REP. ABERCROMBIE (83RD): We have three bills that we will hearing. The first hour is dedicated to elected officials and then after that we go to the public. The public has three minutes. If the elected officials go over the first hour, then we try to rotate back and forth just to make it fair. So with that, the first person up is my favorite Deputy Commissioner, Deputy Commissioner Kathleen Brennan.

KATHLEEN BRENNAN: It's Friday in my brain, problematic [laughter]. So good morning, Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Kathleen Brennan, and I am the Deputy Commissioner of the Department of Social Services. I am pleased to appear before you today to offer remarks on two bills, Senate Bill 1078, AN ACT CONCERNING DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES. DSS strongly supports the intent of this bill. We do, however, have some technical concerns as the Medicaid agency about navigating federal requirements, and suggestions for language changes,
which we provide at the end of the written testimony, but, overall, we applaud and share the commitment of the bill’s proponents to improving birth outcomes for mothers and babies.

First, a quick mention of how Connecticut is addressing the maternal health of our Medicaid members. We have taken steps to improve maternal and neonatal outcomes, including the pay-for-performance program for obstetrical providers. This program incentivizes early and frequent prenatal care, natural births without unnecessary medical intervention, and on-time post-partum care. We are further developing a maternal outcomes program that will address each of the frequent causes of adverse maternal outcomes – eclampsia and pre-eclampsia, hypertension, vascular occlusion and maternal substance use. Consistent with these aims and should this initiative go forward as legislation, DSS must seek approval of a State Plan Amendment from the Centers for Medicare and Medicaid Services to gain federal financial participation. In order for us to do so, several issues must be addressed.

As the state Medicaid agency, federal requirements mandate that DSS ensure that services under the Medicaid program are of high quality and are medically necessary. We must be able to determine and to tell CMS exactly who is a qualified doula. We must demonstrate that the state has procedures to ensure that providers of doula services have met objective criteria and standards for training and experience and we must also delineate a doula’s scope of practice, the specific services doulas are authorized to provide.
Consistent with those expectations and requirements, we strongly recommend that an entity representing doulas submit a scope of practice request to the Department of Public Health as set forth in Connecticut General Statutes, sections 19a-16d through 19a-16f. The scope of practice process provides professions seeking to establish a scope of practice a mechanism to work with the Department of Public Health and other interested parties to review and evaluate the request and provide a comprehensive report to the Legislature. The scope of practice process includes an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of their education and training.

There are some important caveats. First, we are aware of only two states that have received CMS state plan approval for doula services. Those are Minnesota and Oregon. Our understanding is that other states which do reimburse for doula services do so through managed care or other waivers. Although this limited experience in other states can help inform our analysis, we must still be prepared to undergo extensive CMS scrutiny of our proposal if and when that time comes.

Second, a large percentage of the services provided by doulas are at least in part educational in nature, training mothers and families to be best prepared for the birthing process and beyond. While these services are laudable and valuable, they can only be reimbursable under Medicaid if CMS determines that they fall within the federal
definition of medical assistance. Several details of the current language are problematic, including an unprecedented and excessive level of detail regarding coverage and payment for a Medicaid service. This level of detail, especially specific payment ranges and mandated sub-components of coverage, is inappropriate because it would undermine DSS’s ability to administer the Medicaid program by removing necessary flexibility to adapt to changing clinical standards, comply with federal requirements, and account for other unique circumstances. We must retain the flexibility to ensure that all covered services are clinically appropriate and comply with state and federal requirements. That flexibility is especially important in this context because not all the specific services described in this section are coverable under federal Medicaid requirements such as administrative tasks. Moreover, because this coverage would be for a certified provider type, DSS would need to be able to ensure compliance with very specific federal Medicaid requirements under the preventive services benefit category. We also need the flexibility to calculate appropriate payment rates to comply with federal requirements that all Medicaid payment rates must be economic and efficient, as well as to be careful stewards of the state funding appropriated in the state budget.

It is not appropriate to codify any specific level of payment in statute. It is also unnecessary to do so because federal requirements already mandate that the state ensure that payment levels are sufficient to achieve comparable access to services as for the general population.
Finally, there are a number of additional steps that need to happen before adding coverage for any new service in Medicaid. These include performing a fiscal analysis to determine the impact on the state’s budget, developing an appropriate rate and finding appropriate billing codes, making operational changes to the Department’s payment systems, and developing necessary guidance and requirements for providers. For these reasons, we are unable to support this bill in its current form. However, we strongly encourage and support further study of how doula services for Medicaid members could potentially be part of our ongoing efforts to improve maternal and neonatal outcomes. In that spirit, if this bill moves forward, we have provided additional comments on specific sections within the written testimony.

Senate Bill 1080, AN ACT CONCERNING A TWO-GENERATIONAL INITIATIVE. This bill would include DSS on a newly created Two-Generational Family Economic Success Cabinet and removes the Department from the existing Two-Generational Advisory Council. We recognize the importance of supporting two-generational efforts that assist families with reaching their full potential and we have worked to integrate the two-generational model into program delivery as an effective way to increase the overall security and quality of life for families, children and communities. To this end, we appreciate the opportunity to continue supporting these efforts. Thank you very much and I'm here with some mild support behind me to help answer questions. [laughter].

REP. ABERCROMBIE (83RD): What was the term we used yesterday?
KATHLEEN BRENNAN: The posse?

REP. ABERCROMBIE (83RD): The posse, the posse's in the house.

KATHLEEN BRENNAN: The posse's in the house.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. Questions?

REP. WILSON (53RD): Good morning, Deputy Commission.

KATHLEEN BRENNAN: Good morning.

REP. WILSON (53RD): I'm wondering, you said that Minnesota and Oregon have implemented doula services under Medicaid successfully apparently.

KATHLEEN BRENNAN: Yes.

REP. WILSON (53RD): So we will be looking at what they’ve done right in order --

KATHLEEN BRENNAN: Yes, absolutely.

REP. WILSON (53RD): To mirror our program?

KATHLEEN BRENNAN: Uh-huh.

REP. WILSON (53RD): Okay. Thank you.

REP. ABERCROMBIE (83RD): Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Do you believe that the $175-dollar application fee to cover the cost to DPH to implement the certification process is enough?

KATHLEEN BRENNAN: I'm sorry, I don't have enough background information to determine whether to not that is an accurate amount or enough I should say.
REP. HUGHES (135TH): And do you believe that there are many unqualified people calling themselves doulas in Connecticut presently?

KATHLEEN BRENNAN: I have absolutely no opinion or actually any information for that statement.

REP. HUGHES (135TH): Okay, so yeah, that's all I have. Thanks.

REP. ABERCROMBIE (83RD): Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair. I know you mentioned two other states that have this initiative. I myself, I didn’t use a doula. I used a midwife and I felt I had a much better birth outcome, less intervention which ended up saving me money for my birth and kept me more relaxed. I can imagine that this would also save the state money for intervention plus offering a lot of you know antenatal and postpartum care. Do you have any data on other states on maybe, or are there any studies that show the use of doula services and lowering costs for birth services?

KATHLEEN BRENNAN: If it would be okay, I think I'll ask Dr. Savoski to come up because I know he has done some research on that information.

REP. DATHAN (142ND): Thank you.

ROB SAVOSKI: Good morning, Rob Savoski. I'm the medical director with the Department of Social Services. We have looked at some of the research and there is some evidence to suggest that cesarean section rates are lowered. Where there would be a savings there, some problems with some of the research, but we're certainly looking at it and I'm looking forward to speaking with my colleagues in Oregon and Minnesota.
REP. DATHAN (142ND): Great. If you have any source of data, I'd love to kind of see that. Thank you very much. Thank you, Madam Chair.


REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): It's okay. Do you need a piece of candy or something? Can I soften the blow here? [laughter]

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you very much for your testimony. Can you tell me, and I don't know if you have the data on this, how many, a percentage of population that do request doula services? Any idea?

ROB SAVOSKI: These are all great questions but right now, because Connecticut doesn't license their certified doulas, we as a state don't have that. I suspect there's gonna be folks testifying shortly that may have more information from personal experience, but because we don't, we don't get claims from folks for doulas because it's not covered right now, we're a little bit at a loss to provide much information in that way.

REP. MASTROFRANCESCO (80TH): Okay. I guess hopefully we'll hear some testimony on some data I'm hoping?

ROB SAVOSKI: We will also be speaking with our colleagues in Minnesota and Oregon to see what their experience has been so hopefully we'll be able to get some information that will give us a good estimate of what the impact is going to be.
REP. MASTROFRANCESCO (80TH): Yeah, I would also be curious, and I don't know if you, where you would get that information or somebody would, you know, the percentage of people that use doula services, are they covered under regular private insurances, what percentage of people on Medicaid would possibly utilize those services, just a lot of unanswered questions I would like to have. Thank you very much for your testimony. Very thorough, as usual. Thank you.

REP. ABERCROMBIE (83RD): Representative Case.

REP. CASE (63RD): I'm scared. As somebody who just went through the process and used a doula, it's very interesting that --

REP. ABERCROMBIE (83RD): Really? [laughter]

REP. CASE (63RD): Not personal, oh hey, wow. That'd be interesting. The question is, you know, the doula process and I would like to see some of your research on what the other states are because with the Medicaid pay reimbursement, I mean it is a different tier. I mean obviously it is a private pay. I had to private pay, it wasn’t cheap, but for me and I think for a lot, for the people it’s gonna service, it makes the experience that much easier, that much nicer, and the, I'd like to say the outcome for me was perfect [laughter], but they do much more than what, you know, the nursing staff is there, they're great. A doula is more there for the mother to try to help them get through this process. I'll admit it. I didn’t know everything I was getting into when I entered the room, but the doula was actually there to help me. You know my colleagues here, they look at me and laugh at me because all these bills that are coming up this
year, whether it's breast milk, it's doulas, it's, you know, [laughter], I'm right in the middle of it so, um, I think it's an important thing that we just need to look at. I don't know what the costs are and we won't know, as we all say on this Committee, until we put it forward and put a bill out there to see what the costs are, and as a lot of people talk on this Committee we like to do things that are gonna save us money and if a doula can save and have a positive and normal birth rather than going into a C-section which would cost a lot more, that can be very positive for the State of Connecticut in its cost towards its Medicaid. So I guess it's a work in progress. We need to look at it. I've been through it so thank you, Madam Chair.


SENATOR MOORE (22ND): Thank you. We've had a lot of fun with this and breast milk with Case. It's interesting when a father has to go through this and when they start to understand what women go through every single day. It's just what we do on a normal basis every single day so it's really wonderful that he's now a part of the crew [laughter]. He's got a posse.

REP. COOK (65TH): Well he's almost a part of the posse.

SENATOR MOORE (22ND): Almost a part of the posse. So I sense from your testimony that you're willing to look into this and do more in this area. Am I correct?

KATHLEEN BRENNAN: Yes.

SENATOR MOORE (22ND): So I think, you know I look at where we are in the world. The mortality for
African American women is devastating compared to other races and this has proven to be a positive area for women doulas. We did have an informational hearing on doulas and I think what you're going to hear from some of the people who both have used a doula, who are doulas, we'll be hearing more about what they do, how they do it, and the difference they make in the lives of women. So I appreciate you being open to what comes. We do have some data from other states. We'll make sure everybody on the Committee gets that so they can see that. We'll also give you the data that we have that says how they're doing in some other states with a doula but I am very appreciative that you're open to this conversation.

KATHLEEN BRENnan: Our pleasure, thank you.

SENATOR MOORE (22ND): All right. And then on the Two-Gen, we can't do any of this work for the Two-Generation initiative without the work of all the partners who touch the low-income families in Connecticut and so I thank you for that support. I look forward to working with you as we grow this. We have the support of all the commissioners who are committed to making and strengthening this Two-Gen work but what is most important for me is that we're listening to the families, we're listening to the people who need us most and we're able to take what they want and put it into programs and law and all of the initiatives based on what their needs are because they know better than anybody, so I thank you for that also.

KATHLEEN BRENnan: Thank you.

REP. ABERCROMBIE (83RD): Further questions or comments? Yes?
REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. I apologize. I forgot to ask you about the Two-Generation Initiative and maybe Senator Moore can answer this question for me. I believe last year it was required that by December 31 they were gonna submit a report about sharing data services. Did we, is that report in and do we have that?

SENATOR MOORE (22ND): So the commissioners have changed who were here, but we have some information on it and we have, there is actually a group of people looking at data and the ability to share data across agencies is the real crux of the problem, legally what we can do. So we do have some information on that.

REP. MASTROFRANCESCO (80TH): So but is that report where the law required it to be submitted by December 31. Did that ever go through?

SENATOR MOORE (22ND): They'll be here and they can respond to that.

REP. MASTROFRANCESCO (80TH): Oh, okay.

SENATOR MOORE (22ND): All right.

REP. MASTROFRANCESCO (80TH): Thank you very much.

KATHLEEN BRENnan: Thank you.

REP. ABERCROMBIE (83RD): Further questions or comments? I got nothing so you're off the hook. Thank you for being here today.

KATHLEEN BRENnan: Thank you very much.

REP. ABERCROMBIE (83RD): Up next my good friend and colleague and now our Commission of OEC, Commissioner Beth Bye.
COMMISSIONER BETH BYE: Good morning again. Well I'm really thrilled to be here today to testify so good afternoon Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and distinguished members of the Human Services Committee. My name is Beth Bye and I'm Commissioner of Early Childhood and I am here to testify in support of Senate Bill 1080, AN ACT CONCERNING A TWO-GENERATIONAL INITIATIVE.

I want to start by thanking this Committee for their leadership on this issue. I know one of the great parts about having an Office of Early Childhood is that we are very family-centered and we see firsthand in our work every day, whether it's birth to 3 home visiting or early childhood, how important it is to keep families at the center of care and we focus on families because we know the child's future success is deeply tied to the parents' economic success so I appreciate the leadership on this Two-Generational Initiative. It really recognizes that it's two generations to help the child and the family.

Parents need help with services for their children and their children need the support of the system so our office embraces the charge given by this legislative body and its enabling statute to be family centered. Senate Bill 1080 reaffirms the state’s commitment of connecting systems to better address the needs of the whole family. A two-generational approach recognizes that the health and economic well-being of the caregiver is critical to the well-being and success of the child. At its core, our agency embodies this approach to serve the entire family unit.
This bill establishes a Family Economic Success Cabinet that would attempt to increase the impact of state programs on families, reduce redundancies, find cost savings, and advance racial and socio-economic equity. We very much support this idea and think the one area where we'd like clarity is how the Advisory Board and the cabinet work together, how do we make sure that's not duplicative or think about having a single entity. I leave that up to you and the other issue is we think it would be helpful if OPM had a co-chair to try to at least have it in an agency. I mean that could be DSS. It could be OEC. We have a line item right now for two-generation programs and I just want to say that we are working really hard to make sure that that results in findings that we can lean on as a state. We have a pilot right now going in Bristol where families in a manufacturing technology program, parents have the support of childcare so they can get up and out, get a job that will pay them well and have childcare specifically while they're at that program which we had a conversation at Appropriations that you'll remember that in Connecticut, we don't have Care 4 Kids funding for that so I think this will be a good pilot to see how again, you work with two generations to try to help family economic success.

So with the caveat of trying to figure out how do we have two bodies work together and potentially having OPM having some extra support as they are charged with doing this work, we are very supportive of this work. We want to continue to partner together and I know we will so thank you.

REP. ABERCROMBIE (83RD): Thank you and thank you for your leadership and continued leadership on this
initiative. I do want to give a quick shout out to your former Commission of OEC, Dave Wilkinson, who was such a leader in this area and tried to think outside the box and really tried to make it proactive to the community it was in because this who two-gen isn’t one size fits all. There’s so much flexibility that needs to be within the program and he did that and so I just want to give a shout out to that because we did a lot in Meriden and I was very appreciative of his support on that and you know, the reality is, you know, the funding streams are getting more tired but the need isn’t. The need is growing and this is really an opportunity for us as a state to really connect the dots but we can't connect the dots if we don’t connect the agency and I just want to give kudos to my co-chair, Senator Moore, who has been the co-chair of the Two-Generation Network over the last I think four years now it's been and thank her for all her hard work on this because I think that we see successes. I know that we have in my community and I think by putting together, I think the time has come for us to bring it to another level and that's what this does so I look forward to seeing the outcomes because it's really beneficial to all our communities so thank you.

COMMISSIONER BETH BYE: Thank you.

REP. ABERCROMBIE (83RD): With that, I'll open it to questions. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you so much for your work, Commissioner. I'm so excited to be supporting this initiative going forward and I just want to affirm that you acknowledge that the systemic barriers to family economic success are intergenerational and the
solutions must be intergenerational as well and if you would like to say anything more about that.

COMMISSIONER BETH BYE: Well I appreciate you saying that. I don't think there's a question and having worked in childcare my whole life, I've seen that it really takes -- it's both generations. You have to address it that way and our state agencies aren't always structured that way. It's one of the neat things about being at OEC where we have home visiting and family-centered programs so yes, I couldn't agree more. Thank you for your comments.

REP. ABERCROMBIE (83RD): Thank you. Further questions or comments? Representative Wood.

REP. T. WOOD (141ST): Thank you, Madam Chair and welcome, Senator, Representative, UNH grad. [laughter] We've had a number of crossed paths and certainly miss you up here. Congratulations on your new situation. Two questions on this and I too have been a long supporter of this Two-Generational initiative and support Senator Moore on this and all the work we've done in this Committee. The line item for Two-Gen, what is that line item now?

COMMISSIONER BETH BYE: So I believe I'm going to look behind me for, it's about $412,000 dollars.

REP. T. WOOD (141ST): Okay and that covers the program, but not the cost of running the Two-Generation Committee.

COMMISSIONER BETH BYE: Right. It covers, it covers some of the cost. There's some staffing that it supports to try to make sure the council meets and they work together, and then we're very excited about this pilot program in Bristol.
REP. T. WOOD (141ST): And that's funding, some of that --

COMMISSIONER BETH BYE: Exactly.


COMMISSIONER BETH BYE: Because the other funds are not allowed to be used that way so it's been a very useful tool to pilot.

REP. T. WOOD (141ST): And I'm just reading through the bill now, the language, but what are the two silos that you feel most impeded the process that we could help with? Well I think there are ways our agencies can work together to make these easier for families. Just an example, Commissioner Bremby and his staff and my staff met this week about an improved parent portal Care 4 Kids and with a big goal of when parents fill out the information for Care 4 Kids, it will also look, be able to use that same information for other programs, potentially WICC, potentially housing, you know family that already have so many stresses. I know what it's like when I have to put together information like for my job as Commissioner. It took me days to put together the background information that I needed and we're asking parents to do that all the time so I think DSS and the Office of Early Childhood, we're working to work closer together. I think we could also more tightly align with the Department of Labor. Deputy Commissioner Bartolomeo and I are going up to meet in Boston with the folks, Elaine Zimmerman and her team around Two-Generational approaches to see how labor and the Office of Early Childhood can partner. I met with Congresswoman DeLauro yesterday to talk about the challenge that we're having with Care 4 Kids and workforce training
and talked to her about how they need to think about labor and childcare as working together. I do think labor is one of the places where we can make the most progress here because we have workforce shortage and childcare and transportation are the two biggest barriers so I think -- I was also just with the superintendents this morning. Talk about a group that's thinking about two generations. I think it's really; I think this kind of work and other work is really making superintendents see we've gotta reach more families. They want more family resource centers in their schools. Some of you might be hearing from them, but especially where poverty is moving to the suburbs even right now than in the cities. Cities have so much poverty it's like hard to move the lever but more and more towns are struggling with families who are trying to get up and out of poverty and so superintendents are really seeing how can we, what are tools we can have so I do think that the schools are also looking to us to say how can we work together. We were talking about how can schools use Care 4 Kids to extend the day for parents. I explained to them that schools are the biggest childcare organization in the State of Connecticut. I mean parents just hold their breath until their kids get to kindergarten you know? Then they get to kindergarten and we don't think of it that way but they really feel their responsibility of caretaking and are looking for ways that they can support families to reach economic security so there are so many places we can make progress so thank you for that question.

REP. ABERCROMBIE (83RD): Thank you very much.

COMMISSIONER BETH BYE: Thank you, Madam Chair.
REP. ABERCROMBIE (83RD): Yeah and I'm glad that you mentioned the family resource centers because I --

SENATOR MOORE (22ND): The original Two-Gen.

REP. ABERCROMBIE (83RD): Right and nobody thinks about them. You know when you think about Two-Gen, you don't think that we already have a vehicle in our school districts which are family resource centers and that's the one thing that the former commissioner was really smart about because he gave them a stipend to be able to keep staff on to do the Two-Gen because under their mission, you can't take the money that we do under SDE so for people watching, it's really more complicated than people realize. Just one quick question before Senator Moore because this is her baby. Are there still dollars coming into the state under DOL? I know that DOL was doing some Two-Gen money about four years ago and that's how we were able to connect it to the family resource center. Are they still, is there still some grant money coming in from the feds around that?

