people who are deaf or hard of hearing, and it's also a universal design concept. We feel it would create very little burden on owners or operators of these facilities, and the requirements would only apply to televisions that already have the capacity for captioning.
That's the conclusion of my testimony. I want to thank you for your attention to these important issues and allowing me the opportunity to testify today. I look forward to continuing to work with you in order to help improve the lives of our fellow citizens with disabilities and I'm happy to answer any questions.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. So, let me start first by saying thank you for being here and I also want to say that I'm excited that in the Governor's wisdom, he reappointed you. I don't think that there's anybody that has better served this agency than you. So, I thank you for that.

So, talking about what's going on with the deaf and deaf-blind and hard of hearing community. So, you and I have had many discussions about this over the last couple of years and I truly believe, as a state, we did not think through when we dissolved the Interpreter Division under your agency and I think that this community feels that we have left them out in the cold. And I can't say that I disagree 100 percent with that. I think that we did a good job by putting together this group to kind of give us some direction in the future.

I know under your leadership it's been challenging because I have met with -- you know, I've gone to some of your meetings. And this particular group is made up of different local providers. Not providers, but local groups that aren't always on the same page. And I know that we're gonna hear a lot of testimony today that not everybody is gonna agree on that. But I do believe that there is work that we can do and so I look forward to working with you on trying to figure this out.
Just so that everyone knows that's in the audience and this is something that I told you at your last commission meeting that I would do and I have committed to that. On March 22nd, we're gonna be doing an informational forum around all of the issues that you have raised. I want to apologize ahead of time, but I did give you guys the heads-up, there were probably about five or six bills that you introduced throughout this building. I told you that it would be challenging to get them all raised.

I am disappointed and have made it known to the Chairs of Education that they did not raise your concepts, and for that I apologize. But I can tell you what we -- you know, that we take this seriously on this committee and that we are gonna do our best to give you some kind of closure and also someplace to go with your concerns. So, I thank you, Commissioner, for being here and I will open it up to questions. Wow. None again? Okay. Well, thank you for being here and I'm sure we will have many more conversations around this.

COMMISSIONER PORTER: Thank you.

REP. ABERCROMBIE (83RD): Up next is Mairead Painter, Panter, sorry, who is the long-term ombudsman. Good morning.

MS. PAINTER: Good morning Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Mairead Painter and I am the State Long-Term Care Ombudsman. I appreciate the opportunity to testify before you this morning on two bills.

The first bill I'd like to testify on bill no. 7232, AN ACT ENHANCING THE SAFETY OF NURSING HOME
RESIDENTS WITH VIDEO CAMERAS. We support this bill to the Long-Term Care Ombudsman Program and the opportunity for our residents or an authorized representative of a resident to install a video camera in a resident's room at their own cost. We agree that the camera should be installed in a location that only records the resident and their personal living space protects the privacy of anyone else in the room, including the roommate. We welcome the opportunity to work with nursing homes, advocates and groups on this topic. We know that it's a little bit of a challenge, but we've heard from residents that they'd like this added safety precaution.

The second bill is bill 7234, AN ACT CONCERNING ACCESS BY NURSING HOME RESIDENTS TO COMMUNITY TRANSPORTATION. This is a concern that has come up several times by residents in nursing homes. We support this bill and the access for public transportation by all. Nursing home residents are members of the community at large and should not be discriminated against due to their residency status while living in a long-term setting. Because they choose to receive their long-term services and supports in a nursing home doesn't mean that they don't also want to be members of the general community. Concerns that have come up have been access to town meetings. We had one individual that really wanted to attend her town meeting and couldn't receive transportation to get there and didn't have the funds to pay for it privately.

In the northwest corner of the state, there is access, but you're charged a higher rate if you go from a nursing home. So, we had an individual that met all the other qualifications and when picked up
from home it was $2 dollars a ride, but when picked up at a nursing home it's $20 dollars a ride. And because of that, it limits individuals access to their community and we want everyone to feel included in communities. The other example that was given to us was a member of the nursing home wanted to attend her book club. She had been a member of the book club for many years, but needed to go into the nursing home for a period of time and due to that was no longer able to participate and it affected her quality of life.

For these reasons, we'd really like you to consider this bill in moving it forward and just to see that all members of our communities deserve to be appreciated and have equal access. I thank you for your time this morning and I'm available for questions.

REP. ABERCROMBIE (83RD): Thank you and thank you for your leadership on this. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you, Mairead, for coming before us and testifying to these several bills. I want to ask you a question. I'm concerned about the language in 7232, the bill enhancing the safety of nursing home residents, which we all want to do, but the bill would require nursing homes to install video cameras that may be remotely monitored by a resident's family.

I'm concerned that the resident's family outweighs the self-determination of the resident in terms of how that privacy and safety enhancement may look. For instance, it's really hard, as you know, from the nursing home settings, to place it in a way that does not violate a person's privacy and changing or
on changing or, you know, like -- and with a lot of our residents that are cognitively impaired, how do we ensure that their consent is consulted first?

MS. PAINTER: We would always advocate that the individual's consent is given first and the authorized representative would have to meet the legal standard for that. It wouldn't supersede. So, a power of attorney would not supersede an individual. They would have to go by what the individual's choice was. I do think it's important to have a mechanism -- if the individual is not able to consent, to have a mechanism for the authorized family member or representative to be able to give that consent.

REP. HUGHES (135TH): I guess I am concerned in -- as you know, as a social worker in the field of geriatrics, of making sure that this implies least invasive and privacy-centered language because they're requiring nursing homes to install video cameras, it sounds like a mandate to me, whether it's been asked for or not. So, I don't know who put that forth, but maybe we can -- maybe we can work on the language. I'm just not sure.

MS. PAINTER: Yeah. I'm happy to work on the language with you. Consumer Voice, which is the national group, said this is a topic that's coming up in many states.

REP. HUGHES (135TH): Right. Sure.

MS. PAINTER: Consumer Voice does have a guide out of considerations, questions to ask, the when and where, how is it implemented. And I'd be happy to provide that to the committee. I think the concern with having the mandate of the nursing home
installing them -- one of the concerns from the Presidents of Resident Councils was if they ask the nursing home, can the nursing home refuse to put one in.

REP. HUGHES (135TH): Interesting.

MS. PAINTER: So, this is the -- it's the reverse maybe of how you were applying it.

REP. HUGHES (135TH): Right. Yeah, that's what I'm concerned about.

MS. PAINTER: The concern was an individual may say I have this. I bought it. I would like to put it in my room and the nursing home saying we do not allow them. And so, that is the concern that was brought to our office by the Executive Board of Residents, Presidents of Resident Council, and they are the ones who brought this up at the Voice's forum and wanted this forwarded because they've run into that problem, where we're told it is the policy of the nursing home that it's not allowed. It isn't the individual's choice.

REP. HUGHES (135TH): Okay. Thank you, Madam Chair. And I was at that Voice's forum and I think we just need to finish that sentence maybe at the -- and add in some privacy language and self-determination language from the resident's point of view and we'll be good. Thank you.

REP. ABERCROMBIE (83RD): And that's why we do public hearings, so that we can amend any language that we need. So, thank you for raising that. Further questions? I'm looking at you, Grandma.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you. I think I can see you behind the
slide projector there. That's okay. Thank you for your testimony. Interesting. On bill no. 7232, as Representative Hughes was talking about the cameras, is there any protection in place, well, not only for the resident, but the employee? Because, I guess, if I'm understanding it right, the camera will be monitoring the living space. Correct? And then we have nurses and so forth coming in, CNAs coming in, to take care of that resident and that is being viewed, obviously, on a video. Is there any protection for the staff? I know there's something in the bill that says that the nursing home is not -- they sign off on a waiver that the nursing home is not held liable. But not only is there concern about the privacy of the resident, but the staff as well.

MS. PAINTER: I guess I would wonder what privacy a staff member has in an individual's room. What privacies you are trying to protect. The conversation should be directed to the individual that they're caring for. They should be providing the highest level of care and all of that interaction in that space should be directed to the care of the person. So, as far as protections for them, I'm not sure what that would include.

REP. MASTROFRANCESCO (80TH): Well, because there's a waiver in here that the -- that's why I was asking what protection is it. If there's a waiver in here that the family has to sign that holds --

MS. PAINTER: Oh, the waiver was --

REP. MASTROFRANCESCO (80TH): That holds the nursing home not accountable. That was my point, is what is that?
MS. PAINTER: I believe the waiver is because of the way that the information is transmitted, if it goes off site through the internet, through things like that. We've seen on TV, like, baby monitors and things like that where people from the outside hack in and get information. This was to protect the nursing homes are not responsible for any transmission of information on the personal device of the resident or family member in that room and that they're not holding the nursing home responsible if a hacker or if someone like we've seen in home cameras, if something is done in that way, that is the person's private resource for that information and that it's not the nursing home.

REP. MASTROFRANCESCO (80TH): Okay. That's what I just needed clarification on that. Thank you. And also, on House Bill 7234, AN ACT CONCERNING ACCESS BY NURSING HOME RESIDENTS TO COMMUNITY TRANSPORTATION. Can you elaborate a little bit more on that for me? So, if there's a resident in the nursing home and they wanted to, say, go to their town meeting. The process right now is that the nursing home provides that transportation?

MS. PAINTER: Only if the nursing home is able to. Some nursing homes are very fortunate and have a van or transportation, but they also have to have someone who is licensed to drive it. They have to have staff available if they need staff to go. And so, it's not -- they're not always able. I would say there's very few nursing homes at this point that have their own van. If someone wanted to go to a town meeting, they would have to pay privately for transportation at the rate you or I would in order to access that.
REP. MASTROFRANCESCO (80TH): So, would they maybe use Connecticut Transit or there's a -- is that who they would use, Connecticut Transit? Because I know they do a lot of transportation for the elderly. Is the --

MS. PAINTER: Correct. And we want accessible to individuals in nursing homes.

REP. MASTROFRANCESCO (80TH): Would they consider -- would they want to use the senior center for the town, the senior center bus into the town. It would have to be handicap accessible.

MS. PAINTER: They'd have to be able to meet the individual's needs for the individual to be able to access it. The issue of senior centers has come up and we've had conversations around that and I do understand where the senior centers are coming from regarding their concerns and accessibility and their ability to meet the needs of the individuals in the community living in their home but also able to get out for all of them. When you have individuals whose daily needs are being met in a nursing home and this is more of an opportunity for them to access community, weighing that out. I think, in general, transportation for individuals who require assistance needs to be expanded, and that's really what we're talking about here. Or if it's already available in the town, what is the opportunity to access it and why are we charging individuals at nursing homes more than other individuals in the community?

REP. MASTROFRANCESCO (80TH): So, I guess my -- I guess clarification I need or a concern is that if a town has a senior center and they have a senior center bus, and a resident in a nursing home wants
to go out maybe at 7 o'clock at night, and that that senior center transportation bus is not available.

MS. PAINTER: It would only be what is already available.

REP. MASTROFRANCESCO (80TH): Okay.

MS. PAINTER: So, an example would be, if yesterday, I went to the senior center for programs, for my book club, to interact with my peers, and then I two weeks I had a surgery or I was in a nursing home or maybe something medical happened, and I still wanted to go, part of my recovery was still engaging community, that would no longer be accessible to you. And that's come up as a concern from individuals who are currently residing in nursing homes.

REP. MASTROFRANCESCO (80TH): I'd be curious, certainly, to listen to the testimony. You know, I was kind of concerned. We, obviously, want to take care of our residents in the nursing home and we want to get them out in the community. There's nothing better than being active. But for the other people in the town that utilize, let's say, the senior centers or a town's transportation, senior living or a nursing home could have a couple hundred residents in it, and certainly is that gonna be a burden on the town. You know, I guess these are just things that you've gotta obviously work through. If you can keep our seniors active during the course of the day, I think it's very healthy for them.

But is it gonna be a burden as well on the other residents in the town utilizing the services that the town provides through the senior center and the
bus. And then, again, is there any liability to the town? Because some of these people that drive the busses for the senior centers are not maybe -- they're not able to assist somebody with a handicap, so forth. They're maybe not certified or trained in that department. They're basically just driving the bus. So, what will it entail for the person driving the bus for the town? Do they need to get extra training? Do they need to be certified? So, these are all kind of questions that come to my mind. But I'll be interested to hear the rest of the testimony today on it. Thank you.

MS. PAINTER: In response to your first question, I would answer that in meeting the needs of individuals in the community, individuals in nursing homes want very strongly to still be considered members of the community.

REP. MASTROFRANCESCO (80TH): Of course.

MS. PAINTER: They're still voting members. They're still -- they've lived in these communities their entire lives and they are still members of your community. They're taxpayers and they should benefit from every resource that is available to others that they would otherwise qualify for in their community.

REP. MASTROFRANCESCO (80TH): Right.

MS. PAINTER: And your second question. Very -- I expected that. And I think it's important to know that an individual in a nursing home that's able to leave ambulatory by themselves has an order from a physician that says they are able to go; it's called an LOA - leave of absence, either with a responsible party or independently. If you have a medical
professional saying that someone can leave the nursing home independently, I'm not sure why that would be an issue for the transportation company.

You have many individuals that you're picking up from the homes where you can't certify the last time they were seen by a physician or that they were cleared to be travelling independently. And we easily pick them up because they passed the minimum screening. So, I would think it was almost safer to be picking someone up at a nursing home because they have been cleared for that level of transportation and if they need assistance, the nursing home would be providing them with that assistance if they were leaving or the responsible party who is signing them out would have to join them in that ride as an accommodation.

REP. MASTROFRANCESCO (80TH): Yeah, and I would agree. That's where my concerns are, is somebody going to assist. Because in many cases somebody in a nursing home, they need help. They need assistance with something. They need assistance with the activities of daily living. That's a good reason why they're there, right, that they need help. So, is somebody gonna be there to help them or is it something that the senior center or the town has to provide. And these are just the questions that I just want to get clarification on. There's no doubt that our seniors should be active during the course of the day. It's the best therapy for them and we certainly want them involved in our community.

MS. PAINTER: And they wouldn't be able to sign themselves out of the building unless they had that
responsible party that was required a part of the leave of absence, and that person assisting them.

REP. MASTROFRANCESCO (80TH): Right. Well, thank you for answering my questions. I see you over there. Thank you, Madam Chair.

REP. CASE (63RD): Thank you, Madam Chair. Good morning, good afternoon, whatever it is.

MS. PAINTER: Good morning or just noon.

REP. CASE (63RD): A couple things. It concerns me with the video cameras. I, for one, advocated and had one in my brother's home who was intellectually and developmentally disabled. It was very clear. It was closed circuit and it was only to shoot onto his head. A long fight with the state because of HIPAA. But basically what that camera did, when he had a seizure, it vibrated the house mother's pillow. They were able to get there quicker.

My concern is in a public nursing home, when a family puts this in, they have the rights to have this come across on their phone. That can be spread anywhere. And I think there might be an issue with workers and it could be used for other reasons. I guess I need a little more explanation on -- are we getting a lot of action on this, on families asking for this? And if so, what are the reasons? Is it just to check in on Mom or Dad or the individual that's in there or is to see that they're getting the care that they need?

MS. PAINTER: I think it's both. One is if individuals aren't able to access the nursing home as often as they'd like, they want to be able to check in on a loved one. For some individual themselves, due to safety concerns, due to
interactions, they want to be able to have that as back up for what they're saying if they report something. And then for some family members, they want that reassurance that the loved one can't speak to them, if they're not able to communicate, that they know that they're being taken care of appropriately.

REP. CASE (63RD): So, what if it was a camera that was closed circuit and it was tapes that were kept so that they could see? Or is it that they want to be mobile and they want to be able to see it on their device at home?

MS. PAINTER: That I can't --

REP. CASE (63RD): My concern is once you put it on the web, it's not secure.

MS. PAINTER: Well, and I think that's part of that statement in the bill, was not holding nursing homes accountable. I think any of us that have cameras, either in your home that you monitor from your phone, there is a risk factor.

REP. CASE (63RD): There is. Have we heard from the workers, the workers' union on how they feel and is this gonna cause an issue with the --

MS. PAINTER: I have not discussed this with the workers.

REP. CASE (63RD): So, you have not. Nobody's -- okay. It was probably a four-year fight for me to get one for my brother in a private home. So, I think we have a long battle ahead of us. I get where it's coming from. My concern is it getting out there, HIPAA, somebody getting a hold of it that shouldn't. You read out there now that Facebook is
trying to lockdown the private messages out there so that people can't access those on people's phones. We're in a very electronic society out there now and I'd hate to see something get out there that wasn't realistic and -- so, there's concerns.

MS. PAINTER: And I'd be happy to explore what has been done in other states and provide some of that for you, some of the national group, Consumer Voices advocacy around this and maybe that question has come up before and how they've addressed it.

REP. CASE (63RD): So, this is a family that would be -- they would be paying for it. Correct?

MS. PAINTER: The individual or authorized representative, not always family.

REP. CASE (63RD): I understand that. So, the upkeep of it would be them?

MS. PAINTER: Mm-hmm.

REP. CASE (63RD): If there is a malfunction or a problem within the facility that causes damage in the facility, who's liable?

MS. PAINTER: Like?

REP. CASE (63RD): Because of electronics.

MS. PAINTER: Mm-hmm. The proposal was that it is the individuals. Just like if they have a TV. I would think that anything that happens to it, you'd have to look at what happened to it and why, and just like any other personal belonging that the person has. We've had laptops, you know, got something spilled on it. Who's responsible? It doesn't stop us from having individuals who have laptops in buildings.
REP. CASE (63RD): Okay. One last question. I just -- it concerns me a lot. So, somebody has a double occupancy room and the person that's using the camera is in the first spot. That camera sees everybody that walks by that goes to the second spot. What if they didn't consent?

MS. PAINTER: Not potentially. Could you put it, you know -- if you have two beds, there is an end wall here and how -- we did put in that the protection of the other individual in the room, not recording that, and looking at what are the options to do that. And we do want to honor everyone's privacy, but making the best effort to allow individuals who choose to have this form of security for them accessible for them.

REP. CASE (63RD): Okay. I think we have a long way to go. I look forward to conversations with you, and just protecting the interest of all.

MS. PAINTER: Absolutely. I agree.

REP. CASE (63RD): I get it, where family members want to see what's going on. I mean, I wanted to see it for myself with my brother. You know, maybe if I had seen it with my brother two years ago before he passed, I would've seen what went on in the room. But that didn't happen because it was closed circuit. So, let's see where this goes. We'll keep working on it. And thank you for coming in front of us today.

MS. PAINTER: Thank you. I appreciate that. And I just want to be clear. It's residents as well, not just family members that want.

REP. ABERCROMBIE (83RD): Further questions or comments? So, on House Bill 7234, AN ACT CONCERNING ACCESS BY NURSING HOME RESIDENTS TO COMMUNITY TRANSPORTATION. I believe that this is a bigger conversation that needs to take place. I don't believe in this legislative session we will have all the information that we need. But you know how I feel about working groups. So, the Commission on Women, Children and Seniors has offered to put together a working group come fall. Steve Hernandez has actually asked me to be on it and I have deferred to my colleague, Representative Cook, to be on it. I am gonna reach out to him and make sure that you are included in this. I think that it's a conversation that's important, but I don't believe that in this legislative session we will have enough time to really put into this. But I thank you for bringing that forward.

And the video cameras, you know, I think that residents have the right to feel safe and secure in nursing homes. I'm not saying that nursing homes are doing anything wrong, but, right, people pay a lot of money to be in nursing homes. And I believe that this is something that we should really take a look at. I know there are a lot of hurdles with privacy and things like that. But like anything else, we'll work through it. So, I appreciate you bringing both of these bills forward. I appreciate your hard work as our state long-term care ombudsman. It's been a pleasure meeting with you for the first time this year and talking about a whole array of issues and we will be seeing more in the future. But thank you for being here and thank you for answering our questions today. I appreciate it.
MS. PAINTER: Thank you very much.

REP. ABERCROMBIE (83RD): With that, we have gone past our first hour for elected officials and I see my good friend and colleagues, Representative Mary Mushinsky here. So, Mary, we're gonna go to the public first and then we will go back to you. So, with that, our first person up is Cheri, and I think it's, Byrnes, if I'm saying it correctly. Byrnes. So, we are going to have three minutes, but we will be respectful if they go -- if people with special needs go over a little bit.

MS. BYRNES (THROUGH INTERPRETER): Okay. Good morning. I'd like to introduce myself. My name is Cheri Byrnes. I am deaf and blind. I have two adult children that live with me. I have a daughter who is deaf and a son who is hearing. The reason why I'm here today is to talk about a situation when I went to a hospital and I was not provided with an interpreter. They asked me to VRI, but as a deaf-blind individual, I rely heavily on tactile interpreting. A VRI is not able to assist me with interpreting because it is not tactile. So, we waited and waited for some time for a live interpreter to arrive and the hospital insisted that I use VRI. And again I explained that I am deaf and blind and cannot use a VRI system. And I had had a neck injury from August that I was trying to resolve.

At a second instance, my daughter had a knee injury and we went to the hospital, and again, I tried to ask for an interpreter and the hospital refused. And for three hours, I was struggling to find an interpreter. And so, the doctor was not explaining to myself or my daughter what was going on and we
both felt very lost. I think that we need to absolutely go back to a system where hospitals are required to provide live interpreters. Another instance was a physical with a doctor appointment -- for a doctor appointment and I had made this appointment four times. And the appointment was consistently cancelled and rescheduled due to lack of interpreters and this has proved very difficult for me.

Another time, I had to work with HUD and I had requested that an interpreter be available for those meetings. I also depended on tactile interpreting and they refused to provide interpreters and communication never occurred. I really want to see that different agencies and facilities work on providing live interpreters. It is so critical for me. I have also experienced frustrations with the Department of Social Services and Husky Insurance as well. I had asked if they could help me find a doctor's office that would provide interpreters and they were unable to do that. They did give me a list of three names and all three providers refused to send an interpreter to the appointment. And a month and a half is how long I waited and it was extremely stressful. I explained to the offices that I absolutely needed a tactile interpreter.

So, I'm asking you all, please, keep interpreters, especially for the deaf-blind community. We absolutely need this. Thank you so much for your time.

REP. ABERCROMBIE (83RD): Thank you for coming out and testifying. Questions or comments? Seeing none, thank you so much for your time. We
appreciate it. Oh, did you, Terri? I’m sorry. Go ahead. Go ahead. I'm sorry. I didn't see you.

REP. COOK (65TH): Thank you, Madam Chair. I just moved seats so I could see. Thank you very much for your testimony. It certainly gives a great deal of poignance to why this is important and I very much appreciate it. Thank you. Thank you, Madam Chair.

MS. BYRNES (THROUGH INTERPRETER): Thank you so much. I appreciate your time.

REP. ABERCROMBIE (83RD): So, if we could just hold for one moment. They're setting up the screen for the closed captioning. So, could you ask Jeff just to bring that person up since we don't have their name? Lisa Fahary-Vaughn, if you would please come up. And then we're gonna go to you, Mary -- Representative Mushinsky. Okay? After this one. Go right ahead. It'll be the elected official and then Jeff. Yep.

MS. FAHARY-VAUGHN (THROUGH INTERPRETER): I just would like to -- pardon me. I would like to say pardon me for coming before you with my sunglasses. It just really helps with my sight. My name is Lisa Fahary-Vaughn. I am deaf-blind and I'm also an advocate for the deaf and blind community here in Connecticut. For House Bill 7230, the interpreting board, I would like to focus on the specific bill. My largest concern is with the interpreting services. When the Commission on the Deaf and Hearing Impaired and the DORS interpreting unit were closed, it was of a tremendous impact on the community. We found that we didn't have enough interpreters and the deaf-blind community experienced so many barriers and frustrations.
I would like to see us go back to an interpreting services unit to help our community. I also would like to see the pool of interpreters expand here in Connecticut and perhaps recruiting from out of state would be helpful in assisting with expanding that pool and perhaps having less stringent laws. I also would like to see us bring on more deaf interpreters, certified deaf interpreters, because deaf-blind individuals benefit greatly from the communication access that can be provided by CDIs.

For so many years, the deaf-blind community has become isolated and experienced so much frustration, and I don't want to see that happen anymore. We have a right to equal access for communication. And I'd like to see this happen. I'd like to see our laws change so that we can see improvements in the interpreting services here in the state and I'd like to see more certified deaf interpreters hired as well. It's a collaborative effort and I hope that you all will work with us to fix the laws to improve our situation. And even if that requires bringing interpreters from out of state and also hiring more certified deaf interpreters that would be wonderful. Thank you so much for your time this morning.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Questions? Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. And thank you so much for your testimony. In the course of your, say, week, how often do you encounter these barriers to just accessing your everyday services life?

MS. FAHARY-VAUGHN (THROUGH INTERPRETER): Oh, quite frequently. So, for example, I need interpreters for doctor's appointments or to go to the hospital
or go to community meetings or other events, and so many times I ask. And often times, events are postponed or delayed because we're not able to find interpreters. And because I do require close vision interpreting, we have a severe shortage with certified deaf interpreters. And so, a lot of these events or appointments I'm not able to attend. We do have BESB, but even for our meetings with the Board on Education Services for the Blind, to have our meetings there is very difficult because it is not easy to find interpreters for these meetings. And sometimes we try to find interpreters that are available and sometimes it's a two, three, four-week wait. Our communication access is so imperative. We've got to have this.

REP. HUGHES (135TH): Thank you. And would you say that your communication access is essentially a medical necessity?

MS. FAHARY-VAUGHN (THROUGH INTERPRETER): Oh absolutely. Of course. I can't read a VRI screen, for instance, and have an interpreter on screen. I need a live interpreter to protect myself, to be able to be independent. It's essentially for my protection because without the interpreting services there's so many misunderstandings. As an example, two weeks ago, I fell ill and had to go to a hospital and they were unable to find any interpreters. We tried to write back and forth and there were so many questions and it was hard for me to see. They were asking me to take an exam where I had to drink some liquid and I was very confused. Sometimes they're trying to give me pills to take and I can't see what they're trying to do to me, and it's very, very inappropriate. Sometimes I even have to ask my daughter, who is hearing, to come
interpret. But that is very unprofessional and I feel that the time has come for us to improve these services.

REP. HUGHES (135TH): Great. Thank you so much. Through you, Madam Chair, just one more question. Are there certain areas of the state that are essentially interpreter deserts, that there are no qualified interpreters?

MS. FAHARY-VAUGHN (THROUGH INTERPRETER): I have to tell you it's the entire state. It's a statewide issue. We have no access. Once the Interpreting Services Unit closed, there were so many agencies that came into the state and there is still much confusion. They tried to bring in interpreters from out of the state, but the entire system has collapsed and failed. And so, it's a statewide issue with the shortage of interpreters.

REP. HUGHES (135TH): Thank you very much for your testimony.

MS. FAHARY-VAUGHN (THROUGH INTERPRETER): You're welcome.

REP. ABERCROMBIE (83RD): Further questions or comments?

MS. FAHARY-VAUGHN: And I just would like to add that I hope that we'll continue to work together on this issue and thank you so much for your time.

REP. ABERCROMBIE (83RD): Thank you very much. Appreciate it. Mary Mushinsky.

REP. MUSHINSKY (85TH): Madam Chairman and members of the Human Services Committee. I'm Representative Mary Mushinsky from Wallingford and I'm speaking in support of an amendment to House Bill 7091, AN ACT
PROHIBITING THE MISREPRESENTATION OF A DOG AS A SERVICE ANIMAL. I support this measure to curb misrepresentation of pet dogs as service dogs, but I ask the committee to amend it to allow another category of genuine service dogs, specifically certified therapy dogs, to enter public buildings.

The amendment would be similar to my bill, 6699. With me today is Breina Schain, the owner of a certified therapy dog. Her dog is calm, well trained. He passed his exam and he provides great benefit to people in the community including children with learning disabilities, hospital and hospice patients, and children and adults under stress. Breina and her certified therapy dog were forced to leave a public building, which prompted my filing this bill.

I understand the Human Services Committee wishes to stop the problem of owners of pets fraudulently calling their pets service dogs to gain access privileges or save fares. However, there are bona fide service dogs, including certified therapy dogs, whose owners should have access privileges if they can verify the certification. So, we're requesting that you please amend this bill to clarify that certified therapy dogs would have access to public buildings. Thank you and Breina will give you more information.

MS. SCHAIN: Good afternoon, Chairperson Abercrombie and the esteemed members of the Human Services Committee. Thank you for having me and thank you for inviting me, of course.