COMMISSIONER BETH BYE: I would need to look into that and get back to you. I don't know if the Commissioner of Labor is testifying or Deputy Commissioner but I can look into that for you. It's a good idea to try to see are there dollars there but [crosstalk] more about the FRC's and I met with them at the OEC. They are a critical part of our mission and the schools and principals that have them just, they rely on them and there were a lot of jealous superintendents in the room today as superintendents were talking about the value that they bring.
REP. ABERCROMBIE (83RD): Yeah and I, you know, you know that, you know personal for me because I've seen the work that the family resources do and the connection that they make with the community and they're right there and they can start through the birth all the way through so it's such a resource that we don't give enough credit to. So thank you. Senator Moore.

SENATOR MOORE (22ND): Good morning.

COMMISSIONER BETH BYE: Good morning, Senator Moore.

SENATOR MOORE (22ND): This is the circle of life.

COMMISSIONER BETH BYE: Yes, it is [laughter].

SENATOR MOORE (22ND): It is and I'll tell you why it is; because when I first got elected, it was Senator Bye who bought the Two-Gen bill to me and said this might be something you would be interested in and working with Elaine Zimmerman, I've had a wonderful journey watching the parents come together with all the resources and that really is because of you 'cause you really were the --

COMMISSIONER BETH BYE: Well boy did I ever light a fire. [Laughter] You took that and ran.

SENATOR MOORE (22ND): But here's the thing, now you have to deliver [laughter]. That is that circle. That happens, right?

COMMISSIONER BETH BYE: Back to me.

SENATOR MOORE (22ND): So now you have an opportunity to do some of the work that you wanted to do when we first started and it has grown. We started off as a pilot and I do want to mention the other players who have helped us financially, Hartford Foundation, CAUSE, and there's other
players behind the scene that have put money into this initiative to help us move it forward so she said this is my baby. I think my baby's in kindergarten now [laughter] and starting to grow so thank you for your work. I know that you know what needs to get done and I know that you will work towards getting this done so I appreciate you being here.

COMMISSIONER BETH BYE: Yes. Thank you for your leadership, Senator Moore. It'll be good to work together.

REP. ABERCROMBIE (83RD): And I just want to give a shout out 'cause he just came into the room, the other co-chair of the Two-Gen is Representative Jeff Currey who has worked hand-in-hand with Senator Moore so we're lucky to have him here today also and thank you for your leadership on this because as you heard, there's a lot of support for Two-Gen and it's the right thing to do as a state so. Further questions or comments for the Commissioner? Seeing none, enjoy your day. Thank you for being here. Up next, Representative Jeff Currey.

REP. CURREY (11TH): Good morning everyone. So thank you for all those kind words on Two-Gen but I'm here on another one of your bills today and as a legislator who doesn't believe that legislators should testify, as this is a public hearing time, I'm going to defer my time over to Patrick Dunn on House Bill 7395. He is the Executive Director of the New Haven Pride Center.

PATRICK DUNN: Chairwoman Moore, Ranking Member Logan, Chairwoman Abercrombie, Ranking Member Case and distinguished members of the Human Services Committee, my name is Patrick Dunn. I'm the
Executive Director of the New Haven Pride Center, and I'm here to testify in support of HB 7359, AN ACT CONCERNING A LESBIAN, GAY, BISEXUAL AND TRANSGENDER HEALTH AND HUMAN SERVICES NETWORK.

IF passed, this bill will offer a seat at the table to LGBTQ2sAA nutmeggers who have often been an invisible minority group when it comes to policy and funding decision making in our great state. The New Haven Pride Center is located in downtown New Haven and has been in operations for nearly 25 years. We are a community space, a resource center, a hub of arts, culture, and humanities programming, and a fierce advocate for Greater New Haven’s and Connecticut’s LGBTQ2sAA community. In our 25 years we have seen many changes in our State and nation. At our founding in 1996, an HIV/AIDS diagnosis was still a death sentence where now there are countless options that can stop an infection before it begins. In our tenure, we have seen incredible policies made in our state including marriage equality, protections for our Transgender, Intersex and Non-binary communities, and the banning of Conversation Therapy.

We have also seen some of the worst statistics of hate crimes, annual reports of this year was the largest number of transgender murders in US history and watched as the highest courts and most powerful political figures debate our rights to work, our access to healthcare, and our very existence. Last year, the Center hosted a Drag Queen Story Hour program at one of the Branches of the New Haven Free Public Library. Despite the threats of violence and protest against OUR speaker and participants, we moved forward with the program and connected with an
incredible group of families and youth who were desperately looking for resources. At the event, I met many young people including one young non-binary kid who had been taking the journey of understanding who they were alone, with nothing but online resources to help them and their parents. Had we not had that program I may never have met them, and they may never have found their community. Following the event, I connected them with several programs in the Greater New Haven area that they were unaware of, including the Center’s youth-centric activities. I’m proud to say, they are as happy as any kid their age should be, because they found their community.

This is why organizations like the New Haven Pride Center exist. Unlike other minority groups, the LGBTQIP2sAA community is born into families that don’t share our minority traits and even the best, most supportive parents and families don’t always know where to find the support and resources their child need. The New Haven Pride Center is proud to be one of the only operating non-profit agencies that service this community in Connecticut. This puts us on the front lines, working hand-in-hand with community organizers, our clients, and those in need to find solutions, create safe spaces, and provide programming and services.

HB 7359 is an amazing opportunity for our State to invest in the LGBTQIP2sAA community and in organizations like mine who are working to meet the needs of the community. The work this network will do, particularly the needs assessment study, will give our entire community tools to elevate our conversations, expand our programmatic offerings, and make advancements that will close the gap for
the most vulnerable members of our community. Thank you for allowing me to testify today and for all the work you have and will continue do to make our great State a better and safer place to live.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Don’t move. [laughter] The alphabet soup, right? You added some letters to that and numbers. Please say what it all stands for.

PATRICK DUNN: Sure. So LGBTQQIP2sAA stands for lesbian, [laughter] --

REP. ABERCROMBIE (83RD): Take a breath, give it to us slowly.

PATRICK DUNN: LGBTQQIP2sAA stands for lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, 2-spirited, agender, and asexual.

REP. ABERCROMBIE (83RD): And is that the new acronym that we have to learn cause I just got the other one down packed. [laughter] No offense.

PATRICK DUNN: We encourage LGBTQ plus but I like to say everybody's letter so that we recognize everybody that is not always at the table.

REP. ABERCROMBIE (83RD): Yeah and that's honorable. I agree with you 100 percent. Okay. Questions?

Representative Case.

REP. CASE (63RD): Thank you, Madam Chair and I know you and I spoke about this briefly this morning. I just need, and maybe I can talk with Representative Currey offline, but we did not screen this bill so I have not read the bill and because there's a lot of fast things going on, so by not screening it, I didn’t know it was a bill that was coming forward.
What is the bottom-line crux of the bill and what will it do for you so I can?

PATRICK DUNN: Do you want to, uh, just for you to say what is more and then --

REP. CURREY (11TH): The intent for this is to make sure that we have all the right folks around the table in an ongoing conversation for, in perpetuity to help better identify where in the state we have pockets of need and to be able to fill that pocket with either existing programs or if we need to come up with something new, but working in tandem with the Department of Public Health so that it's a collaborative relationship with everybody involved.

REP. CASE (63RD): That's a great summation. I appreciate that and instead of reading through pages, but I'm sure we have discussions offline. You're a great advocate and thank you for bringing people forward and we will work on it through the committee, but Thank you, Madam Chair and I apologize, I just wanted to, I usually read the bills before they come out but thank you.

REP. ABERCROMBIE (83RD): Yeah, and I just want to apologize to the screening committee. This was a work in progress for so long that I actually forgot that it hadn’t been on the agenda so I do apologize to the screening committee that we didn’t screen it before this. Representative Hughes.

REP. HUGHES (135TH): Madam Chair, thank you so much. Patrick, thank you so much for showing up and being here. Can you describe the Committee a little bit about the risks of our Connecticut LGBTQ plus youth especially in terms of risk of suicide and risks of not getting the proper healthcare that they, uh, that they need, that they deserve?
PATRICK DUNN: Sure. There's a variety of issues that go into and effect LGBTQ plus community, particularly youth. You know, we live in a state where our homeless rate for LGBT youth is higher than the national average and takes up a larger percentage. You know I think in the most recent study done by the Youth Self Count, it put us at close to 30 percent of the total population which is significantly higher than the natural average and also to states that per the University of LA study, only 4 percent of Connecticut's population identifies as LGBTQ Plus so when you're looking at that, it's a massive percentage. You know we here at the center, we do see a lot of youth coming through our doors. We offer free clothing meant to be for individuals who looking for gender affirming clothing but it's free to anybody in the community who might need a jacket, might need socks, might need any type of clothing, and we get an astounding number of youth that come through. New Haven is one of the hubs of homeless youth in Connecticut and we definitely see our share of those youth coming through our doors and have tremendous relationships with organizations throughout the city to get them resources, find them housing, find them food. You know as it relates to healthcare, you know, we are in a state that we suffer from parents who disown their children. We are in that state. We are one of those states that has that problem. We like to pretend that that doesn't happen because we like to think of ourselves as a forward thinking state which we are in a lot of ways but there are a lot of youth that then fall below that because their parents have abandoned them which then eliminates them from healthcare which eliminates them from access to so many resources because they end up in places like
group homes or if they're over 18, end up on the street exchanging in sex work for survival. So you know this is a reality of our state that a lot of us like to pretend maybe doesn’t exist so you know our resources are so spread out all over the state. For the LGBTQ plus community, there's only two community centers in the whole state, myself and my colleague who's behind me from Triangle Community Center and we're both located in Southern Connecticut. Between myself and Springfield there is basically no community center and the Springfield one is very small. You could almost say there's no community center between us and Boston and there's a lot of states between New Haven and Boston [laughs] and there's no community center, for example, in Rhode Island so we get a lot of clients from Rhode Island and even some that come from New York so you know this is the reality and by having a network that allows people to come together to share resources, share best practices and what I think is the most important piece of this bill which is the needs assessment, which has never been done in this state, we can all get a better understanding of how we can serve the population better. You know the reality is that just as many letters as there are in the alphabet, there's that many people in the community. You know what I always say about the LGBTQ plus community is that we have a little bit of everybody in our community so we have all the diversity of the world which means we have all the diversity of needs that the rest of the world needs.

REP. HUGHES (135TH): Thank you so much. Through you, Madam Chair, can you say something -- so do you believe that this human services network will address some of those deserts of services basically
and resources that we have in our state and actually throughout the northeast.

PATRICK DUNN: I think that there's a really good chance that it will. I will say that it's going to come down very important to who's sitting at that table and ensuring that the diversity of voices sitting at that table are not necessarily all of one type, all of one mind, needing different parts of our community whether it's geographically, whether it's racial diversity, belief for the, you know, all of those different diversity corners and really thinking through who's sitting at that table and talking about things, but also making sure that you know if Triangle Community Center has an amazing program that's working really well in Norwalk, how does that, how do we take that and then apply it to a Hartford Community, to a New London, to a Litchfield County. That becomes the trick and that's where having voices around table debating and talking through and bouncing ideas becomes so important.

REP. HUGHES (135TH): Thank you. Through you, Madam Chair, one more question. You touched it on a little bit but can you say more about the risk of attempted suicide for this community for youth?

PATRICK DUNN: Sure the LGBTQ plus community, if you start breaking them down into different gender identities and sexual orientations, there's it's 1 in 2, it's 1 in 8, [sound effect], you know, you know, the bottom line is the LGBTQ plus community has an extreme high rate of suicide particularly young people and you know when there are major national events or even major statewide events that take place, that spikes. The same thing can be said about things like usage of the trans life line which
every time any type of bill that relates to the transgender community whether it's local or national is stated, it immediately sees a spike in calls of people calling saying that they're concerned, that they want to commit suicide, that they want to end their lives because they don’t think anybody in the world loves them and that's just the reality that you know most LGBTQ people spend the first 10, 12, 15, 20 years of their life debating if their parents are gonna ever love them if they ever say who they are and that takes a huge emotional toll which is why we see such high suicide rates. You know the most commonly youth statistic is for transgender youth is that one in two will attempt suicide.

REP. HUGHES (135TH): One in two.

PATRICK DUNN: One in two and you know that varies by age and when they come out but you know but that same statistic can be said you know for bisexual one in four, for gay men one in five, for lesbian women I think it's one in three so I mean, it's --

REP. HUGHES (135TH): Through you, Madam Chair, so again, you're describing a tremendous basically lethality risk to this population that we're only beginning to address and do you think that this, establishing this health and human services network will make an impact on that appalling statistic?

PATRICK DUNN: Well again, not to kind of harp on the needs assessment piece of this but you know the reality is that when we as service providers have no information about the community that we're providing service to --

REP. HUGHES (135TH): Exactly.
PATRICK DUNN: We are basically barred from funding. The New Haven Pride Center, I'm very proud to announce that after 24 hours we got the first grant that we've ever gotten in entire existence this year. We also got the first funding from our city ever in 24 years this year and the reality is that part of the reason we haven't gotten that funding is that we don't have the statistics and the information to tell our story in a way that grant funders and even to some extent our political leaders can understand what the need is and you know I know what the need is because I see these people walking in the door but without statistics, without actual kind of hard data and studies, a lot of our funders unfortunately can't fund for a variety of reasons and it's not always because they don't want to. When you can't write a report saying this is what we did because there's no data to support it, you're immediately barred from funding from a lot of places.

REP. HUGHES (135TH): Thank you. I can't underestimate how important it is that you are here testifying today. Thank you.

REP. ABERCROMBIE (83RD): Couldn't agree more. Questions or concerns? Yes, Representative Wood.

REP. T. WOOD (141ST): Thank you, Madam Chair and thank you very much for being here. I agree. I think it's very, it's enlightening and it is certainly a population and group of people we need to be sensitive to. A couple of questions, I'm reading through this bill as well. You mention disowning children. Are the children being disowned because they are transgender and their parents are struggling with their own, with their children's sexual identity?
PATRICK DUNN: Yes, that does, it is definitely something that happens in our state and it's not just trans. It's any, anywhere on the LGBTQ spectrum. I think it was six months ago I got a call from a 16-year-old whose parents told him, he came out as gay and his parents told him that he was only allowed to come home to sleep and he was not to eat in the house and he was never to be in the house when any house members were awake, at 16. And he called the center looking for food because he had been sleeping on the street for two days. You know this is a reality of our state and unfortunately, it, because again, there's no actual study of this so we don't know how often this happens and we don't know how many kids do this and then maybe engage in sex work and find someone that takes care of them so then they're not traditionally homeless and so then they don’t get counted in the studies that are done on the homeless community or you know they aren’t be counted as people in the grand scheme of looking at the problem this. And again, because we live in a state where a lot of us like to pretend that this kind of stuff doesn’t happen cause we are amazing state and we have incredible resources in our state and incredible opportunity in our state and unfortunately, it is a reality.

REP. T. WOOD (141ST): I guess the only thing I struggle with a little bit on hearing this is we tend to be one of the more liberal states in the country so, and you mentioned that we have one of the highest rates of parents disowning their children because of their sexual orientation so it seems like a data disconnect.

PATRICK DUNN: Sorry. I meant to say just homeless in general and one of the factors can be disownment.
It's not necessarily that specific thing that is, we're the highest state with the highest rate of homeless youth that identify as LGBTQ plus and just to out loud that we say homeless youth, I'm using the international terminology that goes up to 25 so a lot of these are youth that might've been in DCF care and then at 18 became no longer in DCF care and then ended up homeless for a variety of reasons and a lot of times those are LGBTQ individuals.

REP. T. WOOD (141ST): Okay. Thank you. Nonetheless, regardless of how the data, it still is something we need to be sensitive to and be aware of. Other question is you mentioned you got your, for the first time in 25 years, you’ve got your first grant. From whom did you get the grant and how much was it?

PATRICK DUNN: The Community Foundation of Greater New Haven gave us our first grant and it was $15,000 dollars.

REP. T. WOOD (141ST): And was it specifically for a designated purpose?

PATRICK DUNN: It's supporting a variety of programs at the center, kind of the largest program being our educational and arts and culture programming so they're supporting basically everything that happens at the center between August and December of this year and that will include our art exhibits for the only LGBTQ specific art gallery in the whole state, our performing arts series which we are also the only performing arts series that specifically focuses on LGBTQ artists, Pride New Haven which takes place in September, and our transgender awareness week and HIV/AIDS awareness week programming which are educational-based programs.
REP. T. WOOD (141ST): Thank you and one last question. The bill mentions there's a request for $250,000 dollars from the Department of Public Health. What will that be used for?

PATRICK DUNN: I'm going to defer to --

REP. CURREY (11TH): Yeah, so the intent behind that is to provide the seed money so that we're able to do the needs assessment and then also have money available for opportunities for mini-grants for the organizations who may be able to provide the resources to fill some of those needs within the state which we've been able to identity and I don't want to confuse folks and have us think that this network is going to be moving in perpetuity and be solely reliant upon state funding. I think to Patrick's point, there are a number of these opportunities out there that some of these organizations aren't able to take advantage now so if we're able to couple with what we're doing here in the state with some of those monies that are available, whether that be statewide or nationwide, that would be the intent of the network.

REP. T. WOOD (141ST): So developing a public/private partnership around this.

REP. CURREY (11TH): Our new favorite buzzword.

REP. T. WOOD (141ST): Yeah. [Laughter] Well for some of us, it's been around quite a while. Thank you very much for being here and always nice to see Representative Currey and Thank you, Madam Chair.

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

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you very much for your testimony. I
really appreciate you being here. You had mentioned about a grant that you just received, the first one. Congratulations. That's definitely a step in the right direction. Have you applied for grants before and been denied and why? I was just curious.

PATRICK DUNN: So with the Community Foundation we had applied for some grants in the past you know kind of off, some years we would put in applications, other years we wouldn’t. Up until a year and a half ago, our organization was all volunteer run which also determined a lot of our ability to ask for some of these grants because something like a community foundation grant or even any of the other larger granting organizations in our state require you know 60 or 80-hour work be put in to write the grant and that would often disqualify us automatically cause there was no body to give that amount of time to write the grant. In the years that we did apply, actually we applied last year and were denied during the first round because one of our three readers said LGBTQ people do not need a community space and gave us a poor score that put us below the threshold for consideration.

REP. MASTROFRANCESCO (80TH): And what was the reason for that?

PATRICK DUNN: They did not give a --

REP. MASTROFRANCESCO (80TH): Did they provide any data or anything?

PATRICK DUNN: No. They just sort of LGBTQ people don’t need this. Well gay people don’t need this is what he wrote but [laughs]. And we had a similar instance actually on this year’s grant and the grant committee decided to pull our grant and include it
anyway because we received two 90's out of 100, and one 20.

REP. MASTROFRANCESCO (80TH): Thank you very much. I really appreciate you coming out and testifying today. Thank you, Representative as well. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you. Further questions or comments? I just want to say thank you. Thank you for being here. Thank you for your thoughtful words. You know as a mom; I can't imagine what these young people go through with not being accepted by their parents. I think that's a, that's the saddest thing any parent can do so I just want to say thank you for what you do and for these young people that have no place to go. You know we talk about our homeless youth and you know I think that because we're such a forward-looking state, I think that in a way, we've really helped this population because we've allowed them to be who they are, right? And the consequence of that, they have parents that recognize that or accept it so really, thank you for being here. Thank you to Representative Currey. You don't have a better advocate in this building. I learn things from him all the time and I appreciate that and thank you for the alphabet soup [laughter]. That was really helpful and have a great day. Thank you for being here.

PATRICK DUNN: Thank you so much.

REP. ABERCROMBIE (83RD): And I'm gonna, we have probably two minutes so I'm gonna sneak Rosa in here because we did start late, before we have to go to the public section. So Rosa from the Commission on Women, Children, and Seniors.
ROSA RADA: Good afternoon Senator Moore, Representative Abercrombie, Ranking and other distinguished members of the Human Services Committee, thank you for the opportunity to provide testimony on the above referenced bill. My name is Rosa Rada and I am the 2GEN legislative fellow tasked with working full-time to move forward statewide 2GEN policy so as you can imagine, I am very excited to be testifying today on Senate Bill 1080, AN ACT CONCERNING A TWO-GENERATIONAL INITIATIVE.

So I know you all are intimately familiar with what Two-Gen is but I thought for those who are less familiar, I could just quickly define it. So the two-generational approach or 2GEN as we call it, is an approach that seeks to disrupt cycles of intergenerational poverty while transforming how government works. Two-GEN requires moving away from bureaucratic, siloed thinking and towards innovation - towards collaborating across agencies and sectors, sharing data, leveraging existing resources to drive down costs, and advancing economic self-sufficiency for the whole family.

Two-Gen recognizes that poverty’s insidious roots lay in racial and socioeconomic inequities compounded over generations and that families themselves know what is best. Parents are equipped as civic leaders, authentically engaged as partners in our work. Connecticut is not the only state that has embraced 2GEN. The strategy has been proven effective in states from Colorado to Mississippi to Maine and uplifted by major foundations and nonprofits, such as the Aspen Institute and the Kellogg Foundation. Connecticut was the first state in the nation to pass a comprehensive two-
generational initiative in statute and has, again, the opportunity to lead the nation in this work.

This year’s 2GEN bill, S.B. 1080, would create a first in the nation 2GEN cabinet in the executive branch and a mechanism to allow for the Attorney General’s Office to encourage legal data sharing within and between agencies. Right now, our state’s 2GEN strategy is concentrated at the community level and in the legislative branch. To bring Connecticut’s statewide 2GEN strategy to fruition requires substantive and meaningful engagement from the executive branch. The proposed executive level 2GEN cabinet, a Family Economic Success Cabinet, would be comprised of the Commissioners of each major state agency that intersects with families. The Cabinet would create a space for agency Commissioners to move quickly and collaboratively to develop whole family approaches to economic self-sufficiency and promote systems change.

There will be accountability and structure for this Cabinet. The Cabinet is tasked with annually developing shared indicators and goals for interagency collaboration and a long-term interagency plan to further coordinate, align and optimize service delivery of relevant two-generational programs statewide. The Cabinet is informed by the existing 2Gen Advisory in the legislative branch and reports to the Governor.

Data sharing is often central to an agency’s ability to collaborate effectively with other agencies in pursuit of economic self-sufficiency for families. Complementing this Family Economic Success Cabinet, S.B. 1080 includes the development of a uniform interagency data sharing protocol that would remove legal barriers to the fullest extent permitted by
state and federal law. While Connecticut has made tremendous progress in the development of data sharing infrastructure, we have yet to address the inconsistencies in interpretation of data law. This charge to the Attorney General’s Office is not alone the answer to our siloed data use, but serves as one of several core components necessary for a cohesive statewide data sharing strategy.

The nonpartisan, bicameral Commissions on Women, Children and Seniors and Equity and Opportunity consider 2GEN to be one of the most effective approaches to disrupting cycles of intergenerational poverty, promoting systems change in government, and advancing economic well-being for the entire state. Senate Bill 1080 further expands and strengthens Connecticut’s statewide 2GEN strategy and provides Connecticut the opportunity to lead the nation. Thank you for your attention and we look forward to working with you on 2GEN and answering any questions.


REP. T. WOOD (141ST): I'll keep it simple. Thank you. Great testimony. I appreciate your thoughts and comments. Thank you, Madam Chair.


SENATOR MOORE (22ND): Thank you, Rosa, for this. I know you’ve put a lot of work into helping us move this and organizing it. I appreciate the work that you’ve done and your testimony. So I wish that people could see how much work has been done to get us to where we are today and some of the partners who have helped us. Can you just talk a little bit
about what we've been able to accomplish in the last four years in growing this to where we are today?

ROSA RADA: So as a quick aside, I actually came from the National Conference of State Legislatures and they consider Connecticut consistently as one of the most progressive 2GEN states in the country, specifically because it has this cohesive public/private partnership from the federal government with administration in children and families that has a whole approach to jobs so we consistently are working with them in regional work in New England. We have philanthropists such as the Hartford Foundation that are supporting this work, non-profits and think tanks such as the Connecticut Association of Human Services. We have researchers that are evaluating this work and unique partnerships with the University of Connecticut and the Office of Early Childhood and of course, I think most importantly, we have our 2GEN parents and an infrastructure of parents that are trained as civic leaders and that are bringing more parents so that we have authentic engagement and our policy and our practices are informed by their needs.

SENATOR MOORE (22ND): And if you could just explain the difference between the cabinet and the advisory.

ROSA RADA: So I think what I love about American democracy is the checks and balances and the different branches of government. So we have now is a legislative advis-, a 2GEN legislative advisory that brings together partners from across the state, community leaders, parents, health professionals and currently agency commissioners themselves to advise policy in the Connecticut legislature so our priorities, what all of your priorities are, what bills go into committee, but what we don’t have yet
is a space for commissioners to move nimbly and change executive policy so regulations in the different agencies, institutional changes that can be tweaked and if they can work side by side together on. So what will be happening is that all the commissioners will be pulled out of the existing legislative advisory so that in fact, Senator Moore and I worked together to make sure that this advisory is now going to be 25 percent parents so that's truly a presence of parents rather than just one or two token parents each time so there will, they'll will have different functioning, different membership and then we're gonna work very hard to make sure that there is a conduit between both, that they're informing each other and that there's a cyclical function.

SENIOR MOORE (22ND): So I think it's important to know that we don't do this in a vacuum, it's parent informed. We have partners outside of the state. We still have a connection to Elaine Zimmerman who is a former commissioner whose guiding us and helping us in many places, and some of us have had the opportunity and some of the parents who will give testimony will talk about the experience and how much they've learned. What I always want to make sure in everything that I do with this is that we make sure the parents are always at the table and I'm happy that we were able to write in this 25 percent of this will be parent driven to make sure their voices are always heard and that they have a place at the table. So thank you for your testimony.

REP. ABERCROMBIE (83RD): Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair and thank you for your testimony. I'm really excited
about this initiative too. I'm just wondering as you speak to the most impacted being part of the advisory board, will there be room for a youth or teen to serve on this advisory board?

ROSA RADA: That is an excellent question that I don't think we've addressed yet but I think we can consider that in and write that in as an element.

REP. HUGHES (135TH): I would just like to recommend and propose that we do. Thanks.

REP. ABERCROMBIE (83RD): Further questions or comments? Yes, Representative Wood.

REP. T. WOOD (141ST): Thank you for the second time. Will this replace the current board? The advisor board?

ROSA RADA: So I know there's some questions about that but we feel strongly that having two existing, one in the legislative and one in the executive that are distinctly different, and we can further flush out the differences in them in the language, but that we need both of them. We can't just have a legislative strategy. We can't just have an executive strategy.

REP. T. WOOD (141ST): Thank you very much. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Further questions or comments? Seeing none, thank you so much. Thank you for being here. I appreciate it. So we've gone past the first hour for elected officials so we'll be moving back and forth and the first person up is Gretchen. I saw her in here. Oh, there she is. And this is on an act concerning a Lesbian, Gay, Bisexual, Transgender and Queer Health and Human Services Network, House Bill 7359.
GRETCHE RAFFA: Good afternoon. Hi Senator Moore, Representative Abercrombie and members of the Human Services Committee. I’m Gretchen Raffa, Director of Public Policy and Advocacy with Planned Parenthood of Southern New England testifying in strong support of raised House Bill 7359, AN ACT CONCERNING A LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER HEALTH AND HUMAN SERVICES NETWORK.

At Planned Parenthood we serve about 60,000 patients yearly for reproductive and sexual health services in 16 health centers across the state. As a health care provider and advocate, Planned Parenthood’s top priority is ensuring that all individuals have access to the health care and information they need, including the full range of reproductive health services and education, to make positive sexual and reproductive health decisions. We understand how important it is for all people to have access to high-quality, nonjudgmental health care that affirms their identity, their family, and their sexuality – as well as the ability and resources to make their own health care decisions with dignity.

Planned Parenthood believes that reproductive rights are deeply connected to LGBTQ rights and we are proud to be a provider for so many in the LGBTQ plus communities and we continue to expand our services to meet the needs of the LGBTQ plus community like providing hormone therapy to transgender patients and offering PrEP to prevent HIV transmission. People achieve reproductive freedom when they have full bodily autonomy. This means not only access to healthcare, but it means the ability to live without fear of harm from discriminatory policies. We believe that the ability to access healthcare is a basic human right that everyone should be
guaranteed. We must work to eliminate unnecessary hurdles or barriers for people to access that care and are committed to making our world a place where no one experiences discrimination or violence because of their gender identity, gender expression, or sexual orientation.

Despite the progress made in LGBTQ rights movement, legislation at all levels of government continues to threaten LGBTQ plus people’s ability to access health care, raise their families, and live their most authentic lives. LGBTQ people in the US, especially those who are transgender, people of color or both are often less able to access quality affordable healthcare due to the intersections of racism, sexism, classism, homophobia, ableism, and other systemic barriers and have faced a particularly long history of stigma and discrimination based on their sexual and gender identity. As such, they are more likely to rely on federally funded programs because of lack of insurance company and providers like Planned Parenthood for basic preventive healthcare services.

LGBTQ people face higher rates of certain types of cancers than their heterosexual counterparts, specifically cervical cancer for lesbian and bisexual women, high sexually transmitted rates that again LGBTQ face at higher rates specifically men who have sex with men. Men who have sex with men including bisexual and gay men account for the vast majority of people living with HIV and new HIV diagnoses in the United States, and transgender women also bear a disproportionate HIV burden.

LGBTQ people are more likely to be economically disadvantaged, making public health programs and safety-net programs like Title X a critical source
of affordable care. When compared to heterosexual people, gay and bisexual men and lesbian and bisexual women experience higher rates of poverty, transgender people are more likely to live in poverty and less likely to have health coverage when compared to the overall population. In one study, nearly half reported delaying or forgoing health care because they could not afford it.

LGBTQ plus youth are more likely to be homeless as you’ve already heard from my colleague, Patrick Dunn, and a number of the barriers, including persistent discrimination in the workplace and in housing, may contribute to the economic disparities that affect LGBTQ people. Connecticut lawmakers have secured legal rights and protections for LGBTQ people in our state over the last several decades which we are so grateful for and yet there are so many pressing issues still facing our community. They need --

REP. ABERCROMBIE (83RD): Gretchen? I'm just going to ask you to summarize, okay? Three minutes were --

GRETCHEN RAFFA: I didn’t hear the bell, I'm sorry.

REP. ABERCROMBIE (83RD): Yep, I'm sorry, yeah.

GRETCHEN RAFFA: So yes we have an opportunity to be a national leader by passing H.B. 7359. It will dedicate necessary resources as you heard to conduct a needs assessment and we believe this is essential and necessary specifically because there haven’t been resources set aside for LGBTQ plus people in our state. Thank you for your consideration of this bill and for your time.
REP. ABERCROMBIE (83RD): Thank you and thank you for your leadership. Questions? Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair and thank you. Talk about a pretty perfect combination of public/private partnership. I think what Planned Parenthood does for our state and for our country is pretty terrific.

GRETCHEN RAFFA: Thank you, Representative Wood.

REP. WOOD (141ST): And the testimony was very good and this is certainly a worthwhile discussion. A couple of questions. So a point, yes, about nonjudgement healthcare is absolutely essential and everyone deserves that right. My question is are there are other states that have this kind of Health and Human Services network for the LGBTQ Plus Community? [laughter]. I'm not even gonna try for the other initials.

GRETCHEN RAFFA: That's good, Representative Wood. Yes, we would be following the path of New York and California and be the first state to actually do this through a legislative process.

REP. T. WOOD (141ST): Great. Thank you. Thank you very much for being here and thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome and now you know why we're so happy to have Representative Wood on our committee all these years. Senator Moore followed by I think Representative, oh you did. Senator Moore I think followed by Representative, oh, you did.

SENATOR MOORE (22ND): Thank you, Gretchen for your testimony.
GRETCHEN RAFFA: Thank you, Senator.

SENATOR MOORE (22ND): You triggered something when you asked, you said legislative we'd be the first. Are there other states that do it without legislation?

GRETCHEN RAFFA: Yes, and I can, just New York and California, right? Yeah.

SENATOR MOORE (22ND): What, where is it?

GRETCHEN RAFFA: New York and California.

SENATOR MOORE (22ND): So are you looking at that, are you looking at that as a model for Connecticut?

GRETCHEN RAFFA: We have looked at that as a model for us to replicate because they have had these established networks in place and have been able to really do great work in those two states addressing the needs specific to those states, but we're excited about the prospect of our state legislature allocating funds specifically for this community.

SENATOR MOORE (22ND): Thank you.

REP. ABERCROMBIE (83RD): Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair, and thank you, Gretchen, for your testimony today and all the work that you do. Planned Parenthood is a wonderful organization and I am so happy to be a supporter of it. Just wanted a quick question, you know me with the money, I wanted to ask you about the $250,000-dollar grant. Do you see that as an ongoing expense that the state would have to fund or do you believe that whatever came out of the committee would be able to be self-funded from other grants from other communities or fund-raising efforts themselves?
GRETCHEN RAFFA: I think that this, um, and I will ask Representative Currey if he wants to add anything else to this, but I think that this is a starting allocation that we think is really important specifically to address unmet needs for the LGBTQ community in our state, and hoping that there can be ongoing resources allocated for the particular -- once we do a needs assessment and addressing those needs -- at Planned Parenthood we understand that our state is in a budget crisis and we are always understanding that state and federal funding is a precious thing for us to be able to have. I think it's really important for communities that face disparities in healthcare and healthcare access can rely on our state, local and federal governments to provide necessary resources to address those unmet needs.

REP. JEFF CURREY (11TH): And rather than looking at this as a cost, it's actually an investment in, within the population and yes, that money would essentially be to seed and get this off the ground and the idea would, as we've mentioned earlier, to have and foster those public/private partnerships so that we aren't reliant solely on state dollars. And then to go back to what Senator Moore was asking with regard to having this statute and being the first state to do that, I think a lot of what we do oftentimes is putting things in statute because we never know who's going to be sitting around these tables after this and so if we're able to actually get this on the books in perpetuity, we know that whoever is following in our, following our lead will be able to take that work and continue on those great things that hopefully we're going to be able to do through this network.
REP. DATHAN (142ND): Thank you very much, Representative Currey. I actually do believe that this is an investment and I see that the investment in the form of peer support services that are actually going to save the money in other parts of our administration here and I really am truly supportive of it so I just wanted to clarify that. Thank you very much. Thank you very much Gretchen.

SENATOR MOORE (22ND): So very quickly, I agree with you. I think it's very smart to put it in legislation but I think it's smart of us also to see what's been done so we can show we, it's almost like he data that you're talking about to do the study that we know that it works someplace else and it saddens me that we do have to put something like this in legislation to make sure that it's done but I think it's something that we must do to make sure it moves forward. My daughter is gay and it took her until she was 19 years old although I kind of had a feeling that something was going on here, but it took her until she was 19 years old before she told me and she thought I was gonna be devastated and I said well I'm not even surprised. I don't know, I don't understand why it took you so long to tell me this right? So I understand why we need to have better data on it. We need to be able to support these communities. I don't think we're a liberal state although people say that and I don't think this is a liberal issue. I think this is a human issue and that these are all human beings and I don't know if you know but the Kid Governor, I was, I watched the video, I'm so proud of her so I thank you for coming forward with this and I think if we're gonna be the, if we're gonna be who we say we are, we need to stand with these type of issues and make sure that they're, everyone is treated
equally cause that's what this is about, being treated equally.

REP. JEFF CURREY (11TH): Yeah, I appreciate those words and given the other topic on the agenda with regard to 2GEN, I think you do realize and recognize how important that we do put some of these things in statute and be the first state to do so. You know we talked about modeling stuff after what California and New York were doing and unfortunately, in speaking with both states and what they have been doing around the network, it seems that's one of these, it kind of shifted around within the private sector because they didn't do it statutorily and it has become somewhat watered down and become less of a priority for some folks throughout that state so hopefully by doing this within statutes, we're gonna be able to keep that pressure, keep that focus, be able to move forward together.

REP. T. WOOD (141ST): Thank you for the second time. So on the funding piece, if this were to be passed into statute, passed into law by statute, whatever, would there be a greater chance of you optimizing this through grants for a number of the community foundations, so looking for private support for this?

REP. JEFF CURREY (11TH): Yes because a lot of times when you go out for those grant applications, they always like to see if there's some sort of a match and I think if we have those state dollars available at the time to provide those matching, we'll be more likely to be able to access additional grant opportunities to be able to plug some of those holes throughout the state.
REP. T. WOOD (141ST): So if it comes down to it, if we cut the number from $250,000 dollars, I'm just thinking again about our, we got a big number we gotta figure out how to fix, that would still work. I mean that would give you the leverage between the state dollars at a lower level of funding, would give you the gravitas so to speak to go out to private funders to match what the state has done especially because we put it in a statute.

REP. JEFF CURREY (11TH): Correct and I think those are ongoing conversations with the Department of Public Health and I think if you read over their testimony they submitted; they definitely are supportive of the initiative. They pointed out a few areas in which they have concern, but we are having ongoing conversations with the department so that we can address some of those very questions and see what that money piece needs to look like.

REP. T. WOOD (141ST): Great. Thank you very much. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Further questions or comments? Seeing none, thank you so much for your testimony. Thank you, Representative. Allie Brennan Yieldy? Hi.

REP. ALLIE-BRENNAN (2ND): Hi, how are you? Thank you very much for having me. It's been a long week, hence, the beard but I am so happy to be here. I'm here in support of House --

REP. ABERCROMBIE (83RD): It looks good if that counts for anything.

REP. ALLIE-BRENNAN (2ND): [Laughs] Thank you. I'm here in support of House Bill 7359 which I co-introduced with Representative Currey. This is an
issue that I saw firsthand as a board member of Triangle Community Center which is in Norwalk. I live in Bethel so this is kind of an issue we saw where in the rural towns you don’t really the support you need or the bandwidth to really reach these kids and I can tell you how it feels to be on a board to help support LGBTQ youth and individuals, and to hear stories of people who live in Litchfield County, students that committed suicide that you know our net couldn’t reach that far so this is an issue I saw firsthand and I'm happy to champion this bill with Representative Currey, and I am happy to defer my time to Conor Pfeifer from Tribal Community Center so he can tell you about the good work that they do and why this bill is so important and lifesaving.

CONOR PFEIFER: I hope you'll take me for a moment of personal indulgence. Um, I wanted to --

REP. ABERCROMBIE (83RD): Sir, just introduce yourself first for the record.

CONOR PFEIFER: I'm Conor Pfeifer. I'm Development Officer at Triangle Community Center, Fairfield County's LGBTQ Community Center. We're based in Norwalk. It's good to see and you of course, but I wanted to just personally take a moment to express our condolences over the loss of Ezekiel Santiago. You know it's always a pleasure to come up here to Hartford and see both parties working together and I know you feel that loss as a family and I feel it as a Bridgeport resident so our condolences to you.

So that gets me to my remarks. I might deviate a little bit from my script here but you know thank you for having me Chairwoman Moore, Chairwoman Abercrombie, Ranking Member Logan, Ranking Member
Case and distinguished members of the Human Services Committee. I'm here to testify in strong support of House Bill 7359, AN ACT CONCERNING A LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER HEALTH AND HUMAN SERVICES NETWORK. If passed, the bill would ensure that the LGBTQ community can have a seat at the table in important policy discussions, identifying needs within our state, and ensuring deliverability of services.

Triangle Community Center, as I mentioned earlier, is Fairfield County's LGBTQ community center. We're based in Norwalk and we do satellite programs in Bridgeport. We offer a case management program, we have trainings, we offer over two dozen group meetings, and we offer a new counseling program. In short, we hear what’s going on every day in the LGBTQ community. We know what the needs are in our community, and those community needs are dire.

Twenty-three percent of Connecticut’s homeless youth population is LGBTQ, and we actually recent participated in a study that suggests that number is even higher even though our community represents about 4 percent of the state’s population. LGBTQ people struggle with mental health issues in greater numbers than their peers due to stresses like discrimination, societal stigma and harassment. Twenty-two percent of our population reported being food insecure, and a similar share of the same population reported having annual incomes of less than $24,000 dollars which is not much to go by on. According to FBI data in Connecticut, 15 percent of all hate crimes victimized LGBTQ people and it is a challenge, too, to find a medical care provider who truly understands and affirms your experience as an LGBTQ person.
So a little bit about us. At TCC, we help people with these everyday needs. We recently put something into a stable housing program after years of living on the streets and struggling with suicidal ideation. One of our better-known client success stories was someone who moved to the United States and was kicked out of his home after coming out to his family as gay. We put him into a housing program, he's back on his feet, and he's now starting at Columbia Business School. We help people every day. People seek our food pantry, giving people their first square meal in some time and we're an official 411 intake site for any young adults who are calling 411 within the borders of Norwalk.

Long story short, at a time like this, government should stand up. We've been able to count on the Connecticut General Assembly to stand up for our rights, recently banning the abusive practice of conversion therapy on youth which passed with near unanimous support, standing up for marriage equality and standing against discrimination, but I can tell you right now our community needs you. We need this network so we can share information with one another, so organizations like Triangle Community Center can share best practices, recommend them to the state, and the various departments doing the work so we can get our community back on track. So that's it.

REP. ABERCROMBIE (83RD): You did a good job!

CONOR PFEIFER: Oh, thank you.

REP. ABERCROMBIE (83RD): Thank you. You did a good job! Quick question, 411, is that equivalent to 211 but your network?
CONOR PFEIFER: Oh, excuse me, 211. Did is misspeak?

REP. ABERCROMBIE (83RD): Oh, okay.

CONOR PFEIFER: I misspoke.

REP. ABERCROMBIE (83RD): That's okay.

CONOR PFEIFER: Yes, 211.

REP. ABERCROMBIE (83RD): I just, just didn’t know if we had something else out there I wasn’t aware of so that does happen, but thank you. Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair, and thank you, Conor, for all the work you do. I'm so proud that TTC is in my community and it helps so many people. I was a bit concerned earlier when I heard Patrick say earlier there's only really two centers within Connecticut and they're both in lower Connecticut. I would love to hear how TCC differentiates itself from both organizations here in our state, organization, and outside of Connecticut and how you think that TCC could help advance the cause to make it more broad in our state.