I am Breina Schain from Cheshire, Connecticut, and I’m seeking support for a new section to this bill that would be language similar to H.B. 7091, AN ACT
PROHIBITING THE MISREPRESENTATION OF A DOG AS A SERVICE ANIMAL. I request that the Human Services Committee please change H.B. 7091 to add language permitting certified therapy dogs to enter public buildings.

There are three categories of service dogs. Two are already allowed access to public buildings, but certified therapy dogs are not treated that way. The therapy dog is only certified after a rigorous training course. If the dog successfully completes the course, the certifying authority issues a badge, which I'm wearing today if anyone wants to see it, a badge to the dog’s owner, which makes it easy to identify this dog as a service animal. The badge, worn by the owner, includes the owner and dog’s names, the date, photo of the pet therapy team and the name of the issuing organization.

My therapy dog has reduced anxiety, stress and pain, lowered heart rate and provided a level of comfort that no person could possibly provide. The psychological benefits are enormous and the therapy -- therapeutic attention they bring to nursing homes, schools, hospitals and even universities at exam time are invaluable. For example, therapy dogs have a calming effect on individuals subject to stressful environments and disaster areas, such as at Newtown, Connecticut.

These dogs ease anxiety; bring relief and kindness to children, patients, the elderly in nursing homes. Please amend H.B. 7091 to allow certified therapy dogs to enter public buildings just as we allow other service dogs to enter.

And just a brief encounter that I had with my dog, Trevor, when we went to the hospital to visit my mom
at the end of her life. I was starting to exit the hospital and a woman came up to me and she asked if I could see her very, very ill husband and I said, of course, Trevor is a therapy dog. So, we went into her husband’s room and her husband looked at Trev and he looked at me and kind of smiled. So, I left right after that and as I was up to the elevator ready to get on the elevator, the woman ran up behind me and she said to me that her husband had just taken his last breath and had passed away, but he passed away with a smile on his face. And she said to me that it meant so much to her that her husband was reminded of his dog. So, I could just see that it meant so, so much to her, so she hugged me and I hugged her back. I'll just never forget it and so many other instances. But I thought I could at least share that with you today.

I want to thank you for listening to my request and I'm happy to answer any questions. I actually did my master's thesis on pet therapy too, so. A tremendous amount of material, so. If anybody has any questions, I'm happy to answer.

REP. ABERCROMBIE (83RD): Thank you. Yeah, thank you. Thank you for your testimony. And thank you, Representative, for coming up with her. I totally agree with you. I think that they play an important role, especially we've seen it with kids with disabilities, you know, more and more today. Our veterans, a perfect example, PTSD. So, I totally agree with you. And, Representative, could you send us that language that you want us to -- or --

REP. MUSHINSKY (85TH): Sure. I may have to work with your drafting attorney to make it fit into your bill, so. I will do that.
REP. ABERCROMBIE (83RD): Sure, sure. But send it to us and we'll take a look at it.

REP. MUSHINSKY (85TH): All right.

REP. ABERCROMBIE (83RD): We would love that.

Questions from committee members? Yes.

REP. DATHAN (142ND): Thank you, Madam Chair. And thank you, Mary, and thank you for your testimony. It was really moving. Since this is your specialty, what kind of training, how long is it do dogs need to through in order to be certified?

MS. SCHAIN: Okay. The training course is about eight weeks. It's very, very intense. In fact, you could do it online right now, but I'm the kind of person that likes to be there and look at the other dogs. And to me, this is important to do it, you know, in a setting with other people. It took about eight weeks. And the dog and I, we both go through an intense course where -- we took it at Southington Care Nursing Home and people come at you with wheelchairs and they bump right into you. They take pots and pans and smash it together right next to the dog.

They come up to him and then we'd practice meeting other people. Like I'd walk up to another person and their pet and say I'd like to introduce you. This is my pet. We see how the dogs look at each other, interact. I took a written test. Then we have a test where they're actually -- actions were evaluated on different categories. They'll give the dog a little -- something to eat and then they'll see if he bites the hand or how he takes it. And it's very, very rigorous and a lot of -- we have to retest every two years. Some people who already
have the dog and have a license, it's taken away for the smallest thing. And to me, it's just -- to me, it's wonderful that I could pass with my dog and get high scores.

And they're evaluated and rated on different levels, such as if you're in a predictable environment, it'll say predictable. But if you're in a complex environment such as a hospital when there's a code and everybody goes running down the halls to somebody's room, that's a dog usually that's a little older, that can handle that type of environment, but. Does that answer your question? I could go into more detail, but I want to --

REP. DATHAN (142ND): Yes. That is -- no, that's great and you answered my question on recertification, which I think is appropriate.

MS. SCHAIN: Exactly. And it's dated to the badge, so.

REP. DATHAN (142ND): Okay, great. The last question I have is, let's say, you're travelling with your dog and you go into a state that doesn't have the same sort of legal issues that we would be proposing here. How does that affect your dog and do you get yourself in issues where your rights are violated in other states or is it because you have Connecticut licensing that it is reflected in other states?

MS. SCHAIN: That's a good question. First of all, I don't travel. I'd love to go out of Connecticut, but I'm so busy. But if I could see myself travelling, I'm very respective. When I go in with my dog somewhere, I usually say something, like, even if it's Kohl's or a shopping center or
anything, I'll say I have a dog when I come in. And it's because I want to be sure that if someone's allergic or someone's very scared of dogs or whatever, I want to make sure that everybody's treated appropriately. I happen to have a counseling degree, a master's, in that. So, I'm very aware of how other people regard me and my dog. But even if I go here in Connecticut and it's legal, I still want to make sure that I give everyone respect and make them get -- have a good experience, a calming, enjoyable experience from it. So, I would do that any state I was in.

REP. DATHAN (142ND): Okay. That's great. Thank you for your testimony and thank you for your time.


SENATOR MOORE (22ND): First of all, thank you for your testimony. And who would've thought when you were doing your dissertation that you would be here today using it.

MS. SCHAIN: I never would have thought that.

SENATOR MOORE (22ND): You're a visionary.

MS. SCHAIN: I think that's why [inaudible - 01:20:41] was in it. He made me motivated.

SENATOR MOORE (22ND): You're a visionary. Thank you. I just had a question. Is there a shortage of those animals, or the dogs? Do you know if there's a shortage?

MS. SCHAIN: There is. There is.

SENATOR MOORE (22ND): There is a shortage.
MS. SCHAIN: I was with an organization that's -- that actually is recognized not only in Connecticut— in the United States, but all over the world. It's the highest you could go. And I do think there's a shortage. And I think that's another reason why I'm trying to be a proponent of this bill, because when I go places with my dog, people come up to me and say is he a therapy -- what kind of dog is that. How did you get to do that? I have a dog at home. Do you think -- I get so many people that come up to me and want to do that with their dog. And I tell them what to do and how to walk it through and there seems to be stimulating interest. But there are about 400 teams in the State of Connecticut. There aren't that many as people think. So, that's why it really disturbs me when people are going out saying my dog is emotional support, my dog is this, when they're really not. And it takes away from the reputableness of those who are really doing it and spending their short lives -- dogs have such short lives and for them to take so much time. I go to hospitals, nursing homes. I've given talks in places. It seems to me this dog spends maybe one-fourth of their life almost helping people. They should be allowed to walk into the places where they're, especially where they're working, etcetera. They're so calm and it's a joy to have him with me.

SENATOR MOORE (22ND): Thank you. I agree. They should be available.

MS. SCHAIN: Thank you so much.

REP. ABERCROMBIE (83RD): Representative Santiago followed by Representative Wood.
REP. SANTIAGO (130TH): Thank you. Thank you, Madam Chair. Thank you for coming to testify about the service animals. Now, how much would it cost to certify an animal?

MS. SCHAIN: Well, I can't answer across the board and I did it eleven years ago.

REP. SANTIAGO (130TH): You know --

MS. SCHAIN: But I'd say probably about $150 dollars, I would say. I spend upwards of about $75 dollars every two years. We're not allowed -- I should add. This is not -- it can't be done for profit. It's totally volunteer. If anybody's out there and they charge you or anything, it's not appropriate. It shouldn't be done. It should be done from the love from your heart to help people.

REP. SANTIAGO (130TH): And how can you -- I mean, you've got your master's in this. I just wanted to get your opinion. How do you judge -- when a person is carrying a dog or a cat, how can you judge if that particular animal is misrepresented as far as a therapy dog?

MS. SCHAIN: If somebody's carrying, they should have some type of ID. Service animals do not -- are subject to a different course. But an emotional support animal, you have to have a doctor's letter with you, saying you need that emotional support animal. And with a therapy dog, you have to have a badge. The dog does not have to wear a vest, unlike a service animal. You have to have a badge with a photo, with the name of the dog, your name, where you got this badge, and the dates. Or else it's not legal. It's not right. So, that's what you -- if somebody's just carrying around a dog and said this
is a therapy dog or emotional, it's probably not accurate.

REP. SANTIAGO (130TH): Well --

MS. SCHAIN: It should have some kind of ID.

REP. SANTIAGO (130TH): Well, it's kind of interesting, because I put in a bill for a service dog so that when -- if you live in federal housing -- well, in federal housing, it's a federal law that if you live in federal housing, any cost associated with having a service dog, you can deduct from your rent, with the cost of going to the vets and the food and stuff like that. But -- and so, we want to spread that over to the state housing, because they don't have that deduction. But in looking up what the American Disabilities Act of 1990, and doing a little bit of research on this, it says that service dogs do have to be certified and they have to go through training. I mean, and that's $150 dollars a pop and then $75 dollars every two years. And there are a lot of seniors that living in senior housing that can't afford that. But it also says in ADA that, however, if a person states that that dog is being used for emotional support, then they can't be denied access anywhere. So, they really don't need to be certified. So, you're discriminating against someone that is saying this is my pet and I need him because I have anxiety, but I wasn't able to afford the $150 dollars to go get him certified. So, there's a double-edge sword on that. So --

MS. SCHAIN: Okay. Let -- I think I just need to make clear. I didn't want to interrupt. But there are three types of dogs that do this type of thing. One is a service dog for the blind, the deaf or someone has a disability. An emotional support dog
is totally different than a therapy dog. An emotional support dog supports their owner with their challenges.

REP. SANTIAGO (130TH): Right. All right.

MS. SCHAIN: So, there may not be -- I can't speak to it with authority, but I do know -- I've looked it up on the computer, and it may not be $150 dollars. It may not be anything. It may just be a letter from your doctor. So, an emotional support dog may not have the costs involved, the training cost, as a therapy --

REP. SANTIAGO (130TH): Exactly.

MS. SCHAIN: When I go in with my dog, it's not that I need him for my disability. It's because we're going in to help other people. We're going in to help people in schools, where children read to me, and they have a lot of problems. And it calms them down. It reduces their stress physically, emotionally. It helps them communicate. So, the cost involved with taking my course, I'm paying for the people that are training me. I'm paying to work in the Southington Health Care where I go. They're different from emotional support.

REP. SANTIAGO (130TH): Okay. So, that's the difference then. Okay.

MS. SCHAIN: That's totally different.

REP. SANTIAGO (130TH): So, I think that we need to make that clear.

MS. SCHAIN: Exactly.
REP. SANTIAGO (130TH): Because people are getting a little confused with emotional dogs and what a therapy dog is.

MS. SCHAIN: They are getting confused. Exactly.

REP. SANTIAGO (130TH): And I have a friend in Meriden that trains these dogs from the time that they're puppies and then they give them to people that are disabled. So, I just wanted to make that distinction that there is a difference between the trained therapy dog that is going into buildings or nursing homes and places like that than someone that is carrying around an emotional dog that might not have the money to get them certified or even buy a regular therapy dog.

MS. SCHAIN: I'm glad that you did.

REP. SANTIAGO (130TH): Okay. So, I just wanted to make that distinction because I don't -- people are getting a little confused.

MS. SCHAIN: That's another reason I wanted to have this bill, because people don't realize that there are different types of dogs. I mean, I worked in a prison over -- I'm a retired state employee. So, I actually wrote a program for the prisons, to bring in dogs for the inmates. And it's helped so much. They have them at MYI, where I worked, different prisons, and it calms the inmates. I always said I you're in a nursing home, it's like you're in a prison, because you can't get out, you can't cook your own meals, you can't do what you always want to do, and it just is very stressful. And the dog brings you such calmness. It just makes it joyful and it's a wonderful experience.
REP. SANTIAGO (130TH): So, I -- and I -- I mean, I support the bill, but I think there's a lot of work that has to be put into this language. Because even CHRO was not -- didn't really approve of the language that was put into this bill. But I think it's a start, that we can start working on something like this. But I think the distinction is that we have to make sure that people that do have emotional dogs aren't also being discriminated against because of their disability. And that's all I wanted to say. Thank you for coming up here, and thank you, Representative. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair. My questions are along the lines of Representative Santiago's as well. Very -- this was wonderful testimony and I think makes a lot of -- makes sense, but questions on the details of it. So, there are three -- if I understood you, there are three classifications of service dogs. One is a seeing, someone who's blind or deaf, so that's a different training program for that dog. And then an emotional support dog is for just personal use for someone who needs -- who struggles with anxiety or for whatever reason. Medically needs an emotional support animal.

MS. SCHAIN: Right.

REP. WOOD (141ST): Do -- does somebody who gets an emotional support animal have to go through training and get a certification for it, a state certification for it?

MS. SCHAIN: Not that I'm aware of, but you -- actually, somebody once told me you can do it in an
hour on the computer. I think it's probably better to go about it the best way you can. But you do need to have a letter from your doctor, stating you need that animal. And I know some gentleman that just worked at my house recently and we were talking. He was saying that his daughter would not be able to live in the apartment and go to school if she didn't have an emotional support animal. She has such anxiety that if she doesn't have this animal with her, she can't function. And so, some people really, really need that emotional support animal to get by in life.

REP. WOOD (141ST): Right. I don't doubt that at all. I don't question that. But I just wonder how -- what the process is for those type of dogs to get certified and to be --

MS. SCHAIN: I can't really --

(CROSSTALK)

MS. SCHAIN: And I don't like to say something unless I know it's totally accurate. But I know you could find out.

REP. WOOD (141ST): Well, I guess this is to Representative Santiago's point, that -- a great concept. It needs more specific language.

MS. SCHAIN: Oh definitely. That's why I think that the people should know there are therapy dogs, emotional support, and then there are service dogs. But there are other dogs too that go in, that come in after a fire and they come in and -- there are actually dogs, believe it or not, medically, that can walk around a person and find the cancer in the body, where human beings, medical, can't find. They'll stop and that's the point where the person
has it. There are dogs that do so many things, rescue and search dogs, dogs that work -- when I worked in the prison, they'd come in and they could smell the room to tell if there are drugs right in that room for a shakedown of -- you know, so many dogs are so valuable in our society. You could go on and on, but I'm here mainly to speak about therapy dogs and they should be treated with the respect -- and I've handed in testimony. And my friend, Dave, he had one. So, his testimony is here. And thank you so much for your time.

REP. WOOD (141ST): I'm not -- I'm not. (Laughs) That's all right. You were going on a roll there, so.

MS. SCHAIN: Oh, I know. I'm very -- I'm very into it.

REP. WOOD (141ST): No. And I get that. I'm a dog person, so I totally get it. So, the purpose of this bill is to do what?

MS. SCHAIN: My purpose of my bill is because I'm treated differently in different places. When I go in with my dog into some places and I explain this is a therapy dog and this is what we do. Come in, you know, you're welcome to come into the store. And then another place will say I never heard of that. What's a therapy dog? So, I think we need to have a law so that everyone is treated the same way and I do think because they work so hard helping people, they should be able to go into public buildings. And I know people come up --

REP. WOOD (141ST): So, this would set statutory guidelines for what a therapy dog is.

MS. SCHAIN: Uniform guidelines.
REP. WOOD (141ST): Do other states have this?

MS. SCHAIN: Yes. I actually did some research in California. They're leaning very heavily in that direction and they're already allowed in the workplace and a couple of other places. We've done congressional -- I worked with Elizabeth Esty on it. I'm actually on the zoning board in Cheshire, so I know a lot of -- Mary -- I'm friendly with Mary. But I know other people too. And they're working on this. This is a very good thing. And I think Connecticut --

REP. WOOD (141ST): Well, it makes sense. I think, again, with Representative Santiago, we just need a little more specificity around the language. Thank you very much. Thank you, Madam Chair.

REP. MUSHINSKY (85TH): I just want to add a p.s. on this. I was at an event in Meriden recently, at Maloney High School, and there was a sign right on the door that said you could bring in a service for the blind, but not a therapy dog or emotional support dog. So, her category of working dog is being lumped in with emotional support dogs, even though her is much more rigorously trained and has to pass certain standards. So, that's really what we're trying to do, is recognize the nature of her dog is scrutinized and tested and certified every two years and it really is different from the emotional support animal, which may not have been trained at all.

REP. COOK (65TH): So, I'm sorry I was late and missed the majority of your testimony. But I do have -- I do have a concern about us moving forward, not that I don't support social, emotional therapy and service dogs. This is not it at all. But the
problem that we have, and I have restaurants in my community, people are bringing their dog in their purse, saying that it's a therapy dog or a social, emotional -- you know, for emotional support. And legally, they're not allowed to ask for papers to prove whether that dog is registered or certified by one or the other. And what the problem that you have is you can have -- if you know a doctor or a therapist, if you know them personally, they can sign your paper to have a dog. And the airlines are also having trouble with this.

So, people that are -- people that are abusing this are really causing problems for people of need. So, my question is, we're looking to perfect this legislation, is to figure out a way to now anger the community with disabilities and need, but to protect them and figure out a way of how can we, without taking offense, maybe show the certification or show the license. Because if not, I'm afraid, like, in - - with some of the restaurants in my community, they're gonna say no dog. And with that being said, -- and they know. But by law, they're not allowed to ask or discriminate. And you'll have a trained dog that will sit. But then you have somebody that says that's a therapy dog or that's an emotional dog, but that's dog's running around. But by law, they're not allowed to ask.

REP. MUSHINSKY (85TH): Okay, before --

REP. WOOD (141ST): So, that's part of our issue that --

REP. MUSHINSKY (85TH): Representative, before you come in, Breina displayed her badge. She gets this from the training institute that certified her dog as a therapy dog. And so, if they don't have this
pass with the photo on it and the identity of the dog and the trainer and the owner, then they're not certified.

MS. SCHAIN: And then can I just say something too about -- that's -- I think I just want to clarify that. On service animals, you can only ask two questions. Service animals, those that, say, their owner is blind or deaf or what have you, you can only ask was this dog trained for this and do you have that -- do you have a need for that dog. That's all you could ask, only two questions. Therapy dogs, it's so -- there's nothing out there. So, it's not like -- there's no -- you could ask as many questions as you want. In fact, I really enjoy taking questions from people because I like to people to know about therapy dogs. There's really no limit to it. Emotional support, there's no limit to questions too, as long as they have a letter from their doctor. But this really is something that needs to be regulated and treated across the board uniformly.

REP. WOOD (141ST): I agree and I think it would help all parties. It'll help --

MS. SCHAIN: Everybody.

REP. WOOD (141ST): It'll help business owners. It'll help the people that actually do need these dogs. And it'll weed out the people that are abusing the system to get around the system, specifically restaurants, airlines, and the like. It's becoming a problem and people that need are being told no. And so, I do -- I look forward to working with this and moving it forward to help the situation.
MS. SCHAIN: And I don't mind if they don't go into restaurants. I'm not there to cause any problems, believe me. And I'll go in and I'll leave my dog at home. But I'm just saying if I go into the post office or I go, usually I don't have a problem. But, do you know what I'm saying?

REP. COOK (65TH): But I do. But that's you. And then there's those other people that will not leave their cute, little four-legged friends at home and they put them in their pocketbook.

MS. SCHAIN: I know. I've seen it. I've seen it. They're cute too.

REP. WOOD (141ST): So, thank you. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Jeff Bravin.

MR. BRAVIN: Good morning Co-Chairs Senator Moore and Representative Abercrombie and members of the Human Services Committee. I'm Jeff Bravin, executive director at the American School for the Deaf. Before I proceed, I want to recognize and note on record Representative Abercrombie's continued commitment and support to the deaf and hard of hearing communities and her attendance at the Deaf and Hard of Hearing Advisory Board. Your support is greatly appreciated.

I'm here in support of House Bill 7230, AN ACT ON INTERPRETING SERVICES AND ALSO ACCESS TO PUBLIC SPACES FOR DEAF, HARD OF HEARING, AND DEAF-BLIND INDIVIDUALS. Qualified ASL interpreters are critical for access to fundamental information, ensuring that appropriate information is communicated in different environments such as
medical and educational, especially in public schools where they use teachers of the deaf and hard of hearing, and communication facilitators or aides to interpret information to students. This is not right. Individuals become victim to misinformation, misunderstandings, and misinterpretations.

The Interpreting Standards Board is critical and will ensure that educational, trained and certified interpreters are provided and that qualified exist. They will review complaints and make sure that they follow up on the complaints from the community. And as I write my testimony, which I submitted, there were a few things that I did not include, based on my conversations with various community members, that I feel is important to share. Some of the concerns that have been shared is that with the proposed bill there is some specific certifications that are required for interpreters, but again, that is limiting the scope of interpreters. We cannot continue to limit the scope of interpreters. We must accept both nationally and state-certified interpreters in order to expand the interpreting pool. That is the core problem currently in the State of Connecticut.

Just as Representative Hughes just mentioned, where are the interpreters? Interpreters are lacking in every corner of this state. So, by expanding the certification, we can welcome any interpreter. And if we have a Standards Board in place, they will be able to review those interpreters and ensure that they are qualified. We do not want to put it into state statutes so that we become at an impasse and we are not able to move forward. If we put it in regulations, we will have the flexibility to make those changes.
Secondly, deaf individuals, I agree with certain groups, and I know that there is some dissent, but there is a belief that deaf individuals should have the right to choose their own interpreters as long as interpreters meet the qualifications needed or they agree to sign a waiver to dismiss those qualifications and have that person interpret for them. I think the consumer choice is a critical piece.

There's another issue that has been debated in regards to member of the Standards and Monitoring Board. We cannot include everyone. Everybody would like to be a member of this Standards Board. And I think that we have an Advisory Board that represents a very diverse group. The Standards Board would have two critical ex officio members and I think those are deserving of their seats because of their long efforts on this particular bill.

Finally, bill 7230, also includes access -- improved access to public spaces. And to me, this really is a no brainer. It is critical to provide access to everyone who has a hearing loss regardless if they are deaf, hard of hearing, or elderly individuals with hearing loss. Again, I want to thank you for your continued support and I know that we still have much work to do. But this bill must pass. Thank you all.

REP. ABERCROMBIE (83RD): Thank you and thank you for your continued dedication and for the individuals that you serve. We really do appreciate you taking the time to come up here and testify. You testified yesterday before the Appropriations Education Committee. So, thank you. We do appreciate it. Questions or comments? Seeing none.
Thank you very much, Jeff. Moving on to -- and I don’t see her. Barbara Cassin? Is Barbara -- oh, there she is. You were hiding.

MS. CASSIN: Good afternoon everyone. I am actually here to represent Harvey Corson, who was not able to be with us today because he's involved in business -- on a trip for business. Harvey's position is that he is a member of the CRID and CAD Task Force on Updating Interpreting Standards, and the chairperson of the CAD Education and Legislative Committee.

The situation today is that the Department of Rehabilitation Services is still handling the issuance of interpreter identification cards via an annual registration, but is not providing direct interpreting services. No state-level entity is providing statewide leadership on the needs of interpreting standards and/or following up on concerns regarding interpreting issues or interpreters in the state working without appropriate qualifications. The deaf and interpreter communities have long been concerned with this present state of affairs. This sense of urgency is now and real.

Based on the recent community feedback from two town hall meetings held on December 3 and 17 or 2018, attended by approximately 75 people and 25 people respectively, and additionally two meetings on January 7 and 9, the CRID and CAD Task Force made changes in its final recommendation to the State Advisory Board for persons who are deaf and hard of hearing on January 11, 2019. The recommendation was approved by this Advisory Board unanimously with one person abstaining.
The major features of this proposed legislation are as following. First, to establish a proposed Interpreting Standards Board in the Department of Rehabilitation Services. This is to provide statewide leadership of continuous updating, fostering and maintaining quality interpreting services with the membership and responsibilities as specified in the proposed legislation.

Secondly, to provide a framework of different interpreting settings by including community along with educational, legal and medical settings.

Thirdly, to provide additional pathways through the Interpreting Standards Board to increase the pool of needed interpreters, including utilization of national and state credentials and National Deaf Certified Interpreters to work in Connecticut, an increasing trend as seen in other states.

Fourthly, to recognize that deaf, deaf-blind, and hard of hearing persons may exercise their right, first, to use nonregistered individuals such as family members and friends who voluntarily provide interpreting services at the request of a deaf, deaf-blind or hard of hearing person. And secondly, to request or use a different registered interpreter than the interpreter provided to interpret for them in any interpreting setting in accordance with a nationally recognized interpreter code of professional conduct.

In closing, the three important points about this proposed legislation which need to be emphasized are these. First, there is a definite need to have a continuing state mechanism to keep up with the trends and changes in the profession, thus to update interpreting standards and to maintain the pool of
qualified interpreters and ensure compliance with our law and regulations.

Second, there is now no place in the state government for deaf, deaf-blind or hard of hearing citizens, interpreters, parents, family members, agencies or general public to go to ask for information or present concerns or complaints regarding interpreting services, issues, qualifications, or performance. Thus, the proposed Interpreting Standards Board would serve as this place to get information and/or seek resolution for some concerns and issues.

Third, this would be done at a minimal cost to the state with the participation of knowledgeable citizens willing to serve voluntarily on the proposed Interpreting Standards Board. Thank you for your consideration on this proposed legislation.

REP. ABERCROMBIE (83RD): Thank you, Barbara, and thank you for your leadership. It's always been a pleasure working with you through the years. Questions or comments? Representative Santiago.

REP. SANTIAGO (130TH): Thank you, Madam Chair. I was just curious if -- are there bilingual interpreters in either Spanish or Polish, and is there a demand for them in the state?

MS. CASSIN: I would not say there's a high demand. Instead, what we will often use is certified deaf interpreter to help facilitate in that situation. They have -- we don't have specific bilingual interpreters, but we do have people such as CDIs who are experienced in that. We have some clients, deaf people who come here from other countries. They are not necessarily fluent in American Sign Language.
And so instead, we will use a certified deaf interpreter who will use a form of gesture to help make sure that that message is conveyed to those individuals.

REP. SANTIAGO (130TH): Thank you. That's interesting because I know that the alphabet in Spanish, there's more letters in the Spanish alphabet. So, I'm wondering how people that do not speak English are also gonna be serviced. And again, I just don't know how the high demand is, or they might not know about the services. Is your information through the organization in both languages? Is there a need for it? I was just curious.

MS. CASSIN: To my knowledge, no. Actually, we have no tracking system in this state. We used to have the Commission on the Deaf. And the Commission on the Deaf and Hearing Impaired, they did have way of tracking individuals who primarily came from Spanish-speaking homes. And we had several interpreters on staff who also spoke Spanish. But since the commission has closed and the DORS interpreting unit has closed, we have no way of tracking who these people are, how many individuals we have, what the need is. And I'm being honest with you. We have no way of tracking this information.

REP. SANTIAGO (130TH): It's very interesting because I also wanted to learn how to do sign language. I do have a nephew that signs and the parents are the ones that have to do the interpreting for him. But it's almost like (speaks in Spanish). So, it's like me speaking Spanish here and nobody knows what I'm saying. So, it's like --
MS. CASSIN:  Exactly.

REP. SANTIAGO (130TH):  You do?

MS. CASSIN:  Yes.

REP. SANTIAGO (130TH):  So, I was just curious about that. Thank you. Thank you for your answers, and thank you for coming up here to testify. I think it's an important issue.

MS. CASSIN:  I also want to thank you and the committee for your interest in this. And Cathy, you know -- Representative Abercrombie, thank you for your support.

REP. ABERCROMBIE (83RD):  My pleasure. Thank you for testifying. We're gonna go back to the elected officials. My colleague and friend Representative Josh Elliot is here.

REP. ELLIOTT (88TH):  Hello, distinguished members of the Committee on Human Services. Hello, Chairwoman Abercrombie and Chairwoman Moore. If you want me to move. I'm all right? All right, fantastic. I'm not gonna be speaking too much anyway. I'm bringing up a constituent of mine. This is Attorney Knott who will be speaking on S.B. 946.

ATTORNEY KNOTT:  Andrew Knott. Representative Abercrombie, Senator Moore and members of the committee. I'm here -- I'm the lawyer who represented Heather Handel in the Handel decision that Commissioner Bremby mentioned. That's the decision that Senate Bill 946 is seeking to overturn.