CONOR PFEIFER: Yes. So as far as services go, Triangle Community Center is one of the LGBTQ specific organizations that offers direct social services. So we have a case management program that's headed up by a professional LCSW and a lot of our case management services are centered around services like housing, people who are seeking support with name change, going through probate court. We do actually see a lot of people seeking help with mental health needs and referral to a therapist or a doctor that can help them out. We
actually recently too started a specific mental health program with counseling with reduced rates in partnership with Fairfield University. We also, some of the other agencies do this, but we offer our own training program. We also work in collaboration and you know this speaks to public/private partnership and getting back to the line about this being a good investment. We have support from the Fairfield County Community Foundation and we're working with several other sexual assault agencies to provide trainings on how to LGBTQ confidently do sexual harassment workshops for school sports programs so we don’t receive significant funding from our state compared to the rest of our budget. We're largely privately funded and our services are really a labor of love, whether it's through the Fairfield County Community Foundation or other organizations like the Center for Family Justice which houses our programs in Bridgeport.

REP. DATHAN (142ND): So it sounds like to me that you're doing a lot of the services that the state would do and you're doing them helping out so it's actually saving the state a lot of money already and I can see that you know this is a really good investment to further those services not just in lower Connecticut but throughout the state so great. Thank you so much for your testimony and thank you for your time. Thank you, Madam Chair.

COLON PFEIFER: Thank you.

REP. ABERCROMBIE (83RD): Representative Stallworth was next. You just wait your turn over there, girl, wait your turn. [laughter]

REP. STALLWORTH (126TH): I will yield if necessary. [laughter] I just wanted to thank you for what you
do as a Bridgeport resident and you mentioned Ezekiel. I think the best way to keep his memory alive is to keep doing things that are helpful to people and I know as many in the faith community struggle with many of the issues that you mentioned, I just want to thank you for what you do.

CONOR PFEIFER: Thank you.

REP. HUGHES (135TH): Thank you, Representative. Through you, Madam Chair, thank you, Conor of being here and testifying and just a couple of questions. Does Triangle Community Center have teen leadership in its advisory capacity?

CONOR PFEIFER: So through our young adult services program, we do have a kind of casual affiliation of young adults who help inform the direction of that program so we currently have a vacancy with that position for a young adults based coordinator just because you know we're having a new executive director come in and we'll be hiring for that pretty soon and I suspect that you know they'll want to make, you know put their thumb on the scale, make some changes to that; however, we do directly including youth involvement around any young adult programming.

REP. HUGHES (135TH): Thank you. So would you recommend that involvement in the health network as well that we're proposing?

CONOR PFEIFER: I certainly would. I believe that the spirit of this legislation would be to include all voices within the LGBTQ community and I would like to echo what Patrick said earlier, that it truly represents the diversity that the LGBTQ community encompasses.
REP. HUGHES (135TH): And also, this question can go
to both of you, my carpool buddy over here as well.
In this current climate of rising hate crime, how
would you describe the risk of assault now on the
whole community? Has it gone up?

CONOR PFEIFER: So yes, it has gone up. The numbers
speak for themselves. I don't know the numbers
specifically and I can get back to you on that, but
according to our FBI reports they have gone up here
in Connecticut and I want to stress to that, this
climate, some people you know in the news and all
that have implied that you know it might be coming
from some partisan politics and maybe there are some
people who do take a more hateful posture; however,
when I think of LGBTQ rights in this state, I think
of people like Chris Shays who was a great advocate
for LGBTQ equality. I think of people like Stuart
and John McKinney who you know really went against
the grain of some of the more extreme in their party
and did the right thing for everybody. This isn't a
partisan issue and it's about all of us.

REP. ALLIE-BRENNAN (2ND): And if I could, as a pass
board member of TCC, the biggest issue I saw was
high school students who just wanted kind of
community and I don't think you have to understand
the LGBTQ community, you don't have to accept it,
but you do have to realize that there is a problem,
people are killing themselves, they don't feel like
they have that home and living in a liberal state,
what does that even mean? I mean we passed gay
marriage? Gay marriage is not the end all to the
LGBTQ issues. Not everybody wants to get married
so, I don't, but [laughter] just to say that, you
know you don't have to understand it or accept it,
but there's an issue happening and there's young
people dying and if the biggest thing we can do is kind of cast a larger net with this network and catch these kids from you, just giving them a better leg to be on and to stand on, that's, that's, isn’t that what we're here to do? So, thank you.

REP. HUGHES (135TH): Representative Allie-Brennan, in your experience, would you say the children of Connecticut are all right?

REP. ALLIE-BRENNAN (2ND): No, I mean you hear these stories of kids that just feel so lost and like I said, there's kids in Litchfield County where our arm doesn’t reach there so there are stories of kids who go, from Kent who have committed suicide and they just don’t have that sense of community and if we just extend our arms longer, we could get there so.

REP. HUGHES (135TH): Thank you. Through you, Madam Chair, I would like to suggest that this $250,000-dollar investment is a small gesture towards the increase of lethality that we're describing and the increased risk in this current climate that especially our youth in this community are subjected to, and a small gesture towards the systemic disinvestment that we've made as a state into this health services and this network and this community in general. If you wanted to say anything about that?

REP. ALLIE-BRENNAN (2ND): I also think that we'll be saving money by figuring out how the community as a whole can focus on one issue instead of everybody in different pockets doing different things so I do think that there is some, we'll not only be saving lives, we'll be saving some money here so thank you.
REP. HUGHES (135TH): Thank you. No other questions.

REP. ABERCROMBIE (83RD): Are you sure? [laughter]. For the first time, I'm honored to say Senator Slap, thank you for being here. I think you have a question or a comment.

SENATOR SLAP (5TH): Thank you, Madam Chairwoman. Very fast, I just wanted to thank you on your leadership on this and let you know I'm with you 100 percent. I really appreciate you coming up here and spending the time. It's really, really important work that you all doing so thank you very much.

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

SENATOR MOORE (22ND): You know I couldn't let you leave without saying thank you. I've known Conor for some time. Thank you for bringing that testimony to us. Are you a Representative? I've never met you. Welcome! Welcome and thank you for your comments also. I know for a long time Triangle in Norwalk was the only center around for people to have any type of resources so I thank you for continuing that and I know it's a lot of volunteers in that organization helping also so I just wanted to thank you and tell you how important it is that we be bold, not accept anything the way it is, and just keep moving this forward until everyone sees an equality with them being a human being with the same needs as everybody else and the same respect and dignity. I salute you both.

REP. ABERCROMBIE (83RD): Seeing no further questions or comments, thank you both for being here. We do appreciate it. Annastasia? Good afternoon.
ANNASTASIA MARTINEAU: Good afternoon. So my name is Annastasia Martineau and I am a junior at the University of Connecticut, as well as student staff at the UConn Rainbow Center. I stand in support of H.B. 7359, AN ACT CONCERNING A LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER HEALTH AND HUMAN SERVICES NETWORK.

I started working at the Rainbow Center at the beginning of this academic year, but this was not the beginning of my involvement. My sophomore year I became involved in the FAMILEE Program at the Rainbow Center, a mentoring program for first year and transfer students. I was able to see from my own mentee as well as the other students that participated just how important it is for LGBTQ students to have access to affirming healthcare and human services, whether that be for their mental or physical needs. Now more than ever, students have to feel supported, not only by our center, but by the state of Connecticut as a unified force.

As I began to work at the Rainbow Center, I would quickly learn just how much we do to provide for LGBTQ plus young people. From our FAMILEE program, to weekly Out to Lunch Lectures, to providing rapid HIV/Hep C testing, to our Husky Ally Safe Zone Trainings, we truly do as much as we can to educate, support, and advocate for students in the Storrs community. However, students do not spend every part of the year at school, and most go home to other towns in Connecticut where they may not have a resource like the Rainbow Center to create a safe space. This is just one aspect in which having a statewide network as outlined in this bill would be helpful. If we at the Rainbow Center could provide a wider range of information about health and human
service providers from across Connecticut while students are in school, they would be better equipped to find care no matter where they go home to.

With this bill, students will also be able to benefit from better LGBTQ friendly policy practices in the state that can extend past what we are able to provide as a single university. As someone who not only works in the northeast corner of Connecticut area, but also grew up here as an LGBTQ youth myself, I can tell you that the need for better data on our communities, and in some cases, any data, representation in public policy, and connectivity to the rest of the state is central to ensuring a safer and healthier environment for those in the LGBTQ+ community.

The UConn Rainbow Center stands as an essential voice in this, and we fully endorse the creation of this network, not only for the northeast corner of Connecticut, but for the voices of students everywhere. On behalf of the UConn Rainbow Center, I strongly support H.B. 7359, and hope that the Committee and Connecticut lawmakers will vote favorably to create this network and continue to work to improve the lives of those of us in the Connecticut LGBTQ plus community.

REP. ABERCROMBIE (83RD): Thank you. Nice job! Do most universities have an organization like yours?

ANNASTASIA MARTINEAU: So there are some others. I know Central does, Eastern does and all of our centers are super important for serving our students in Connecticut but the thing is, like especially being in UConn Storrs, we're like way up in the
northeast corner so to be able to connect to everywhere else in the state can be really hard.

REP. ABERCROMBIE (83RD): Challenging, absolutely. Do you guys do any outreach with the high schools? I know like you said UConn, you know you guys are out there, but do you do any outreach with the high schools?

ANNASTASIA MARTINEAU: So we personally don’t do that. One of the things that we host is the True Colors Conference which is actually going to be tomorrow so that's pretty exciting. That's a big thing that we do for outreach but again, that really is kind of secluded in like our area and like for me, I was able to go to True Colors but that's because I went to E.O. Smith High School which is located in Storrs, Connecticut so definitely like connecting to the rest of the state would be super helpful.

REP. ABERCROMBIE (83RD): So the program tomorrow for True Colors or the celebration, is that open to high school kids also?

ANNASTASIA MARTINEAU: Yeah, so what True Colors is, is it's the nation's largest LGBTQ youth conference so it includes middle school, high school, professional audience, everything like that and that's something that UConn hosts, but True Colors is a separate organization.


SENATOR MOORE (22ND): So I've actually attending two of them. It's a huge gathering you know and it's nice to be able to come together. It's almost like any profession, you want to be around other
people who understand your needs and be able to have social but also learning experiences from them so thank you for your testimony.

ANNASTASIA MARTINEAU: And I can just say that a lot of things like this, as someone who had you know a lot of trouble being able to come out and being able to find you know who I am and be proud of that, these services are you know not only important but necessary for survival so thank you.

REP. ABERCROMBIE (83RD): And I'm happy to see that you're in such a good place.

ANNASTASIA MARTINEAU: Thank you.

REP. ABERCROMBIE (83RD): That's what we want for our young people so that's great to see. Questions or comments? Seeing none, thank you.

ANNASTASIA MARTINEAU: Thank you.

REP. ABERCROMBIE (83RD): Thank you for taking the time and enjoy your event tomorrow. That's awesome. John Board? John, oh, there you are. Sorry.

JOHN BOARD: Good afternoon. Chairwoman Moore, Chairwoman Abercrombie, Ranking Members Logan and Case, my name is John Board, Chairman of New Britain Pride and I am here today to testify in favor of House Bill 7359, AN ACT CONCERNING A LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER HEALTH AND HUMAN SERVICES NETWORK. Today, I am going to be approaching my testimony from two points of view: First, from a LGBTQ plus advocate point of view and second, from a government and administrative point of view.

I first want to sort of preview and give an overview of what Human Services Networks are. The mission of
an HSN is to create connections, share information, strengthen providers, and support and advocate for good public policy, thus ensuring the continuing quality of human services. Informing this HSN, individuals in our community statewide will be able to gain access to vital services like housing and food, while also strengthening relationships with local government. The LGBTQ+ community does need the opportunity to have more research conducted in order to better inform best practices and policy moving forward.

I do have concerns about organizational involvement in this HSN as it relates to the RFP process set out by OPM. In section 1b4, the bill states that the Network would assist with developing RFPs. As you know, under state guidelines there must be an active sense of ethics and adherence to conflict of interest. As a result of the organizations who sit on the Network would not be eligible for any awards. We must find a way, working together to address this; however, do we need to ensure that our leading organizations have provided information and work together, while also not losing the ability to accept an RFP. As somebody who has worked and served in municipal government, I am keenly aware of RFP regulations and conflict of interest guidelines.

On balance, the concept of this legislation is a net positive. It brings together LGBTQ+ groups in the State to assist the Department of Public Health in developing policy and assisting the greater community. With that, I am prepared to take any questions which the committee may have. Thank you.

SENATOR MOORE (22ND): Representative Case?
REP. CASE (63RD): John, I just wanted to thank you for coming up and testifying. Fortunately, your previous speakers and people have really answered a lot of the questions we had so I just wanted to thank you for coming forward and advocating because that's important in numbers to do that and I will be talking with Rep. Currey going forward to see where we need to be so thank you for coming.

JOHN BOARD: Thank you.

SENATOR MOORE (22ND): Seeing no more questions, thank you for your testimony.

JOHN BOARD: Thank you, Senator.

SENATOR MOORE (22ND): The next bill is AN ACT CONCERNING DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES. I think it's Honor Devotion?

SCIHONOR DEVOTION: Good morning.

SENATOR MOORE (22ND): Are you all coming up or?

SCIHONOR DEVOTION BEY: Yeah, they're gonna just take this row cause I think they're gonna be going soon.

SENATOR MOORE (22ND): Are you all the same or is it one?

SCIHONOR DEVOTION BEY: One. All one.

SENATOR MOORE (22ND): All right. Thank you very much. And just say your name for the, I don't think it's --

SCIHONOR DEVOTION BEY: I'm Scihonor Devotion Bey.

SENATOR MOORE (22ND): Scihonor.
SCIHONOR DEVOTION BEY: Yes. Thank you. So good Morning. My name is SciHonor Devotion Bey and I am in support of SB 1078, AN ACT CONCERNING DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT. I started my studies as a girth doula in 2001 and certified in 2003 with doulas of North America or DONA International. While fulfilling those certification requirements, I began studying as a postpartum doula and childbirth educator with the Childbirth and Postpartum Professional Association or CAPPA in 2002 and certified in 2004. While serving women who could afford my services, I kept my memberships with these national organizations until I realized that they were not benefitting me, my business nor my local community. They did not seem to have a good read on the pulse of my community and our specific needs. I currently live in Bridgeport where close to 60 percent of the population is on Medicaid. Over the years, I continued to take classes, gain experience and take advantage of all kinds of learning opportunities that were useful to my community and over time, I realized that in order for me to truly provide relevant doula support to all women, especially to women of color, I’d have to create a curriculum that would build competent Doulas who understood these very communities.

In 2016, I created The Earth’s Natural Touch Birth Care and Beyond Doula Skills Beyond the Basics Program. I compiled all that I had learned during my 15 years in the field and created a 14-month training program that includes the standard DONA training in addition to my curriculum and additional requirements with over 98 class hours, additional hours of study time which could be more than 110 hours, community service, research projects, presentation assignments and a midterm and final
exam. Ours is called the Doulas Skills: Beyond the Basics Program because I found it necessary to go beyond the standard doula training that most companies provided in order to address specific issues that are common in and may even be specific to my community. I added the optional DONA component even though I knew our training was more extensive because I had the forethought in 2016 to consider future state legislation that might only accept DONA or CAPPA training, not realizing how much more culturally competent and relevant other trainings could be from smaller companies and agencies. I did not want the women I trained to not be hired because they didn’t have training through a large organization like DONA, so we did both just to say they had it.

So far, many of our students have found that DONA is lacking, expensive and unsupportive, and they refuse to continue with their certification after the standard Doula training. DONA still does not offer scholarship opportunities for certification or recertification, which means that if we have to take their training in order to be reimbursed, we’ll have to keep paying fees to them just to be recognized and accepted. Our communities have so many social, health and financial issues that intersect which can prevent us from getting the assistance that we need. Those layers must be considered and navigated by the Doula when expected to have a positive impact on birth outcomes.

Upon completion, our Interdisciplinary Doulas are prepared to provide education to families, Antepartum care, Birth Doula Care, and Postpartum Care including support for families who experience birth trauma, grief and loss. The standard doula
training does not provide that so please consider that the training organizations who are not on the ground are certainly not the voice of the many communities in need of doulas. There are other comprehensive doula trainings available that are culturally sensitive and responsive, relevant and thorough. So far I've trained or am currently training over 30 doulas. Also, many doulas work on a sliding scale or even without pay since families who really need their services may not be able to afford it. Medicaid Reimbursement would not only allow more families to access care, but it also would allow for doulas who sacrifice so much of themselves and their family's lives to be paid equitably. Every doula deserves to be paid a living wage and everyone deserves to have a doula. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair and I'll ask a few questions and I know there's a few doulas here so hopefully we can get the answers and then if you have questions on what I've asked, so your certifications, what are the certifications that you have?

SCIHONOR DEVOTION BEY: That I provide. So when my doulas graduate from the program, they're interdisciplinary doulas so they can provide antenatal doula services, birth doula services, postpartum doula services.

REP. CASE (63RD): And what are the hours that are required for the certification?

SCIHONOR DEVOTION BEY: So it ends up being, it's a 14-month program and we meet once a month and we
have additional classes in between so it ends up being over 98 class hours. There are also additional hours of study time which could be more than 110 hours if they take two hours a week to kind of get their course work done and like I said, they have midterms and a final and research and presentations that they have to do throughout the program.

REP. CASE (63RD): Okay so 98 class hours and the certification is it national certification or is it just certification from a --

SCIHONOR DEVOTION BEY: From me, from Earth's Natural Touch Birth Care and Beyond which is an LLC.

REP. CASE (63RD): Okay.

SCIHONOR DEVOTION BEY: Right now we have doulas in Connecticut, New York, New Jersey, Rhode Island, and Massachusetts.

REP. CASE (63RD): I don't know if you heard before but we used a doula.

SCIHONOR DEVOTION BEY: I did hear, yes. [laughter] I did hear. Thank you.

REP. CASE (63RD): And it was a huge help, let me tell you. So your service goes above and beyond because anybody who hasn't used a doula, it helped me but you’ve also taken the classes prior to, to get you prepared for it and then the postpartum stuff that she's able to take and it's interesting because I don't know if this works with you or with other doulas, but she was always available via text or a phone call when there was a question cause she was a first-time mom and there's always are a lot of questions and instead of trying to call a doctor's office and getting on something medical, the doula
was giving us how do I put this, information from the ground that could actually work and help. I agree with it. I think that especially the population that we're working with to start with here, with the Medicaid paid, it, it's difficult because I believe, what would you say the percentage is of single moms that are going in to have --

SCIHONOR DEVOTION BEY: There are a lot of them. A lot of the moms are single moms. Some of them have partners, but their partners don't really know what to do to help them. They don't really understand the labor and birth process so they give us a call.

REP. CASE (63RD): And I think what you haven't done and what I need to work with my committee here is explaining the doula because the doula is not just somebody who's there to talk to you. The doula is actually in the room with this darn peanut ball thing and other balls and you know trying to comfort and make it so it's not only a smooth birth but by relaxing, it makes a quicker birth and it less stresses the mother and the father so I'll listen to more testimony cause you got a lot of people signed up here so this is a good issue. My question, and I know the DSS is going to come and talk to us about this, Madam Chair, is when going to pay, where the certification comes from and if DSS has an ear or an eye on how to regulate that certification? That is where I'm concerned about. I love the service. I was glad that I was able to find somebody within my hometown, but I think that's where our stumbling points are going to be as far as the certification and how we get DSS to look at this as a service that can fall under Medicaid, but thank you for coming forward.

SCIHONOR DEVOTION BEY: Thank you.
SENATOR MOORE (22ND): Senator Slap.

SENATOR SLAP (19TH): Thank you, Madam Chairwoman. Thanks for coming all the way up here and spending time and waiting. I think it's a great service and it improves outcomes. I'm wondering if you can speak whether it is to you know statistics to just perhaps anecdotally or both, you know whichever you're able to, about how it improves outcomes because my guess, and I think you can probably validate this, is that ultimately, this will save money in terms of Medicaid, just the process itself because it's, and my colleague, Representative Case, kind of eluded to it in terms of making sometimes the process faster. Faster is not always better you know right and of course, but just kind of talk about how the improved outcomes you see and how you think that translates into actual cost savings perhaps as well.

SCIHONOR DEVOTION BEY: Right. I know there are some doulas that are gonna talk on statistics but overall, doula services can help to reduce the length of labor, intervention, and of course, cesarean sections which we know cost, you know a lot. So studies have shown that, it's an actual fact, and I think that it just makes the overall experience for moms and families better even in the postpartum period because then they have the support that they need. They have somebody to call for resources if they need, things available in the community that they may not be aware of. It's kind of like a go to person, let's call the doula and see if she can help us out.

REP. CASE (63RD): Thank you, Senator Slap for asking those questions and it's an interesting process if you've been through it, but one other
thing that I wanted to expound is in you know prior to the birth, not that those make out for an easier birth and for things to go along and I appreciate you saying that, quicker, but the doula is there to actually talk with the medical staff that I don't know if I would be able to do because she has been able to talk and the doula knows what the birth plan is so they can express to staff what the birth plan is and how things, you know, nursing staff might not agree with this altogether and that becomes a barrier sometimes but the nursing staff didn't spend those hours with the mother the months before learning what that mother was about and what her wishes would be because when you're in that tense final hour you can't, [laughter], well we went from 1 to 10 in 20 minutes so it was a relaxation thing so I think the other part of it you guys work prior to the birth to get the mother ready, but then the doula is able to talk with the nursing staff to make things much more, I'm not going to say enjoyable time, but I'm very happy with what came out.

SCIHONOR DEVOTION BEY: Also to kind of translate, sometimes moms don't really understand what's going on so the doula can actually explain to her what the medical staff is doing in the room so that she's just aware of what's happening to her while she's going through the process.

REP. CASE (63RD): Exactly and that's one other point and it was the doula was always in there, I love my Dina doula, and she really explained step by step what the doctor was doing and what was going on. I think that made it a much better atmosphere.

SCIHONOR DEVOTION BEY: Right. We know that when a woman is in fear, it can affect her labor progress so when she's not afraid and when she's calm, then
her hormones will work the way they should in the birthing environment and she'll be able to have an easier birth and birth outcome.

SENATOR MOORE (22ND): Senator Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair, and thank you for coming up and all the work that you do. I'm a huge supporter of doulas. I gave birth with two midwives, well one for each child with my first two kids. I feel like everything you said, it keeps you calm, it keeps you relaxed, but I think my friend that had doula, she said the most benefit for her was actually in the postpartum period and I think this is where your services especially for people who are under Medicaid are really important. You know she learned a lot about nutrition, breastfeeding nutrition, learned how she had a difficult time breastfeeding and the doula was really able to help her get through that difficult, especially on her first time, get through that sort of difficult time and she wasn’t sure if she was going to be able to breasted without that help. And I was hoping that you could address some of the things that you do postpartum that help mothers, anecdotally is fine, but ways that help with better, you know newborn nutrition, maternal nutrition and also healing, things that maybe you know a young mother might fear that she has to go to the doctor for that really, the doula is helping her through that process. If you could help me explain that, that would be great.

SCIHONOR DEVOTION BEY: Yeah so some of the things that you said are exactly what we do. Educating the mom ahead of time about the benefits of breastfeeding, explaining certain bottle-feeding techniques and things like that if she decides not
to breastfeed, and just providing that support for her. Also nutrition, you know, making sure that she's well fed and that she is healthy and can take care of her baby. We are not medical providers and so we can't diagnose postpartum depression or any perinatal mood disorder, but we can certainly keep an eye out for it and do some screening ourselves and if we notice something, then we can, you know, contact, you know, somebody to come in and help her or encourage her to call her provider, go with her to appointments and things like that so that moms are not just kind of left, you know, un-helped. A lot of times if a woman is going through something postpartum, she may go to the doctor and the doctors says oh well that's an OBGYN issue. If she goes to the OBGYN then they tell her to go to the hospital and it's just like a big bounce around and a lot of women kind of get stuck in that hole so having a doula to kind of help to navigate some of those issues is very helpful.

REP. DATHAN (142ND): I can see that also saving some costs as well in appointments and time and more time with the infant. Thank you very much for your testimony.

SENATOR MOORE (22ND): I have some questions, okay?

SCIHONOR DEVOTION BEY: Uh-huh.

SENATOR MOORE (22ND): So Earth's Natural Care, that's your organization?

SCIHONOR DEVOTION BEY: Yes, Earth's Natural Touch, uh-huh.

SENATOR MOORE (22ND): Natural Touch? I'm sorry. So you were trained by who?
SCIHONOR DEVOTION BEY: Doulas of North America and also Childbirth and Postpartum Professional Association. That's where I started.

SENATOR MOORE (22ND): And who are they?

SCIHONOR DEVOTION BEY: They are national organizations. DONA is the first doula training organization in the country. They're international actually so a lot of people use their training as the standard but for us, we kind of feel like their training is not really hitting the issues that we really needed to hit. Their standard training is probably 3-1/2 days if it includes the breastfeeding component, which it doesn’t always have to initially. So they have a childbirth education, a doula training and a breastfeeding component that may last 3-1/2 days, but it doesn’t cover all of the things that I've found, that I've come into contact with over the 15 years and I wanted to make sure that whatever training I created would go beyond that standard to make sure that we had doulas who were trained properly to deal with the issues in our communities.

SENATOR MOORE (22ND): So who certifies your training?

SCIHONOR DEVOTION BEY: I do.

SENATOR MOORE (22ND): You do.

SCIHONOR DEVOTION BEY: Yes because doula certification is not regulated.

SENATOR MOORE (22ND): What is the cost of certification?

SCIHONOR DEVOTION BEY: It kind of depends on the organization. DONA says expect to pay about $1000
dollars. You have to pay them recertification fees over you know over the course of time to continue your membership with them, but that's where a lot of doulas are running into an issue. They may not be able to afford the certification fees, may not be able to afford to recertify and they're not finding that their payments to DONA are actually benefiting them. They may get a newsletter or some discounts for some, you know, conferences, but they're not really getting any practical support from the national organization so around the country, you’ve had different people create organizations to certify doulas in the way that they see fit in their communities.

SENATOR MOORE (22ND): Thank you for your testimony.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you very much for your testimony. Somebody may have asked you this question when I stepped out of the room, my apologies. What is the cost for a doula service? What is the typical fee or cost?

SCIHONOR DEVOTION BEY: So it can range. A lot of doulas will charge anywhere between $750 dollars to $1250 dollars depending on their area or their target market. Some doulas charge $1700 dollars if they have additional services they can provide like massage. In New York State, I know some women are charging $3000 dollars for doula services. In our communities, women are working on a sliding scale or free because the women in our communities can't afford to pay which puts a major burden on the actual doula who has paid for training and certification and then she's not able to make her money back because the women can't afford to pay for it.
REP. MASTROFRANCESCO (80TH): So the $750 dollars to $1250 dollars, is that per -- is there a timeframe so that amount of service, what we'll include in there and that will give me a month to stay with someone?

SCIHONOR DEVOTION BEY: Yeah, sometimes a woman will contact a doula and she'll begin to work with that doula throughout her third trimester so typically a doula's on-call for three weeks before a woman's estimated due date to two weeks afterwards so the there's five weeks out of a doula's life that she's pretty much on-call. She can't make any plans, she may or may not take other clients because she has to be ready and available to answer the texts, answer the emails, to answer the calls you know for this mom.

REP. MASTROFRANCESCO (80TH): So let's just say they're on-call. Do they still get paid whether they go visit, stay with someone or not? Do they still charge?

SCIHONOR DEVOTION BEY: That would be in their whole fee. Now some doulas do charge additional costs if a labor goes beyond a certain timeframe, so if a woman is in labor for more than 12 hours, that individual doula may say well, then I have to charge more. That could stress a mother out and say oh my goodness, I'm not laboring fast enough so some doulas don't do that, but some doulas do because they're at a labor, you can be at a labor for you know two hours or three days.

REP. MASTROFRANCESCO (80TH): Okay. So the birth process, the actual birth is not always necessarily included in the fee because it can go for three
weeks before or two weeks after and somewhere in there they have to have a baby.

SCIHONOR DEVOTION BEY: Right so that fee would cost all of that, it would include all of that, but some doulas do add on additional costs if there's a lengthy labor.

REP. MASTROFRANCESCO (80TH): Okay. Gotcha. All right. Well thank you very much for the information and your testimony. I really appreciate it. Thank you, Madam Chair.

SENATOR MOORE (22ND): So I would think there would be a contract on what to expect and then there's a menu of services that someone could select and that's also negotiable to add

SCIHONOR DEVOTION BEY: Right.

SENATOR MOORE (22ND): According to that.

SCIHONOR DEVOTION BEY: Yes, in addition to our limitations and scope of practice so we want to make sure that every mom knows that we're not medical professionals and make sure that she's clear about what we can do and can't do to help her throughout the process.

REP. HUGHES (135TH): Thank you, Chairwoman. Scihonor, I'm sorry I missed the first part of your testimony. In your -- we talked a lot earlier in the hearing about nonjudgmental health services. In your experience, do women and moms of color get equal access to nonjudgmental health services when they come in complaining of say self-reporting pain or concern about pregnancy? What would you say about that?
SCIHONOR DEVOTION BEY: No, unfortunately they don’t.

REP. HUGHES (135TH): Why?

SCIHONOR DEVOTION BEY: Well we know that there is an issue in this country with implicit bias and racism in our medical system which affects you know mothers' experiences and outcomes. Unfortunately, we've seen a lot of people be ignored or sent home. Just in Rhode Island a few months ago, a woman went to the hospital and they sent her home eight times throughout her pregnancy and eventually she and her baby died. They probably assumed she was looking for drugs or, you know, had an addiction so sometimes you need like an advocate to kind of work with you and help you and encourage you and go with you and explain to medical providers, you know, exactly what is going on. She is just one example but we see it happen often.

REP. HUGHES (135TH): So in your experience because of the shocking maternal mortality rate and the shocking infant mortality rate of women of color in this country, would you say that it's actually more imperative that we have not just an advocate but almost a translator of the authenticity of women reporting their actual experience to the medical community?

SCIHONOR DEVOTION BEY: Right. It's almost a fight for us. As doulas, it can be very taxing emotionally because we are, you know, supporting women who are not listened to. A lot of times, just women in general are not listened to but we see that increase when you're dealing with women of color so it's almost like a battle internally because of
course we can't lash out in the medical community but it's difficult, it's very difficult.

REP. HUGHES (135TH): So would you say that we have achieved parody in trauma informed medical and maternal care in this country?

SCIHONOR DEVOTION BEY: Absolutely not.

REP. HUGHES (135TH): Okay. So would you say that this doula certification and Medicaid reimbursement is one small step towards the disinvestment and the systemic racism and internal bias that you describe that is probably contributing the shocking maternal and infant mortality rate in this country of women of color?

SCIHONOR DEVOTION BEY: I think it is and I'm hoping that it'll help to build relationships between doulas, nurses, OBGYN's, midwives so that they can all understand their place in the maternal circle and be able to support women and families that are birthing.

REP. HUGHES (135TH): Thank you. That's it.

SENATOR MOORE (22ND): Thank you. Yes, Representative Green.

REP. GREEN (55TH): Thank you, Madam Chair. I just have a question. Thank you for your testimony. It's quite an eye-opener. I didn't use a doula; I had my kids many years ago. What would happen, well I guess I should ask you, how many clients do you take on? I mean do you space it so that you are there because I mean that's a really big scheduling issue?

SCIHONOR DEVOTION BEY: It is. So some doulas can schedule more than one mom. Some doulas, depending
on their lifestyle, can only take one mom at a time. Some doulas work in teams and they have a backup doula which is why I created this training in the first place because when I came to Connecticut, there weren’t many doulas of color and there weren’t any doulas serving my community in Bridgeport and I wanted to make sure I had competent doulas who I would be associated with so that mom would get the same level of care as if I were caring for them. So I created this program to try to port in everything that I’ve learned over my years to make sure that we have competent doulas who can support moms in the way that they need to be, you know, supported. So now we have over 30 doulas and I know we have Birth Tribe here. They're gonna testify and they have several doulas as well as there's always some type of backup or some type of system that is in place so that we're just not stuck and out there by ourselves.

REP. GREEN (55TH): So if you're not available, another doula will show up?

SCIHONOR DEVOTION BEY: Correct, but we try to make ourselves available of course.

REP. GREEN (55TH): But just in case like an emergency situation happened with you in your personal life, you would have somebody there so you have a plan so okay, if you can't be there, this doula will be there. Do you also introduce the woman to the other doulas too so like a GYN you know appointments, you get to know everybody in the office?

SCIHONOR DEVOTION BEY: Exactly.

REP. GREEN (55TH): So I would imagine it's kind of the same thing in a company?
SCIHONOR DEVOTION BEY: Right.

REP. GREEN (55TH): Okay.

SCIHONOR DEVOTION BEY: So we try to do our consults together so that at least they can be familiar you know with who's available and we also try to make sure that moms have a say in who they want to support them so they can come and meet the doulas and kind of see who may fit their personality or who they may have something in common with and they can kind of choose who they want to --

REP. GREEN (55TH): Cause you may have a personality conflict and some people may not, so that's a good thing.

SCIHONOR DEVOTION BEY: Right.

REP. GREEN (55TH): Okay, great, thank you.

SCIHONOR DEVOTION BEY: Uh-huh. Thank you.

SENATOR MOORE (22ND): Representative Wood.

REP. T. WOOD (141ST): Thank you, Madam Chair and thank you so much for being here. It's been tremendously informative. Like Representative Green, we had our kids before doulas were really around. Midwives yes, but it's such, giving a birth is a natural process and it, well, I just applaud you being here. I think we more we support the natural process of our bodies to include the postpartum care of breastfeeding and support that way and reduce the tension, the better off everyone is for maternal health, for sense of community, everything, the health of the baby. I very appreciate you being here and everything you’ve done to educate a community of women to help provide this wonderful service. Thank you, Madam Chair.
SENATOR MOORE (22ND): So I really appreciate what you’ve done and your vision to support women and building this community and network. You know I was just thinking; I had a daughter who had a really hard time delivering, not because the birth was hard, just, she was just scared the whole time and we actually went to the hospital and I couldn’t handle it, I couldn’t handle it anymore. I wish I had known I could’ve had the support of a doula or thought about that because they actually sent her back home and then I said, I can't go back, I just can't do this. I was in more pain watching her be in pain so I appreciate really from the bottom of my heart the work that you do. I appreciate that you have a vision and know that this is much bigger than what we're seeing right now and that regardless of what we're doing here, you're still there supporting those. We're definitely going to do something with this. We just need to define who a doula is, what are their roles, and then look at certification so it's a process. So if we don’t get everything that we need today, it's because there really is a process and we want it to be right and we want it to be available for everyone.

SCIHONOR DEVOTION BEY: Absolutely.

SENATOR MOORE (22ND): So I thank you for sharing so much information with us cause a lot of this is new for many of us except for Representative Case [laughter] where you know I'm long beyond the child-birthing years so it's just new. I wanted to ask, how long have doulas been around?

SCIHONOR DEVOTION BEY: So we've always had doulas. Women have always supported women in labor but it became a profession, pretty much 60's, 70's when women started you know having that natural birth
movement and childbirth education and Lamaze and you know Woodstock [laughter] and being supported and breastfeeding and pretty much just going back to how things used to be, but at some point, somebody had the idea to make it a profession and for doulas to actually get paid for the work that they do because it's a lot and so here we are now in 2019 with Connecticut filling up with doulas and now we're ready to you know kind of work and be paid equitably.

SENATOR MOORE (22ND): Thank you and I'm very happy that you're in Bridgeport to do this too, serving women who have the highest need, the highest level of poverty, highest level of need, huge disparity in health, high mortality so thank you so much. I really appreciate your time and your energy and everything that you’ve contributed to us today. It helps us move forward on this.

SCIHONOR DEVOTION BEY: Great, thank you so much.

SENATOR MOORE (22ND): Next is it Nalani Alla? Hi Nalani.

NALANI ALLA: Hello. My name is Nalani. I am 12. I live in Bridgeport, Connecticut and I'm in support of Bill SB 1078, AN ACT CONCERNING DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES. My mom had a doula 12 years ago when I was born and three years before that when my brother was born. We weren’t poor but we sure weren’t rich and we might not have had a doula had it not been my mom's best friend who was a doula. Mortality rates during birth are rising. Something needs to change. Having a baby is stressful enough and everyone should have the option to have a guide, someone who
knows what to do and someone to talk to. Although many women should have this option, many don’t. A lot of pregnant women are poor, working low-paying jobs and already taking time off for maternity leave. If they don’t have enough money to pay for basic maternal care, they don’t have enough money to pay for doula care on top of that. Many mothers are having children alone. This shouldn’t have to be this way. Everyone needs a knowledgeable partner and that partner an educated doula. They need someone to help them, to comfort them, and to listen to them. The stress of having a baby is a lot, but add on barely getting by, being alone, and just being a black woman in general, that's too much stress for one to handle without support. Another thing the doula is very helpful for is helping the mother to speak up. A lot of mothers don’t have a voice to stand up for themselves so they give into things they might not want to do. A doula could listen to them and help them stand up for themselves so that they get a birth that they want. Everyone deserves a doula. Thank you. [Applause]

SENATOR MOORE (22ND): Thank you. You did an excellent, excellent job. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Can you state your name again?

NALANI ALLA: Nalani.

REP. HUGHES (135TH): Nalani, what do you want to be when you grow up?

NALANI ALLA: A doctor.

REP. HUGHES (135TH): That's what I thought. Thank you for showing up and starting that journey right now. Thank you for your testimony.
SENATOR MOORE (22ND): Hafeeza Ture. I apologize if I destroyed your name.

HAFFEEZA TURE: It happens often, Hafeeza Ture, but no worries. Good afternoon everyone. Again, my name is Hafeeza Ture and I live in New Haven, Connecticut and I stand in support of SB 1078, AAC DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES.

This policy would be a critical first in ensuring that families and individuals in the State of Connecticut have access to Doula Services during pregnancy, childbirth and post labor and delivery. Forty-one years ago my mother gave birth to her first child at Yale-New Haven Hospital. At the time, she was married, middle class, and a registered nurse in her mid-20s. I am reminded of the story she tells of feeling anxious alone and at the mercy of the hospital staff. It saddens me to imagine her laboring in a hospital bed, her movements restricted, feeling extremely uncomfortable and incapable of relaxing, preventing her body from doing what was required to deliver her son. Her contractions were in her back and were intense. She said all I wanted was for someone to rub my back and apply pressure. My father was way out of his comfort zone, ill-equipped and unprepared to provide the care and attention my mother desperately needed. She labored for 30 hours before being rushed to the OR for an emergency C-Section. Following that traumatic experience, my mother’s wishes to see my brother and nurse him were ignored. She had no advocate. She was alone in her room after major surgery filled with concern for the child she had yet to hold.
This was a highly intelligent, healthy woman with a medical background; however, those facts had no bearing on her childbirth outcome. How different would her experience have been if she had an advocate and received the mother-centered care that a doula provides? I grew up thinking C-sections were normal and the hospital was the only place to have a baby. It wasn’t until I became pregnant with my first child that I gained the awareness of my options. I was determined not to repeat the experiences of my mother and grandmothers. With the support and encouragement of my children’s father, I read books about natural childbirth and researched alternatives to hospital births. I was fortunate to find a birth center with a black midwife. I joined organizations such as Mocha Moms, Inc. and the African American Breastfeeding Alliance. Doing so, connected me to mothers and birth workers willing to share a wealth of knowledge and wisdom. I felt empowered and confident throughout my pregnancy, labor and delivery experience.

For all three of my births, I was assisted by a midwife and a doula. I received mother-centered care from start to finish. I was allowed to labor unrestricted in a peaceful environment whether the birth center or my home. Every effort was made for me to feel comfortable and secure. All three of my deliveries were without complication, unmedicated and vaginal births. All three of my children were put directly to my breast and latched with the support of my doula. A meal was prepared for me and my family, by my doula, while I nursed and rested. To me, my birth experiences were transformative in the most beautiful way. My children ranged in weight from 8lbs 3.5oz to 10lbs. They were
considered big babies for my small frame. Without the guidance, care, and support of my midwife and Doula my birth outcomes may have resembled my mother's. Everyone deserves a doula. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. I don’t know if you heard recently a woman delivered a 15-pound baby. I hope she had some help around her while she delivered. Questions or comments? Representative Hughes.

REP. HUGHES (135TH): Thank you so much for your testimony and the intergenerational testimony that is so important to learn from. How do we improve? How do we do better? What you described sounded to me like your mother's autonomy and power were stripped of her because she was giving birth and I'd like to highlight that and ask in your experience and expertise, do you believe that's still going on?

HAFFEZA TURE: Um, yes, I just want to preface, I am not a doula, I am a mother.

REP. HUGHES (135TH): Right, right.

HAFFEZA TURE: But yes, I absolutely do. Because I am so passionate about birth and changing the outcomes, what motivated me for my daughter, I definitely want her to have an experience that resembles mine as opposed to what's currently happening, what has happened so yes, I'm supporting other women, particularly my sister-in-law and having that experience with her, going to appointments and being present during her labor and delivery process, just seeing that her treatment was not mother-sensitive. She wasn’t listened to, she was told. Anything that she needed was secondary to basically the process of what typically happens when you go to the hospital and give birth to a child so
this is very necessary and I hope I answered your question.

REP. HUGHES (135TH): Yeah, through you, Madam Chair, just the idea of, uh, if you say that's not what I want, what can happen? Are you given medication, are you in the hospital setting typically without an advocate? How are those rights systematically denied as a patient, as a mother, and as a black woman?

HAFFEZA TURE: Well what I experienced just through their experiences is that fear is definitely a tactic that was used in order to push their agenda.

REP. HUGHES (135TH): Tell me more.