I'm here not so much for -- on behalf of Heather Handel, because she's already won her case. I'm
here today because I believe that this is really about good government and I think that 946 is really a bad law and promotes bad governance. And I'd like to start off by going -- we need to go back to kind of the early 2000s. Back then, DSS and its regulations and its practices were fair and reasonable. The workers were largely knowledgeable, hard working and fair minded. Then 2008, the state didn't any money in its coffers and there was a spike in applications. As a result, there was a backlog of decisions that weren't happening and weren't getting decided upon. Then, the rules started to change a little bit. Not the law, but the interpretation of the law.

And what were previously before fair and reasonable practices, because really draconian practices. Reasonable interpretations of the law became absurd interpretations of the law. And, I mean, one of the previous bills, where they talked illiquid and the inaccessible assets, that's a common issue that was changed just through interpretation, not through any particular written law. They had a different practice and it changed once 2008 happened.

Now, we are a decade later after 2008, and DSS is still going down the same path that it was. And the only thing that's changed now is that it's mired in class action lawsuit and in cases such as mine that were brought before the appellate court and they're losing because their interpretations are not really in line with the law. So, 946, they talk about it being -- addressing the Handel decision, but it's not really just addressing the Handel decision.

The Handel decision came -- really was just an application of a 45-year-old decision that's already
be on the books and it was a federal court decision. And all the rule says -- the Labbe rule, says this, if DSS blows its deadline, then the applicant wins. Now, that might seem a little harsh on the part of a government agency to automatically lose, but it's not. It's a fair and equitable rule that keeps DSS in line with the federal law. When DSS starts going outside the federal law, lawyers like me start filing federal civil rights lawsuits and we win or we come up with a settlement. It avoids, then, being bogged down in these lawsuits and it gives the applicants something reasonable to rely on when their decision is going to be made.

People who file for DSS do so for the most part because they themselves can't afford a lawyer. So, I'm only -- I get brought in only when, on a small sliver of cases, when people are trying to get a loved one on Medicaid. But this affects -- this Labbe rule affects all of the DSS applications, most of whom cannot afford a lawyer. Now, the interesting thing about the practice here is that if an applicant blows a deadline, they automatically lose their case, usually no questions asked. You are given ten days to provide a whole bunch of information and if you cannot provide all of it or if you don't otherwise ask for a continuance, case is closed, they say go and re-file. So, all that Labbe does, and all that Handel did was provide a little bit of parity between the two.

So, the big problem with 946 is that the only remedy is that -- the only remedy if the DSS blows a deadline is that we have to file a writ of mandamus in superior court. So, you have to go and prepare the writ, have it served, file it, pay the fee, or if you can't pay the fee to the superior court, you
have to file a fee waiver, and that takes more time until the court rules on it. And then you have your hearing, whenever that gets scheduled, and then the superior court judge has 120 days to issue a decision. It's almost comical that all it does is - - by the time they get a writ of mandamus, the decision's already gonna be done. It is not any solution whatsoever.

So, in closing, I acknowledge that DSS has an impossible task. It has to administer the social service programs of the state without enough resources to do so. I get it. But 946 sends it further down the path that it started, really, in 2008, and all it’s doing is creating more problems for the -- its applicants, and it's, frankly, causing more problems for itself because there's nothing more that I would like than to be put out of business in cases against the Department of Social Service. And I'm available for any questions if anyone has them.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. How many cases before DSS have you brought that they have not met the -- or you've been brought in because they haven't met the 90-day timeline?

ATTORNEY KNOTT: Only Handel. Handel just came down this year. Just the one. After that, they've -- after Handel, they've been very good about staying on top of it.

REP. ABERCROMBIE (83RD): And if we had to adjust it, would you -- do you think 120 days would be an acceptable time?
ATTORNEY KNOTT: I do believe this involves some federal law, so I believe that the 90-day rule is there already with -- in federal law. The issue, though, is -- yeah, I don't think that can change really. However, I will say this. It was mentioned in the previous testimony by the commissioner or one his designees that the parties will agree to keep the record open and they will waive the Handel rule. That's not necessary. The Handel -- as long as the case is being kept open, then the Handel rule doesn't really apply. It really kicks in until that -- once the case closes. So, if they need another 30 days, 60 days to get more testimony in, that is following the 90 days.

REP. ABERCROMBIE (83RD): Thank you. Questions? Seeing none. Thank you for your testimony. Thank you, Representative. We will now go back to the public portion and Alexandra McGee.

MS. MCGEE (THROUGH INTERPRETER): Hello everyone. My name is Alexandra McGee. I am the President of the Connecticut Council of Organizations Serving the Deaf. This council was established in 1969 with a mission of overseeing the rights and goods of deaf, deaf-blind and hard of hearing people living in the State of Connecticut. CCOSD will be celebrating 50 years this year.

CCOSD strongly encourages you to support House Bill 7230, interpreter standards and improving access bill, regarding strengthening and standardizing the qualifications of interpreters serving our deaf, deaf-blind and hard of hearing persons. It is urgent that these people in Connecticut be provided with interpreters who are qualified to do the job.
Please vote in favor of House Bill 7230, the interpreting standards board and the improving access. CCOSD has more than 14 member organizations and we strongly encourage you to upgrade our state laws regarding interpreting certifications. Deaf, deaf-blind and hard of hearing citizens in Connecticut should have the right to access information through qualified sign language interpreters that are certified by NAD and National RID. Thank you again.


MS. MCGEE (THROUGH INTERPRETER): And thank you.

MS. INZINGA (THROUGH INTERPRETER): Good morning Senator Abercrombie and Senator Cook. Thank you so much for this bill. My name is Sandra Inzinga. I am the current president for the Connecticut Association of the Deaf, and I thank you for sponsoring this proposal as endorsed unanimously by the members of the Advisory Board for Deaf and Hard of Hearing persons, in response to the concerns of our community.

The intended purpose of this proposal is to improve the interpreting standards and access to public spaces for persons who are deaf, deaf-blind and hard of hearing. I know we have a current law, but it is outdated. It no longer fits the needs of our people here in Connecticut who are deaf, deaf-blind and hard of hearing. CAD has been working with you on these issues relating to interpreting for the past eight years now. Your support on our task forces, at our town hall meetings, and our legislative meetings have told us that you have an understanding
of how this impactful it is on us, the interpreting services that we so desperately need in our lives.

At the same time, the members of our community know we cannot continue with our current interpreting situation. We are aware that our interpreting services have undergone drastic changes over the past few years and we have vendors from all over the country who are now trying to provide services in Connecticut. These vendors are not following the established interpreter laws. That impacts our deaf community as well as our interpreting force that formerly used to work for the state. There needs to be some type of standards and compliance established responsibility by the State of Connecticut.

As you will see by the public testimony that you will hear today, we have numerous gaps in the interpreting service delivery system and our deaf, deaf-blind and hard of hearing citizens have no recourse where -- anywhere to go to provide feedback, file a complaint or look for improvement. This has gone on for far too long. We have lost too many qualified interpreters who could not maintain their livelihood here in our state.

I am asking you please to recognize this urgency, to monitor and evaluate the existing services, update the statutes for compliance, with qualifications requirements that will allow us to expand our interpreting pool. The Connecticut Association of Deaf is committed to working with you to ensure that persons who are deaf, hard of hearing and deaf-blind have access to adequate and effective interpreting services. At CAD, we are representatives of the Connecticut deaf community and we are asking for
your endorsement to pass House Bill 7230. Thank you.


MS. IRIZARRY: Hi. Good afternoon. My name is Zoraya Irizarry. I'm in support of the bill no. 7091. I have a service dog and the service dog is categorized as a medical equipment. In a term of 30 days, I encountered -- in 30 days, two times, I was encountered a situation with fake -- how do we call, fake service dogs that were in two facilities, one in a medical office and the other was in a pharmacy. In both places, the incident that happened, they had cameras, videos, so you can see how the people, they were reacting. How people -- they didn't have control of their dogs in a dangerous way. Because when one of them, this lady have -- she didn't have too much strength to hold her dog, and it was only inches to attack my real service dog.

Another person had to help her because she didn’t have the strength. She was weak, too weak in her strength to hold her dog. When that happened and someone helped her to take care of it and she came in, she came in with a bad attitude. She apologized in a very rude way to me. And then she was screaming that she has rights because she has a service dog and she has papers. That sadly, as you all know, they have been certifying dogs through the internet or, in this case, this lady told me that the person who trained her elite service dog, she
did what she's supposed to do when the dog react like that, aggressively. She have to take him out.

When I was -- of course, I was -- I told her -- we had a few exchanges of words. I was so polite, but she was attacking me all the time. But the thing is -- the thing is that disturbed me that she said that her trainers told her what to do, to take out her elite service dog, when he's supposed to be under control all the time. When we tried to, of course, tried to figure which company certified that dog, which he had its supposed training, she, of course, refused and of course she was protected under the law.

REP. ABERCROMBIE (83RD): Can you wrap it up, please? That's your three minutes, ma'am.

MS. IRIZARRY: Okay. I'm going to submit all my information in detail because there's a lot of information that you can pick up to help to get better in the bill or add some information. I don't know. But there's a video that some how you can see how dangerous these animals are coming. These people are certifying service dogs that they are real or not. This kind of dog has a lot of training and they are extremely expensive. And they don't have money to pay -- if the other attacked my dog, she doesn’t have money to pay for my expensive service dog.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Questions? Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. I met you earlier. Your dog is beautiful. So, we have a program, I don't know if you're familiar with it, the business ECAD.
MS. IRIZARRY: ECAD, yes.

REP. CASE (63RD): Yeah. It's in my hometown. A very extensive program and a very extensive training period. Are they the -- that's the type of a proper program that we're looking for in order to get the correct dogs. Because I hear they have a litter come in and they're out there, you know, in their foster type homes. Then when they get old enough they come in for training. The ones that make it, they continue on through. And they were very specific when I was out there that these dogs are trained. I mean, they're actually brought to Bradley International Airport where they allow them to an empty plane, to try to board a plane and do that type of stuff. So, you're saying people are certifying these dogs or selling -- getting these dogs to people through the internet and that's the issue?

MS. IRIZARRY: As far as I know, anyone can come and say this is their service dog. They go through online. By the way, look at the owner of ECAD. My dog is an ECAD dog. She did assignments. She went to the online and she just registered and she got certified for a very -- maybe, like, $300 dollars or less, or $150 dollars. But if you want a letter to go on a plane or house, a public place, you only have to pay, like, $300 dollars. This kind of service dog I don't know if you want -- it is extremely important that -- yeah.

REP. CASE (63RD): No, I know the process and I know the expense. And, you know, -- with the indulgence of Madam Chair. You know, that program there, I don't know if you went through it. But, I mean, it's actually -- they have a housing facility where
they have you there for a month or so, you're in a dormitory style, and they train you with your dog, and then you're certified out. And I guess the problem is these others that aren't certified. How do we stop it?

MS. IRIZARRY: The first thing, we can access have access of all the information. For example, this lady, when I told the pharmacy, please, can you get the information from her to see which person is certifying and telling her if it's aggressive take it out. That's wrong of course. The lady back up. So, we need to -- [inaudible - 02:12:44] told me if they can make a state ID, okay, a state ID or include it in their driver license of your service dog. Of course, I suppose we have to come with a list of the companies that are real certified, like ECAD and Fidelco. Well, Fidelco is obviously for a guide dog. But like ECAD and certain companies that they are really an organization that have their license to train these kind of dogs. Otherwise, if another person with a weird ID, at least the business or, you know, we know that are not real service dogs. Probably some person, my friends here can have a little more information about that. --

REP. CASE (63RD): We'll look into it some more and I'll talk to the Chair about it. But I'm just impressed with ECAD. I mean, there's people coming from all over the country to see their dogs and to get trained with them. It's a very expensive program. And I know when I walk into restaurants or whatever, I can tell the people in my area that have them and, you know, we stay away and let them do their job. And I appreciate you and Nicky coming in to testify today. So, thank you. Thank you, Madam Chair.
REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Houston McBride.

HOUSTON MCBRIDE (THROUGH INTERPRETER): I would like to give my place to Milmaglyn Morales, please, because she has to leave. Is that okay.

REP. ABERCROMBIE (83RD): So, no. So, sorry. No. We don't -- we have a process in place and I apologize, but we can't do that. People that sign up, I apologize; have to be given the right to testify.

HOUSTON MCBRIDE (THROUGH INTERPRETER): All right. Thank you. Hello. Good morning everyone. My name is Houston McBride and I am a State Coordinator for Deaf People United, DPU. Our organization is not in support of House Bill 7230. We wanted to welcome all states and national certification or screening to work in Connecticut. RID has failed us and put in many new interpreting students on hold with 80 percent failure rates on the RID test, which is not helping fix the problems that we have here in Connecticut with interpreting shortage. While RID is trying to fix the mess that they have created, we can accept screenings of other states such as BEI, Boys town EIPA, BIB, QUAST, the quality assurance tests from other states. We do not need to list each state screening in the bill, but we could just simply state that Connecticut accepts all state and national certification or screening to help grow our interpreting pool.

Connecticut is now facing a very serious interpreting shortage and the biggest complaint from the deaf community is where are the interpreters for my important appointment? We need to expand the interpreting pool. And step one is that I think the
Massachusetts screening test is a great idea, but the issue is that it is only good for four years. However, you can retake the Massachusetts screening one more time, but then what happens at that point?

I moved to Connecticut in the end of 1992, 1993, and live near the naval base. I see many naval employees who work there and some of their spouses are sign language interpreters, but could not work because of the wording of our law which stated that they had to be RID or NAD certified.

Our present law on the books does not accept other state’s screenings and this is a very critical time. We need to change things now. We need to expand the interpreting pool and the reason is that it’s critical to provide access to the deaf community. I know that the deaf community, including myself, are very tired of having a lack of available interpreters or not being able to find interpreters to serve us at our appointments. I think that having an Interpreting Standards Board is slightly premature. And I feel that there is still much that needs to be clarified in terms of how to implement this board and what the process would be. The interpreting community is on edge and concerned about the sanctions that would be imposed by this board and that this action may cause the interpreting pool to diminish.

In addition, we, the deaf people, should be placed on the Interpreting Standards Board because it is a recognized national deaf organization just like CAD and CRID. We need a check and balance in this system. We need to add a waiver for deaf consumer preference because that protects all parties and is a way to track all potential interpreters and to help them become certified.
examples of three different waivers, one from Pennsylvania, one from New Hampshire. And so, those are those specific state waivers. But we also have Missouri as well. Their hospital system has waivers in place, which I've provided for you.

In closing, in terms of captioning on TVs and public spaces, I feel that captioning should be on 24/7, and that is a wonderful idea, but I think that should be proposed as a separate bill because it may potentially some resistance from public spaces such as restaurants and bars. And that would end up destroying the entire proposal because it is being suggested with the interpreting bill. Thank you so much for your time.

REP. ABERCROMBIE (83RD): Thank you, Houston. And thank you to your organization for coming up and meeting with me privately to try and work this out. I do believe that you are correct that we need to expand the interpreter pool, and I do believe that you're correct that doing a certification with just Massachusetts and what we have is probably not in our best interest. So, I appreciate you taking the time to talk me through this and to understand it more. Oh, Representative Case.

REP. CASE (63RD): Thank you. And thank you for coming forward. It's interesting. I just had this conversation not too long ago with the people at Northwestern Connecticut Community College, where we have the interpreter program, and we are trying desperately to increase that class size. So, it's important to all of us. I know the Chairwoman has spoken about it multiple times and I'm happy that we brought this forward here today. And serving on Appropriations, we will definitely work with the
community college-level side to try to boost this because in all fairness, you know, the interpreter shortage is -- it affects all. So, I just wanted to thank you for coming forward and it's all riding on our backs trying to figure out what to do the right way. So, thank you.

HOUSTON MCBRIDE (THROUGH INTERPRETER): Thank you. Thank you very much.


MRS. MCBRIDE (THROUGH INTERPRETER): Hello. Good afternoon. My name is Kara McBride. I am not in support of House Bill 7230. And the reason why is because there's tremendous frustration with the lack of interpreters. I noticed that the law that requires certification for RID is antiquated and that we should other state certifications to assist in expanding the pool of interpreters. And when people with other state certifications move to Connecticut and are not able to work here, they face extreme frustrations and end up moving out of Connecticut and that is a loss for the deaf community.

As a mother, I have two children who are both hearing, CODA. And last week my son had all four wisdom teeth pulled. But a month prior to that appointment, I reached out to the dentist office and gave them a list of interpreter names for people to reach out to. And as we got closer to our appointment, I asked the dentist were you able to secure an interpreter, and they said, no, we were not able to, and we did reach out and were unable to find any.
So, I attended the appointment anyway, for my son, to have his wisdom teeth pulled. As he went to the recovery room, I tried to communicate with the staff there, and my son was alert, but still somewhat groggy from the anesthesia, and he was trying to interpret. He was still in pain, but knew his mother needed communication. And that should never be the case. My son should not have to interpret for me. We should have interpreters there. And I tried to work with the dentist to get all of the information that I needed to take care of my son and I left the office quite nervous because I did not know everything I needed to do. So, once we got home I really had to look everything over to make sure that I was giving him the appropriate amount of pain medication and the care that he needed. As a mother, that was extremely concerning because I do not want to cause further harm to my son, so. And I certainly do not want to depend on my children to interpret.

We need more interpreters. So, please support us we look to expand our interpreting pool. Thank you so much.

REP. ABERCROMBIE (83RD): Thank you, Kara. We appreciate it. Questions? Thank you very much. Daniel Pinnell.

MRS. MCBRIDE (THROUGH INTERPRETER): Thank you for your time.


MR. PINNELL (THROUGH INTERPRETER): Good afternoon Co-Chairs Moore, Abercrombie, and distinguished members of the Human Services Committee. I want to
thank you for listening to our concerns and hopefully our input will help to make this bill better for our deaf community.

My name is Daniel Pinnell and I am the director of the Connecticut Chapter of We the Deaf People. I want to stress that we are a linguistic minority that uses American Sign Language, ASL, as our primary language. We are a people of eyes.

We the Deaf People strongly believe that we are responsible for supporting and mentoring interpreters who have a direct impact on our deaf community. Because of this, We the Deaf People cannot support House Bill 7230 as it currently is written. If there are changes, we do look forward to potentially supporting this bill in the future.

Our three most important concerns for this bill, number one, start with the restriction of the interpreting pool, as you can see evidenced by testimony this morning. We the Deaf People, CAD and the CRID Task Force as well as the Advisory Board agreed to expand the interpreter pool by accepting all national and state certifications, including licensures and state screenings. This is necessary because more interpreters will vastly improve the deaf community's quality of life. However, in line 86, the word, and, being used truly disallows the acceptance of a full range of credentials. We want the list of acceptable credentials to be expanded to give the most choice for the deaf community. Additionally, I want to emphasize that RID certifications should not supersede any other credentials.

Second, the makeup of the Interpreter Standards Board. The current structure of the Interpreter
Standards Board has consumers as a majority over professionals, which seems likely to lead to lawsuits due to a lack of knowledge about appropriate standards. We the Deaf People believe that the Interpreter Standards Board should be made up of a large portion of professionals such as interpreters who are currently working in the field, interpreter trainers and mentors. We further believe that the deaf community should hold at least a 51 percent majority on the board. So, for instance, there could be deaf organizations and professionals, such as Certified Deaf Interpreters, CDIs.

Thirdly, in regards to sanctions. The language regarding sanctions in the bill would allow for fees, fines, and infringements, which would make the job of interpreter, which is an already difficult career, much more unsustainable. In a state which ranks among the top ten in the cost of living, this would significantly shrink the interpreter pool rather than growing it. We have already lost many of our interpreters over the years to New York because New York does not have stringent requirements or laws in place. I almost would rather live there. And other states that do not have harsh sanctions. The main complaint that we hear from the deaf community is that it is not about the deaf -- about the interpreters who are not qualified. It's that there are not enough of them and that they do not have enough availability.

I would like to say thank you to everyone in this committee for your work on this bill and I hope that this bill will be improved to the benefit of the deaf and interpreter communities alike. Thank you
for your time and for allowing me to give testimony this afternoon.

REP. ABERCROMBIE (83RD): Thank you, Daniel. Have a great day. Michael Hamilton, followed by Steven Heron.

MR. PINNELL (THROUGH INTERPRETER): Thank you.

REP. ABERCROMBIE (83RD): Good afternoon, Michael.

MR. HAMILTON (THROUGH INTERPRETER): Hello. Good afternoon everyone. My name is Michael Hamilton. I would like to share about my experiences. I was called to jury duty and I had an interpreter at the first appointment which worked out great. But then I was called back a second and third time and no interpreters were present. Now, the day before my - - actually, two weeks prior to this appointment, I called to confirm that interpreters would be available, and then as it grew closer to the time of the appointment, two days prior, I called again and I was assured that interpreters would be there. The day that I showed up, I said my name is Michael and that I was looking for my interpreter. And they said, oh, we're so sorry. We're so sorry. We're not able to get an interpreter for you. So, they released me from jury duty.

And then later, again, I was called in for duty and I did request that interpreters be provided and I was assured they would be. When I showed up again for jury duty, they were not there. I feel that we absolutely need to provide more interpreters and increase the pool of interpreters here in the State of Connecticut. Additionally, in situations such as jury duty, as I experienced personally, we absolutely need to increase the number of
interpreters that are available. And I am not the only who has gone through these experiences. I have friends who have had these personal experiences as well. Thank you.


MR. HAMILTON (THROUGH INTERPRETER): Have a good day everyone.

REP. ABERCROMBIE (83RD): You too, sir. Steven, followed by, I think, it's Jose.

MR. HERON (THROUGH INTERPRETER): Hello, hello, hello everyone. My name is Steve Heron. I was born and raised in Connecticut. I am not a wealthy individual. I love this state and I love the interpreters that work here. I've worked with interpreters for many, many years. Now, I would like to say that I've known Rachel Spillane, the interpreter, for many, many years and my very first interpreter was actually a friend. And this was quite a ways ago. I would like to thank you, Bob Saxton, because you were the one that really helped to start interpreting services here in Connecticut.

I wanted to let you know that all over the world there are approximately 22 million deaf people. Here in Connecticut, we see the deaf community growing, but the interpreter pool declining and we feel that this needs to be addressed. At Northwest Community College, they had a deaf club and so many hearing people loved to attend the deaf club events on a monthly basis, and the interpreter classes were able to learn and benefit from these clubs. But we see the classes shrinking. We do see that New York
and Massachusetts interpreters, their populations are growing. Here in Connecticut that is not the fact.

I want to let you know that recently I was admitted to the hospital. I was very ill and I felt very dizzy. It took quite awhile for them to find an interpreter. I was forced to try to read documents and never did I have an interpreter provided. And somebody recommended that I should file a lawsuit because there was potential that I could've died. I feel that having live interpreters in medical settings can truly save lives. So, I implore you, please, for this House Bill 7230, we need to look to expanding our interpreting pool. We need to stay flexible with the credentials and standards that are required here in Connecticut so that we can look to increase the pool. It's so important to mentor and train interpreters.

And often times young interpreters and people learning sign language will attend social events to learn further sign language and to interact with the deaf community. Thank you so much for your time.

REP. ABERCROMBIE (83RD): Thank you, Steven.
Questions? Seeing none. Thank you very much.
Appreciate your time.

MR. HERON (THROUGH INTERPRETER): Thank you.

REP. ABERCROMBIE (83RD): Jose, and I think it's, Barrera, followed by -- I think the last name is Torres. I apologize. I can't read the 00 may Jay Torres? Good afternoon.

MR. BARRERA (THROUGH INTERPRETER): Hello. Good afternoon. My name is Jose Barrera. I come not in support of House Bill 7230. I'm originally from
Puerto Rico. When I moved here to Connecticut, it was very difficult. Recently, I went to the school for my children because they had various meetings that they needed to attend and I see that it's very difficult to obtain interpreters. With other appointments, professional appointments, when I make those appointments I notify the offices that they need to hire interpreters. I had one specific meeting that I needed to attend and I let them know ahead of time we needed an interpreter. As it got closer to the appointment, I asked if an interpreter was there and they said no, and so we had to cancel and reschedule the appointment four or five times.

When I think about my children and having to attend meetings at their school and having those meetings continually cancelled because of lack of interpreting services, I think about how much that impacts their education. And I do not want to rely on my children to interpret for me. For medical situations, my daughter specifically has some heart problems, and sometimes when we go to the hospital things are very difficult because communication is not accessible. Sometimes the hospitals try to offer video really interpreter services, but often times the internet is not well connected and those services are truly a struggle to make accessible. And often times I will tell hospital staff I understand this is a last minute situation, but VRI is not working and I cannot write back and forth. I need a live interpreter to ensure that my daughter will be okay.

I'm concerned about issues with allergic responses to medication. It's so important. Hospital staff are not necessarily trained very well on VRI. Now, I understand in some instances, such as an emergency
in a hospital, VRI is sometimes the only option until we can wait for a live interpreter to arrive. But I have to be honest with you. I don't want anything to happen to my daughter. What if I was to be misinformed and my daughter was to die as a result of that? And again, I want to go back and emphasize how many doctor's appointments and educational appointments have been cancelled and rescheduled due to a lack of interpreting services.

Now, my wife had an experience with DSS. She went into a DSS office and she saw a sign that said if you need Spanish interpreting or several other languages, you can let the person at the front desk know. So, my wife went up and said she needed interpreting services and the lady at the front desk asked her if she needed Spanish interpreting because of how she looked. And my wife said, no, I need sign language interpreting. And so, the lady at the front desk just kept pointing to the sign that offers Spanish interpreting. And my wife truly struggled. I have to say it's been an extreme struggle and so frustrating in medical, educational, social services appointments. And this happens not just one time, but over and over and over again.

Just last yesterday, my wife had to go to the hospital. Again, my daughter was very ill. They arrived in the emergency room and they were trying to communicate with the staff. And the staff said we will get an interpreter. It took two, three hours before the staff came back to let my wife know that they were not able to find an interpreter. My wife did not want to rely on my daughter. And so my wife thought -- after two or three hours, she actually had to approach the staff and say is there an interpreter here? And the interpreter said --
and the front staff said, no, we don't have any interpreter, but we do have VRI services. And it was very upsetting for my wife.

We absolutely need to expand the pool of interpreters in the State of Connecticut because it is dwindling. I know that other states seem to have interpreter pools that are growing and I would encourage us to consider bringing those interpreter resources into Connecticut. The constant stream of appointments that are cancelled due to lack of interpreters is extremely frustrating. And I think about the daughter -- my daughter's health and welfare and how much this impacts her directly. So, please, I encourage you to help us expand the pool of interpreters in Connecticut. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you. Questions? Seeing none. Thank you for your time. We appreciate it.

MR. BARRERA (THROUGH INTERPRETER): Thank you.


MRS. SILVA: My name is Kim Silva and I appreciate presenting again, Madam Chair and members of the Human Services Committee. I was the first to testify when you were discussing setting up the Advisory Board. At that time, you may recall I had some concerns about some laws that they had passed that had hurt deaf people. And I cannot support the interpreting bill as currently written. Now, changes are promised that I heard today. And at the
last LOB changes were promised. But until I see that in writing, I cannot support the current bill.

Again, I want to say that they are keeping the RID bill and as I brought up way back when and you asked me why is this the first time I'm hearing about RID, the National Association of the Deaf disbanded their association with RID because of their 80 percent failure rate and that it was invalid and flawed and made to fail interpreters so they can rake in profits. So, my question is, we have CAD, Connecticut Association of the Deaf, why are they not following the national organization? Are they their own different deaf organization? So, we need to eliminate RID from the bill. It's not worth messing with them anymore. NAD won't even bother with them. Why should Connecticut Association of the Deaf bother with RID?

Other states, when this happened and they were warned; their deaf organizations took action and removed that requirement. We are struggling with that in our laws and people are taking the test again and again and again and not passing.

The other point was that we need to accept interpreters from many states that have been approved and credentials in many states. I don't know if you know how we make phone calls, but we use video relay, and for our privacy, we have interpreters from out of state. So, that if I'm talking about my doctor or I'm talking about something private, I'm not sharing private, potentially embarrassing information with an interpreter from Connecticut. No. This person doesn't know me. This interpreter is from California or Oregon or Kansas. And those
interpreters all sign beautifully and I understand very well. But if those interpreters were to move here in Connecticut, they can't work because they don't RID certification or they have to go to Massachusetts. So, we have perfectly qualified, wonderful interpreters here in our state that can't work.