HAFFEZA TURE: I heard someone be told, if you don’t do this, your baby will do as opposed to what my midwife would do which was give me suggestions. How about you change position, maybe you should try this, how does this feel? But to be in a vulnerable state and tell me my baby has the potential to die based off of a choice that might not be as significant. I want to eat something, I want to get up and move around, I don’t want to be attached to an IV, just different things, especially if you're not considered high risk so women not knowing what it is they have access to, how this could go. You go into the situation just assuming you're going to be directed throughout the process and you really don’t have any say.

REP. HUGHES (135TH): And, through you, Madam Chair, the one thing that really struck my ears is saying the very basic act of feeding your family, which is something that you would normally do, but you’ve just given birth and to just provide for the very, very basic needs of your family in that very
vulnerable moment is something, would you say that the medical community usually does in the hospital setting?

HAFFEZA TURE: I've never heard that story so I would say probably not.

REP. HUGHES (135TH): And yet, it's absolutely essential and for millennia what women birth attendants did for each other, right and so that's why there is a shocking health outcomes now that wasn't the case even several generations ago because we've stripped women of their basic rights to autonomy and to the attendants that they need and advocacy that they need and mother-centric support so thank you for your testimony.

SENATOR MOORE (22ND): Thank you so much. Casey Parker? All right, so I'm going to do just a little, someone's going to switch places. Is there a Sarah Akua Simpson?

SARAH AKUA SIMPSON: Good morning.

SENATOR MOORE (22ND): Good morning, good afternoon now.

SARAH AKUA SIMPSON: Oh yeah. My name is Sarah Akua Simpson an Earths Natural Touch Doula. I live in Stratford Connecticut and I am testifying in support of Senate Bill 1078. In 2016 I was pregnant for the first time and on Medicaid. I couldn't afford a doula but was fortunate enough to have a DONA certified doula in my family, she gave me a deep discount. As an Obese black woman, I knew my risk of crisis was significantly high. My OBGYN constantly reminded me to watch what I eat, but it was my doula who showed me the things to eat. She stood in the gap between my doctor and me, and took
her time to be sure I understood the impact of my choices. In 2016, I gave birth to my daughter on her due date. We were both in full health. My doctor was elated. It was my doula that was there to check on me in the six weeks between the delivery of my daughter and first followup doctor's appointment.

In 2017, when Scihonor announced that she was accepting applications for Doula Skills: Beyond the Basics I was eager to apply. I wanted to help women improve their birth outcomes. I wrote an essay, filled out questionnaires submitted references, signed a HIPAA acknowledgment and, once I was accepted, I paid for the training. The class is intense. Once a month for 14 months we attend a 7-hour training. We build our medical vocabulary, memorized the scope of our practice, and studied the nutritional needs of expectant mothers. We learned the purpose of pain and how hormones work during labor, then practiced natural comfort measures to complement them. We had a class dedicated to making traumatized mothers feel safe, and one to help teen mothers feel empowered. We can help drug-addicted mothers feel supported and guide the unschooled mother through informed consent. We have built an extensive resource list to connect mothers to the services in their community and even though sometimes the mothers are afraid to talk to their doctors, we encourage them to build healthy communication with their healthcare providers.

We understand we will often be the first to observe signs of postpartum depression and health concerns, so we are prepared work to prevent unnecessary crisis by supporting early intervention. We also did DONA training for national certification. We
wanted to be taken seriously. We paid separately for those training and materials and will pay to apply for the certification, pay to be certified, and pay to re-certify. The reality is the women that need my services the most are the ones I can’t afford to serve consistently. I love being a doula and I expect doing this work can help me support my own family. I stand in support of S.B. 1078 to break the cycle of poverty in my own life as I support women that do not want to be victims of poverty. Everyone deserves a doula. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. Did you submit that in writing?

SARAH AKUA SIMPSON: Yes.


REP. T. WOOD (141ST): Thank you. This has been, well today has been a joyful day for me personally just to hear some of these stories and to have you all up here. Refresh my memory. How many states currently provide doula funding via Medicaid?

SARAH AKUA SIMPSON: I believe there's two and that's --

REP. T. WOOD (141ST): What states are they? Minnesota and Oregon.

SARAH AKUA SIMPSON: Minnesota and Oregon.

REP. T. WOOD (141ST): Okay. Thank you, Madam Chair. Thank you very much for testifying.

SENATOR MOORE (22ND): You have to be recognized to give testimony. Were you passing? So then it would be Ashley Sprowls? No? Prema Winn?
PREMA WINN: Good afternoon. My name is Prema Winn and I live in Norwalk, Connecticut and I stand in support of SB 1078. I am a trained doula who has had the privilege of welcoming new life into this world for the past five years. As part of my training when living in Washington, DC, I worked with women who experienced unthinkable forms of trauma. Their ability to advocate for themselves and their unborn child within a hospital setting was initially an unthinkable concept, but I formed a relationship with my clients to understand what they wanted, to understand what they did not want. I spent time with them in the comfort of their own home. Their time with me was not limited because of the amount of patients in a waiting room. Although I had not experienced the same unfortunate circumstances as them, we were both women of color navigating and managing what it means to be woman of color in America.

A sincere level of trust and understanding was formed causing a decrease in stress and cortisol levels which on its own will improve and did improve outcomes for mother and baby. Stress has been associated with poor outcomes like preterm labor, but support from a doula has proven to decrease poor outcomes. I’ve provided services to clients abroad because they recognized that my ability to speak the same language as them would ease stress levels and provide a better birthing experience and better health outcomes.

Access to a doula should not just be a privilege for women in Connecticut who have the means to pay doulas for the life improving services we provide. Access to doula care should be a right for all women in Connecticut. As we know, the United States has
the highest rate of pregnancy or childbirth-related deaths in the developing world and in Connecticut, babies born to black mothers are more than three times more likely to die in their first year of life, and babies born to Latina mothers are more than twice as likely to die in their first year than those born to white mothers.

Connecticut has the ability to be a leader in reversing this statistic through the passing of SB 1078 and as a new resident Connecticut who plans to build my own practice here, I do support a policy that provides access to doula care during the prenatal, childbirth, and postpartum periods, in accordance with the needs and wishes of the mother. I support a policy that has payment levels that are sufficient to support the care provided. I support a policy that increases access to Doula care as a tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States. I support a policy that recognizes the importance of increased training, support and capacity development for doulas, including doulas from racially, ethnically, socioeconomically and culturally diverse communities. So in closing, I do urge you to support SB 1078. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. Any questions? Thank you. Annie Kearns?

ANNIE KEARNS: Hi. My name is Annie Kearns and I live in New Haven, Connecticut. I stand in support of SB 1078, AN ACT CONCERNING DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES.

My husband Justin and I hired our doula, Ashley, about halfway through my first pregnancy. We were
grateful that we could afford to do so. As a nurse-midwife in training at Yale, I knew that doulas are associated with reduced C-section rates, decreased use of epidurals, and improved health outcomes for mothers and babies. I also knew that, unfortunately, midwives and other birth providers do not always have time to give patients the support they need and deserve while in labor. I had seen doulas improve patients’ self-assurance and partners’ ability to be supportive. During my pregnancy, Ashley gave Justin and I the tools to support the birth we hoped to have. Justin, who had never attended a birth before, especially appreciated learning techniques that would allow him to play an active role in our baby’s birth.

On December 14th, 2018, Justin and I went in for our routine 38-week prenatal visit, excited to be nearing the end of an uncomplicated pregnancy. When the midwife couldn’t find our baby’s heartbeat, Justin and I headed to the labor floor for an ultrasound, in complete denial that anything was wrong. Luckily, we texted our doula on the way. When the worst was confirmed, that our precious baby had died, Ashley was already by our side. Her compassion and ability to guide us through the worst day of our lives brought a measure of calm and beauty to that terrible day that I never thought possible. With Justin and I in complete shock, and while the midwives focused on our medical care, Ashley was crucial in helping us figure out how we wanted to spend the impossibly short time that we had left with our baby. Beyond that, she made sure our needs were actually met. She fed us when we didn’t remember to eat; she worked her contacts in the birth community to get us a cast of my pregnant belly and beautiful, professional photos of our baby.
after birth; and she coordinated our parents’ journey from several states away so they could meet their first grandchild. Ashley’s attention and support for Justin and me helped give me the strength for a labor and birth harder than anything I could’ve imagined. When our beautiful son, Finnegan, was born in the early hours of December 15th, it was into a room filled only with love. Our familiar, trusted doula helped us articulate our needs and recognized when we needed support and when we needed to be alone with our son. After Finn was born, Ashley helped us do things like give him a bath and dress him in his own clothes, things our grief-stricken brains might never have thought of, but which will always be some of my most cherished memories. Largely because of her, Finn’s birthday was an empowering, beautiful day, despite the most tragic outcome.

No family should have to go through a trauma like stillbirth without dedicated support from a knowledgeable, compassionate doula. Our medical team was sympathetic and kind, but they simply did not have time to provide the emotional support we needed and while many doulas provide free services to families having a stillbirth, the trust that doulas build with their clients during pregnancy is a crucial part of their role. In order to provide effective emotional support, doulas need to be available and accessible to families before trauma occurs. Unfortunately, it is often impossible to know during pregnancy which families will experience birth trauma. That said, the risk for stillbirth is twice as high for black babies as it is for white ones. Separately, there is good data showing an inverse between income and stillbirth rates. Other people here today will tell you how doulas can
improve maternal and child health outcome and lower costs. All of that is true, but when there is trauma and the most terrible outcomes do occur, doula support is still incredibly important. When other families inevitably follow Justin, Finnegan and me down this terrible path, they should not have to travel it alone just because they cannot afford a doula. Everyone deserves a doula. I strongly stand in support SB 1078 and request your support for this bill today. Thank you.

SENATOR MOORE (22ND): Thank you. I imagine it was difficult to relive that but I gleaned a little bit of light in it for the doulas and I appreciate you being able to do that. Are you a nurse and a midwife?

ANNIE KEARNS: I am a registered nurse as of a couple of years ago.

SENATOR MOORE (22ND): And were you during that period of time also?

ANNIE KEARNS: This was three months ago.

SENATOR MOORE (22ND): And you used a doula, okay. Really, thank you from the bottom of my heart. Questions or comments?

REP. T. WOOD (141ST): Thank you, Madam Chair. I just from the bottom my heart, courage, thank you for being here and thank you for sharing your story. All the more reason we need to figure out how to make this work. Thank you.

REP. HUGHES (135TH): Thank you and I'm so sorry for your loss.

SENATOR MOORE (22ND): So I just want to say how important it is for people to look at through the
lens of a woman regardless of color, economic status, that a woman, this is supporting women and it is your collective stories that really has great impact on the decisions that we make and that we have a balanced view that every woman needs this service and it should be available so I thank you for that. Anyone else? Thank you. So is Ashley here now? Okay, Ashley. Ashley Sprowls? Okay. So Kaylani Morrison?

KAYLANI MORRISON: Good afternoon, Committee members. My name is Kaylani Morrison. I live in Hartford, Connecticut. I'm a certified lactation consultant and doula and a mom of two. It is an honor to appear before you all to speak in favor of SB 1078. I stand here on behalf of all birthing persons, especially as an advocate for women of color as we face a black maternal health crisis here in the United States. According to the CDC, black women in America are three to four times more likely than white women to die because of pregnancy-related issues. Black babies in America have more than double the infant mortality rate of white babies. This is due to a number of different reasons, but the very important simple beginning to a solution, Connecticut can make a difference by ensuring that every birthing person here who wants one can access and pay for a doula.

Studies show doulas being present to provide on-hand physical and emotional support, education, and advocacy throughout labor and often pre and postpartum periods as well provide health outcomes tremendously. Women who have a birth doula are less likely to have low birthweight babies and are less likely to experience a birth complication. Doulas can help cut back on time spent in labor, reduce
anxiety for mom and baby, lower the rate of medical interventions including C-sections, and improve mother/baby bonding post-birth which increases breastfeeding rates.

Black moms have the highest mortality rates and black babies have the highest mortality rates. Black moms and babies have the lowest breastfeeding rates. The correlation is the lack of labor knowledge and advocacy in the delivery room. They need support of doulas to help change this atrocity. I experienced two very traumatic births and deliveries, my husband and I alone. I had what I now know were two unnecessary C-sections and suffered horribly with postpartum anxiety because of my experience and lack of knowledge. I know the birth of my two babies could’ve been positive and healthier had I had a doula, but I couldn't afford a doula. A lot of families are in that same position which is why some doulas and myself work on a sliding scale and at times we work even for free. It is unfair but we do this because we are professionals who practice from experience, compassion, professionals who are out to decrease mortality and infant mortality rates, professionals who make a difference. We are professionals who deserve to be reimbursed for the many hard hours we serve and families deserve the option to hire. Every family deserves a doula. A doula is not a luxury. A doula is a necessity. Thank you all for your leadership and for time. Any questions I can try to answer to the best of my ability.

SENATOR MOORE (22ND): Give me one moment, okay?

KAYLANI MORRISON: Yes, ma'am. So let me just ask you about your training. Where did you get your training from?
KAYLANI MORRISON: I received my training through a midwife who writes the curriculum for Yale University in Charlottesville, Virginia. She has a non-profit called My Sister's Keeper so I received my training there and she focuses on cultural training so this is not DONA. This is through a cultural training.

SENATOR MOORE (22ND): All right. Thank you for your testimony. Any questions? Thank you.

KAYLANI MORRISON: Thank you.

SENATOR MOORE (22ND): I appreciate it. Jordana Fruit? Just clarify your name for me please.

JORDANA FROST: Good afternoon. My name is Jordana Frost. No problem. So thank you so much. I live in Storrs Mansfield; Connecticut and I'm testifying in support of Senate Bill 1078. I am public health professional and also a DONA certified childbirth doula, but first and foremost, I am a mother of two children. As a first-time mother 11 years ago, I was unaware of a lot of things related to safe and healthy childbirth. I did not know about the cesarean epidemic that sees one in three mothers giving birth via major abdominal surgery every year. I did not know about medical shared decision making, informed consent, or even informed refusal. I did not have sufficient knowledge about position changes and comfort measures that can help minimize the use of costly and invasive procedures during labor and birth. I also did not know that one in five mothers report symptoms of posttraumatic stress disorder as a result of childbirth. At the time, I did not know what a doula was and even if I had known, the out-of-pocket cost of doula care would’ve been prohibitive for me.
Flash forward several years, as a DONA certified childbirth doula, I now provide the kind of emotional, physical and informational support that has been documented in multiple studies as having positive influences on perinatal health indicators and you’ve heard about many of them today. My written testimony also goes through statistics and provides support through references and cited works.

What is most interesting to me is that these benefits also remain constant and even enhanced when studied among under-resourced populations with doula supported births of Medicaid covered mothers and mothers of color experiencing lower rates of preterm birth as well as lower rates of low birth weight, as well as fewer reports of perceived discrimination within healthcare settings. Increasing equitable access to doula support can and should be achieved in Connecticut. However, in invite members of the Committee to review important considerations. More specifically, efforts should be made to support the growth and diversification of the doula work force, ensure that minimum training requirements include knowledge and skills related to supporting the complex needs of marginalized populations, develop billing and reimbursement structures that support doula care as a sustainable professional path, and support activities aimed at increasing awareness about the valuable services among pregnant and postpartum Medicaid beneficiaries.

While I did not know a lot about what could lead to healthy, safe, and empowering birth experience as a first-time mother 11 years ago, I do know now with certainty that increasing access to doula care in Connecticut is a step in the right direction towards our shared goal of promoting the health and
wellbeing of Connecticut families. I look forward to partnering with you and the appropriate state agencies to help promote a thoughtful path forward towards increasing access to and utilization of doula care in Connecticut. Thank you.

SENATOR MOORE (22ND): Representative Case?

REP. CASE (63RD): Thank you, Madam Chair. You might not be able to answer this question, maybe somebody coming up behind you can. It just came to my head here. Any other services in the State of Connecticut that offer birthing services, midwives, any others covered under any type of insurance?

JORDANA FROST: Clinical, the promotion of clinical services, yes.

REP. CASE (63RD): Clinical service so if you go to a doctor's office --

JORDANA FROST: A midwife. A midwife is a clinical provider.

REP. CASE (63RD): A midwife is a clinical?

JORDANA FROST: Yep, absolutely.

REP. CASE (63RD): And the reason why we went to a doula cause it was more natural and it's what we wanted.

JORDANA FROST: And it's a complement, it's not a substitute to clinical care, right, so it's an --

REP. CASE (63RD): Correct.

JORDANA FROST: Added service that should really be integrated in the regular maternity care team.
REP. CASE (63RD): Correct and that's important to say because once you're in there, it is a team that works together.

JORDANA FROST: Uh-huh.

REP. CASE (63RD): Thank you.

JORDANA FROST: Absolutely.

SENATOR MOORE (22ND): Anyone else? Thank you so much. Angela Bellas?

ANGELA BELLAS: Good afternoon Senator Moore and Representative Abercrombie and the entire Committee. My name is Angela Bellas. I reside in Manchester, Connecticut. I'm a social worker, a mother, and a Ph.D. candidate at the University of Connecticut School of Social Work. I stand in support of SB 1078, AN ACT CONCERNING DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES.

Giving birth to my daughter was one of the single most important events in my life. I had long wanted to become a mother and finally found myself pregnant at 36 years ago, advanced maternal age they told me. My experiences and perspectives were very different than they would've been had I begun my parenting journey a decade or two decades earlier like many of my friends. One of my closest childhood friends had become doula and had just completed her apprenticeship as a home birth midwife. My limited insurance at the time didn't cover doula care, let alone a home birth, but I was fortunate and privileged enough that one of the people I love and trust most in this world offered to be my midwife or doula if I needed to have a hospital birth free of charge at a time in my life when I had a very low income. Very few people have this option. I was
able to have the birth experience that I wanted at home in the house where I was raised, supported and guided by a loving friend. Instead of the 15 minutes allotted by the OBGYN I originally met with, my midwives spent an hour or more with me during every visit before and after my daughter's birth, which my best friend also did when she provided doula services for other clients. I was 12 days past my due date and my midwife spent an entire day with me walking, bouncing, massaging, offering tinctures the day that I finally went into labor. After many hours in active labor and more than six hours pushing before my beautiful, strong, healthy daughter was born, I realized I would’ve almost certainly been forced to have a cesarean section if I had delivered in a hospital without a doula to advocate for me.

Instead, I was able to relax at home with my newborn and my midwife who visited me several times in the first week after my daughter was born. While this is not the same as doula care, there are many similarities in terms of the level of emotional support and services that I was offered such as lactation counseling, nutritional advice, and emotional support. I want every mama and birthing parent to have this level of support and advocacy whether they give birth in a hospital or at home. Healthcare is a human right. We are relational beings and the support a doula can offer has an enormous biopsychosocial impact on mothers, all birthing parents and infants.

With the excitement of pregnancy comes many stressors as we all recognize. These stressors multiple for poor and low-income parents who are unsure of how they will afford to provide healthy
housing, nourishment, clothing, diapers, transportation, and other needs for their babies. These stressors multiple for black and brown parents who face structural, institutional, and interpersonal racism on a daily basis and know that their babies will face the same. These stressors and other social determinants of health have resulted in the horrifying health inequities you’ve heard about over and over today.

I think those statistics that we’ve heard are a call to action for all of us who have love for humanity and a love for life. Black and brown mamas, pregnant people of all genders, black and brown babies, all babies deserve to live and thrive and be nurtured in every way so everyone should have access to culturally diverse and relevant doula care. Including culturally diverse and relevant doula care under Medicaid is not on the right moral, just thing to do, it will very likely be cost effective over time. One in nine US infants is born before 37 weeks' gestation incurring medical costs ten times higher than full time infants in the first year. One in three infants is born by cesarean and cesarean births cost up to twice as much as vaginal births. Researchers have compared rates of preterm and cesarean births --

SENATOR MOORE (22ND): Excuse me, I'm gonna ask you just to wrap up.

ANGELA BELLAS: Sure. The gist of it is that women with doula care saw a 22 percent reduction in preterm births, specifically when comparing births among women on Medicaid receiving doula care. There's a couple of studies over the last few years specific to this. So yeah, research and common sense tell us we should support SB 1078.
SENATOR MOORE (22ND): Thank you. I just have a question, you triggered something. So do doulas work in, could they be in the hospital with the mother during that period of time?

ANGELA BELLAS: Doulas?

SENATOR MOORE (22ND): Uh-huh.

ANGELA BELLAS: Yes.

SENATOR MOORE (22ND): And they could be at home also?

ANGELA BELLAS: Yes.

SENATOR MOORE (22ND): Did you birth at home?

ANGELA BELLAS: I birthed at home.

SENATOR MOORE (22ND): You did. Bless your heart.

ANGELA BELLAS: I did and my little home birthed baby who's not so little is home sick from preschool today and she's standing in the back.

SENATOR MOORE (22ND): Okay. I didn’t think of that before that this could’ve taken place in a hospital or at home. Thank you for your testimony. Anybody? Representative Hughes.

REP. HUGHES (135TH): Thank you so much for your comprehensive testimony. You said that something that just really struck me. You said something about being kind of hardwired to be relational. As you're a Ph.D. candidate, can you say more about that?