So, instead of having these boards and this screening and this committees, we need solutions. RID - gone. Accept interpreters with all out of state certifications including Massachusetts and the problem will be solved. This other commissions and boards and everything else can happen later. Okay.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Questions?

MRS. SILVA: Thank you very much.

REP. ABERCROMBIE (83RD): Hold on one moment, please. Representative Case.

REP. CASE (63RD): Thank you. Thank you for your testimony. I'm currently working with email and back and forth with the executive of the Northwestern Community College. And the RIP is one certification, but there's others that they work on. Right now, they currently have 21 students in the program and it's growing. What other certifications will allow them to move out or can we attract more to enable the pool to be bigger?

MRS. SILVA: Okay. Thank you. I'm very involved with Northwestern Community College. I work with the former director, Gary Greco, and assisted in training interpreters. They came for me. I'm the board of the Farmington Historical Society. I'm on the board of the Connecticut Freedom Trail. I'm the
only deaf member of those boards. So, I worked closely with Gary Greco and he is no longer here. He was a member of the task force before.

And for those specific questions for interpreting, I would recommend that you would ask Rachel Spillane who is a certified interpreter. I am a member of the deaf community who trains interpreters, who provides a safe environment for them. I am very concerned about vocational education for the deaf people because right now we don't have that. And we had a wonderful, strategic plan that was to happen and then it kind of fell through. So, I hope to contact you in the future, share with what I have. I filed to CHRO and OCR and with the National Association for the Deaf, who helped me, and I would be willing to work with We the Deaf if you are interested. I would love to have that opportunity.

REP. CASE (63RD): So, I happen to live in the community where Northwestern Community College is, so I'm working with President Rooke. I live in the community where ECAD is, so I work with these guys. So, we're a very involved community and I'd love to have a meeting with you and see where myself and President Rooke can help out and I can also work with the Chair, who's a little more fluent on this than I am since she's had many meetings. But thank you for coming out.

MRS. SILVA: Okay. They will remember me. I filed CHRO against them. Okay. Thank you very much.

REP. CASE (63RD): Thank you.

REP. ABERCROMBIE (83RD): Thank you. John Silva. And then I think I mispronounced the name before

MR. SILVA: Good afternoon, the Human Services Committee, and Madam Abercrombie. I'm gonna suck up. My name is John Silva. I am deaf and I'm a retired teacher of the American School for the Deaf. I have to -- the way the current bill, interpreted bill is wrote, I cannot support it totally until some changes have been made to the bill. One of the concerns which many of us have been discussing is that while we need to find an interpreter by allowing them to come and work in the State of Connecticut. We had interpreters come out of state. And if there was still other ways to get certification, like in Massachusetts. That's a good opportunity in Connecticut to become an interpreter. Okay.

Another concern is our consumer preference. I don't know if anyone had brought that up. Consumer preference judgment would allow anyone to waive interpreters if they're not certified. Sign a waiver, and so they were allowed to interpret for them. In many cases, like many deaf people, instead of being grandparents or some friend or who are CODA members to interpret for them and I think they should allow that to happen. I don't think that would impact the interpreter field, the fact that there should be no penalties for allowing that to happen. I think that's all I wanted to say right now. Because I noticed them were coming closer and closer and closer together and agreeing what we all want this interpreter bill to be. And I don't want to see it fail. I want to see it improve. And I want to see it expand so that all communities of
deaf people and deaf and blind people in Connecticut. So, thank you very much.

REP. ABERCROMBIE (83RD): Thank you, John.

MR. FELDMAN (THROUGH INTERPRETER): Hello Representative Abercrombie. Thank you for hosting this hearing so that we can share our perspectives. I appreciate the time and opportunity to discuss this important bill. I recently moved to Connecticut and so I've been here for less than a year. And I want to share some of my experiences from where I used to live and where I used to work.

I used to work the National Association for the Deaf as their chief operating officer. I worked there for nine years and have much experience at the national level, advocating for interpreting services. I was also the CEO for the Registry of Interpreters for the Deaf, where I oversaw all programs including the certification programs that have been mentioned this morning. So, I have that perspective, but truly I'm here today to share my personal experiences with interpreters with the State of Connecticut. I have two specific examples that I want to share with you since my arrival in Connecticut.

I recently became an assistant coach for my son's football team and I was very proud to serve in that role and support my son because I want to look at me as a role model, supporting him on this team. But I had a struggle with interpreters. I asked my town's park and recreation department for an interpreter and immediately they started looking for volunteer
interpreters. They were able to find one volunteer interpreters who was a high school student who was taking an ASL class. She came and interpreted for the flag football team and she was unable to sign. And I realized, I told her I'm sorry. You cannot interpret for me. I wouldn't even call that person a professional interpreter. I reached out again to parks and rec and I emphasized the need for a professional interpreter. They sent me another individual who signs. Now the individual that they brought had a deaf husband who came with her. So, I discussed this further with parks and recs about how we would resolve this issue.

Now, the woman that came with her husband, she could sign, but she was not fluent and could not function as an interpreter. So, as we were talking, I asked her husband, I said if you were in my shoes, would you accept your wife as an interpreter and he said no. And I said if you can't accept that, I cannot as well. So, again, I went back to the parks and rec for a third time and asked for a professional interpreter, and finally, I was given one, and we had a great season. My team did not do so well, but I still had a great time with all of them and the kids looked up to me. And I was a deaf individual and I was able to show that I am a leader and I was able to support and coach the team. That was important.

If House Bill 7230 passes, this would not be a problem. Now, there's a second scenario that recently happened that I would like to share with you, where I received services from two people who were signing for my son's religious school and they came to interpret for that. we were discussing what we were going to do. It was a group discussion with
many parents and their children. So, the two individuals that came, they could sign, but they were not professional. And to me, does a professional mean somebody who can sign only? No, it's somebody who holds themselves accountable to ethics and their role as an interpreter.

So, as we proceeded with this meeting and this activity, the interpreter continued to interrupt my interpreting services and start having side discussions with the parents. And this individual signed only when a person was presenting. But when there was time to talk with my son's friends and other parents, those two individuals looked away and had side conversations, which was completely inappropriate. If House Bill 7230 passed, this would not happen.

This is two examples of the situations I've experienced here, in Connecticut, after living here for under than a year. I can't imagine what the deaf community that has lived here much longer has experienced. It's not fair to us and it's not fair to you all as well. And we need to change that.

Now, there's two things that are very important here today. The first one is we want to expand the pool of interpreters here in the state and at the same time we want to protect the integrity and quality of the interpreters here. You can't do one without the other, so they need to be done together. Now, how do we accomplish that? The law has two ways. The first way is to establish a minimum standard for those can interpret in the state. That is the purpose of the board, to decide which certifications meet the minimum standards. So, you've heard about the Massachusetts screening, other states, other
certifications. Let our board decide that. They will recognize more and be able to expand the supply of interpreters in the state.

Second, if we don't have minimum standards, it will not help to enforce those standards. So, if we just have standards, people will disregard them and not be serious about it. So, it's very important to be serious about the standards to show that we are willing to enforce it. That includes ethics enforcement as well as disciplinary action as well.

Now, I want to close with one final thought. The hearing people here who cannot sign today cannot evaluate interpreters. They do not know who is a good and qualified interpreter and who is not. You do not have that skill. So, I'm asking you here to please let us in the deaf community decide what is best for us. And the best way to solve these problems is through the board. Thank you.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Questions? Seeing none. Thank you so much for being here. We appreciate it. June Freeman, followed by Jim, I'm gonna say, Pederse. Go ahead, June. Thank you.

MS. FREEMAN (THROUGH INTERPRETER): Good morning. I am so thankful to be able to come and share how I feel about the bill today. The Commission on the Deaf and Hard of Hearing provided wonderful services to the deaf community from the 1970s, 1980s and 1990s. I miss those services that they provided. This afternoon, I want you to know how much I have struggled and how much I have gone through with doctors, dentists, therapists and so many other situations. And it also comes down to interpreting
services. I want to address how to get interpreting services and how critical they are for me.

Sometimes I use a video phone to contact these offices and request that they get interpreters for these appointments. Some of these offices decline to get interpreters, which is very disappointing. I ended up going to the Office of Protection and Advocacy for assistance because there was no other place for me to reach out to, because all of these agencies have closed. And I think about the future of the deaf children here in Connecticut. They cannot wait any longer. As these children grow up, they will need these services and I do not want to see them go through the experiences I'm having now.

I am 62 years old and I feel enough is enough. I am tired of facing a daily problem about getting interpreting services and questioning if the interpreter I do get; are they qualified? Are they certified? The Commission on the Deaf and Hard of Hearing was a wonderful service that was provided. And I ask you, I implore you all, please, to use your best judgment on this bill, 7230, and to help us. Thank you for taking the time to list to my testimony and my thoughts. My name is June Freeman and I am from Farmington. Thank you.


MR. PEDERSEN (THROUGH INTERPRETER): Pedersen. Not good morning, but I'd like to say good afternoon, Honorable Co-Chair Marilyn Moore and Co-Chair Catherine Abercrombie, and the to the Human Services
Committee members. My name is James Pedersen and I am from the town of West Hartford.

I am positively supporting Raised Bill, No. 7230. It is so critical that we maintain and enforce interpreting standards and ensure that they are up to date. I think that our current law in place does cause some problems. And if we are looking to increase the pool of interpreters, we cannot continue as we are today. We need to update our laws to follow national trends and I feel that that would assist in increasing the number of interpreters here.

The interpreting services formerly under the Department of Rehabilitation Services and the Commission on the Deaf and Hearing Impaired, was folded two years ago. Currently, the State of Connecticut has a contract with approximately six different vendors providing interpreting services. However, we still face a critical shortage and burnout with the interpreters that we do have here in Connecticut. I fully support the formation of a Standards Board. I feel that the board would consist of dedicated professionals who are knowledgeable in the field of interpreting.

I am also in favor of the Act to improve accessibility in public spaces. We frequently eat out, and oftentimes we like to know what's happening with any special or breaking news that may be appearing on the television and oftentimes we have to wait until we go home to find out the information or until the next day, when we read the newspaper. The closed captioning would truly benefit everyone, so that everyone would be able to understand TV programs better when in public spaces, to avoid any
overlapping sounds. I would ask that you please vote in favor of support -- in support of bill 7230. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you, Jim. Have a great day. Patricia Wilson, followed by Phillip Magalnick.

MS. WILSON (THROUGH INTERPRETER): Good afternoon everyone and good morning to Representative Abercrombie and members of the Human Services Committee. My name is Patricia Wilson and I am from Newington, Connecticut. I come in support of House Bill 7230, AN ACT CONCERNING INTERPRETING STANDARDS AND IMPROVING ACCESS TO PUBLIC SPACES, for deaf, deaf-blind and hard of hearing individuals.

I previously had certification for deaf interpreting services in Massachusetts. It is now called a certified deaf interpreter. It used to be RSD and now it is CDI. In Massachusetts, their Commission on the Deaf has a wonderful screening system in place to provide qualified interpreters to ensure the access for deaf, hard of hearing and deaf-blind individuals throughout the State of Massachusetts. Massachusetts' screening process allows interpreting students and interpreters to come into the community and provide services and accessibility to the communities there. When we have interpreters without appropriate credentials, deaf, deaf-blind and hard of hearing individuals do not receive appropriate language and communication access in schools and programs throughout the State of Connecticut, and this has been happening for several years.

I would like to add that I recently went to Nashua, New Hampshire, on -- just this past weekend to
attend an Allies conference, which was amazing. This is my fifth attending that conference. This fifth one was hosted in New Haven. The previous conference was hosted in Connecticut in 2000. And it was an excellent weekend conference and I wanted to share with you some current updates. I understand that this is a national issue with the National Association for the Deaf and Registry of Interpreters for the Deaf.

When I was in Massachusetts and I was a member of the Massachusetts Association on the Deaf, we had similar issues, but we worked together with RID and NAD and we were able to establish a screening process which worked so well. And we were able to find many, many qualified interpreters and we identified at level three, level four, level five. It was in collaboration with the deaf community and it was a wonderful process. When I moved to Connecticut, I realized that the process was very different. However, we all face the same issues.

At the Allies conference, they invited not only deaf community members, but deaf-blind, certified deaf interpreters, and hearing interpreters to this conference. And it was a wonderful opportunity because everybody had equal access and it was a successful conference. So, this House Bill 7230, I am here in favor of improving interpreting standards and qualifications. I know that many high schools are starting to improve by offering ASL classes. But what I see as a problem is that we need to establish a board for many interpreters who feel that they do not need CEUs or continuing education in the field of interpreting. There are some interpreters in the community that take advantage and we need to stop this.
We need to have a board that is able to watch and monitor the interpreters to ensure that they are appropriately credentialed and providing the services that we need. I want to thank you and request that you support House Bill 7230.


MR. MAGALNICK: Good afternoon, Representative Abercrombie and distinguished members of the Human Services Committee. Let me get my dog under the table, sorry. She's been bored all day. I came here after submitting testimony for H.R. 7235, with respect to the Act concerning successful communications. And I got a notification last night about 7093 coming up with respect to the service dogs. If I may, I'd like to address that. I presume that the written testimony gets to all committee members? Does that work? Okay, great. So, I won't bore you with that. That was a pretty -- there's a dog there. Let's go here. Thank you. Good girl.

So, with all due respect to the former speaker with respect to testimony of the service dog issue, it took all my patience and restraint to be quiet. I submit to you respectfully that you were served inaccurate, incomplete and incorrect information with respect to service dogs. While I'm not an expert, I am a handler. I am blind. Pardon my voice. (Clears throat) I've got laryngitis. But in Connecticut, there already are books -- laws on the books that address service animals. And a service animal does not have to have, or the handler --
there's no state, local or national certification, licensure. Nothing exists.

There are associations for guide dog schools and service dogs, but that's it. Connecticut only requires that a service dog have a harness like Chloe has or a red and -- a red leash and red collar. I'm not sure if that woman's dog had either of those, as I cannot see. But essentially, what I'd like to say is that the issue of the fake service dogs is growing nationwide. It's not just an issue in Connecticut. The ADA -- someone mentioned on the committee the ADA only recognized certified service animals. But there is no such thing about the certified service animal. And when we talk about emotional support animals and comfort dogs, they do not fall under the ADA. The ADA only recognizes a service animal trained to perform a particular task, either to mitigate a specific disability, blindness, deafness, dogs that pick up ketones on diabetics or can predict a seizure or a police dog, search and rescue dog. Those are service animals.

Emotional support animals are recognized by the air traffic -- ATA, Air Traffic Animal Act or Control Act. And that allows service animals on an airplane or on public transportation. The emotional support animals are also only recognized by Fair Housing laws. So, most people who have dogs or pets and they want to go into a rental property and there's usually a security deposit and/or a monthly fee, having a letter from a doctor saying that this person is a patient of mine and I respectfully request that service animal -- that animal fees, pet fees be waived. That's what a dog does and a -- or
a turtle, a rabbit, a cat. Under fair housing, it's for emotional support animals.

Comfort dogs are another breed - no pun intended. I'm getting a dry mouth. Excuse me. With the respect to the comfort animals, I was a little insulted with the woman saying that eleven years ago her and dog went through an eight-hour training course for $150 dollars. Did the dog watch YouTube videos? I don't know how the dog got trained. But if the dog received obedience training, all the better. My dog is a $40,000 dollar dog, though she doesn't act like it right now, but she received 15,000 hours of training. I submit that she had some of the best training in the world as her puppy raiser was the CEO and Chairman of Aetna. So, he was very diligent with her training before she went to formal guide dog school for the year and a half - first year and a half she was with him, learning obedience and socialization for the next six months of its guide dog training.

So, this is not just a toy. It's not just a pet. It's a dog. She represents my eyes. She keeps me out of trouble. Keeps me safe. And when we encounter "fake service dogs" in Costco or the airport where they're yapping at her. She's a dog. She's going to react and be distracted. Her distractions could cost me, you know, safety or her an injury. So, I'm not really sure what the laws here are trying to do or trying to change to be honest with you. I know that there are laws that are on the books for this. This is a service animal. This is what they represent. Emotional support and comfort animal are not addressed in the state laws. That's up to you to decide whether or not a certification would be, you know, valuable.
I was issued by Fidelco Guide Dog School in Bloomfield, Connecticut, a little like -- a tag. It has my picture and her picture. They told me it means nothing. I have nothing but -- as you were told before, two questions can be asked of a service dog and their handler. Is it a service animal? Yes or no. What service does it provide? You cannot be asked for any certification, licensure, papers, proof or what my disability is. So, when she mentioned that, you can ask all the questions to a comfort dog. That's also incorrect. You can only ask to a person with a dog or an animal is it a service animal. If not, it's not allowed in any public accommodation.

If a hospital decides to admit that dog into the hospital to provide "comfort" and stress release -- relief to patients or during stressful situations, all the better. My daughter went through a traumatic experience. She has a dog. It's not trained, but it's a "comfort animal." And the doctor wrote a note and she got to bring that dog to her dorm at college. She gets to keep that dog where she lives and not pay pet fees. A totally different, again, animal. So, I just implore you to really have someone look into the issue of what a service animal is, what it is not, and what the rights are federally and state-wise with respect to a service animal.

May I address for a minute the 7235?

REP. ABERCROMBIE (83RD): Sure.

MR. MAGALNICK: Okay. That's -- I gave a very lengthy testimony, written, and that is with respect to accessible communications. Being blind, I've encountered many issues over the last year with
websites put out by the State of Connecticut and the City of Stamford. Trying to register a business name on the DRS website was impossible. It took me three hours. I gave up. I had a sighted daughter do it in six minutes. Tried to make an appointment at DMV, inaccessible. I had to end up calling up the commissioner of DMV to have an assistant create an appointment for me online. The City of Stamford website, I could not determine who my local, state and U.S. Representatives were. So, this is not just a government issue, but a nationwide issue with respect to businesses.

The ADA was revised in 2010 to accommodate the electronic bubble that we've created here with everything being done online. So me not having access to the information is very troubling. The City of Stamford recently launched a government channel, 79 on Optimum. And they're running a PowerPoint presentation of important government information. I don't know what they're showing on the channel. So, with much work and advocacy, last week, one of the board of reps for the City of Stamford personally dictated the narration of each PowerPoint slide. So, it can be done. It doesn't cost anything more.

The state DOT, real quickly, has a new Hartford line train line. The website's in accessible. I can't find out how to get home from -- we spent three hours travelling here from Stamford today, Paratransit a Metro-North train, a Hartford Line train in order to get here. So, I appreciate your time and letting me speak because it's been a long day.
But I'll just really lastly say that if any member of the public went to a City of Stamford website or State of Connecticut website and saw on the site that because of your race or your gender or your religion or ethnicity you could not access the information on that site or conduct business as anyone else could, I think it wouldn't be tolerated. But by blocking access to someone like me, who's blind, you're saying that the information is not important to me or my being able to obtain the same level of services is not important. I know it's not you personally, but there is a level - and I was told not to use the word ignorance, but ignorance of the law and it's not only the law, but the right thing to do as far as providing equal access.

I've heard the word today, by Senator Moore, about equal opportunity, and I'm just gonna mention equal access. And the DSS representative mentioned that as well as inclusion. And I think we have to work hard at that, and the only way is education. And I hope that before any decision is made by the committee here or the General Assembly at large, that all the proper due diligence will be made and just not take the word from someone who claims to be a dog therapist. And I'll rest it at that. Thank you very much for being generous with your time and for tolerating my voice.

REP. ABERCROMBIE (83RD): No problem with the voice. We all get like that by the end of the day. Let me take the opportunity to thank you for being here today and for your testimony. It's really important for us to hear from the people that our legislation impacts. Questions from committee members?

REP. HUGHES (135TH): Thank you -- oh.
REP. ABERCROMBIE (83RD): Yeah, Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. I just was struck by your journey to get here. Were there any barriers to accessing public transportation or Metro-North?

MR. MAGALNICK: You know, I used Paratransit out of Norwalk transit and that was great. The Metro-North trains, you know, we get assistance from the train station. They're pretty awesome. However, there are -- when you walk into a train station you'll see the board with the schedules. There's nothing for a blind person to do on their own. Someone else for -- and my fiancée will be speaking about that. I won't steal her thunder, about the inaccessibility information. The Hartford Line, again, the inaccessible app for us to determine when the trains are. I think that that was a problem. Getting an Uber is fine, you know, that's the easy part.

REP. HUGHES (135TH): Interesting. Okay. Thank you very much for your testimony, Phillip.


MS. KAZMIERCZAK: Good afternoon, Madam Chair and the board members. My name is Honorata Kazmierczak and I also came here from Stamford to talk about the bill H.R. 7235. And I wanted to, although I submitted my testimony, but I wanted to tell you about the lack of narration on the websites that are very crucial for my mobility and independence. And those include train rides such as north -- Metro-
North and Hartford Line as well as bus websites. The information is very important to me.

Three weeks ago I had to travel -- from Stamford to my daughter in Farmington, who got sick with the flu. And my journey back, due to the inaccessible website, actually took six hours, not three. It was very, very difficult, unnecessary. There is instances where we are stuck on the -- waiting for the bus in Stamford, also due to lack of clarity on the website and narration, which is not working very often.

My fiancé, Phil, also mentioned the train station, which indeed has giant display boards that we are unable to see, but there is -- when we walk in, if there is no immediate audio feedback, we are often left to miss the train. It would be really, I guess, beneficial to us to be able to walk up to the machine, plus earphones in, and just listen to the schedule, as the website is not really accessible to us.

Aside that, I want to talk to tell you that I am a part of the National Federation of the Blind, and our group of 30 individuals in Stamford is very often sharing, you know, stories of lack of accessibility, problems with navigating, events that they could be attending that are not -- they're not informed about. The TV station that, you know, if you close your eyes and think about it for a second, if anybody says please call the number on the screen. If that's not read out loud, we do not know who to call.

So, it's very important that there's an equal access to information to the blind community as well as everybody else. We shouldn't be left behind and we
should be able to safely travel and enjoy the social life and get to work on time and have the access and accessibility features that we need. With that, I'm gonna -- if there's any questions and they can have Jesus do his presentation.

REP. ABERCROMBIE (83RD): Sure. Any questions? Seeing none. Yes, thank you. That's fine. Jesus. You can stay there, sir. He can turn the mic on for you right there. You don't even have to move. There you go. Just introduce yourself, please. And I apologize.

MR. BETANCOURT: Hello. My name is Jesus Betancourt. I am a sophomore in high school. I am part of NFB and for me it is very important to have access to all parts of school or library or state websites in a proper -- like, a proper format. For example, if a teacher were post the assignment and you have to go to a website. It's PDF, which is not very helpful for me because when it goes to speech, it jumps around the field and it is frustrating and it's frustrating for all the people that is trying to help for me. And I don’t want to rely on my sight. I still have a little bit of sight, but I don’t want to rely on it. I don't want to rely on my mom, my family, friends, to help me read stuff. I want to be more independent and become successful.

REP. ABERCROMBIE (83RD): Thank you. You did a great job. Wait one second, Representative Hughes has a question.

REP. HUGHES (135TH): Thank you, Madam Chair. Hey, thank you both for coming in and making the trip. What do you think would be the one thing, Jesus, that would make your -- would make you more
independent? What's one thing, if you could design anything, what would that look like?

MR. BETANCOURT: Well, one thing would be, like, if the websites -- if there's a file in a website, like a college application or any applications that are to be filled online, to be, like, Google Docs or any other -- or any format that allows it to be easier to navigate.

REP. HUGHES (135TH): And because that's -- because you can do an app that translates it, right? So, if it's in Google Doc versus a PDF, then it can run the application, basically. Is that right?

MR. BETANCOURT: Yes. And I use a BrailleNote Touch, which it's like a nonvisual device.

REP. HUGHES (135TH): Right. I'm familiar with that.

MR. BETANCOURT: And even on here, so, it has beats, but some fields don't work PDF and sometimes it doesn't let me open it. And having access to those websites are very important because sometimes schools are closed because of weather or just often delays. I don't want to depend on my mom to tell me at 5 o'clock in the morning there's no school and having to wake her up. I want to be able to get on the website and quickly navigate.

REP. HUGHES (135TH): And I hear ya.

REP. ABERCROMBIE (83RD): Me too.

REP. HUGHES (135TH): Thank you. And would you say; this question is for your mom, that this is a civil right to have access to information in an accessible way?
MS. KAZMIERCZAK: Absolutely. And, you know, once again, it's part of the 1990 ADA, you know, was the law that was passed to assure equal access and accommodations to people with disabilities. The amendments that were done in 2010 were to assure that also the new technology was accessible to the blind. And although there have been some improvements and I can assure I have been looking up different laws in the State of Connecticut last summer, as I am also an advocate, and all the laws that were on the website were inaccessible to me because they were in a picture format. That has been changed over the last few months and now I do have access to that. But there is very many documents that are still not accessible to me. So, definitely it's a civil right violation in my eyes.

REP. HUGHES (135TH): Thank you. Thank you both.

REP. ABERCROMBIE (83RD): Thank you both. We appreciate you taking the time to come up here.

MS. KAZMIERCZAK: Thank you.


MS. SPILLANE: Good afternoon, Senator Abercrombie and the Human Services Committee members. I'm here to speak on bill 7230. I live and was raised in Connecticut, from deaf family members. I've been working as a professional interpreter for 50 years. I should retire. Hopefully. The reason why I haven't is because we have a severe interpreting shortage. It's the worst that I've ever seen. And a lot of the impacts were from RID changing their testing system and the format. The other part of it was DORS closing their doors on the interpreting
services, because prior to that, it was working well with another agency that I was working at, so, to fill in the need. And now we don't have that collaboration or anything like that.

With the shortage of interpreters, I started researching other states. Because the shortage is not just only here, but we seem to have it pretty bad. And in my research I was reading, all 49 states, their laws over the summer. What I discovered was when they set up their monitoring board, prior to doing all their law, they wanted to identify what potential interpreters there were out there that were uncertified. And one of the ways they did that was having a waiver form for consumer preference. So, the copy of the waiver form also went to the state under that particular department, and they would then contact the uncertified interpreter and say, gee, how come you haven't decided to, you know, be certified. What is the barriers and the roadblocks? Is there a way we can help you?

The second thing they did was they divide -- they device a viable mentoring program and they insert it into their law. And a lot of them, it's like pages thick of what the mentoring program is to be, such as they meet with their mentor twice a month, they keep a journal, they have to attend X amount of workshop, hours, things like that. And at the end of the year, they are being screened by a panel to make sure that they are improving their services. We have nothing like that here. It's not even in the bill now.

There's nothing to really grow the pool that I can see in the bill. And yes, we need a Standards
Board, but before we get there, we need a pool and we just don’t have that. And on the standards board, the qualifications of the people on there, I'm a little bit leery. I drive a car. I put gas in my car. I don't know how it runs. I didn't engineer the car or anything like that. So, a deaf person that uses an interpreter may not know all the mechanics of what goes into being an interpreter, and then they end up evaluating them? I don't know. I have very mixed feelings about that and I think there should be more professional people on there as well as deaf people. I don't want exclude the deaf persons at all.

The other part of me also feels that there were two national organizations sitting on the board, but there's a third one, We the People, and their main focus if deaf rights. I would think out of all of the organizations, shouldn't a deaf rights person be sitting on the board? And so, I have concerns. I mean, this is a great opening first step, but I think we're missing a lot of pieces here to make it work. I don't see want to see a failure here. And with the sanctions, that's another part that concerns me as well. And as Amy Porter had pointed out, her department is not ready to do something like that. Is there not -- when I researched the other states, the other states, they put them in departments that could do the legal liability and all that. And they were either in the Consumer Protection or the Health Department. It was in other departments that had the capability.

She does not have that capability. I'll end it there if that's my time. I'm sorry.
REP. ABERCROMBIE (83RD): No, thank you for your testimony. I appreciate it. So, do you believe that a national certification should be acceptable or should we dictate what certifications we would accept?

MS. SPILLANE: I think -- and that's a very good question. I think any interpreter who passes any kind of screening or certification; that means they put the work into it, should be accepted. And I think in the long run, down the road, I believe that the National Association for the Deaf is working very hard to resurrect a national screening themselves, which they had a long time ago and it was actually an excellent program. I think once they get there, we will be in a better shape. But right now, we have a lot of missing pieces for this field.

REP. ABERCROMBIE (83RD): Yeah, and I agree with you there. And I also agree that We the Deaf should definitely have a seat at the table and I think -- I think sometimes we become territorial within certain organizations and it's not unique to the deaf community. We had the same thing go on years ago with autism, you know, and I told all the groups the same thing I told them years ago. You need to figure this out together because we are in this together. So, I totally agree with you. Everybody's voice should be heard. So, thank you.

Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Could you tell me one thing that would, in your experience, increase the pool of available qualified interpreters in Connecticut?
MS. SPILLANE: I think the immediate -- we're in a critical stage. I think the immediate thing is to accept all screened interpreters from other states and so forth. We have deaf interpreters that pass the Massachusetts screening and yet they can't work here. But they're working there and, in fact, a couple of them were actually working with a deaf-blind person here. So, my point is, you know, and they were volunteering. So, that is a concern, you know, to do that and everything.

And there's one more area in the sanctions part. I just want to -- because I forgot about this. There are group home staff members and there are job coaches that even though their title doesn't say interpreter, incidental things happen during a job coaching thing and they do get paid for their titled job. But under the way the sanctions are, if they're not registered or certified, they're gonna get punished. That doesn't make sense. There should be an exemption for that group of people.

REP. HUGHES (135TH): Through you, Madam Chair. You mean if they're already staffing the person in their professional capacity that there should be an exemption for providing some sort of rudimentary?

MS. SPILLANE: Well, some of there are quite, I would say, interpreter level. A lot of them are CODAs or things like that. But they're not registered, their not certified, but they work with the deaf people day in and day out and if you know group home members that, you know, the people in there. They can't wait to call for an interpreter if the client is getting upset right at that moment. So, the job coach or whatever has to set in and interpret between the hearing person and them. And,
I mean, that's a normal course of what they do on a daily basis. And my concern is the wording of the bill as it stands right now says they can be sanctioned. I --

REP. HUGHES (135TH): For doing their jobs.

MS. SPILLANE: Yes, yes.

REP. HUGHES (135TH): Okay. Thank you for that clarification.


MS. SPILLANE: Thank you.


MR. SIMONS: Good afternoon, Representative Abercrombie and members of the Human Services Committee. I am here as a child of a deaf family, of people that have been residents of Connecticut for generations. We have taken the time out of our lives to invest in our communities as educators, state officials, and even volunteering even more outside of our professional capacities. With how this bill stands currently, I cannot give my support behind H.B. 7230. It does embody the values that myself or my family try to instill in the Connecticut community.

My core concerns with this bill are as follows:

The consumer preference, which does single out family members that are interpreting for free, it does not still give the freedom to the consumer to choose who they really want. What I have seen at Gallaudet University, where I just graduated, in
Washington, D.C., is they have consumer preference. This is literally flat across the board. If a person wants this person, certified or not, they can sign a waiver and actually have that person interpret for them for that instance. It is not a continual thing. It is just for that instance.

After that, system-wide redundancies. I understand that you the Public Act 17-30 which has similar functions that you're proposing in this bill, H.B. 7230. So, I feel like with that there would be a lot of redundancies happening in congruence to Public Act 17-30.

And then finally, bouncing off what you were saying earlier in the day, Representative, of leaving a bitter taste in the community's mouth. I feel like this closed captioning piece that's in the bill is going to leave a bitter taste in the community's mouth because you're putting it as a rider on this bill. It's not in its own independent body which has a productive conversation itself, because some people might need certain stipulations, some organizations might need other accommodations to make sure that they can give that level of access to consumers.

So, I feel like that might be a better independent bill instead of it being submitted together with the rest of H.B. 7230. Because to my understanding, the closed caption segment was never intended or added at the beginning. It was a separate body and then it was merged with this bill.

And just so for -- a little food for thought. If this bill resolution did pass, we have -- I lost count. But we had at least three people who technically are not certified to do certified deaf
interpreting work interpreting right here. And while they did it nonprofit free, they are technically subject to the sanctions that you want to impose on people. So, this is why I cannot support this.

Oh, and as a final note. I was a worker for the Mental Health Associates in Waterbury during 2010, and I did have several of those issues I had consumers who were deaf and needed an immediate facilitator to at least mitigate the situation, and I had to step in. Technically, I would've been sanctioned under these new laws. So, I do not think that this would be conducive for anybody in the mental health services or any other state agency, essentially.


MS. STEVENS: My name is Christina Stevens and I live in Torrington and primarily work in Waterbury. I currently serve on the Governor's appointed Advisory Board for the Deaf and Hard of Hearing as CRID, the Connecticut Registry of Interpreters for the Deaf, president. In that capacity, you will be receiving an electronic letter from our national organization RID in support of bill no. 7230.

In this testimony, I will not be speaking as CRID president but as a nationally certified interpreter. When I moved here to Connecticut seven years ago, I was not certified. I never lived in Connecticut. I came from a state that had very strict licensure for interpreters. I was shocked at how easy it was to
come and work in this state. And that's why I've now stayed four years longer than my contracted job had brought me to this state. I also came to this state with other testing assessments that Connecticut currently does not recognize. I do support bill 7230 for a variety of reasons.

When this bill was originally written, the group that wrote it was a group of deaf and hard of hearing individuals. It also included a variety of interpreters, including those who were pre-certified. When DORS cut the interpreting unit it sent shock waves through our community, and we're still feeling those shock waves today. We now have interpreters coming from out of state who don't know our community and don't follow our current law, and are causing more harm than good. Yes, we need to be able to expand our pool of interpreters, but we need a way to make sure that the agency who is sending these interpreters are liable for their actions.

Connecticut is behind in our national standards and with this proposal we will be able to get a close -- closer to what we see nationwide. Currently, there are over 20 agencies who provide interpreting services here in the state of Connecticut. This is why deaf individuals can't find interpreters. Many of these agencies are also not here in this state. They do not follow the current law. They send inappropriate and unskilled interpreters to the most important jobs. With the Standards Board, deaf individuals will have a place to file complaints and injustices.

With this proposal, our deaf colleagues will be able to work here in the state of Connecticut, which will not only provide a more cultural and native language
interpretation, but also make the whole interpreting process smoother and more accurate. The reason we need standards is so that those who are interpreting in the medical field know the difference between a cardiac and a cataract, and those who are in education know the difference between a triangle and a vagina. Businesses need to know the difference between an interpreter who shows up in a yellow shirt for a hurricane briefing as opposed to the wonderful interpreters who have been working here today.

I hope that we can continue this dialogue. This bill will require a lot of education after it is passed and implemented. And I look forward to this dialogue and continuing this difficult work with you. Thank you.

REP. ABERCROMBIE (83RD): Thank you for your testimony and thank you for stepping in before when we were shorthanded. We do appreciate it.

Representative Cook.

REP. COOK (65TH): Thank you, Madam Chair. And thank you for being here in our very short trek from Torrington. And thank you for staying for the years that you have. You had mentioned 20 agencies; most of them are out of state.

MS. STEVENS: Correct.

REP. COOK (65TH): Could you elaborate on that a little bit.

MS. STEVENS: So, I'd have to get the full list in front of me. But currently, I know LifeBridge, out of FSW, down in Bridgeport, is here in state and provides interpreting services. Source Interpreting, located at the American School for the
Deaf, is here in state and provides interpreting services. Partners, or what we call PI, is based out of Massachusetts. SignTalk is based out of New York. CodaLink is based out of Florida. CoSign is actually here. It's a -- here in Connecticut. But those are the ones that I can -- have off the top of my head. I kind of rounded about 20.

A lot of spoken language agencies like to, oh, look; I can earn some free money with these interpreters for the deaf. That know absolutely nothing and they send people -- like, I even got an email once that said, hi, we're going to do video -- or not video. Sorry. We're doing to do interpreting for the deaf over the phone. You can work it from home. But they weren't including the video portion of it, it was just I was gonna be a spoken language interpreter on the phone, providing sign language. It doesn't work.

REP. COOK (65TH): It doesn't work. Clearly, it doesn't work. I just -- and so if we have these organizations that are coming in from out of state, we don't know what kind of training or certification that they have, and we have no regulatory process here.

MS. STEVENS: Correct.

REP. COOK (65TH): And you all have testified in a variety of different ways and then you heard the gentleman that just came up and spoke before you about some of the concerns. And I'm not trying to pit testifier against testifier. But do some of those concerns make sense?

MS. STEVENS: Yes.
REP. COOK (65TH): Okay. So, if we're looking to improve. Some of those things you would agree upon as well.

MS. STEVENS: Yes.

REP. COOK (65TH): I just think that the art of sign language is beautiful and -- we did -- a few years ago, we acknowledged sign language as a world language and I think that we don't often give that the credit that it's due. And my son is a freshman in college and is taking sign language as a world language. And for a child that has dyslexia, it is an amazing, amazing opportunity for him. I'm hoping that he continues and does this very thing. Because I agree, we don't have enough, and the art of communication is so direly important. So, thank you.

MS. STEVENS: Thank you.

REP. ABERCROMBIE (83RD): Thank you. Any further questions? Seeing none. Thank you so much for being here today. So, that concludes House Bill 70 -- 7230. We're gonna be moving on to House Bill 7091, prohibiting misrepresentation of a dog as a service animal. Tom Griffen is up first. Does anyone else need the interpreter? Hello, Mr. Griffen. Thank you. Please, just turn on your microphone that's in front of you.

MR. GRIFFEN: Thank you. Thank you. Appreciate it. Good afternoon, committee members and the chairperson. My name is Tom Griffen. I am a resident of Fairfield, Connecticut. My guide, who's under the table, his name is Sterling. Sterling is a medical alert service dog. He was trained by an organization here in Connecticut, ECAD. I was
paired with him a little over two years ago. One of the -- and I did submit my testimony, so it's all in writing, but I'm gonna go a little off of the written testimony.

Sterling was trained for over 1,500 hours of training. He started his training when he was three weeks old and I got him two days before he turned two years old. And then I was trained with him. For the purpose of disclosure, a service animal is, by federal law, has to mitigate one's disabilities. So, I'm a type 1 diabetic. It used to be called juvenile diabetes. I have multiple sclerosis, so I have gait issues, balance issues. I am (knocks on podium) a lung cancer survivor. I had a heart attack a few years ago. So, while I look great, I'm really not all that great internally.

Sterling has been trained to alert me to glucose levels. In fact, in June -- June of last year, Sterling saved my life. Because of my diabetic condition, if he did not do what he was trained to do, I would not be here today because I would up there. I would've gone into a diabetic coma and died. I bring that up because I am in full support of this bill, but the bill talks about service animals or service dogs. I think when we've been hearing some of the testimony that's talking about a pet therapy. Notice the word, pet. It's pet therapy. Or an emotional support dog is a pet. Sterling is not a pet by federal law. And so, what I would ask the committee, as you're listening to all the testimonies and looking at this bill, this bill is great because it's talking about protecting service dogs and misrepresentation.
Sterling and I have been asked to leave a McDonald's in Winsted, Connecticut. We were asked to leave Subway in Fairfield, Connecticut. Because the managers came up to us and said we don't allow dogs here. And I said, well, Sterling is not a dog. He's a service animal and he's here to protect me. And what the managers both said to me was, well, you know, we -- I don't know if it was a guy or a woman or however he referred to it. But he said, but this morning, this was in McDonald's, there was someone here that brought in their dog, had a service vest, and the dog was eating hamburgers on the table and was barking and running around the restaurant. Service dogs don't do that.

So, this manager is saying, well, you know, we don't know -- you know, you have to leave. And of course I just said, well, I'm not leaving. If you ask me one more time to leave, I will call the Winchester Police, because now you're interfering with the workings of my service animal to keep me protected. He then backed off and I then stayed at McDonald's.

But one of the things that I'm concerned about with the bill as is, is protecting him from misrepresentation. And so, I would like the committee to be mindful. There are service animals and there are pets. Don't confuse the two. I'd also like to suggest that when you look at the infraction that would be charged for someone who does misrepresent a service dog, it should be the same amount as, let's say, if someone parks in a handicapped parking illegally. Right now, that has a fine, but it's different than the fine that you're talking about in the bill, which is $90 dollars. So, it would just be easier to have them the same amount. So, I would offer that as a suggestion or a
modification. But, in essence, I'm in full support of the bill.


REP. CASE (63RD): Thank you, Madam Chair. Thank you. And I apologize that that happened to you in Winchester. But there are many -- a few people I know in Winchester who do have service dogs and they are in and about all the restaurants and everything. And sometimes they run into problems, sometimes they don't. But I think it's an education we need to do with managers of businesses and stuff. But, you know, it's phenomenal what they can do and I think it's also an education that we need to do with the public and an education with the businesses, you know.

In visiting ECAD and going through their program, it's phenomenal what they do with the dogs. And the amount of people that I hear of in town that foster the dogs when they're puppies and then they get back into ECAD to see if they can pass so they can go through the whole program. I'm just amazed at what they can do. I think it's an education for the public and an education for the businesses, and if we can get through that. I applaud you for having your dog and for making it, you know, past your troubles that you had and, you know, you're hear with us and that's great. But --

MR. GRIFFEN: And I think it's important what you said about the education of the public or however you want to put all that. Is if we were to take this proposed bill and start to say -- because it does say it's misrepresentation of a service dog. So, don't try to make other things into what they
are not. And that's where I'm kind of asking the committee to really think about. You know, the first woman who testified of a, you know, a several-week thing that certifies a dog and -- you know, I mean, he's very similar to a seeing eye dog. I mean, by law, they're the same thing. And so, when you're looking at dogs that go through almost two years of training, don't water it down by adding other things, because I think that would only just more confuse the public.

REP. CASE (63RD): Well, it's interesting you say that, because this one particular gentleman that I have in Winchester, who has his dog, I mean, his dog stays by him. The wife doesn't take the dog out for a walk. The dog stays with him. And the amount of money and thing -- when you have a service dog, don't the majority of them wear their vests anyway if they're a service dog or is that not?

MR. GRIFFEN: Like, I'll speak with Sterling. Sterling is in his vest any time that he and I have left my home.

REP. CASE (63RD): So, is that just the known rule? It's not the written rule or?

MR. GRIFFEN: It's the -- in terms of the written rule, I mean, Connecticut does have a statute that says something about having either a vest or a certain color of the leash. I've always made the association that Sterling knows when he's wearing his vest he's on duty. When he -- although, even when he's not in his vest, guess what? He's on duty. He's always focusing in on me. So, the purpose of a vest is more for you, that you see him and you say, oh, you know, he must be an important
thing because look at his nice uniform. You know, I mean --

REP. CASE (63RD): But I -- and I like what you said and I think that's great. But after being at ECAD for the --

MR. GRIFFEN: Right. Which is where he's from, you know, ECAD.

REP. CASE (63RD): Which is awesome. The new facility?

MR. GRIFFEN: Yes, yeah, yeah, yeah.

REP. CASE (63RD): That's great. The -- I think it also it's education for the public.

MR. GRIFFEN: Yeah.

REP. CASE (63RD): Because unless I've worked with disabilities all my life, I wouldn't know what that meant, that the dog had a vest or he was with you. But I knew when there was a dog this morning in the back here, I walked right by, but then she said, okay, come on over. You know, it's -- I knew to walk past, but that's because I knew it. I think there's an educational factor here that also needs to happen with the general public. But, once again, I appreciate you coming in and testifying. It's a luxury that you get to have to have your dog with you.

MR. GRIFFEN: And thank you very much.

REP. CASE (63RD): You know, it's -- it saves lives, so --

MR. GRIFFEN: As he did -- as he saved my life and I hope he never has to do that again.
REP. CASE (63RD): Yeah. Well, thank you for coming.

MR. GRIFFEN: Yeah, thank you.

REP. COOK (65TH): Thank you, Madam Chairman. Oh, no, no, no, don't leave.

MR. GRIFFEN: Oh, I'm sorry.

REP. COOK (65TH): Thank you for being here and sharing your story and I'm so happy that you are here with us.

MR. GRIFFEN: Thank you.

REP. COOK (65TH): And that you did have a service dog, I call them also a companion; that was able to save your life. My question for you and I'm not sure if you were when I was speaking earlier about the misrepresentation. And you gave a great example to that where other dogs that are identifying themselves as a service dog is running around or eating off the table or what have you, when you know that is not a trained dog to help. Is there a -- is there, to your knowledge, a legal -- we talked about the ability to ask whether or not you had papers or proof. By asking, does that violate the Americans with Disabilities Act to your knowledge?

MR. GRIFFEN: By the Americans with Disabilities Act, of course it's just those two questions - is he a service animal, yes or no? And what specific services does he provide? Which are the legal questions. Now, the states cannot do anything less than what federal law requires. But does that mean that states can institute things that do more than what the federal law requires? And I would take the position I do think that a state could decide that,
yeah, you could ask those two questions, but we -- here's maybe another example that kind of answers what you're asking me.

When I go down to the town hall in Fairfield, as an example, there is a state law that says service animals, when you register your animal, you know, that annual thing, he's exempt from the fee. He does not have to pay the fee. Every other dog in town has to. And when I went down to the clerk's office, I just brought his paperwork because they needed the proof. So, you have -- in Connecticut, there's already a mechanism in place that if I wanted to get the $15 dollars or whatever it is waived, I just brought his photo ID, which is in the testimony I gave you guys, you know, and then the formal letter that says, you know, ECAD, he's trained 1,500 hours and he's, you know, a service dog. And so it was waived. So, I am really a strong advocate that maybe Connecticut should ultimately look towards that, because that's enhancing the ADA. It's not doing the minimal. I'm trying to -- but I think you understand what I'm saying?

REP. COOK (65TH): No, I do understand what you're saying. And I think -- I absolutely agree with you about doing more, not less. I'm totally in agreement to that.

MR. GRIFFEN: Right.

REP. COOK (65TH): I guess what I'm trying to get at, is you still have the people that have false documentation that are abusing a privilege of which people like yourself, it is a life altering need to have a service dog.
MR. GRIFFEN: And in the bill as written, which again, I was pretty impressed by the bill in general, is it says that the police and the animal control of that town that the issue is happening in, they come out and they do the investigation. Most police officers to my knowledge, at least I know in Fairfield, that they might not be the canine handler, but they know about the canines in their own police force. So, they have a real good sense of if a canine is a service animal. You know, what they do to protect the public. You know, that's what a canine is doing. And in animal control, even in Torrington -- I know someone in Torrington who works at the animal control.

By their very nature, they are able to assess the behaviors of a dog to pretty much, you know, the assessment. You know, service dogs, by their nature, it's four feet on the floor at all times. You know, so if animal control comes in and they see this dog on McDonald's eating food on the table, the animal control can ultimately say you're telling me it's a service dog, the behaviors are not representative of a service dog. And therefore, I'm gonna issue you an infraction of the $90 dollars or whatever, you know, the law is saying, because it's not behaving like a service dog. So, why don't you leave? When you get your dog to behave like a service dog, then you can certainly come back in.

REP. COOK (65TH): No. I respect that. I do appreciate also the penalty like parking in a handicapped spot. I do like that a lot. And I would almost offer, without somebody emailing me and threatening me and all sorts of other things here, that you do have medical professionals that are friends of people that have animals that just sign
the paper because they know each other. And I have a huge problem with that. Because what that is doing now is putting people that are doing things for the right reasons, they're being compromised, and I think that we really need to look at that as well. So, I want to thank you for your testimony. Madam Chair, thank you for giving me the time. But I do think that we should look at it in a more broader approach too.

REP. ABERCROMBIE (83RD): Thank you, Representative. Representative Wood, go ahead.

REP. WOOD (141ST): I was gonna dialog, but I realize the dialog is this way and not this way.

MR. GRIFFEN: It's just as hard for me to see you through this projector, so.

REP. WOOD (141ST): But I'll do it this way anyway. You know, this has been a -- I mean, this is part of the job that's so much fun, is I think for most us, is to learn something new and realize there is something we can do to address this. I agree. I think there needs to be more responsibility for people to understand that they can't just sign a piece of paper on validating a dog's certification because they're friends with the dog's owner. So, I agree. And thank you very much. And thank you, everybody here. I mean, the dog karma is pretty cool. Thank you, Madam Chair.

MR. GRIFFEN: And if you'll all stay around at the end of the committee, I'll take his vest off, which means he's not working. So, if you then want to say hello to him, I would allow that. Thank you very much. Thank you. Thank you.
REP. ABERCROMBIE (83RD): Thank you, sir. Thank you for your testimony. So, we are time sensitive with our interpreter, so we're gonna go back to two individuals that were -- I did not see on the list. So, I apologize. The first is Charles and then we'll go to Keith.

MR. AVENA (THROUGH INTERPRETER): Good afternoon, members of the Human Services Committee. And to Representative Cathy Abercrombie, good afternoon. I am currently a student at in the Road to Interpreting Program, which is an interpreting program in collaboration with Northeastern University in Boston, Massachusetts. I am on the path to becoming a certified deaf interpreter, or CDI. I am not in support of this bill, no. 7230, for several reasons.

Since the closing on the Commission on the Deaf and Hearing Impaired and the DORS Interpreting Unit, there is a very limited number of interpreters available here in the State of Connecticut. Therefore, we need to increase the supply of interpreters to meet the increase in the demand of interpreting services here in the state.

Secondly, there are many different types of interpreters that you may not be aware of. So, we have certified deaf interpreters. We have tactile or pro-tactile interpreters, mental health, medical interpreters, ASL to English interpreters, and so on and so forth. So, we absolutely need to protect both the hearing and the deaf consumers, all of us, to ensure that interpreters provided are qualified and skilled for specific job assignments.

Thirdly, in regards to the closed captioning portion of the bill, I do think it is very important to have
the accessibility in public spaces because it is required with the Americans with Disability Act that all public spaces must provide equal accessibility. And also, because when you are in noisy environments such as bar and multiple people are having conversations, it is hard to hear what's being said. Closed captioning helps us to be able to be aware of what's happening, if there's a sports event or anything on TV.

Previously, with the Commission on the Deaf and Hearing Impaired, there was a screening process in place until they closed. Currently, Massachusetts is one of the few states that does provide a screening process. So, we absolutely here in Connecticut need to increase the standards. This is an area where we are severely lacking. Right now, to my knowledge, there are about six certified deaf interpreters through the State of Connecticut and I do believe there are about six deaf interpreters who have yet received the mentoring or the certification needed to work here. And the current language in the statute does not recognize us as deaf interpreters. They only recognize certified deaf interpreters. So, let us allow deaf interpreters to work in this state.

We absolutely want more deaf interpreters. In addition to interpreter training programs, or ITPs, we should have deaf interpreters recognized here in Connecticut. For example, I went to a Massachusetts interpreting training program that is not recognized here in Connecticut at all. And so, I implore you here today along with Connecticut Association for the Deaf and the Connecticut Council on Organizations Serving the Deaf, and the Department of Justice, to please effectively create a system to provide culturally appropriate and accessible communication.
In 1995, I was a plaintive who ended up having to interpret for somebody who had just completed one -- a one-month sign language course. And that is a tremendous liability and risk. Would any of you want our state to be in this position with all the issues that have happened and that have been shared with you?

For all of these reasons, we want the deaf consumers here to be empowered to have options and to have a voice. We see that we have been oppressed, like many other groups throughout history. Thank you all for your time.

REP. ABERCROMBIE (83RD): Thank you, sir, and thank you for waiting to testify. Questions? Seeing none. Thank you very much. We appreciate it. Keith.

MR. VINCI: Sorry for the mix up with the signup. And I have submitted written testimony, but I'm gonna go off script because it's late and I just to point out a few things. When the Commission on the Deaf and Hearing Impaired was in existence, I was an interpreter coordinator there. We serviced 1,800 requests a month with 40 people. I think part of the reason that we have a problem right now is there's really a lack of coordination with interpreting in the field with all of the different companies that are all diving in and offering work to various interpreters. And so, the reason you can't find an interpreter is because it's like a shark fest, where everybody has to grab whatever work they can and there's no coordination whatsoever between the companies.

Now, the big question in the losses that -- everybody's complaining about RID. Yeah, there's a reason to complain about RID, the National Registry
of Interpreters for the Deaf. They've been treading water for the last seven or eight years and we, in anticipation of that, have tried to figure out a way to expand opportunities for deaf -- for interpreters to get certifications from other places like Massachusetts screening, California, other places that have them, Texas. But when we were devising the law, when we were writing the laws to [inaudible - 04:13:27], we were advised that you can't make major changes to the law language, because what's gonna happen is somebody's gonna look at it and then there's gonna be a big question. They're gonna send it back to committee and it's gonna go back and forth.

So, the RID designation is still in there, plus most of the interpreters in the state are -- who are certified are certified RID. So, if you take that whole concept of RID out, Registry of Interpreters for the Deaf, and throw that out, now what certification do they have? They have RID, but, I mean, they already have it. So, it's already in the law. So, you want to take that whole segment out of law and of course somebody's gonna give you a hard time about the law in its written -- the way it's written.

With regard to the Standards Board, we've had two horrific testimonies today from two persons who were using tactile interpreters this morning. They had no place to go. Before there was the Commission on the Deaf, where did they go with their complaints? They brought it here to this meeting. There's no place to go. Now, the Advisory Board is a very big deal, but that meets, what, four times a year? And most of the persons on the Advisory Board are not adept at dealing with deafness issues. So, you need somebody
to kind of sift through and juggle through all the stuff that's happening out in the field. And that's what the Standards Board would do.

So, I think I'm gonna close with that because you all have been sitting there for a long time, so.

REP. ABERCROMBIE (83RD): That's fine. That's why we get paid the big bucks. (Laughter) Chuckle, chuckle. So, thank -- you should see by 7 o'clock at night. So, thank you for being here and thank you for your hard work on this. So, do you think that we could just go with any national certification to be acceptable in this state? I don't want to get rid of the RID. I agree with you. We have too many that are certified in that, especially in our school districts, which really concerns me. But I don't -- I'll be honest with you. I don't see a downside to doing anyone that is nationally certified.

MR. VINCI: It depends. It depends on what that certification really means. Because everybody has a different impression of what a certification qualifies you for.

REP. ABERCROMBIE (83RD): But we don't have a standard in place, so what difference would that make?

MR. VINCI: Let's say you have somebody from South Dakota who has six or seven deaf persons in a 200-mile radius and doesn't really work that much. What are their -- if they had their own standardization form, their national certification, it's only gonna work for South Dakota. So, I mean, for the people that are there that they know of. And they may have a specific signing style, a specific cultural approach to the language. So, you have to be
careful. So, that's why -- one of the reasons I'm in support of the Standards Board is to say, wait a minute, let's look at what they offer for a certification. Yeah, that's pretty good. Okay, we'll go with them. We'll put them on the list. But to have a blanket okay for anybody who says they're certified and they're a certifying board. I don't think you can do that.

REP. ABERCROMBIE (83RD): And since you've been in this field for a long time and you understand how it works up here, where do you think we could house that board?

MR. VINCI: Well, I thought that it was gonna under this -- under this law that we would have as part of the Advisory Board. What would happen is that they would report to Advisory Board should there be an issue. For example, those young ladies who had that real problem, if the board investigated that and found out that, yeah, they were getting really -- you know, something's really wrong here. They would bring it to the Advisory Board and say, hey, what do you guys suggest we're gonna do? And then there would be a dialog there and come up with some sort of solutions.

REP. ABERCROMBIE (83RD): All right. Thank you. I appreciate it. Questions? Seeing none. Thank you so much. And I do apologize for the list again. So, now we're gonna go back to 7091, and Kathy Flaherty. Boy, Kathy, you're all over the place today. Let me just thank the interpreter for being here today. Thank you so much. It's been a long day for you as well, but we do appreciate it. And everyone from the deaf community, thank you. Hi, Kath.
MS. FLAHERTY: Hi, Cath. Thank you, Representative Abercrombie and members of the Human Services Committee. My name is Kathy Flaherty. I’m the executive director of the Connecticut Legal Rights Project. And I really hate to do this, but I need to put a kibosh on section 1 of this bill because it is a well intentioned, as every other service animal bill I have testified against this session is, because this has got to be the third or fourth time I've done it. Best of intentions, but probably illegal and causing problems that you can't even imagine that it will cause.

I did submit written testimony to the committee, which I don't know if it's been posted online yet because you've been very busy. The staff's been very busy with other things this morning. And because I'm a member of the Cross Disability Lifespan Alliance, we had our meeting this morning and what we wanted as an alliance to extend our thanks to this committee for all the accommodations that you made available and necessary, seeing both CRT and live interpreters here. It makes a difference and it makes this building more accessible for everybody. So, thank you for that.

The biggest part of the confusion and the reason all these bills are being proposed is because people don't understand the law. I heard Mr. Griffen testify that service animals are not pets. He's absolutely right. But emotional support animals are not pets either. They're emotional support animals and they're defined under different laws, and that's the biggest problem. We have the ADA that applies to places of public accommodation, like this building. We have the Fair Housing Act, which covers where people live. We have the Air Carrier Access Act,
which covers planes. And they all define different kinds of dogs and different kinds of laws. And the fact that people are confused is not the reason for the state to put in a process of misrepresenting a service dog.