ANGELA BELLAS: Sure. I mean in social work and many other fields and just in terms of common sense, we know that human beings are relational. We respond to touch. We respond to tone. We respond
to body language and as relational beings, we're constantly on some level or another seeking relationships with other human beings in all sorts of different structures, right? And so the relationship that a doula or in my case a midwife has with her clients, is very different than the relationships that we oftentimes have with other healthcare providers, in particular in my experience, with OB/GYN's, which I have several friends who are OB/GYN's so I'm not throwing OB/GYN's under the bus, but I was literally told by one that I saw that okay, you'll have 15 minutes per session with me versus doulas and midwives like all of the wonderful women sitting behind me who take hours, who take days to spend and support the folks that they're working with in meaningful ways that truly in terms of our physiological health, in terms of our mental health, in terms of our effective health, have a huge impact right and the research shows that. My written testimony has other evidence in terms of significant physiologic and mental health outcomes associated with doula care and I believe that all of this is tied into the fact that we are such relational beings and having this extra support from someone who is well trained, who comes into the relationship with an understanding and an attitude, particularly towards being culturally responsive, is irreplaceable.

REP. HUGHES (135TH): And would you say in your experience that as a result of that type of relational approach and culturally sensitive approach impacts one of the most critical times of a woman's life but bringing life into the world, that that informs all of our systems like you were saying? Our hormonal systems, our neurological systems, everything responds to that.
ANGELA BELLAS: Absolutely.

REP. HUGHES (135TH): And why, in your opinion, isn’t our medical, even OBGYN community oriented to that do you think?

ANGELA BELLAS: In my opinion, I mean that has very much to do with the cost structures and reimbursement structures that are healthcare providers are tied to.

REP. HUGHES (135TH): Right and who does that benefit in your opinion?

ANGELA BELLAS: [Laughs]. In my opinion, that benefits insurance companies and pharmaceutical companies and folks in the pockets of insurance companies.

REP. HUGHES (135TH): But not the patients.

ANGELA BELLAS: But not the patients and not their families and certainly not the babies we're talking about.

REP. HUGHES (135TH): And not the babies. Okay. That's it. Thanks.

SENATOR MOORE (22ND): Thank you for your testimony. Aleman McClain? Because we're not birthing babies any longer. We don’t want to keep them; we just want to play with them and get the good part of them.

ALEMAN MCCLAIN: This was my 10-pound, 23-inch baby. What's your name?

BABY: Canaan.

ALEMAN MCCLAIN: Okay. Hello.

BABY: Hello.
ALEMAN MCCLAIN: My name is Aleman McClain and I live in West Haven, Connecticut. I am licensed practice nurse by profession. I stand in support of SB 1078, AN ACT CONCERNING DOULA SERVICES OF MEDICAID REIMBURSEMENT FOR DOULA SERVICES. This policy would be a critical first in ensuring that families and individuals in the State of Connecticut have access to doula services during pregnancy, childbirth, and post labor and delivery.

A doula is a professional trained in childbirth who provides emotional, physical and information support to a person who is expecting or is experiencing labor or has recently given birth. A doula's purpose is to have a safe, memorable and empowering birthing experience. In my own experience, I am a mother of two, I condensed my pregnancies together so this is all one story, however, my first pregnancy was very emotionally hard on me. I experienced depression during my pregnancy, I had no social support during my first two trimesters being at odds with my now ex, my labor and support team consisted of two women close to me who had no maternal, fetal or delivery knowledge other than giving birth themselves in which both of them had cesarean sections and had no experience with vaginal delivery. They were not assertive enough to make sure my wishes were honored while I was in labor. Being in so much pain that you can't process or speak for yourself, you need people who will listen to you and make sure that those a part of your birthing team will listen as well.

My wishes that went un-honored, that my infant son not be given a pacifier for any reason. It took me six months to wean him off. He was exclusively breastfed and obviously still is. Delayed cord
cutting of my baby's cord at least until the placenta stopped pulsating at the minimum and I asked for no students or residents. Due to having students, I ended up with an infection, almost got a UTI. In my second delivery, I ended up having to give birth with no medications, in excruciating back pain and a tremendous amount of fluid retention and so many other issues that arose during my pregnancy. No one listened to my concerns and I was hushed. The night before delivering my son, I laid in pain while my two family members slept for 7 hours. Even after I begged the nurses for medicine for pain or just to be made comfortable. I would ring the call light, they'd answer, but no one ever showed up until it was time for me to go to labor and delivery. I had a longer healing time because the resident who put my sutures in did what some might call a hack job to where an area was left exposed and as a second-time mom, I was very scared and nervous noting that he kept asking the midwife and the MD what to do. I felt my body was paralyzed and I had no voice. If I was able to have had a doula, the support alone would've made all the difference. She may have supported me and protected my rights and decisions. I would have possibly not suffered postpartum depression if I had the support of a doula. For moms like me, it is a nightmare to not have someone who understands your needs and wants and protects that and your rights, someone who cares and informs you of your actions. God made doulas special for moms like myself and for this reason, I decided to become one, to support because I know how it feels to be unseen and unheard in a room full of people who don’t have your best interests at heart, only their personal interests. This is why we need doulas and it is imperative to the health and
wellbeing of our mothers of all races, creeds and color. I support this bill.

SENATOR MOORE (22ND): Thank you for your testimony. And what is your son's name?

ALEMAN MCCLAIN: Canaan.

SENATOR MOORE (22ND): Canaan. Okay. Canaan, I didn’t hear you say your name.

ALEMAN MCCLAIN: What's your name? You want to say your name?

SENATOR MOORE (22ND): For the record.

ALEMAN MCCLAIN: San Canaan.

BABY: Canaan. [laughter]

SENATOR MOORE (22ND): Thank you for your testimony. Any questions or comments? I appreciate it. Thank you.

BABY: Thank you.


LAURIE SWEET: Hello. My name is Laurie Sweet, and I live in Hamden, Connecticut. I stand or sit in support of SB 1078. It is critical that we provide doula services to people with Medicaid because a small investment in doula services ($800-$1500 dollars) could save Medicaid tens of thousands of dollars per patient, adding up to significant cost savings for the program as a whole. Research has shown that doulas reduce surgical birth, reduce medical intervention, drugs like Pitocin and epidurals, instruments like vacuums and forceps, and
help women have more satisfying birthing experiences.

Unlike a woman’s medical provider, a birth doula accompanies the woman throughout labor and delivery, however long that may be, and a doula’s primary focus is the laboring mother and her partner. I had a birth doula attend both of my labors. The positive and profound impact of my first birth led me to abandon my job as an adjunct professor and train and certify as a birth doula, serving most of Connecticut for the past 7 years. I am trained in childbirth education and comfort measures and I have attended over 50 births. I have had to say no to some women because they could not afford my fee, since doula services are currently an out-of-pocket expense. In closing, I urge you to support SB 1078. "If the doula were a drug, it would be unethical not to use," says Dr. John Kennell. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. Any questions?

REP. CASE (63RD): No, just thank you for your testimony. I think it's great and one of the things that hasn't really come out today with doulas and just going back to my experience, you know, we call at 2:00 a.m. and you guys are there.

LAURIE SWEET: You got it.

REP. CASE (63RD): And it's incredible.

LAURIE SWEET: Yep.

REP. CASE (63RD): So it's not just during regular working hours.

LAURIE SWEET: It usually isn’t. [laughter]

REP. CASE (63RD): We can't plan anything.
LAURIE SWEET: You can't plan anything. You can't have a beer with dinner. You don't know when you're gonna get called away. You don't know how long you're gonna be gone so sometimes I get mad at my husband for not filling the gas tank because I might have to drive to Hartford from New Haven or Greenwich from New Haven. You're dropping everything and you may have families and kids and animal and commitments and appointments, and you have to call and cancel them. It's a huge commitment to the birthing woman, huge. And it can, you know, we talked earlier, you guys talked earlier about hiring in the third trimester, I've had clients call me with a positive pregnancy test and so that is a you know 8-month relationship and it goes beyond that too. I also unfortunately did the numbers once on how much I make. It's about $5 dollars an hour when you consider the amount of time I spend emailing, phone calls, time away, prenatal visits, time at the hospital, appointments and postpartum visits and travel.

REP. CASE (63RD): But you're ready because you have multiple people.

LAURIE SWEET: Yes, yes.

REP. CASE (63RD): I know the doula I used couldn’t be here today, I think somebody's here on her behalf but she has about four or five mothers expecting.

LAURIE SWEET: Yep at a time and so that's a juggling act as well and sometimes you get called and you have to call in backup. It doesn’t happen a lot but it does happen and you might go from one birth to another so you might not sleep for several days.
REP. CASE (63RD): We were given the backup person. We liked the backup person but we were just hoping that the doula we were able to work with was there that day.

LAURIE SWEET: Yeah, I understand.

REP. CASE (63RD): But thank you for your testimony.

LAURIE SWEET: Yeah.

SENATOR MOORE (22ND): Representative Cook.

REP. COOK (65TH): Thank you, Madam Chair and thank you for your testimony. It's been -- I'm sitting here thinking boy I wish I had this when I had children. My question and you just triggered something, so you obviously have backups and teams that you work with. Is there an amount of people that you keep I guess in reserve?

LAURIE SWEET: Yeah.

REP. COOK (65TH): God forbid that you have --

LAURIE SWEET: One to two people in reserve. Yeah, I'm doing less doula work now but at my height I was doing four a month and I had two backup doulas that I worked with routinely and clients are always allowed, in my experience and my contract, to meet with those backup doulas should you get, should you have to call them in. It's happened twice, but it does happen and it's always the person who's three weeks earlier and the person who's two weeks late that you know have a collision and you can't plan for that but absolutely, I have two to three people that I could call at a moment's notice. That's a very special thing to be able to call someone and have them answer their phone and drop everything they're doing, they're doulas like myself, and run
off and meet maybe a stranger but usually someone that they’ve met so yeah, two to three people.

REP. COOK (65TH): And so for reimbursement purposes as what we're trying to do, would it be, so would we need to give one person so let's say you, and then you would be the person that would be billed and then you would pay them accordingly?

LAURIE SWEET: Correct.

REP. COOK (65TH): Is that what you --

LAURIE SWEET: Yes. So I do $500 dollars as a deposit, you sign my contract, I'm yours, and then the $1000 dollars is due at 37 weeks, and then if I have to call in a backup, I work out payment with that person always. That's just how I operate my business, yeah. So you would pay me and if I had to call in backup, it would be probably $750 dollars to $1000 dollars cause that's the brunt of the work is really being there for the laboring mom and people have different arrangements, but yes, you would pay me if I was contracted and I always work out those arrangements. The client never has to worry about that.

REP. COOK (65TH): Yeah because if we're trying to figure out a way to help you all get reimbursed, it would be, how would we do that? It would be a one single payer and then to you and then you would distribute it.

LAURIE SWEET: Yes.

REP. COOK (65TH): Perfect. Thank you.

SENATOR MOORE (22ND): So I have a question. Is this covered under any health insurance plans that you know of?
LAURIE SWEET: Some FSA's will reimburse, but no, otherwise. It's usually out-of-pocket and it is pricey. It's an added expense at a very expensive time in your life. You know you're getting ready for a baby. There's diapers, there's car seats, and then you throw in another $1500 dollars so it is a lot and I've done sliding scales and I've had to say no because at the end of the day I have to you know pay my parking meter and pay for my gas so it would be nice if this was something that was covered. It would really make it available to a lot more families.

SENATOR MOORE (22ND): Someone just asked if there's a liability issue.

LAURIE SWEET: I take out liability insurance. It's about, I don't know, $55 dollars, $60 dollars a year that covers me, but I don't do anything out of my scope of practice. It's really just to be able to tell clients I have insurance. If there is a certain outcome, there may be a lawsuit and everybody in the room is gonna get sued so I have the potential of being sued, but it hasn't happened, but yeah, there is a liability. If I'm not doing anything medical and I stay within my scope and I help the mom, I go home and I don't worry about that and I always default to the care provider. Do you think I should go to the hospital? Why don't you call your care provider? I don't ever want to take on those type of decisions, definitely information, but nothing beyond that. Those are you know medical decisions.

SENATOR MOORE (22ND): Thank you. Brittany Yancy?

BRITTANY YANCY: Good afternoon. Thank you for having me and providing this testimony. My name is
Brittany Yancy. I live in Vernon, Connecticut. I work with an organization called the United State of Women and I'm the greater Hartford ambassador and we're interested in fighting for intersectional movement for full gender equality. I'm also a professor at Goodwin College and I am working on my doctorate at UConn and finishing hopefully at some point this year [laughter], but I sit here in no other capacity than being a 37-year-old female who looks forward to finishing her doctorate, continuing my career as a scholar advocate and most importantly, being able to look forward to starting a family. But the statistics provide a very grim prospect for that and the women who stand behind me who are so amazing in the work that they do have already provided you with all of the statistics, but the sobering statistic that is very alarming for me as a black woman, is that black women are 243 percent more likely to die during childbirth than white women and it leaves fear more than hope in ever becoming a mother. [crying] I have like the ugly cry too and the tears are real because in my sister circle, I've already had one best friend who had a stillborn son, her first son, and my sorority, my dear friend had again, stillborn twins her first time. My mother, well let me back up, I will be hopefully the first generation in my family that has not had a complication with a pregnancy and have lost children. These realities are not unique, but even in Connecticut, to hear that black moms are three times more likely to die, that babies born to black mothers are three times more likely to die in their first year of life is sobering and disheartening, but these realities are not unique to Connecticut. They are reflected across the country and it's a good time for us to deal with this
imbalance in our healthcare system. We know that a lot of this has to do with the racial bias that contributes to distrust and misdiagnosis of women of color in particular. It leaves grave and periled and undermines black women's health, speaking in my experience including mental, emotional and physical trauma leading to this vicious cycle of complications and distrust. This bill counteracts that 243 percent and I urge you to support it and advocate for it. The studies prove that doula care improves health outcomes for both the mother and the baby, reduces spending on non-beneficial medical procedures, avoidable complications and preventable chronic conditions, and addresses the mental and emotional needs which are so critical when talking about reducing postpartum depression. We need radical systematic change here in this state to improve the birth outcomes for all women including women like me who do remain hopeful. We need this committee to advocate for all of these factors that lead to healthy birth outcomes and allow women to select the care according to their wishes. Medicaid coverage for doula services is required for equitable for care. Funding is critical. The stories that we have heard. I'm not understanding. What is it about the work that women do that is not valued? How can anyone do this work and not be paid a fair wage? Ultimately, doula care is critical. It should be in partnership with clinical care so we can have a safe and supportive and affirming experience for women and their families. I urge you to support SB 1078, doula certification and Medicaid reimbursement for doulas. Our future depends on it.

SENATOR MOORE (22ND): Thank you and you know what, when you speak from your heart, we understand. We appreciate that. I think at some point we all have

REP. HUGHES (135TH): Thank you, Madam Chair. Thank you so much for your testimony. It just spans all of the issues. In your opinion, do you think this is enough to bridge the disparity that we see, that you fear and that is real?

BRITTANY YANCY: This is a step forward and it's a large step. When I understand the long history of midwives and doulas in this country, they're so undervalued, right? So it's a step forward but it belongs to a larger project that should be dismantling the various systems of oppression that still oppress people across this country so I think it's a step forward.

REP. HUGHES (135TH): Thank you for that. And through you, Madam Chair, in your experience, what would that look like to have a black woman's experience affirmed, valued, and taken seriously and compensated? What would that look like?

BRITTANY YANCY: I mean it restores dignity, right? I mean at the end of the day we're talking about being dignified for the work that you do. It restores trust in the medical process, right? There should not be any sadness about life. It should be a time for celebration. It should be an exciting time and the work that the women behind me do provides that experience but they also have bills to pay and families to feed and at the end of the day, every worker, every person who works should be dignified by being compensated. I can't imagine doing any of this and not being compensated.

REP. HUGHES (135TH): Thank you. That's it.
BRITTANY YANCY: Thank you.

SENATOR MOORE (22ND): Ashley Minihan.

ASHLEY MINIHAN: Hi. My name is Ashley Minihan and I live in Cheshire, Connecticut. I stand in support of SB 1078, DOULA CERTIFICATION AND Medicaid REIMBURSEMENT FOR DOULA SERVICES. This policy would be a first in ensuring that families and individuals in the State of Connecticut have access to doulas during pregnancy, childbirth, and postpartum. For the past five years, I have worked in a state-funded home visiting program serving moms who have been identified as needing some extra parenting support. Most of them had Medicaid. When I met these moms during their pregnancy, we would discuss the feelings about their upcoming births, and I heard how scared they were. They were entering their birth experience stressed and full of worry. Most of them had someone to take to their birth with them, but some did not and they were facing the scariest time of their lives alone. Even when they did have a birthing companion, it was often someone that they had a strained relationship with and they did not feel like they were going to be very helpful.

Other times, I wouldn’t meet my clients until they had their babies. I would hear stories of birth traumas, of being terrified, of moms not understand what went on or why decisions are made. They come out of their birth experience feeling like something had happened to them. They were not treated well, they were not supported, and they didn’t understand and they were starting their parenting journey feeling like a failure and that they couldn't do it.
Some had trouble bonding with their babies, they had trouble breastfeeding, and some had postpartum depression. As a certified doula myself, I know how much having a trained and educated support person whom they could have developed a trusting relationship with during their pregnancy could’ve helped smooth this transition to parenthood for them. Having a doula can ease fears by giving evidence-based information and then helping her figure out what would work best for her and then supporting her choices. These moms deserve someone to stand next to them whose only job is to support them and care for them. A doula can help them prepare for their birth, support them during their birth by providing continuous support, and allowing them to understand in the moment what's going on and then provide followup care which includes processing their birth and helping them understand what happened. All new parents deserve support, not just people who have enough income to pay for a doula. Doulas can decrease postpartum depression and increase breastfeeding. The cost benefits of these two things alone are worth the investment in our state.

In closing, I urge you to support SB 2078, doula certification and Medicaid reimbursement for doula services.

SENATOR MOORE (22ND): Thank you for your testimony. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. So if I'm correct, you have your own doula service.

ASHLEY MINIHAN: I do, yes.

REP. CASE (63RD): And how many doulas work with you?
ASHLEY MINIHAN: So I am a doula of one, I own my own business, but I also work with a big collaborative of other doulas but that was different than the home visiting job that I did.

REP. CASE (63RD): So you have backup of people coming.

ASHLEY MINIHAN: Absolutely, absolutely.

REP. CASE (63RD): But within your one, you're a one-person --

ASHLEY MINIHAN: I am one person but I work in a collaborative of 30 other doulas so if there was some reason why I couldn't be at a birth, I would be able to send backup.

REP. CASE (63RD): So Dina's in your collaborative? Okay. Thank you. I appreciate it. thank you.


MELISSA DUENAS: Good afternoon. My name is Melissa Duenas. I live in Manchester, Connecticut. I stand in support of SB 1078, doula certification and Medicaid reimbursement for doula services. I have been a birth doula for the last six years and have served over 300 families. I am also the founder of that doula collaborative that Ashley just mentioned, Birth Tribe. Last year, a nurse complained to me while I was at birth as well as to my laboring client that the labor and delivery floor was full and now another person had shown up by ambulance to birth there as well. When I questioned why by ambulance, the nurse replied, well she didn't have to pay for it, that's why.
I have been serving families for marginalized communities for free or at no cost for years. Because of hundreds of comments just like the one that I just shared, I believe that the presence of a doula could help to protect birthing persons' lives and statistics have now proven that thought process to be true. Last year I created the Doula Collaborative Birth Tribe in which every paying client that we serve, we take a portion of the fee and put it into our scholarship fund that prioritizes doula service for women of color. This fund reimburses our doulas when they volunteer for these births lessening the cost to their families to just the time away. While we are passionate about doula services for all, this bill would not only allow for us to serve more families in marginalized communities, but would also mean that we could make a wage while doing so instead of having to donate ours to continue to do it.

I'm asking today that you consider birth doula services as a mandated Medicaid benefit for pregnant women based on evidence that doula support is a cost-effective strategy to improve birth outcomes for women and babies, and reduce health disparities with no known harm.

REP. ABERCROMBIE (83RD): Hi. Welcome. Just a quick question. So everyone that's in your collaborative, are you all certified under the same national certification?

MELISSA DUENAS: So I know that this is going to be sort of a hot topic of how do we decide you know what Medicaid covers and certification. As SciHonor had mentioned, I also started my certification with DONA which is a very popular certification body. I am no longer certified through DONA. I did repay my
fees year after year with no benefit to me from DONA. I then need to stay certified. There are some hospitals in the State of Connecticut that require doulas to be certified in order to stay on their list and so I continued my certification. I've now held certifications with three different certifying organizations, DONA, Madriella and Child Birth International. What I will say about them is that I don't think that they're comprehensive trainings and in turn, that's why Birth Tribe was sort of created. We go beyond that. So our doulas are required to take a training and then required to work towards their certification before they start working with us, but we also offer monthly classes on how to start a business, not just about how to serve somebody, but all doulas are basically starting their own individual business and there's a lot of times where people will take a doula certified training and then now what? They don’t know how to register for employee ID numbers or how to do their taxes, how to start an LLC, are they a sole proprietorship. There's all of those kinds of things that come along with us as well and as well as caring for clients so that's we started Birth Tribe or that's why I started Birth Tribe was to sort of help people who had taken trainings and were working towards certification actually run operating businesses.