What I will tell you is I predict that if you pass a law like this you will cause people to die. Because I want you to imagine a different kind of situation. A person is being asked to leave an establishment. What happened to Mr. Griffen should never have happened. But my clients are people with psychiatric disabilities who have psychiatric service dogs. There is no requirement in the law that the dogs go for hours and thousands of dollars' worth of training. People with disabilities are allowed to train their service dogs to perform a task for them. An emotional support animal is not a service dog. It's not trained to do a task. A person should not be bringing an emotional service animal into a place of public accommodation.

But if somebody has a trained psychiatric service dog, this is what I predict. You will have somebody who runs that establishment who's ignorant of the law, even ask the couple of questions that they're allowed to ask, but when the person discloses it's a psychiatric disability, they're like, well, that's an emotional support animal. It's not allowed here, because the owner of that establishment is ignorant of the law. And then what will happen is they will get upset. The person with the psychiatric disability will get upset and then you're gonna call a police officer in. Half of all the people killed by police are people with disabilities. I don't think this is a good idea.
I understand why you want to do it and I understand the need to do it. But with all due respect, the state cannot create additional barriers to people with disabilities. And asking people to provide papers, which the ADA does not allow -- require, you can't do. The ADA's the floor. The state could be more protective. And what that means by being more protective in this circumstance is offering more access to people. The state could pass a law saying that in Connecticut people with emotional support animals are allowed to bring those to places of accommodation. I actually don't recommend that. But that's the thing the state could do. What the state can't do is say that in places of public accommodation, where the federal law controls, we're gonna put more restrictions in place.

And so, my suggestion for this bill is delete section 1 in its entirety, and then make some changes to section 2 that should be amended to specifically include psychiatric service dogs that are trained or being trained to do a task to assist people with psychiatric disabilities as service dogs. My concern even for Mr. Griffen when he described what his dog did, a lot of the state laws refer to people who are deaf, blind or mobility impaired. And a dog that's trained to assist him with detecting when his blood sugar is low, I'm not sure actually would be covered. So, I think that would be really important to make sure that it's any service animal that is trained to assist a person with a disability.

SENATOR MOORE (22ND): Representative Cook.

REP. COOK (65TH): Thank you, Madam Chair. And thank you for being here. Nice to see you.

MS. FLAHERTY: Nice to see you.
REP. COOK (65TH): So, I go back to the same example that I've used now a couple of different times. And if you have somebody that's abusing the rights of a service/therapy/support dog, there's gonna have to be a way that we can protect your rights, of the person that needs them, and stop the people that are abusing the -- and I don't want to say privilege, because I hate the -- because I don't believe that a service animal is a privilege. I believe it is a right. So, how do we do this collectively to protect the right to use a service animal for those needs? I hear what you're saying about psychiatric, but you would still have to have some training. It just takes -- I don't believe that there's anywhere in the law that says you could take a dog -- this is out of the wind, so, please.

MS. FLAHERTY: Okay, yeah.

REP. COOK (65TH): A dog and rescue it from a dog pound and create it to be a service dog or a therapy dog or a social-emotional dog without some type of formalized training.

MS. FLAHERTY: That's -- that is where you are mistaken. Yeah, okay. Because the law says that the dog, because a service animal is a dog, are actually, to be honest, and I think this is in the testimony from the CHRO. So, I'd encourage you to read that. Service animals under the ADA include miniature horses. I don't know how -- I don't know how often those are used in Connecticut, but I think there probably are areas where, especially for people with mobility impairments --

REP. COOK (65TH): But they would still need training.
MS. FLAHERTY: They would need training, but the thing is there is no requirement that they be professionally trained. The ADA is very clear that the person with the disability is allowed to train the animal themselves to do a task. What the biggest difference is, and this might help, an emotional support animal does not have any kind of training. It provides the emotional support just by virtue of the very fact that it exists on this planet and is a life, which means, like, cats can be emotional support animals.

That's why you heard about the emotional support peacocks and emotional support gerbils and all the other things, because that's a different law that the planes set. You know, the Air Carrier Access Act says emotional support animals includes all those other things too. Those animals are not trained. But there are animals that are sometimes both emotional support animals and service dogs, because they are trained whether it's by bringing it to a professional trainer, bringing it to a place like ECAD, or the person with the disability themselves trains the dog to do a task. And basically, only the person with the disability knows what it is that they need and knows what they train the dog to do.

It's kind of like in the personal care attendants. The person who's the consumer employer trains the people who hire them. They don't necessarily have to go get certification to be a personal care attendant from community college or anything else. The person who's the employer trains the personal care attendants. I don't know if that helps.

REP. COOK (65TH): It does help. But I think that there's still a level of -- if you're going to
identify yourself as a certified, fill in the blank, right, certified therapy dog, certified social-emotional, any of those things. Those come with some type of a training traditionally, traditionally. Just, like, if you're a certified nurse's assistant or a care attendant, or any of those things, you have to have some type of training to do that. And what I'm -- alls I'm trying to get at is to try to figure out how we can solve both problems without imposing on the right to have a service animal and the abuse of the people that are falsely identifying themselves and the ones that are running around in the restaurants and the like.

MS. FLAHERTY: I'm not sure you can. I mean, that's part of the problem, because I did hear the question about vests. Vests are not required. I think Mr. Griffen was absolutely right. The reason people have their dogs wear those vests is for all the rest of us so we don't act all silly and say oh my god, that dog's so cute. I want to pet it. It's for us. It's not for the person and they're not required to have their animal in a vest. They're not required to have papers. So, like, saying that we're gonna ask for papers.

But is there a problem of -- among the things that I would list, and I testified to this in another hearing, people who, for better or for worse, usually are of means, who have really expensive, really cute dogs and want to bring them with them everywhere they go. Those people are the problem. I don't know that even this bill would get to them because they're, like, oh $90 dollars, I'll just pay it. And then there's a reason for saying, like, maybe you fine harder. The problem is, is that fine is gonna be put on everybody. That fine will be put on that person
who is willfully going out misrepresenting their dog as a service animal to get the privilege of being able to bring that dog in the place just because they want to as opposed to needing to.

I don't know how you get at that without also affecting all the people who have legitimate needs for those animals getting caught up in this and having everybody and their parent policing their behavior. And I -- what I feel, really, for our clients is either they will never leave their homes because they're gonna be afraid of getting hassled all the time, or somebody will literally end up dead. And that's what -- I don't -- do I know a good way? No. I know when this bill came up last year, a number of us met with the Speaker's Office, because the Speaker has presented a bill like this in several sessions, and we had tried to work on can we have some kind of education brochure that would help to explain to the public what's available and whether you get, you know, the Fair Housing Center or CHRO, or DORS, or whoever, to kind of work on that material. And maybe that's something we can do.

But, unfortunately, for better or for worse, you know, the people who are gonna break the law, there's some people who are gonna do that, and that's not a reason to create a bad law in the hope of getting them.

REP. COOK (65TH): No. And I understand that there's multiple service animal bills out, you know, Judiciary and the like. I think that we also need to look at the other side and I'm not arguing this side. You hear my support of it.

MS. FLAHERTY: Yeah, I do.
REP. COOK (65TH): But I also look -- I also look at the situation where I am in a public place with a falsely identified trained animal and a child is bit. And now the owner of that business can be sued for their business because a falsely identified animal is in there being -- under pretense. And so, our job here is to be able to protect all to the best of our ability and that's really kind of where I'm coming at from this. And so, --

MS. FLAHERTY: No, and I -- I hear that and I appreciate that. I know I've gone over the three minutes, but I was asked a lot of questions. I'm just wondering if I could quickly add on two other bills? Or do you want me to come back?

REP. ABERCROMBIE (83RD): I'd prefer if you came back, Kath.

MS. FLAHERTY: That's fine.

REP. ABERCROMBIE (83RD): But Senator Moore has a comment.

SENATOR MOORE (22ND): You made a statement that half of all the police -- people killed by police are people with disabilities. I'd like you to provide proof of that statement.

MS. FLAHERTY: I will do that.

SENATOR MOORE (22ND): Thank you.

REP. ABERCROMBIE (83RD): Any further questions? Thank you.

MS. FLAHERTY: Thank you. I'll be back.

MS. SIRES: Good afternoon everyone, honorable everyone. Carolyn Sires. I am a physical therapist in private practice as well as ECAD educated canine
assistance disability medical liaison. What that affords me to do is I travel nationwide with Grandpa Blue here and we discuss service dog rights with everyone. We've been to Colorado, Florida. I won't go through the list. We travel nationwide.

There are categories that you've all understood, service dogs. I've never heard of a psychiatric service dog, so before I refute that, I'd have to look into it. There are service dogs that work with psychiatric patients and I have them because I'm close to the VA in West Haven, and I work with veterans who bring in their service dogs. Absolutely correct, as long as you provide 1,500 to 1,900 hours, you may train your own service dog. But in response, there is a standard. There's a public access test. And Assistance Dog International, ADI, sets the standards for a service dog. And a service dog has to go through airplanes, busses, trains, people with wheelchairs, and it's called a public access. If your dog passes it then you did a great job. You may have a service dog. A service dog does not represent themselves as a -- I would not go around and say Blue is a therapy dog, comfort care, emotional support. He is a service dog. Yet, the other categories will say that their dog is a service dog. It doesn't go in the reverse.

I cannot accessorize Blue. If I'm going to a wedding and I wear a nice outfit, Blue has to wear his outfit. So, it's not an honor. It's a badge saying there's something wrong with you. Passage of this bill will stop a lot of -- it will educate the public. It will educate them to know that what is a service dog. It'll stop a lot of the lawsuits. On the way here, I got a call from Bradley Airport and from the New Haven Animal Control. They said,
please, we need something to help us with a lawsuit. Animal control in New Haven has four dogs in quarantine, and she told me service dogs. I said service dogs in quarantine? That's not a service dog.

If a dog acted like that it would be my responsibility to get that dog out of the way. It is not his responsibility. I don't have a badge. He gets the badge. If my dog misbehaves, I have to take him out of that situation. And if he does misbehave, he's going right to the vet for a brain tumor. Because this dog, if he misbehaves, he needs to go back for training. He has to act like this. We've been here since 9:30. He cannot have an odor. He cannot beg for food. He has to be just like this. I travel to California, he has to be on that plane in one position the whole way. When he gets there, I'll take his vest off. He has a lot of fun with the vest off. He gets up in the morning, he brings me his vest. He knows it's time for work. He puts it on. That's what he's there for.

There are a lot of standards on a service dog. Service dogs are police, veteran -- I'm sorry. Explosive trained dogs and service dogs. They produce a service for me. I don't take them out and showcase them and take them to hospitals or therapy places. He's not for anybody else but for me. So, that is the difference of a service dog.

And we won a lawsuit in Colorado, discrimination. We won it -- we were out -- Senator Blumenthal and Senator Cory Gardner got together and invited us to Colorado to speak with their Veteran Affair liaison because Blue is Project Heel. He's U.S. Army trained. And we were thrown out of a beautiful
restaurant, The Artisan. And the long and short, the law -- you know, the case is on the books to read, is they lost. And now in Colorado, in the ski area, -- no, Blue doesn't ski. I like to, but he -- I can't because he can't. I have pictures of him knocking down the beginner skiers, but. There are -- now, in Colorado, in the resort area, everyone who works has to be trained on what is a service dog. Remember, they are protected by the federal law in the ADA.

REP. ABERCROMBIE (83RD): Can you just summarize, please? Your three minutes are up.

MS. SIRES: Yeah. So -- yes, I can. So, passage of this bill is education to the public that you don't misrepresent a service dog, just as you don't park in a handicapped parking slot.

REP. ABERCROMBIE (83RD): Thank you for your testimony.

MS. SIRES: You're welcome.

REP. ABERCROMBIE (83RD): Representative Case.

REP. CASE (63RD): Thank you, and thank you for coming out. A quick question for you. You know, talked about the certification and the 1,200 hours. Are a lot of the certification classes -- is ECAD different? I've only been there, so I haven't been to others. I mean, because it's interesting. Once the dogs go through the class, I mean, the -- what do I want to say? The people come in and actually stay there for an extended period of time in the dormitories with the dogs and they're trained with the trainers. So, it's not just somebody going and picking up a dog. After 1,200 hours, say here's your dog. They make sure that you're comfortable with the dog that has been trained for your needs.
MS. SIRES: ECAD is ADI certified, which is Assistance Dog International. Now, anybody can look them up. They set the standards and they're very strict and very lengthy. So, ECAD follows that protocol, which is 1,900 hours maximum training. Then that dog becomes your life. It's your appendage. So, you may have to go through three dogs before that one gets along with your family and with you. And that is why you have to live there with your family, with that dog, because there's two responsibilities, the human and the dog. And for a life, Blue will go get tested twice a year. He has to pass the field test.

A service dog should be going through testing and they have to pass in order to maintain the ability to say I have a service dog and for what service it is. So, CCI, Companion Dog International, they're another one that is very strict with their standards. So, it's why when people do ask me how do I train my dog, I just say go online and at look at ADI. If you can do that 1,900 hours, you can train your own dog, then you have a service dog.

REP. CASE (63RD): Thank you. And it's a very comprehensive and just, you know, not knowing that when a litter comes through, not every dog makes it.

MS. SIRES: No. And if they don't make it, they are outlaid as pets. The best pet you could want.

REP. CASE (63RD): Correct.

MS. SIRES: And they do have to correct -- Mr. Griffen has not only diabetes, but he has MS and everything. And ECAD would never have partnered him with Sterling if they thought that it wasn't qualified by law. So, I want to clarify that for the
books. You just don't go to ECAD to get a service dog. You have to -- it's two-year wait list. I mean, you have to prove the need. You have to have a doctor's note.

And may I -- may I address Representative Cook? Is that allowed? I have a practice and a lot of people come to me and ask me as a physical therapist can I write a note for them. And I will absolutely not. Number one, I shouldn't. That's a licensure issue and I have to sleep at night. But number two, I know the difference. And a lot of people now with MS who don't have service dogs who bring them in the facility, they cause chaos. But because I have a service dog animal with ECAD, I can tell them that and they know that I know better, so they don't threaten to sue me. But other businesses are constantly threatened lawsuits for telling you to leave with your dog. And you need -- we need to protect the businesses, the airlines, the kid who just got mauled by the pit bull. I mean, not that pit bulls are bad. I love them all. But if we say you're getting fined if you misrepresent, I believe it would be a starting point to stop the frivolous lawsuits threat and the businesses who are worried about getting threatened and the other customers who won't go in because you're letting dogs in.

REP. CASE (63RD): And I think that that comes back to the point of it's also education for the people out there. You know, we talk about the vests. Not everybody knows what the vest is for. People who know what the vests are for, you know, we understand it. And, you know, I'll leave it at this because it's getting late in the day. But, you know, with ECAD, with learning that it's so important that -- I didn't realize that they go to the airports. They
board planes. They figure out what the client is going -- what their lifestyle is; if it's getting on a bus in the city. If it's going to a movie theater, they bring the dog to a movie theater. So, they have all these relationships with these businesses and they make sure the dog is ready for that. So, it's more intensive than just being a pet, so.

MS. SIRES: Yeah. And the reason you can't ask somebody for papers is because no more can I say to somebody show me your medical records. If you ask me to show papers why I need a service dog, you're basically saying what's wrong with you. Show me why you need a dog. More than I can ask any of you to show me your medical records. So, that's why you can't say to somebody show me your papers. Because that's also saying -- it's just sticking you out. It's discrimination.

REP. CASE (63RD): Thank you for coming out today. Appreciate it.

MS. SIRES: Thank you.

REP. CASE (63RD): Thank you, Madam Chair.

REP. COOK (65TH): Thank you, Madam Chairman. And thank you very much for your great work and your clarifications. I think that was extremely helpful, the dialog of which we have. And I agree with you, you don't want somebody to have to show papers. And I just think that it's a sad day when we are in the position where people are taking advantage of something that is desperately needed for other people. And we know that there's not all bad actors, but we know that the bad actors often spoil the bunch. And so, I believe that our job is to try, as I said earlier, to protect all parties involved and
the last thing we need to do is have more people in litigation situations, or as you said, have a child or somebody else harmed by an animal that is misrepresented. And it's not the animal's fault. It's the owner of which has put them in that position. So, I want to just thank you for the great work that you continue to do and I look forward to working this out and making it a better bill.

MS. SIRES: And all of you are welcome to visit ECAD in Torrington. It's a great learning experience there.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony.

MS. SIRES: Thank you everyone.

REP. ABERCROMBIE (83RD): We're gonna move on to House Bill 7231, and Dawn, you're up first. (Bill) 7231, expanding the adult family living-foster care program to persons with intellectual disabilities.

MS. O'DOUR: Good afternoon, Senator Moore, Representative Abercrombie and honorable members of the Human Services Committee.

REP. ABERCROMBIE (83RD): Can you pull your mic down a little bit? There you go. Thank you.

MS. O'DOUR: Sure. Thank you. I'm Dawn O'Dour of East Haven, Connecticut, and I'm here in support of House Bill 7231. I would like to bring to the attention of the committee that there is a similar bill, Senate Bill 372, which is AN ACT TO PROVIDE RESOURCES TO PARENT GUARDIANS OF INTELLECTUALLY DISABLED ADULTS THAT ARE LIVING AT HOME. Senate Bill 372 has left Public Health and has gone for drafting.
I'm the single parent of a 26-year-old man with profound intellectual disability. My son is quadriplegic. He's nonverbal, has cerebral palsy, spina bifida occulta, is nourished through a G-tube, is urinary catheterized every four hours, six times daily, and receives a flushing of his gastrointestinal tract with a 1,000 mL of saline five days per week.

I've placed him in four separate group homes, two public, two private, which all ended in injuries to his person. He received a broken left femur in two places. A disregard of doctor's orders led him to not being cathed for 48 hours, causing a bladder hemorrhage and urine forced back flowing into his ureters and kidneys. Improper incision maintenance and lack of knowledge when it came to sterile technique, cross-contamination and infection control exacerbated the situations causing harm. I came to the understanding that if I wanted my son to live, I had to take him home. And each time I did, he was less the person that he was when I placed him.

Presently, I recruit, I interview, I hire, I manage the in-home support staff that he has. I've also trained these lay people to catheterize him, administer his cystostomy irrigation. I am directly involved with his many physicians, medical suppliers, his physical therapists, and communicate with his DDS case manager and the fiscal intermediary services providers, Sunset Shores. My son and I live in a subsidized apartment. That's right. I'm running an ICU in subsidized apartment. It is my subsidy because I am also disabled. I have multiple sclerosis and have undergone six separate spinal fusions.
Senate Bill 372, House Bill 7231 would give me, a parent guardian, a stipend for doing what I've been doing for 26 years of my son's life. It is difficult to continually ask an employer to allow you to be off from work because you have to attend to the needs of your son. It's also difficult to ask to leave work because you have to take him to the doctor. I live my life in windows of time in order to fulfill my responsibility as a parent and plenary guardian. The fact that our monthly income collectively is $1,600 dollars per month makes the situation even more stressful.

As I have stated in my testimony before Public Health, parent guardians like myself need to get some relief from somewhere. We are doing the job of the State of Connecticut with our family member and we're saving the state money by having them home. DDS glorifies their providers. They have 90 of them. But still doesn't recognize the parents, the guardians, whose kids live at home. My son doesn't have a day program because DDS does not have nursing in their day programs. He's home 24/7. So, you see, the Department of Developmental Disability Services has placed all of this burden on me and other parent guardians. For children that are over 21 years of age, I need you to help me stand. I need you to help me stand with my son before MS puts me too in a wheelchair.

There are other states, 23 others, in fact, that are paying a stipend to parent guardians. I thank you for listening. Do you have any questions?

REP. ABERCROMBIE (83RD): Thank you for your testimony and thank you for being here today.

REP. WOOD (141ST): I'll just -- thank you. Thank you for being here. Thank you for sharing your story. This is, probably for me, one of the biggest points of frustration up here, is why we don't seem to be able to properly fund families with these needs. It's what the Social Service safety net should be funding. And we fritter our money away on other things that make absolutely no sense. This does and we need to do it. So, thank you.

MS. O'DOUR: Thank you.

REP. ABERCROMBIE (83RD): Thank you, ma'am, and thank you for waiting to testify. We'll be moving on to 7232, enhancing the safety of nursing home residents with video cameras. The first person up is Matt Barrett.

MR. BARRETT: Good afternoon, Representative Abercrombie and Senator Moore and to the distinguished members of the Human Services Committee. My name is Matthew Barrett, and I'm the president and CEO of the Connecticut Association of Health Care Facilities. And I'm here this afternoon to offer testimony in opposition to House Bill 7232, AN ACT ENHANCING THE SAFETY OF NURSING HOME RESIDENTS WITH VIDEO CAMERAS.

Federal nursing home requirements of participation issued in 2017 by the Centers for Medicare and Medicaid Services enhance a body of already strong state and federal requirements on nursing homes to prevent, detect, report and thoroughly investigate incidences of abuse, neglect, exploitation, misappropriation and mistreatment of nursing home
residents. The requirements are strictly enforced by the Connecticut Department of Public Health and require the reporting of any allegations of abuse or incidents involving serious injury within two hours to DPH and any other incidents within 24 hours. Noncompliance carries significant financial penalties for Connecticut nursing facilities and will reduce a nursing home’s CMS publicly reported quality rating.

H.B. 7232 would permit a resident or their representative, in their sole discretion, to record extremely private material on video including the resident getting dressed, receiving bed baths, having private conversations with visitors or doctors, and receiving medical treatments. While the bill attempts to protect the confidentiality of other residents or roommates by requiring that the camera be installed in a location that only records the resident’s living quarters, this measure provides insufficient protection given the size and layout of shared resident rooms and the normal pattern of movement of co-habitant residents, and any other residents who may visit, throughout the room.

Furthermore, once these images are recorded, their subsequent use and dissemination is subject only to the judgment of the individuals who possess them and the concern is they may be shared unwittingly on social media or in other public domains. Notably, despite the existence of approximately 204 requirements placed upon nursing homes under the federal regulations, again which were revised and strengthened in 2017, none of them require nursing homes to permit the use of video monitoring in resident rooms.
Neither has CMS issued any guidance on this matter to state public health agencies. To the contrary, a significant number of these requirements are focused on ensuring the residents’ right to dignity and privacy, including privacy in the treatment, and personal care, and visits with family and medical providers and communications. Added to these requirements is the Health Insurance Portability and Accountability Act, so-called HIPAA, a vast body of complex regulations specifically targeted to protecting the privacy of health information, including images and recordings.

It is in recognition of these very difficult issues that can arise when capturing extremely private material on video, that only a very small handful of states have implemented state legislation permitting video surveillance in nursing home resident rooms. Our association does not recommend Connecticut adopt this policy as a means to assure the safety of nursing home residents.

And in conclusion, I'm happy to work with the committee on this legislation. But as drafted, I really urge no action on the bill at this time.


REP. DATHAN (142ND): Thank you, Madam Chair. My mother is 89 years old and has Alzheimer's and now she's pretty much in a room. But we did have that stage where she would wander. She would leave and get up during the night. She's fallen several times. She's had strokes. I know in our daycare facilities we allow video monitoring to make sure that the children are safe. And I'm not sure exactly what the rules are on that, so I'm speaking maybe a little out
of turn. And so, I'm wondering, you know, if it's a safety issue and it's the resident's choice to do this, would the agency object to it?

MR. BARRETT: I would continue to object to it. And I wouldn't be able to provide a good comparison between any general monitoring of clothed children in a daycare environment, with the capturing of very private information of nursing home residents in their -- mainly in their resident rooms and mostly in their beds. And so, that would be a difficult comparison for me to draw. But I do understand your point and your point is well taken. I guess I would say this. Is that the ethical considerations that are generally present in a bill like this, and even acknowledging that, sure, a video camera, you know, itself could hold the potential of being a deterrent for a bad action.

And I suppose you could say that it could hold nursing home employees, and largely, we're talking about the certified nursing assistants that are sort of the life blood of the caregivers in Connecticut nursing facilities. I suppose it could hold them more accountable for doing the best possible job that they could be doing. I -- what I guess what I'm saying is that the cultural change that takes place when you decide that is the way you're gonna assure patient protections rather than sort of a regulatory approach, and the following the rules and the severe penalties when you don't follow the rules, and abandoning that in favor of this is how we're gonna do it. I, frankly, object to. I think it's the wrong way to go. And I think the states that are heading in this direction, I think very well may be making a very big mistake.
REP. DATHAN (142ND): I see your point, but I also know that my mother had a stroke and if she wasn't being -- this luckily, it wasn't during the night. But if it would've been during the night and nobody would've seen that she would've been struggling or had difficulties, my mother wouldn't be alive right now. And so, I'm just trying to understand that this is a patient protection rather than a -- something that we're trying to keep workers in line. That's how I'm looking at the bill, and making sure that our patients are well and they're able to be monitored a little bit more closely. I mean, I look at the ratio at some of these nursing care facilities and in a memory care facility like my mother's, it's about eight patients to one service member, and if the one service member has to keep an eye on all these patients, and especially at nighttime, when the ratios are a lot more than -- or a lot -- I guess greater than the eight to one. I see it as a patient protection. And, you know, I do recognize your points, but that's where my mind is. Thank you very much for your testimony. Thank you, Madam Chair.

REP. WILSON-PHEANIOUS (53RD): Hello, Matt. I guess I'm wondering with your testimony, with all of the plethora of rules and regulations that are in place in nursing homes, abuse still occurs. Does it not? So, I guess I'm wondering how you see those multiple rules as being a full protection for people.

MR. BARRETT: First, with the Chairman's permission, could I just say it's a pleasure to take a question from you, Representative Wilson-Pheanious. I'm personally aware of your outstanding service to the State of Connecticut. I'm aware of that personally.
REP. WILSON-PHEANIOUS (53RD): Thank you. It's a pleasure to have you there.

MR. BARRETT: I don't think it's full proof and I just think the focus on surveillance and all of the problems associated with it is the wrong focus. And, you know, we're in an environment where -- and there's several pieces of legislation before this legislative body this year, in fact, bipartisan legislation, introduced by members of this committee, Representative Cook, Representative Case, Representative Maria Horn, concerning the minimum staffing levels in nursing homes. And it very much gets to a point that Representative Dathan just made a moment ago. And to me that is the core issue, and staffing and the quality of that staffing. And so, I see the way to continue to improve on the quality in Connecticut nursing home facilities in that area. And with unemployment so low, recruitment and retention of high-quality nursing issues is a giant problem.

It's probably the number one issue, not just in the nursing homes, but also in other healthcare environments as well, hospitals, assisted living, even home health care. And if you add this concern about the minimum wage and how much more competitive recruitment and retention activities are gonna be in the future, there's a lot to be concerned about. And those are the areas that we need to focus in on. Elevating the stature of the profession, of the CNA, recruitment and training and ongoing training, and pay that is equal to the very difficult work that is provided, to me, is the answer. Not communicating the opposite message to our CNAs, and that the fact we are gonna record you.
You know, the issue, Representative -- and forgive me for the long answer. But it's not -- it wouldn't be a real time protection or assurance of -- you know, the recording at evening isn't going to the nurse station. In the way this bill, recording -- it's not really said exactly what's happening to the recording, but it's really moving or the chain of custody, as we learned in law school, goes to the resident, or more specifically the fiduciary, probably a family member, that won't in real time really protect anybody during the evening. My sense is that the protection for that person is the ongoing checks that CNAs are providing and hopefully that is working, and that's how we're gonna uncover a flaw.

REP. WILSON-PHEANIOUS (53RD): Well, no, but the presence of those cameras by a family member and similarly by an adult who's being, well, not surveilled, but being -- that is on the thing and has consented to such, you would know if something happened to someone, what it was that happened to them.

MR. BARRETT: I agree. And I would say that when you're weighing a complicated piece of legislation like this, you put that assurance in the category of that's one of the positives of the bill. I guess all I'm saying is that as the committee deliberates on this bill and they look at the full range of issues, the privacy issues, the dignity issues, what I would characterize as ethical issues, and you weigh that also against the lack of funding that Connecticut nursing homes have received, and, really, the real issue, I think we -- I'm not sure if there's agreement, but I hope there's agreement. The real issue is the quality of our CNA staffing and how do we address that issue, and that's what I would like
our focus and attention to be on. But I appreciate your point of view very much.

REP. WILSON-PHEANIOUS (53RD): Yes. It is that, but I think it is also the certainty that a family member, or the clarity, that a family member wants to feel about the care that their individual is receiving, and I think that might be part of the -- where this is coming from as well. But I appreciate your response. Thank you.

SENATOR MOORE (22ND): Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. I don’t know if you were in the room earlier when we spoke about this briefly. But it's a difficult decision to try to legislate allowing cameras. This is a HIPAA issue. If a family member wants to put it in there, they want to be able to see it on their cell phone; it can get out into the media stream. It can get out there. If it's a closed circuit where it's just within the building and it's taped, different story. I think it's a concern if it's a double occupancy room. What if they see other family members or they see other things that are going on in the room.

You can move those cameras with your phone, depending on what they allow. I could put it on right now and see my 15-week-old child if I want to right now. It's legislation that we really have to look deeply at. I know it and I spoke earlier. I had one in my brother's room, but it was for seizure purposes. It was put at his head at nighttime, so if he had a seizure it vibrated the housemother's pillow. It was like an act of God to get that in there from the State of Connecticut, and that was in a private home. So, I think there's a lot of HIPAA things on where these cameras shoot. And I'm very concerned.
I think we're gonna run into some issues with the family members being able to have access at home to what's going on inside a facility that is a private facility run by -- is it -- are the employees gonna have issues with it? Are the CNAs, are the unions gonna have problems with it because they're being watched by somebody at home? So, and we talked about this, Matthew, on the CNAs, on not only increasing the number, but finding a way that there's a checklist so that families are more comfortable that the CNAs are spending, what is it, the 1.9 hours per person per shift. I think that was the number. It was a few weeks ago that we talked about it.

But not spending more time with patient A in the hour than with patient B, or resident A or resident B. But how do we do it so that there's a check-in, check-out, so they know the person was -- I understand that people are concerned that maybe Mom isn't getting checked every, you know, -- some go for two or three hours in the morning before they're up to get changed and what have you. But we've got to find a system that can work. I think this imposes too much. Cameras that work in circuit that are at the nurse's desk, cool. But to put it on somebody's phone so they can see it at home, I think we're gonna have a big issue with that with HIPAA.

MR. BARRETT: And I appreciate your comments very much, Representative Case. If I could just offer a brief comment, first, by saying that when the care is not what we all expect, we believe that those providers and those workers should be called out. And when the care egregious, we think that the penalties should be severe. And so, there's no question about that. And I think in my longstanding
experience with this committee, I don't -- I think you could never recall me arguing anything different.

There is a provision of the bill, I think, that gets to the heart and soul of the points that you make that, to me, should cause an awful lot of alarm. And it reads - The resident signs a waiver holding the nursing home harmless in the event of an unlawful intrusion of the nursing home's internet server that compromises the privacy of the recording. The provision of itself. In other words -- I am not the author of this provision. But the author of this provision recognizes -- I mean, what is that language about? I think the common language is hacking. In other words, if the information is hacked, they -- no one can assure the privacy of these images because of the internet environment we're in.

We're in an environment where Equifax, one of the three credit -- the largest credit monitoring agencies in the country was hacked and I think it was hundreds of millions of personal and private information, including Social Security numbers, of all these Americans was compromised. In an environment that basically had bank-level security. What are we talking about here? This information can not be protected and no assurance can be provided. And I think the authors of this bill recognized that. That ought to give people -- give the committee some pause. At least that's my recommendation, that it does give you some pause and that you take no action on the bill.

REP. CASE (63RD): Well, and I think that speaks volumes. And what we heard, boy, it was late the other night, in Appropriations, when the CNAs came in, you know, there's not enough of them working. We
have, I know, some institutions -- there's some facilities that are up near me that can't hire enough. But somehow we need to figure out a way, and, I don't know, you and I were talking, trying to brainstorm a little bit, of how there's a checks and balances for when a CNA goes in the room and when they leave the room, and is that chartable. I mean, I look at it from personal experience with my brother. He was to be checked every twenty minutes and I was charted. I mean, I know that takes time out of the CNA, but we all have badges.

Nurses have badges. CNAs have badges. What is it to swipe at the room and say that you were in there? It gives a little bit more security to the family that, yes, the checks were done, and yes, they did go to the room. Because I was told many times, well, we don't need to come to this room because you're here all the time, Mr. Case, checking on your brother. But it's not my job to do the medical stuff and do the checks on him. I'm there because I'm a family member and I could be. But when you hear those stories that, well, we don't need to check him so often because there's always family in here. That's B., that's crap. So, we need to find a way that there's checks and balances that these -- that everybody is getting checked for that 1.9 hours, which is in statute. It's 1.9, but -- it's 1.9 hours --

MR. BARRETT: Per resident per day.

REP. CASE (63RD): -- per resident. But we have no way of accounting that that resident got that 1.9 hours per shift. There has to be enough staff to cover 1.9 hours for each resident within the facility. But there's nothing saying that they spent
1.9 hours with resident A and 1.9 hours with resident B. It could be twenty minutes with resident A and three hours with resident B, so.

MR. BARRETT: Your points are well taken, sir. And I agree, more work can be done on that area. But it wouldn't even be going out on a limb, just letting you know, that there isn't, in my opinion, a nursing home in Connecticut that is staffing below 1.9 hours per resident day. They would not be able to comply with the Public Health Code requirements that they staff to the needs of the residents, which is actually a much more powerful standard than the Public Health Code. I think we should raise the minimum.

I think -- and in fact, Representative Abercrombie oversaw a bill in 2016 that raised the minimum to 2.3. And I believe that bill, some version of that bill, is being resurrected this year, and it really ought to pass this year, in my opinion. But we can -- the issues that you get to, I think we can address, and that's part of how you get to the quality equation formula that will improve outcomes and truly protect residents in a more meaningful way. And it's not the bill before the committee today.

REP. CASE (63RD): No. And I appreciate that and I'll leave you this with one last thing that we can come back and talk about, is not only the cost of it, the installation of it, who's responsible for it, who takes care of the maintenance of it. Is that all on the family that's giving it? When does it come out of the facility? You know, what happens to the hole that's left in the wall? You know, there's a lot of different types of cameras. So, there's a lot of things that we need to look at with this. I really think if we can find a way and maybe, Representative,
you can agree with me on this, that if we can find a way to have accountability that the CNAs, that the checks are going on that 1.9 hours. And I would love to see the 2.4 that was talked about in years past that you just mentioned. But an accountability that each resident is getting the amount of care and the amount of -- because it's not just care, it's a visit, it's a communication, and it's time for somebody to be able to say, hey, I've got to get a nurse, there's something wrong with Mrs. Smith.

MR. BARRETT: I think we provide you that assurance.

REP. CASE (63RD): Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Further questions or comments? Thank you, Matt.

MR. BARRETT: Thank you very much.

REP. ABERCROMBIE (83RD): If you step out, will you just tell, because I asked Mag to step out with a constituent issue. Can you just tell her out there, when she comes back in, I'll put her right back on the microphone. Okay?

MR. BARRETT: Yes, absolutely.

REP. ABERCROMBIE (83RD): Thank you. Kathy Flaherty.

MS. FLAHERTY: Thank you, members of the committee. My name is Kathy Flaherty. I'm executive director of Connecticut Legal Rights Project. And believe it or not, I'm here to testify in support of this bill, and there's a reason. The only reason -- the only thing that institutionalized people have for proof of abuse is a camera. The only reason we know what happened at Whiting, where almost 40 people lost their jobs and ten people were criminally
prosecuted, is because there was a camera. If that camera had not been there, we never would have known about it.

So, I will grant that there are issues, especially because most people in nursing homes are not in single rooms. So, I don't know how you deal with a shared room and that was actually something one of my staff raised with me. But what we have seen, because we have this happen whenever our clients ask us to look at the video tape, is facilities using HIPAA and concerns of privacy as a shield to protect themselves from allegations of abuse rather than a sword that really is standing up for people's privacy. I think there might be a way to put in safeguards to control who has access to the video, but it should be the person, their family, their advocates, you know, upon request of the person. But I don't know what you do about the situation where people share rooms. I think that is -- but I just don't have written testimony that I've submitted yet. I scribbled here, based on emails that I'd gotten, because I'd forgot that I was gonna testify on this bill until I came here.

REP. ABERCROMBIE (83RD): Thank you. So, I would appreciate, personally, if you could kind of talk to your, you know, some of the staff at the Legal Services and give us some ideas about the HIPAA portion of it with other individuals in the room. Because I, like my colleagues up here, do believe that individuals in nursing homes should have the right, if they want, to have a camera in there for a safety issue. And the reason why Mag stepped out is for a constituent who, if you ever saw what's going on with her father, you know, you would be appalled. So, you know, I do believe that there's a way that
we can do this. So, we just have to kind of figure it out. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. And Kathy, if you can, in the legal world, I mean, how do we ensure that this HIPAA thing with having cameras being accessed at home. The Whiting thing, they were closed circuit cameras within the facility. But when you're putting them on a -- that's what scares me.

MS FLAHERTY: I honestly don't disagree. You know, as someone who's been -- gets the letters about every single hack that's out there and, you know, from my health care facilities that they've had data breaches, because UConn Health had a huge data breach. I don't know.

REP. CASE (63RD): And if you do closed circuit, then that's a cost to the -- because it's not -- it's not a --

MS FLAHERTY: And then it's -- yeah. And I don't know how, you know, if it's closed circuit, you know, is there a way that you can bill the person for, you know, X percent of the cost. But say everybody wants a camera, then you have some turnover in residents, and nobody wants a camera, and they have a system. I don't know. But I -- you know, it was, when I circulated this bill among my staff the response I got immediately was people should have the ability to have a camera if they want it. And that if there's a dispute, say, like maybe the person wants it, but a conservator doesn't, that we should be guided by what the person themselves says.
You know, because I'm assuming that maybe there's a fear of, you know, even potential abuse by the visiting family member. Because, unfortunately -- and people should realize that when people come to our services it's usually because something's going wrong in their life. So, I usually see every nightmare scenario and I'm sure you guys hear a lot of nightmare scenarios too. Because I know the vast majority of people who work in nursing homes or institutions are good people. The vast majority of family members are loving, caring family members. Our clients tend to not necessarily have that experience.

REP. CASE (63RD): But I think it -- I think about this too and maybe you can come back to us with it, the type of camera. Is it a stationary camera or is it a camera that somebody on their mobile device can move around the room to see what's going on? Because if it's a stationary camera that's focused on the patient or on the resident, that might help the case a little bit. But if it's something that somebody can move around --

MS FLAHERTY: Yeah, 360 or whatever. Yeah.

REP. CASE (63RD): That could be. I mean. I think we have a little bit of work to do on it. But thank you, Madam.

REP. ABERCROMBIE (83RD): Yeah, I agree with you. I think that there's more work to be done on this bill. But I do think that raising the idea really makes everybody get in the room and kind of think through it, even if we don't go forward with it this year. You know, it's still something to discuss for the future. So, thank you, Kath. Thank you. Appreciate it.
MS FLAHERTY: I'll see you one more time.

REP. ABERCROMBIE (83RD): Yes, you will. So, now we're gonna move on to 7234, access by nursing residents to community transportation. Joe Miller.

MR. MILLER: Good afternoon, Chairman Moore, Chairman Abercrombie, members of the Human Services Committee. My name is Joe Miller. I'm the general manager of the Curtin Transportation Group. I'm here to testify in support of House Bill 7234, AN ACT CONCERNING ACCESS BY NURSING HOME RESIDENTS TO COMMUNITY TRANSPORTATION.

Curtin Transportation has provided taxi and livery transportation in Connecticut for over 100 years from our facilities in Waterford, Waterbury and Stratford. We believe that everyone should have access to safe, dependable, and affordable transportation. This includes elderly persons and persons with permanent or temporary disabilities. Having access to an appropriate and affordable transportation will assist the elderly and a person with a disability achieve a better quality of life by allowing them to interact with the community, their family and loved ones.

I'd especially like to express support for section 1 (1) which requires a certificate from a health care professional that travel outside of the nursing home is not medically complicated. This will ensure that the elderly person or the person with a disability can be transported utilizing a method of transportation that is safe, affordable and meets the needs of the elderly person or the persons with a disability. This will ensure that the method of transportation requested by the elderly person or person with a disability whether it's a taxi,
livery, or an ambulance, if medical assistance is required during transportation, is the appropriate method of transportation.

Thank you for allowing me to testify in front of the Human Services Committee concerning this bill.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. So, have you reached out to these facilities to say that you would be willing to transport these individuals since you already have a livery service?

MR. MILLER: Yes, we have. We do that now with certain homes. If they call -- the nursing homes, if they call us and they request transportation, we provide it.

REP. ABERCROMBIE (83RD): So, you're just here testifying that you believe that they should get the transportation then.

MR. MILLER: Yes. We're testifying that they should have access to it and if -- in the case of -- if the committee wants to assign a physician's note to it to ensure that the transportation is medically sound and that they don't need medical care so that we can transport them without -- because we're not an ambulance company.

REP. ABERCROMBIE (83RD): So, but you don't need a doctor's note to transport somebody in a livery service, so I'm a little confused.

MR. MILLER: No, we don't. No, we don't. But we're supporting this bill here because there's other legislation out there, as you're aware, that a doctor's note may be required, and this would help support that.
REP. ABERCROMBIE (83RD): So, you're here promoting stretcher vans?

MR. MILLER: Yes.

REP. ABERCROMBIE (83RD): And you do realize that under state statute they're prohibited.

MR. MILLER: Yes, they are at this time.


MR. MILLER: Thank you for your time.

REP. ABERCROMBIE (83RD): Diane Stone. Ms. Mag, you were so quick. I didn't see you. So, Mag, we're gonna let you testify on -- come here. Come on. Come on. We're gonna let you testify on 7232, enhancing the safety of nursing home residents with video cameras, and then also this bill, because you were so kind to step out with a constituent's issue.

MS. MORELLI: Oh, no problem at all. Good afternoon Senator Moore and Representative Abercrombie and members of the Human Services Committee. My name is Mag Morelli and I'm the president of LeadingAge Connecticut, a statewide membership organization representing not-for-profit provider organizations serving older adults across the continuum of aging services, including not-for-profit skilled nursing facilities. I'm here to testify on the two bills that were just mentioned.

First of all, on House Bill 7232. Prevention of elder abuse is a priority for LeadingAge Connecticut members and we take any related legislative proposal very seriously. The bill before you today states that it is designed to enhance the safety of nursing home residents by mandating the installation of
video cameras in a resident’s nursing home room upon the request of the resident or the authorized representative. The bill would further require the resident or their authorized representative to monitor and maintain the recordings, and report to the nursing home staff any recording that raises concerns. While the bill language does attempt to address privacy, consent and other concerns surrounding the use of video cameras within this health care setting, we believe that it doesn't address all the concerns, and therefore we'd like to provide the committee with additional information regarding the significant issues involved in implementing a bill of this nature.

The concept of implementing video monitoring is a very complicated issue and balanced consideration must be given to the rights and interests of all those involved. Privacy rights are paramount in the discussion and should include consideration of the privacy of the resident, the resident’s roommate, other residents in the building, and visitors to the nursing home. Video monitoring should not be automatically imposed on any person and never without proper consent.

Regulations regarding legal consent would need to be developed and would need to encompass all individuals who may be affected. While the bill would require that the resident or the resident’s authorized representative sign any permissions that may be required under the HIPAA -- under HIPAA, this bill does not address the privacy concerns of roommates, which is an important consideration given that a majority of nursing home residents share a room with another resident. Video camera equipment may also be capable of capturing and recording audio
and may allow the person viewing the video stream to speak directly into the room where the camera is located. These potential aspects of video monitoring capabilities must also be addressed.

Privacy and confidentiality issues also weigh heavily when considering the use, viewing and storage of the video. The images would be protected by HIPAA and the viewing, storage and usage would need to be strictly regulated. And liability issues related to all aspects of the filming, use, video viewing and storage would need to be resolved, not just the issues caused by potential internet security breaches. Workplace laws regarding video and/or audio surveillance must also be taken into consideration and honored.

Finally, the bill would require the installation of video cameras upon request, but does not address the logistical or cost issues that must be taken into consideration. Since the bill mandates that the nursing home install the equipment, it is presumed that the nursing home would pay the costs involved in meeting the mandate. These costs might be very prohibitive, and there is no funding available to cover the costs. At this time, there are some states that have laws or regulations in place governing video monitoring, but we're not aware of any state that requires the nursing home to pay for the cost of installing and maintaining the equipment. The states that have enacted provisions did so only after extensive review, analysis and consideration.

So, as noted, prevention and detection of elder abuse is currently addressed and strengthened, as Matt Barrett said, in the newly revised CMS
requirements. We would be happy to engage the committee in a discussion of this bill and the existing measures as well as any mandated reporting requirements and other programs and practices that are currently in place.

We had submitted just brief comments on Senate -- on House Bill 7234 and that -- and one comment that we had was that the certification that would allow the resident to leave, the certification that the transport would not be medically contraindicated, should come specifically from the resident's attending physician or advanced registered -- practice registered nurse, or the facility's medical director, someone who's familiar with the resident.

Thank you for the opportunity to testify. I'd be happy to answer any questions.

REP. ABERCROMBIE (83RD): Thank you, Mag. So, are you aware that the Commission on Children, Women and Seniors is putting together a working group to look at transportation opportunities in the community for seniors?

MS. MORELLI: I was not. I heard you mention that earlier in the hearing. So, we would love to be involved in that.

REP. ABERCROMBIE (83RD): So, I'm gonna send Steve Hernandez from the Commission a note, saying sign Mag Morelli up. I already gave it to Michelle Cook over here, to be my designee. So, I will definitely let him know. But I think it's a bigger issue than us on this committee trying to figure out how do we do this. You know what I mean? And what are the opportunities that are out there for our residents at this point. So, thank you. I appreciate it.
Questions for Mag on either bill? No? Thank you very much. Appreciate it.

MS. MORELLI: Thank you.


MS. STONE: Good afternoon, Senator Moore, Representative Abercrombie, esteemed and enduring members of the Human Services Committee. My name is Dianne Stone and I'm the director of the Newington Senior and Disabled Center, a position that I've held for more than 20 years. I believe Representative Wilson-Pheanious had just been appointed commissioner of the Department of Social Services when I started, so I've been around a little while. And I'm here to express concern about House Bill 7234.

I'm really conflicted about this bill. I absolutely understand and I agree with the intent to this bill, to address a gap that we have in transportation for our residents who live in nursing homes. Being able to maintain or regain connections, to engage fully in the community, is core to our belief in person-centeredness and it's so important. Without transportation, a door is closed. I am happy that this issue has been brought into the light and I really applaud the long-term ombudsman for her advocacy on this issue.

My conflict comes in the absolute knowledge that municipal senior transportation programs, our Dial-A-Ride programs, are not the solution to this problem. Being Connecticut, there'd almost as many of these programs as there are municipalities. Each has its own policies, procedures, eligibility, capacity and resources. And I really urge you to
have a conversation in the towns that you represent with the people that run their Dial-A-Ride programs. Typically, that's the senior center director. I can speak for Newington’s program, and I think that we're fairly typical. I'm responsible for all of the planning and operation. I'm not a transportation planner, but this is part of my job.

We do a curb-to-curb transportation program. We have two full-time and one-part time driver. We run three wheelchair-accessible buses that seat about 14 to 16 people, and that has capacity for 2 wheelchairs. We operate Monday to Friday from about 9 to 3:30 and we transport about 50 people a day. We're demand response, so reservations are required, and we have a fixed schedule for most destinations. So, for example, we go to Stop and Shop on Tuesdays only.

Most of our trips are for people coming into our center for the elderly nutrition program, for social and wellness programs, also things like grocery shopping, hair appointments, medical appointments. We're really a critical part of the programs and services that keep people living in the community. Other services similar to -- that have the same objective are things like the Homecare Program for Elders and the Elderly Nutrition Program. Of course, one of the differences is that we are almost entirely municipally funded and operated.

No one really collects or analyzes any information about what we do in providing transportation. But there was an email thread among senior centers a few weeks ago that asked two questions - Does your senior center allow nursing home residents to participate in programs, and does your senior center
provide transportation for the people in nursing who want to go to the senior center? The answer to the first question was a resounding yes. The answer to the second question was almost as resoundingly no. Again, I can only speak for Newington. We do not provide Dial-A-Ride to residents of nursing homes. It is not a matter of discrimination. It's an allocation of resources. Residents of nursing homes are also not eligible for other programs like the home care program or for home delivered meals.

Several years ago, based on a similar discussion with the former long-term care ombudsman, we tried opening our service. In short order, a local nursing home activity person enrolled several residents in our program and made reservations for a bunch of people to go to a local store. In order to honor that, we'd have to either displace residents living in the community who needed to go to the store for groceries or have it put on a second bus, which we simply can't afford. We really do have to prioritize our services.

So, Connecticut really does have a problem when it comes to transportation for older adults and people with disabilities and it simply has not been addressed. We're talking about one issue here. Transportation on evenings and weekends, transportation across town lines, current and future demand for transportation are all issues. How we address transportation in the context of rebalancing long-term care is something nobody's really looked at. Transportation was in the scope of the Aging in Place Task Force that I participated in in 2012. There were recommendations that were never implemented.
It was raised again when the legislature established the Task Force to Study Best Practices for Providing Transportation for Persons with Disabilities, Senior Citizens and Veterans. It rolls off your tongue. I believe this is the working group that you're talking -- it's actually a task force that was formalized. And that was through Special Act 18-3. That was last session and that task force has not yet been fully empanelled. I believe there's one and half appoints that have actually been made, and I would be that half an appointment.

Again, I really appreciate the intent of this bill, but I cannot support it and I ask that you not move it forward at this time. Thank you.

REP. ABERCROMBIE (83RD): Thank you. So, the one that I was talking about, no. This is the one that's gonna come under the Commission on Women, Children and -- the one that you're --

MS. STONE: Yeah. Sorry.

REP. ABERCROMBIE (83RD): So, you think it's the same one?

MS. STONE: It's one in the same, yeah. The -- it was Special Act 18-3. Last year, they had talked about it being a work group, but it went through as a task force.

REP. ABERCROMBIE (83RD): Okay.

MS. STONE: But it is the Commission on Women, Children and Seniors that has been tasked with staffing it.

REP. ABERCROMBIE (83RD): Oh, okay.
MS. STONE: And so, they are trying to find people, but the appointments actually have to be made by members -- specific members of legislature. But I know, absolutely, hoping that you would be engaged in it, I have talked to the long-term care ombudsman, asking that she be engaged to it. And other people that have spoken here today absolutely should be engaged. Transportation is this huge problem that we have and we're just not looking at it, so.

REP. ABERCROMBIE (83RD): Yeah. And I talked to Steve Hernandez, and I won't be able to do this particular task force only because I have three other working groups that I'm putting together for the fall, because you know I chair MAPOC, which is every week. But I will put it out to all the members of Human Services if anybody's interested. I did talk to Representative Cook because her and I work very closely on a lot of these senior issues, and I'm not sure what she told Steve at this point. But I think you're right. I think it's the next step of what we look at when we talk about, you know, the aging population, so. Questions? Is that like a hand or what is this like, you know --

REP. HUGHES (135TH): No. I'll do a little dance. Thank you, Chairman.

REP. ABERCROMBIE (83RD): Representative Hughes.

REP. HUGHES (135TH): Thank you. I couldn't agree more that transportation is the -- or lack of transportation is really the barrier to freedom of movement, which is why I was moving my hand around. So, it is really the kind -- I keep coming back to this, kind of a civil rights issue for aging people of our time because our entire communities were
built around automobile-centric driving communities. That's the way they were developed. And the way nursing homes were developed were absolutely not to grant autonomy to its residents. They're not considered drivers for themselves.

So, really, we impose restraint by our very developments and by the way our systems were developed and by the way the nursing homes and long-term care facilities developed is not self-determined restraint. It's imposed restraint of freedom of movement, so. And it also kind of discriminates against long-term care residents being fully included members of their community which they've been living in their whole lives. So, I agree that we can't just single that out and try to pass the burden of transportation on to overburdened municipality transportation. I used to work up in Litchfield County and the Dial-a-Ride goes through six towns and, you know, kind of once a week kind of thing. And absolutely not effective for providing transportation to very homebound, non-drivers, so.

MS. STONE: And I would -- Dial-a-Ride provides a critical service. When you talk about public transportation, you don't see Dial-a-Ride in there. We're not part of the planning. We're not planned for. So, I think when we look at what is the solution for transportation, there's not one solution, right. There's different services that are right for different people at different times. So, the goal is often said to be getting the person in the right vehicle for the right trip at the right time. And the solution is going to be a blend of things. That includes Dial-a-Ride; that includes some of the livery services; that includes the Ride
Share program and the options that are available. But it needs more thoughtful planning.

REP. HUGHES (135TH): And we're seeing -- if I may, Madam Chair. We're seeing through the baby boomers' much more request for on demand transportation and not scheduling necessarily a day ahead, but, like, hey, I want to go someplace this afternoon, you know. And we need to provide a responsive, universal access transportation because people, you know, homebound or non-drivers, want to go places the same way everyone else does. So, we need -- I think we need a senior Uber, but I'm gonna work on that, so maybe I'll be your appointee.

MS. STONE: I'll talk to you about that one.

REP. HUGHES (135TH): Okay.

REP. ABERCROMBIE (83RD): Yeah, that'd be great. Thank you, Representative. Thank you. Any further questions? No? Thank you, Dianne. I appreciate it, and thank you for waiting all day to testify.

MS. STONE: Thank you very much.

REP. ABERCROMBIE (83RD): Now, we're gonna move on to Senate Bill 943, Medicaid treatment of an accessible asset. First up is Amy Orlando.

MS. ORLANDO: Thank you. Good afternoon. I'm Amy Orlando and I'm here today on behalf of myself, as an elder law attorney, but also on behalf the Connecticut Chapter of the National Academy of Elder Law Attorney, CTNAELA. I am here to oppose bill no. 943 as proposed. Primarily because it penalizes applicants by creating limitations that do not exist in our current law today. If you had the opportunity to read my written testimony, my primary
question in it has since been partially answered, and that was we were wondering where the origin of this bill came, from where it came, and had been wondering if it had come from the Department of Social Services.

But in reading this afternoon, the Department of Social Services' written testimony in opposition to it, I'm guessing they didn't propose it. So, I still wonder from where it came, and my guess is that it's from someone who thought that it will be helpful to Medicaid applicants. Because on it's face, it could appear such. However, the current Medicaid law in Connecticut, in the Uniform Policy Manual sections that address inaccessible assets, actually already cover the fact that it would be any asset that's not readily converted to cash, meaning if the applicant can't access it in order to use it to pay for its services, it's considered inaccessible.

And our UPM sections also give some examples of inaccessible assets such as those that are tied up in probate or someone's non-home property or like use in a property, or even some assets in some trusts. Not only do they give examples of inaccessible, define inaccessible, it does limit an applicant to only having one inaccessible asset, which is really why we're opposing this bill, because this bill appears to limit it, number one, to just having one inaccessible asset, number two, to requiring commissioner approval, and three, that the inaccessible asset has to be inaccessible for 30 days.

None of that is part of our current laws, so this would actually be less beneficial than what we have
today. If you are interested in those UPM sections, I do have them, but rather than rattle off numbers to you, I'm happy to provide them to you. We also have federal law similarly defines an inaccessible asset and does not limit it to just -- an applicant just having one either. Those laws specifically, one is our federal law that surrounds the state Medicaid plans. They do require states for their eligibility determinations to take into account only the assets that are actually available.

And similarly, in our Social Security laws, both under the Code of Federal Regulations and the POMS, they say that an asset, which the word they use is a resource, the only resources that can be counted are those that can be converted to cash, to be used for his or her support and maintenance, and that an asset is a resource only if the individual has the right authority or power to liquidate the property or his or her share of the property. So, all three bodies of law, including our current Connecticut law in the Medicaid UPM, have the same test, allow for inaccessible assets not to preclude eligibility, and don't currently limit it to just allowing one of them.

So, for those reasons, we are opposed to the passage as it is now written, but, as always, we are willing to come to the table and meet with and answer questions from and try to meet with all the interested parties if this is something that should be developed further. But at this time, we're asking that it not leave committee.

REP. ABERCROMBIE (83RD): Thank you, Amy, and thank you for your testimony. So, you know, this is a bill that came from a colleague, and maybe the
colleague is misinformed. You know, we will be more than happy to reach out to our colleague and see if our colleague would like to have a further conversation with you, you know, and I'll kind of leave it at that at this point. My question for you is, is the word unliquidated and accessible, are those interchangeable, or do you think that the proponent is using a different -- is there another definition for unliquidated that he's looking at?

MS. ORLANDO: Well, my guess is they're thinking of an asset that is unliquidated as one that is inaccessible. But inaccessible is a much broader definition because there are assets that can never necessarily be liquidated, but just temporarily -- how can I say this? There are more assets that are inaccessible and not necessarily just unliquidated. Like an example that's coming to mind is that not only does the Department of Social Services define an inaccessible asset, but they also require in our UPM that an applicant make efforts to access and make it available. And so, it's not enough to say that it's unliquidated, one has to take an extra step further and show that one has made attempts to liquidate it. Suggesting unliquidated on its own is not enough, I guess.

REP. ABERCROMBIE (83RD): Thank you. Thank you. I think -- oh, Senator, did you have any questions?

SENATOR LOGAN (17TH): No, I'm fine. You provided some good clarity to the bill and your perspective is much -- very much appreciated. And I'm looking at your testimony. I'm gonna forward it to my colleague who sponsored the bill. So, thank you.

MR. STILLMAN: Thank you, Representative Abercrombie, Madam Chairman, members of the Human Services Committee. My name's Matthew Stillman. I am the former president of the Association of Elder Law Attorneys, known as CTNAELA. I am still on the executive board and am an executive board member of the elder law section of the Connecticut Bar. I think I will echo Attorney Orlando's comments. I don't think I can come up here and say ditto. But I think she did a wonderful job explaining the issues here. I will try to -- I will not read my testimony. I'll go off testimony because you don't -- I realize it's the end of the day and you don't need to hear me read two pages to you on why we think this is a bad bill.

It could be corrected and qualified in that sense, and maybe it would merit passage. But in the way it's currently written, the attorney and I, as an elder law attorney, don't think it merits passage. I will not repeat everything Attorney Orlando said. Instead, I will look to basically the portion of my testimony talking about the proposed legislation, which talks about inaccessibility, in that it must be to the extent permissible under federal law. And federal law cites at least three separate locations on where assets are inaccessible.

For example, in the U.S. Code, in the Federal Regulations and also, again, in the Social Security POMS, which is the regulation manual for the Social Security Administration. And generally, inaccessible assets are those that are only available to an applicant or ones that can be readily converted to cash, like Attorney Orlando said. And it is -- there are ample protections within our current Uniform Policy Manual that says
that if an asset is deemed inaccessible initially, that it is the applicant's burden to continue to prove that. It is the applicant's burden to try and make the asset accessible and they are the ones who have to prove it to the Department of Social Services.

I think this bill, in the form that it's written, respectfully, to one of your colleagues who submitted it, it could be revised, but the way it's written, I think it's insufficient. It gives too much leverage to the commissioner and it also, in my opinion, basically takes someone who might otherwise be eligible, based on these inaccessible assets, and holds their eligibility up and possibly could be denied. So, that's one of the reasons we think it's bad.

I will tell you, for an example which I'd like to bring up is life insurance, basically. If you currently have a life insurance policy or multiple policies in excess of $1,500 dollars, it is an ineligible qualification for Medicaid and it is deemed assets that are -- makes you over asset. So, of course, what will people do when they try to qualify for Medicaid, is they take applications to the insurance companies and say we want to terminate the insurance policy and we want to liquidate it. And they send in an application, and unfortunately, because bureaucracy you deal with with insurance companies, which, you know, we all know what that's like. It takes sometimes three to four to five months to do so. So, the Department of Social Services has said, hey -- previously, they said, hey, until that asset is liquidated, until you get the cash, you know, you have the right to change it,
and all of a sudden you're ineligible for Medicaid, causing a huge issue.

About three or four years ago, the Department of Social Services promoted a piece of legislation that said if the insurance policy, I think, was worth up to $5,000 dollars, you could accept it. And then the federal government came in and said, no, no, wait a minute, you can't do that. You have to have legislation that says if the insurance policy is worth up to $10,000 dollars and you're taking -- it was Senate Bill 107. Imagine I can remember that. And it passed the legislature and it's law, because again, if you have an asset that's inaccessible, you can't readily convert it to cash. These people who had insurance policies were literally submitting and tendering the statement to the insurance company by fax that says, hey, I want to liquidate this. And it took the insurance company four months to liquidate it and get them the cash. They were ineligible for Medicaid during that entire period.

So, and while this bill in its genesis and thought might be along those lines, the language that's written doesn't comport with that. So, respectfully, again, I know Attorney Orlando, myself and members of the elder law community, the attorneys would be happy to work with anyone to resolve this issue and -- but, you know, again, subject to federal law, we're concerned about the language as the bill exists as it is, so.

REP. ABERCROMBIE (83RD): Thank you and thank you for waiting to testify today. We do appreciate it.

MR. STILLMAN: Thank you, Madam Chair.

MR. STILLMAN: Thank you.

REP. ABERCROMBIE (83RD): So, now we're gonna move on to Senate Bill 944, which is the provision of services to children by occupational therapists.

Come on up, Cath.

MS. RISIGO-WICKLINE: Good afternoon -- yeah, Good afternoon. Welcome -- thank you Senator -- or Chairman Abercrombie and Representative Case, and Representative Hughes, and the whole committee as well. Thank you again for hearing me.

Again, I'm Cathy Risigo-Wickline. I'm a pediatric occupational therapist from Jumpstart Therapy and Fitness. I'm one of the few pediatric occupational therapy and physical therapy providers that service some of our most vulnerable members of our state; children with autism and ADHD, and developmental delays. And I also sit on the Medical Advisory Council -- Medical Oversight Council with Cathy and Senator Formica in his seat. And I represent the small, independent groups. And I think I'm the first occupational therapist that has ever been on that seat, so I've learned a lot over the years. Okay. Sorry. So, -- I don't want to repeat myself and yelled at last time.

REP. ABERCROMBIE (83RD): Why don't you do this, Cath, why don't you just summarize why you're here and then we don't -- you don't even have to read it.

MS. RISIGO-WICKLINE: Okay. So, basically why I'm here -- I'd rather this anyway because I'm kind of nervous today for some reason. Is because occupational therapists are on the fee schedule of
independent groups, and even though independent groups sound like they're all the same kind of therapy programs, we're not. We have -- in physical and occupational therapy, there's two types of programs. There is the type where you break your arm and you get therapy on your arm and your brain is intact and so you do your daily living skills that aren't usually interrupted. Then you have the kind of therapy that we do, which is working with children with developmental delays, autism, etcetera, that the whole body is involved including the brain, which sometimes interferes with their ability to do their daily living skills.

And it's really is a story to the punch line. It's really a shame that we cannot bill for self-care management. And in our scope of practice, that's what occupational therapists do. We do functional living skills, occupation. Yet, there is 30 codes. You'll see the last couple of pages of my attachments, A, B and C, are the few schedules of a couple different programs. We have the smallest fee schedule. It looks large because it's repeated twice, every one of our items. But of all those items on that 30 list, only four or five can we actually bill for.

So, when you have a child, like, yesterday, to give an example. We had a little boy who was in here who had a terrible behavioral outbreak in the middle of the session. There's zero codes that we could bill during the hour that it took us to calm him down and get him focused to have therapy. There was not one code in our -- that we could bill for. So, once again, doing services for free. My therapist said what do I put down? And I'm like, geez, I don't really even know. So, today, they're calling DSS to
say what should we put down for this code, and they're gonna tell us we can't tell you. And we're gonna be stuck without getting paid for that visit, to bill properly, you know, within our code of ethics.

So, the bottom line is that we also -- so, we do something called sensory integration therapy, which really, really helps kids calm themselves down. Like, it really helps. We saved emergency room visits. Like, yesterday, we saved this kid from going to the emergency room when he had the argument with his parent and ended up being there for another hour. We did calm him down eventually. But these kids often -- we save the state, I think, a lot of money with what we do. There's another code called oral motor. A lot of times, feeding issues with children with autism and sensory issues. They're very picky eaters. They either -- they only eat certain foods, won't eat enough foods or won't eat any foods. And so, we also cannot bill for oral motor feeding and we also can't bill for sensory integration.

So, it doesn't cost the state any more money, but we really would like to see that put into -- get put into our fee schedule. Now, the commissioner said today that it would cost us money. It doesn't cost you any money to have those fee schedules, and I read every guideline, everything. There's no reason why we can't add those to our fee schedule. It won't cost anything if you can get an appropriate rate. I don't care if it's not the same as rehabilitation centers get, but we should be able to have a fair rate of pay for those services, to be able to bill properly and not be held accountable for treating things that we -- we're billing therapy
activities, because they're, you know, learning how to take a bath or take a shower or get up in the mornings to see if they can get to school, with helping the parent get back to work without having to miss work because the kid won't get out the door. So, what we do is really significant and I really think that it's -- you know, it's something that we really should consider passing out.

The problem with the wording of the bill, it's not quite stated properly. There's a few little things that happen --

REP. ABERCROMBIE (83RD): We can adjust those later.

MS. RISIGO-WICKLINE: Yeah. I'm supposed to say that, you know, if we can change the wording in that.

REP. ABERCROMBIE (83RD): So, have you gotten a call from DXE?

MS. RISIGO-WICKLINE: No.


MS. RISIGO-WICKLINE: All right, well. So, if we can do that, that just simplify things and hopefully that will be something we can do.

REP. ABERCROMBIE (83RD): Thank you, Cath. Thank you for all you do. So, we're gonna move on to Senate Bill 945, the innovation -- huh? Listen, don't make me punchy. The Innovation Incentive Program for Nonprofit providers of human services. Come on down, Annie. Oh, she's already there. Look at you. Aren't you good.

MS. RUWET: Thank you. Yeah, I know. Thank you very much, Representative Abercrombie and my
Representative Case from my hometown and district in the 64th. So, it's been great spending the day with you, listening. I thoroughly enjoyed it and actually I do thank you for the sensitivity that you have on all of the bills that were presented today for public hearing. So, you have your job set out for you and you do get paid a lot of money. I know that for a fact. No, but I do thank you. I stayed here today for a few reasons and I don't testify on a lot of bills. But this is a bill that's dear to my heart and one of which many of us who are members of the alliance, previously CCPA, and Connecticut Non-Profit have been working very hard to really let -- make sure the legislature really understands what's important with S.B. 945.

It's been called lots of things and in this particular bill I love that it's called the Innovation Incentive Program for Non-Profits. And bottom line, it's really intended to expand and implement the Innovation Incentive Program. Now, as you understand with the purchase of service contracts, you know, we usually have a three-year contract, depending on the state agency that you contract with. So, at the end of the fiscal year we have to return the money back to the state.

Unfortunately, if you talk to DSS, I don't think any of them really receive any money back. Because according to the cost accounting standards, we are able to use those funds and distribute them in a way within those guidelines. So, having served on the Governor's Cabinet for Health and Human Services for eight years and before that the Commission under Jodi Rell, this has been on our agenda for so long. We call it the revenue retention bill in years past.
All we ask is that -- it's a good bill. It ought to pass. How's that? But I do --

REP. ABERCROMBIE (83RD): And I couldn't agree more with you. (Laughter)

MS. RUWET: Have you heard that a few times?

REP. ABERCROMBIE (83RD): No, we haven't today, actually. We just normally do, but today we haven't.

MS. RUWET: But I think this bill actually doesn't expand it as far as I'd like to see it expanded. I mean, right now, it looks at it being a pilot program. I think all purchase of service contracts, you know, whether they're not for profit or not, should be up to the responsibility of that service provider to, you know, reinvest the money in the future years of that contract if there's any gain.

And as you know, for 14 years, in our field, we had not received any, you know, increase in our contracts, and thanks to the legislature with the wage bill last year, we were able to pass on some money to our employees. But if you think about it, if we were able to retain over 14 years, monies that we might have had a gain on in those contract years, we could've actually reinvested in our employees and done something with their wages. So, I think it's a good bill. It's a start. I would love to see it expanded further.

REP. ABERCROMBIE (83RD): Yeah. And the only reason why we're doing it this way is because -- so, we negotiated with a former administration two years ago to do this bill. And, of course, we did, through the negotiations, you know, we trimmed it down and trimmed it down, and then we made it a may
instead of a *shall*, and here we are because they didn’t do it, right.

MS. RUWET: So, you're gonna make it a *shall* now.

REP. ABERCROMBIE (83RD): So, now we're getting another bite of the apple. So, we're trying. You know, we're trying to figure out how we can craft something. Because the reality -- you know this. The reality is this. We can legislate all we want, but at the end of the day we need to negotiate so that they're gonna do it. Right? So, that's why we're trying to figure out how can we do the language that, you know, will make it more acceptable. And I will tell you that I won't negotiate on a *may* or a *shall* on this particular -- this time around it will be a *shall*.

MS. RUWET: Excellent.

REP. ABERCROMBIE (83RD): So. But with that, just remember, also comes the, you know, the consequence that we may not get it at all. So, you know, we can push all we want and, you know, sometimes at the end of the day, be careful what you wish for, so.

MS. RUWET: I appreciate your legislative advocacy and we're here with several of us left in the room that really has been committed to this, you know, for years, so.

REP. ABERCROMBIE (83RD): Yeah. No, and we appreciate. Yeah. I know. You guys are the boots to the ground and that's why I always appreciate coming to your legislative breakfast every year, because you bring all the providers together and, you know, it's important. It's important for us as policy makers to hear from you, right. Where are the gaps? Right? And what are the repercussions of
us not enhancing the rates and things like that. So, no, I thank you. I do.

MS. RUWET: Thank you.


MS. RUWET: All right. I know I'm [Crosstalk] people. So, thank you.

REP. ABERCROMBIE (83RD): That's right. That's right. Up next is my girl Pam from my Arc in Meriden, who we also just had a legislative meeting a few weeks ago. (Laughter) Hi, Pam.

MS. FIELDS: Hi. Good late afternoon to Representative -- I know, right. Got some chips, got some mints. Good evening, the three of you have remained. Thank you for staying to hear me out. I'm Pam Fields, CEO of the MidState Arc. And this bill doesn't make sense to me because it penalizes providers for being efficient and that just doesn't -- it just doesn't make sense, a business sense at all. I think non-profits are trying to move to more efficient systems in order to make -- in order to be efficient. They're trying to trim down their admin. We're trying to reorganize how we provide services. And in order to do this, we need extra funds to do it. You can't change a system and create system change without additional funding.

And the present system disincentivizes us from doing that because there's no money to allow us to create that change. Commissioner Scheff put out a housing innovation pilot and only three or four providers signed up for it, and the reason they signed up was this exact reason, that they don't trust that there's gonna be enough money to make the change, so
it is gonna waste their time. MidState Arc, Futures, and Cathy, you know, the New England Society of Innovation and Technology came together two years ago and created the Assisted Technology Training Center of Connecticut, to try to be a resource to providers to create more efficiencies, to get assisted technologies in the hands of the users so that there can be a cost savings and maybe lower the waiting list and change the system as it's going.

The state has to invest to make changes. We just cannot keep complaining and stripping the system and doing the same thing year after year and expect different results. I honestly believe there is enough system -- there is enough money in the system to provide for the needs of the system and to provide for the waiting list. The key is going to be to get the people, to get the supports they need, the right supports for their health and safety and independence, no more and no less. Our system right now is so lopsided with people receiving a ton of supports and people receiving no supports. And if we can even that out, that's what's gonna save the system, I think. And we're gonna do that to innovation and we're gonna do it to assisted technology. And being able to retain the revenue at the end of the year to reinvest in the innovation is what's gonna make it work. So, it's actually a way to reinvest in the system without creating new money.

REP. ABERCROMBIE (83RD): Yes, it's what we've always said, repurposing dollars, right? But I think that, you know, -- and you're absolutely right and I think that you've done an excellent job when it comes to that. We've talked about a lot of the
programs that you've done, you know, how many individuals you've brought back out of state, which has saved. I get all of that.

I think -- I'm hopeful with the commissioner of DDS, I think that he gets it. I think he's doing the best he can about allowing some of the dollars to stay in the community so that you can give more services to people and, you know, I think it's a work in progress. You know, I'm thankful that this administration, the Governor, has kept him on as the commissioner of DDS because we all know what we get with him. And, you know, I think he's done a great job. So, I agree with you. Any questions? No? Seeing none. Thanks, Pam. I appreciate it and thank you for waiting around. God bless you! Dan Osborne, followed by Stan in the corner there.

MR. OSBORNE: Good afternoon Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and members of the Human Services Committee. My name is Dan Osborne. I'm the CEO of Gilead Community Services in Middletown. Gilead has been providing high quality mental health services in Middlesex County since 1968. We just celebrated our 50th anniversary, which was very exciting. We provide a broad continuum of mental health services including case management, apartment services, residential supports and various outpatient clinic services. So, obviously, I'm here to give testimony in support of Senate Bill 945.

Clearly, you already have a good understanding of the details, so I'm gonna skip that part of my testimony and I'm gonna go right for the inspirational part of my testimony, hoping that it
will further inspire you as you head into those negotiations that you referenced earlier.

So, I've been at Gilead for 17 years and what I've been most impressed with in my time at Gilead, not just about Gilead, but the nonprofit community in general, is our ability to overcome some of the most difficult financial constraints and funding challenges to make sure that our agency mission is fulfilled. One way or another, we make sure that our mission is completed. The dedication to the success of our mission requires a tremendous amount of passion, commitment, creativity and perseverance and I see that in our staff. I see that in our board. I see that in the participants of our programs. However, as a result of insufficient funding for many years, these special qualities are diverted to what becomes most important, and that is survival. So, imagine for a moment if these qualities could be used not just for survival, but for innovation and for the expansion of services. Imagine if the passion, the commitment and creativity that nonprofits across the state have become known for could be not just depended upon for survival, but invested in for expansion and enhancement that could increase access to essential care for thousands of Connecticut residents.

So, again, you know all the details of the bill. I'm not gonna go through that again. The one thing I do want to focus on is one of the things that this bill adds through the pilot program is that it removes the size restriction. Currently, only very, very small nonprofits, and frankly, I'm not even sure that many nonprofits of that size exist at this point. Very small nonprofits can be eligible for what's on the books currently. In a climate in
which we're encouraging mergers and collaborations which result in larger organizations, I think it's inconsistent for us to restrict these larger agencies from innovating services, because they're really the agencies that are more capable of the innovations.

Speaking as Gilead, who recently affiliated with Oak Hill, you know, we're living proof of the benefits of combining and collaborating. So, in my opinion, we should not be excluded from these kinds of exciting and innovative strategies.

So, regardless of the funding challenges, nonprofits do find a way to innovate, but often it feels like we do so with one hand tied behind our backs. For example, Gilead is in the process of implementing new programs that enhance access to mental health services and help people to successfully navigate our challenging mental health service system. So, I ask that you support Senate Bill 945, which it sounds like you do, and invest in the creative and resilient spirit of nonprofits.

REP. ABERCROMBIE (83RD): Thank you and thank you for what you do. And thank you -- happy anniversary. You know, anybody that can survive the test of time, 50 years, that's amazing. So, congratulations. And being that we're neighbors, because I'm Meriden, I know your good work. So, I just want to thank you for that. Questions? No? You sure? All right. Thanks, Dan. Have a great night. Stan. And I don't see Alicia. No? So, then it's gonna -- so, Brunilda, I get to tell Jack Carl [phonetic] you stayed!

MR. SOBY: Representative, thank you. And I will acknowledge that you did not put me in the corner
this time, but that doesn't preclude you from doing that at some point in the future. There's still a chance. I don't know that I could put things any better than my colleagues who have spoken to you already. So, in the interest of time, I'd just like to make one small point. We need to move from a use it or lose it mentality in terms of how we are funded and what we are able to do with the funding we receive.

Particularly in light of hearing the notion of a debt diet and the impact on the Nonprofit Grant Program, which has really carried us through some of these situations that more sustainable business practices that the Innovation and Incentive Program envisions, would allow us to be in a better position. And again, thank you for the opportunity and your willingness to listen to us.

REP. ABERCROMBIE (83RD): Thank you and you make an excellent point. Maybe we can use that in the negotiations, you know, that we don't have the Grant Program anymore, and maybe that's how we lift the cap. You know, we're gonna try our best. I can promise you that much.

MR. SOBY: Okay. Thank you, Representative.

REP. ABERCROMBIE (83RD): Questions? No? Thank you very much. Brunilda, come on down. (In response to someone off mic) Yeah, remember? Poor Brunilda. She thought time was her friend and it wasn't.

MS. FERRAJ: I'm so embarrassed.

REP. ABERCROMBIE (83RD): You shouldn't be because I haven't [inaudible - 06:08:05] the best of that.
MS. FERRAJ: I know. I know. Good afternoon, Representative Abercrombie and Representative Case. I am here -- I'm Brunilda with the Alliance. We're the statewide advocacy organization for nonprofits. Nonprofits serve -- provide essential services to more than half a million people each year in the State of Connecticut.

I'm here to go the support for Senate Bill 945. That was expressed by our members that went right before me earlier. And I would also note that a lot of our members were unable to come in person today due to time constraints, but they have submitted a lot of written testimony electronically if you're interested in taking a look at that. I just want to thank you and start off by saying thank you for working with us a couple of years ago to push through Public Act 17-122, which was -- which would establish the Innovation Program. That was really amazing. And then, thank you for bringing up Senate Bill 945 this year to build on that progress that we made.

As you know, as our members have spoken about, the Innovation Program would allow providers to retain savings at the end of a contract term and reinvest it in innovative ways to serve more people at a time when the need for services is increasing.

So, Senate Bill 945 would address two issues in the Public Act that was passed two years ago. The first is that, as you know, it would change the may to a shall, which we think is important to realize the intention of that bill a couple of years ago in the Public Act. And then it would also remove current size restrictions and allow nonprofits of multiple sizes to be innovative in different ways and I think
it would be really interesting to see the results of that innovation based on the size and type of provider that gets selected if this bill were to pass.

So, if were put into practice, the Innovation Program would promote efficiency. Nonprofits already provide a lot of data and information to the state regarding the effectiveness of their programs and the outcomes of the services they provide. But the purchase of service contracts currently have almost built-in disincentives for efficiency because any funding and savings at the end of the contract has to be returned instead of reinvested. So, that leaves the providers under capitalized and operating with basically no margin, no wiggle room to innovate.

We also think it's a really creative way to support nonprofits in a time when there's fiscal challenges here in the state. So, for years, nonprofits have struggled to maintain adequate funding levels. If they were to retain the savings, they would be able to -- it would give them a little bit more flexibility and they could work towards being properly capitalized and they could better adjust to kind of the turbulence of the times with the state budget, and can plan maybe long-term and plan on investing in more programs. So, I will end there and I'm happy to take any questions.

REP. ABERCROMBIE (83RD): Thank you. Any questions? So, I'm just gonna put my mother hat on for just one second.

MS. FERRAJ: Okay.
REP. ABERCROMBIE (83RD): I just have to tell you I'm so proud of you. You were an intern here and I got to know you then. And then when you came up here and started working The Alliance, I just want you to know you've done a really good job and I'm really proud of you.

MS. FERRAJ: Thank you so much. I loved that experience. It really kind of kick started my career in policy here and I was so glad to have been around you and Representative Walker at that time. You were really role models for me.

REP. ABERCROMBIE (83RD): You're welcome. Well, you've done a good job on your own. So, congratulations and thank you for being here.

MS. FERRAJ: Thank you.

UNKNOWN SPEAKER: Ben's okay though.

MS. FERRAJ: Yeah, he's all right.

REP. ABERCROMBIE (83RD): Well, Ben wasn't an intern. So, you know, there's not that personal connection like there was. Thank you.

MS. FERRAJ: Thanks.

REP. ABERCROMBIE (83RD): We're gonna move on to Senate Bill 946, the deadlines for DSS decisions. Sorry, Department of Social Services decisions. Andrew Knott. Andrew? How about Edward Long, Lang? No Edward? Come on down, Lucy.

MS. POTTER: Hello. I had the good sense to take a break and go see my husband argue at the appellate court earlier and I didn't miss much. All right, I'm back and anyway. So, Attorney Andrew Knott testified earlier with Representative Elliott, I
think, about this and he was the lawyer who represented the plaintiff in the Handel case that this bill, 946, is trying to amend.

And I'm Lucy Potter from Legal Aid in Hartford. And the important I want people to realize is these fair hearings are not just -- I mean, not just, I mean, people in nursing homes, of course, very important people in the timeframe and all that. But we're also talking about people who are applying for cash assistance and have nothing, you know, appealing. I win these hearings occasionally and, you know, the person who's DSS hasn't properly looked at their situation. They have barriers to work. They should have been granted. These fair -- the 90-day, you know, 90 days is a long time, but it's really important that that deadline be there because DSS sometimes sits on cases for a long while.

And I think as I read the commissioner's testimony, saying that mostly they're in compliance with this now. But there's a couple of things in this proposal that I -- that are just not okay. One is that instead of a 90-day limit, it's ordinarily a 90-day limit. It can be extended if the petitioner needs more time or; and I didn't see this highlighted earlier, or when the commissioner documents an administrative or other emergency beyond the commissioner's control. DSS has been in a state of administrative emergency pretty much for the last ten years. I mean, things have not been working properly.

That language would allow delay, you know, because they don't have enough staff to issue the decisions, because, you know, the administrative problems that DSS has, which are many, many, many, as we've been
here talking about almost every single time I come here. So, that is not acceptable language and I propose that that be deleted.

The other thing is that the only remedy that they're offering here is a mandamus action. A mandamus action is an extraordinary risk. It's really hard to bring. It's, you know, very complicated. You have to file it with all kinds of proposed orders, fee waivers, everything else that goes along with that. And furthermore, it can only be granted for a performance which is mandatory and nondiscretionary. And the language that DSS has written into this makes the 90-day limit pretty discretionary. So, when you bring that mandamus, you're not gonna win, and it's discretionary to be granted. So, it's a -- right now, we've got a situation where the appellate court told DSS, you've got to get these decisions in on time and the remedy when you don't do it is the plaintiff wins.

You know, maybe that's hard for DSS. But their original proposal said they could do it with seven more staff. And if DSS is having problems administratively, finding it administratively burdensome to comply with this, then figure out a way to do it, because this is just really important. So, that's what I waited all this time to say and I hope that, you know, if you're considering this that you'll talk to, you know, the Elder Law Bar or me or Sheldon Toddman, who's also been involved in this, Cathy. Because this is really an important issue and I think especially the language about administrative delay warranting an extension is really dangerous language that really shouldn't be there.
REP. ABERCROMBIE (83RD): And I couldn't agree more.

MS. POTTER: Okay. Thank you very much.


MS. FLAHERTY: Well, thanks for letting me come up three separate times.

REP. ABERCROMBIE (83RD): Well, sorry I couldn't put you all in one, but.

MS. FLAHERTY: That's all right. I support, obviously, my colleagues from Legal Aid, on this bill. For the record, my name is Kathy Flaherty. I'm the executive director of Connecticut Legal Rights Project. And I just want to read the -- I don't usually read my testimony, but because I'm not sure you have it available online yet. Basically, if the Department’s only justification for failing to respond timely to hearing requests and issue decisions within the timeframes set by their own regulations is that they lack the staff to do so, it should be incumbent upon this legislature not to change the law to essentially eviscerate any responsibility for complying with the timeframes, but give them the necessary funding to do their job.

And I just think it's incredibly bold of the department to put forward a proposal that says your only remedy is to sue us. I spend half my time thinking that the only way things ever change in this state is when somebody finally gets sued. So, for the department to essentially come here with a legislative proposal saying, well, that's your remedy, don't let them get away with it. And
hopefully, Appropriations can find the funding so that the Department can just do its job and do it in the timeframe that it is supposed to.

REP. ABERCROMBIE (83RD): Well, just so you -- so, thank you for your testimony. And just so you know, there are a lot of new staffs in the Appropriation budget for DSS, except I will say that, in my opinion, they're not in all the appropriate places that they're needed, right. So, they have in the budget 19 new staff employees for the audit unit. Right, okay. That was my -- yeah exactly.

MS. FLAHERTY: Yeah, okay. Yeah, okay.

REP. ABERCROMBIE (83RD): So, I agree with you, there's added staff in there, right, it's up to them to put them where they need them, right. So, I agree. Questions? Comments? No? Thank you.

MS. FLAHERTY: Thank you.

REP. ABERCROMBIE (83RD): And thank you for waiting all day to testify. We appreciate it.

MS. FLAHERTY: You're welcome. Thanks.

REP. ABERCROMBIE (83RD): So, that concludes everyone that has signed up to testify at this public hearing. Is there anyone out there that did not sign up that would like the opportunity to testify? Gwendolyn? Seeing none. We will close this public hearing for the Human Services. Thank everybody for being here and drive safely.