REP. ABERCROMBIE (83RD): So your organization is a little more in depth around the business aspect. You don’t certification on those doulas though do you?

MELISSA DUENAS: We don’t.

REP. ABERCROMBIE (83RD): Okay. So if we were going to as a state, so part of the challenge here is
right, is that we don’t have a certification and I'm gonna be honest with you, I know DPH is gonna put a huge fiscal note on this so the Senator and I are trying to think about how do we get around that and one of the things that we've done in the past is authorize individuals to get a national certification which we will honor in this state. So my question to you is, because there isn’t one body, how would we as a state determine, would we take any certification? Do you think that they're comparable because at this point, you know we can't cover something under Medicaid if we don’t have full control around it?

MELISSA DUENAS: And I think that's such a huge topic like even amongst our own community of how do we think that you determine who a doula is, right? Like what's the certification process. I could see where from somebody who doesn’t understand what doula work is, they'll want to have like a national organization certify them and to be able to point to certain things. However, as I told you earlier, I originally did my certification with DONA and then I stopped doing it because the education wasn’t inclusive. So for instance, when I took my training, the word husband was on every single document when I first took my training and as we know, plenty of laboring women do not have husbands, right, and so I stepped away from that organization. I think that that's a really huge difficult situation and I think it's part of the part of this discussion that's still going forward is how do you determine and which organizations do you look at right? I think that's a huge piece.

REP. ABERCROMBIE (83RD): Yeah because I think in this state, you know and I'll just talk from my
personal experience with different programs in the state that did not have a state certification and when we tried to get it through DPH, DPH had put a huge fiscal note on it so then when we went to a national certification and let me just tell you the benefit of doing a national certification is you get to have the data of how many individuals this incorporates, right? And once you have those numbers and then you're able to see the work that they do, you have better odds of getting DPH to do what they're supposed to doing, which is the oversight body to do any kind of certification or licensing so I'm just trying to figure out you know how do we get to that end game because there's no way at this point to be able to say concretely how many individuals this will encompass.

MELISSA DUENAS: So I think that there's -- SciHonor who spoke first and myself sort of have a lot of doulas who are around us and work under us so we work together all the time. We keep documents and records I think that’s something that could be requested of two larger organizations to ask to keep track. So for instance, I made a note when you asked earlier, I've served 302 clients, 89 of which were on Medicaid or have had no insurance in the last six years and 43, another 43 women who were incarcerated through a program run by the State of Connecticut as well. There are ways to track that data and information and if we decide that going forward, that that's something that we, that you would like to have done, I'm sure that SciHonor and I could have 80 to 90 doulas tracking that kind of data over the next portion of time in order to get back some of those numbers about the community that we would impact that way.
REP. ABERCROMBIE (83RD): Yeah and so I'm not, this is Senator Moore's bill so I'm not here trying to strip it, change it or do any of that but I'm a realist and I just know how things work in this building so I'm just trying to figure out how do we get to a point where we put the steps in place to move forward. You know you can't mandate something under Medicaid right without having a certified person doing it right and it gets very complicated under federal law with what Medicaid will pay for.

MELISSA DUENAS: Right.

REP. ABERCROMBIE (83RD): So that's why I'm just trying to figure out if as this goes forward and a fiscal note on it gets to be too much, what are our alternative at this point cause I do believe that it's a vital service that should be offered. I totally get that and I totally support that. Where I'm stuck is, how do we get to that point? How do we make sure that the people that are doing this, especially if at some point Medicaid is gonna pay for it, are recognized as someone that's being certified in a field?

MELISSA DUENAS: I know that there was a discussion prior about the state sort of, there's another bill with a community health worker thing sort of happening that maybe it would be under, that doula services would be under there and that the training and stuff could be sort of hosted by the state. I think that's complicated too right and I understand that. I certainly wouldn't wanna be in your position as far as this --

REP. ABERCROMBIE (83RD): No, and I'm not --

MELISSA DUENAS: Piece of this stands.
REP. ABERCROMBIE (83RD): Just, and I'm not trying to put you on the spot.

MELISSA DUENAS: No, no.

REP. ABERCROMBIE (83RD): I'm trying to find a solution to what I know. Senator Moore sits on Finance, Revenue and Bonding. I and Representative Case sit on Appropriations. This is gonna come to us before Appropriations and I'm gonna tell you right now what's gonna happen. DPH is gonna say, yep, we can do it, but it's gonna cost you a lot of money and then what happens is, they don't put it in the budget and then it dies. I'm trying to figure out how do we get this moving in the direction of a certification here in the state so that we can start to move the ball down the road. That's all I'm -- and I'm not, I'm not trying to put you on the spot [crosstalk].

MELISSA DUENAS: It's so hard to [crosstalk] again like in the doula community. It is really a hot topic. You know there are private certifying organizations and then there are public certifying organizations. There are international certifying organizations. You know those international ones are ones that sort of have a curriculum that anyone can participate in, in any state. There's 43 I believe of those. I'm sure some have popped up since that last number as well as private certification.

REP. ABERCROMBIE (83RD): If we went with, so let me just ask you this. If we put language in the bill that said any nationally recognized certification at the national level right, would that be acceptable to the doulas that are in the community?
MELISSA Duenas: What I think is hard is that it doesn’t, there’s so many doulas that can afford to pay for those types of those certifications, that that’s where the real struggle is. So women who want to have access to becoming doulas, men as well, may not be able to pay for that certification and so I think that’s some of the --

Rep. Abercrombie (83rd): But if they can't pay it at the national level then they're not going to be able to pay for it at the state level.

MELISSA Duenas: Except a lot of times --

Rep. Abercrombie (83rd): It's still gonna cost something for us to do a certification at the state level so you know you need to be careful with that argument because if we're gonna set up a certification that's gonna cost money right and people can't afford to do it, then we as a state, you know, we're not gonna put that expense on DPH so there's a cost to any type of certification.

MELISSA Duenas: Right I think if you require a specific type of certification in order to do this work.

Rep. Abercrombie (83rd): But if we did a blanket national recognized certification right, you said there's many organizations. Would that at least be starting the ball going in the right direction perhaps?

MELISSA Duenas: Sure.

Rep. Abercrombie (83rd): So what I would like for you guys to do cause you said there's two big organizations in the state, I would like you to start to think about that with your members. We do have, this bill will be coming out of the committee
next week but it still has some hurdles so, you know, and I don’t want to speak for my colleague cause this is her baby, but any help that I can give, oh, no pun intended, baby, I get it. [laughter] Look, he's quick, right? The new dad in the room I quick. I didn’t even get that.

MELISSA DUENAS: Well it's so funny. I knew who his doula was before he even said her name. I had figured it out back there.

REP. ABERCROMBIE (83RD): While it's not every day a state Rep uses a doula so I'm sure it's all over the place.

MELISSA DUENAS: No what happened was I figured out where he was located, where he lived, and then there's not man doulas actually where he's from and so it was easy to sort of disseminate.

REP. ABERCROMBIE (83RD): But start to think about how this can look because we still are gonna have time to tweak it along the way but I'm really just trying to figure out --

MELISSA DUENAS: Where can we --

REP. ABERCROMBIE (83RD): How we can --

MELISSA DUENAS: Where can we get you that information, like after, you know you said think about it going forward and that you're, this is coming up next week? How do we communicate that information going forward?

REP. ABERCROMBIE (83RD): Okay. So we don’t need it for next week cause the bill's gonna come out as is next Tuesday cause Human Services finishes next Thursday. So no more bills will be coming through Human Services, but then the process is, I assume
you're JF'ing it to the floor, so the process is that it'll go through another screening who will dictate where the bill has to go. I know it's gonna go to Public Health. Public Health is gonna say yea or nay. Let's say they say yah. Still gonna have to go to Appropriations. So when it gets to Appropriations, right, I wanna be able to say, listen, this is a really important program. We figured out that we can do it by doing a national certification so that DPH can take the price tag away, so it at least gets it recognized in the state. I'm just trying to think how do we get this forward.

MELISSA DUENAS: Sure.

REP. ABERCROMBIE (83RD): So with your help, right, cause I'd love to work with you and Marilyn on this, you know how do we get this down the road further because if we don’t do anything, listen, one thing people know about me in this building, I don’t lie about things and I don’t sit up here and pretend to tell you that something's gonna work when it's not so I'm telling you the facts. I can see where this is gonna go and I just wanna figure out how we can get it farther that's all.

MELISSA DUENAS: Okay.

REP. ABERCROMBIE (83RD): So with your help, I'd love to work on it with you.

MELISSA DUENAS: Thank you.

REP. CASE (63RD): Thank you, Madam Chair. To piggyback on Representative Abercrombie, don’t wanna
put out any false hope and I get that. Is there any other avenue or organization or professionalism that is recognized that you can be tied to in order to be covered under state insurance like I don’t want to say something like a doctor's office or a [crosstalk].

MELISSA DUENAS: You know you’ve asked a question sort of over, there's some different questions that have been asked about insurance coverage and private insurance. I have attempted to have insurance cover doula care, private insurance cover doula care and I have been reimbursed seven times from private insurance; however, I was prescribed by a doctor or by a psychologist or by a psychiatrist in order to get that taken care of. With that said, there was a lot of work that had to be done. One, my clients were reimbursed after paying me the first time, right? So they had to come with the money out of pocket. To be very honest and up front, I'm a very expensive doula and so there is some money that would have to be put out and then a letter that I had written by an attorney who happens to be a client of mine who I bartered for the letter, wrote a letter that explained why services, my services, saved the insurance company money in order to get reimbursement so the letter stated you know the client didn’t have an epidural, wasn’t induced, didn’t have preterm labor, babies didn’t have NICU stays, in order to get those fees reimbursed but there's never a guarantee right so I can never say to somebody oh if you hire me your insurance might reimburse you. I never say it until after the birth goes perfect because as you know, birth is so unpredictable that I can't guarantee that any client won't have any of those things happen. Sure I
lessen those. I lessen those risks but obviously I'm, you know, it's not in my control right so.

REP. CASE (63RD): Well I think that some of the things we looked at and maybe a bill we talked about today that we passed. How long has chiropractic care been around and we're talking about funding it? We're talking about, correct --

MELISSA DUENAS: But I think there's something too, like I know that chiropractic care, Husky reimburses a chiropractor $11 for a 15-minute office visit, right, so I think that the first person that spoke mentioned why was the rate of a doula sort of mentioned in a bill. I think there's some fear to that, is that we don't reimburse doulas enough and then no one does this work because it doesn't make sense. The time to bill, to hire a medical biller, these are things that doulas are not used to doing right and there's a cost to that. I'm very privileged and very lucky that I'm able to do that. I joke that I take one client that can afford to pay, I charge $1850 dollars, that can afford to pay that service, in order for me then to take a free client and that it divides out so that my husband doesn't ask me why I'm making $6 dollars an hour and I'm never home right, so there's that piece to it too, you know.

REP. CASE (63RD): I think we have a lot of work to look at this. There's nothing that's gonna happen overnight. I think there's a savings on the back end as everybody's' been talking about but as the good chair has said, you know things are paid for that are under a certified program and we run into this block all the time. I can see the smoke coming out and figure where it's gonna be so I think if we
just constant communication, I know somebody that will be in my ear later on.

MELISSA DUENAS: But I think it's part of that. So like Birth Tribe, we require that all of our doulas do take a training with a certifying body. We do require it in order to be part of us right, but not every organization works that way or is that same way. For me, that was the ease of not having to create a curriculum when I decided to create a collaborative. I said I don’t want to create; I don’t want to reinvent the wheel or create this type of data and so I didn’t. That was my requirement but every organization works differently.

REP. CASE (63RD): Okay. I really want to thank everybody, not only yourself but everybody who came out today to testify on this. It's a big issue, it's a good issue, and I think working with Senator Moore who put this out there, we can really maybe get some traction so once again, thank you.

MELISSA DUENAS: Thank you.

REP. ABERCROMBIE (83RD): Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. I just wanted to acknowledge that it sounds like the doula profession has been systematically denied from traditional avenues of reimbursement and quite frankly, very deliberately denied --

MELISSA DUENAS: Uh-huh, agreed.

REP. HUGHES (135TH): And those barriers exist for a reason on the national certification so maybe we can be a leader in the state and I'm just thinking out loud, talk to our, you know talk to our congressional people about creating some sort of
pathway to allow states to reimburse through a national certification that is inclusive.

MELISSA DUENAS: We've talked about two, you know there's two states that currently have a bill but there's nine bills, nine other states that currently have bills on the floor and two of them are running pilot programs, New York and New Jersey. New York and New Jersey haven't required certification in their pilot program and so I think you know there's other places to look, not just the two states that have passed it, but there's legislation all over the country right now that is up for.

REP. HUGHES (135TH): Thank you. Actually, there are three states, New York passed it but I want to point out something here.

MELISSA DUENAS: New York just passed a pilot program, right?

REP. HUGHES (135TH): Excuse me.

MELISSA DUENAS: I'm sorry, I thought it was just pilot.

REP. HUGHES (135TH): I want to point out something here. You charge $1800 dollars for your service.

MELISSA DUENAS: I do.

REP. HUGHES (135TH): And someone gave me between $750 is where they start theirs depending on what they offer. This is how disparities are created. People who have access to money that can pay for these things versus people who don't. My co-chair asked me why is it so prevalent among people of color, black women, because of the health disparities that are created between who has access to certain services versus who do not right? If we
were to focus on paying someone $1850 dollars versus someone who could at least get minimal services at $750 dollars.

MELISSA DUENAS: So our organization starts at $500 dollars.

REP. HUGHES (135TH): Excuse me, let me finish.

MELISSA DUENAS: I'm sorry.

REP. HUGHES (135TH): Let me finish. There's a place for everybody according to their needs so if you say I'm a high-priced doula and I charge $1850 dollars; those are not the women who are dying from maternal health due to childbirth. Those are not the women, right? And so I would think if someone is paying $1850 dollars and it's not being covered by insurance and it's being paid out of pocket, they don’t have the same health disparities or problems that low-income women or women of color face so I just want to make it clear when we start talking about reimbursements, we've gotta find a middle line of where that is and we've gotta define it that it's good for everybody and it's not just good for some because it's about equity and it's about access and if it's at a number where it's so high that, and it has to be reimbursed at this high number, the people who need it are not going to receive it all right? Thank you for your testimony.

MELISSA DUENAS: I do agree with you. That's why we thank you.

REP. ABERCROMBIE (83RD): Carolyn Graves? The next bill will be here and it's the Two-Gen.

CAROLYN GRAVES: Good afternoon, Senator Moore, Representative Abercrombie, and others. I would like to take this time to share why it is important
to have doula support. My name is Carolyn “Maawiyah” Graves. I live in Bridgeport, Connecticut for over fifteen years. I am a graduate and trained Doula from Earth’s Natural Touch Birth Care & Beyond. I decided I would become a doula for a few reasons. At eighteen years old, I remember how it was when my first born came into the world. My mother was not a part of my birth nor was the biological father there. I was alone in a room other than the nurses and the actual doctor for the birth of my child. I didn't know what to do or where to go during that time for resources. This was in 1982 so imagine that. Being all alone not knowing what is next.

To my point, even today it goes on and not much is mentioned about resources, most don't even know what a doula is. Fast forward to share with you all my experience as a trained doula. My very first case was 32 hours in the room while the mother labored. As a doula, I was a part of the birthing team with the mother and husband. I was there from the beginning to the end. Being there as her doula was to encourage her to listen to her body. It was her birth. Of course the doctors and nurse wanted to give her an epidural. She did have that knowledge and she understood that she was in control of her birth and it was her sacred space in bringing her child into the world. She decided not to have epidural. The mother and her husband decided to continue without pain meds. When I tell you we walked around the hallways until we were taking turns. One of our techniques that we do as doulas is to support with comfort measures. We know that laying down on the bed for a long period of time goes against the gravity in allowing the baby to come down so we encourage walks, dancing by getting
the pelvis ready and massages giving the mother what she wants so that she is in a peaceful non-stressful state of mind. Otherwise, a non-peaceful environment can cause stress on mother and baby.

Our goal is for the expecting mothers to feel safe and relaxed through the laboring process so that mothers can focus on the birth of the child. Although my client, the mother of the child had a cesarean, every pregnant women has the right to express and say what she feels and what she wants during her birth. It was on her time not the doctors making the decision for her as they were trying to do after about ten hours. The mother stayed true to her body and the process. Through it all she gave birth to a healthy little girl. This ties in with the fact that nationally, cesareans currently account for one or every three births; 34.8 percent of live births in Connecticut are cesarean births, 31.9 percent. Cesareans cost approximately 50 percent more than a vaginal birth. Also note that the United States is also one of only 13 countries in the world where the rate of maternal mortality is now worse than it was 25 years ago.

According to the Center for Disease Control reports that black mothers are at a higher risk for pregnancy complications, which results in mother and child deaths for black women particularly in low-income areas and can definitely benefit from the assistance that a doula provides.

In sharing the reasons are as follows. We know that as a woman of color having a baby in most cases don't get the same treatment as that of a white woman. Having a doula, we also acknowledge that their space is theirs and that they are in control of that.
SENATOR MOORE (22ND): Excuse me, I need to ask you to wrap up, you had three minutes, thank you.

CAROLYN GRAVES: Okay. I'm just gonna close it out. In closing, we know that by having doula support, we can help decrease the black infant mortality rate in the United States. With that, I am asking you along with the other women who support and who are doulas to support this Bill SB 1078, AAC DOULA CERTIFICATION AND MEDICAID REIMBURSEMENT FOR DOULA SERVICES. Thank you for allowing me to share this information with you all.

SENATOR MOORE (22ND): Thank you. How many mothers have you assisted?

CAROLYN GRAVES: I have probably in the last year and a half three.

SENATOR MOORE (22ND): Was it a positive experience for you also?

CAROLYN GRAVES: Absolutely. The first one that I stated, that was 32 hours and prior to that, they was trying to encourage her to have a cesarean but you know she --

SENATOR MOORE (22ND): She had it natural?

CAROLYN GRAVES: No, she didn’t have it natural. She had the cesarean.

SENATOR MOORE (22ND): She did have a cesarean. Well thank you. I do want to say as the last person to speak on this, I so much appreciate hearing all the voices of people who are on the ground doing this work and even for people who are bringing people together under one umbrella for the certification process that you’ve started, that you had a vision to see beyond what was given you, that
you knew there could be more for this community. I appreciate every single one of the testimony. We will be working on this bill to figure out where, where do we begin. What can we get done realistically and it's just the start, we need to build on it, but I think the first thing we need to do is define doulas and codify in law that it's something that could be reimbursable and then move on from there so I want you to be encouraged that I will not let this drop. I will continue to see it. We will work together to see where we are in this and how we can move this forward, and how much we can accomplish this year. So thank you everyone.

CAROLYN GRAVES: Thank you. Thank the whole team. You are appreciated.

SENATOR MOORE (22ND): Arvia Walker?

ARVIA WALKER: Good afternoon, Committee. Thank you Senator Moore, Representative Abercrombie and the full Human Services Committee. This has been a really great public hearing in listening to folks stories. I shared my testimony online, I'm not gonna read the full thing, but I just wanted to be available to folks for questions cause I know there's a lot of questions around certification and like how we can do that and I just want to let folks know that the coalition, which is made up of all these amazing people in this space are working with you all, with Senator Moore, with the Department of Public Health and DSS and as we heard from them, they're very supportive of this policy, but want to make sure that we can make it work.

I wanted to address the conversation around the national certification and just to reiterate as a state like being very careful with that because we
do not want to leave out folks who aren’t nationally recognized organizations but do very, have very valuable certification processes like Earth’s Natural Touch with SciHonor Devotion and all of her doulas who came today. They actually have a very robust certification process and do more than DONA and I know that some of our agencies are really pushing for our national organizations to be that certifying body so I just want to make sure that we are very careful with that because we will be leaving out a whole set of folks who get very thorough training and a very thorough certification, but don’t necessarily go through DONA. And one of the reasons why the recommendations were to put core competencies in this bill was for that purpose and it’s something that the coalition and all of us are willing to again work with folks on addressing that and how to make it work with the Medicaid program because obviously there are lots of technical details of that that go into it. But really want us to be careful in moving forward with that so that we aren’t leaving out the folks who have been doing this work for generations and generations.

So the premise of this bill is to really center folks who are most disenfranchised in the country. So we know that black mothers are dying at incredible rates and I don’t have to go through the rates again, but I do want to give y’all some numbers around Connecticut that I was able to get from Dr. Zee prior to this hearing. You all have the national statistics on black mothers dying in the country but I do want to talk about the cost savings and what we spend on like costly procedures in the state. So in 2018 alone on cesarean sections for only folks who are no Medicaid, we spend $135,603,604 dollars, I can't even do numbers. It
was a lot of money [laughter] we spent on cesarean births here in the state and for folks who had a vaginal birth, it was about, it was less than half of that. So thinking about again cost savings, Representative Case talked about it, other folks talked about it, having doulas as a person in a supportive role that can help you walk through your labor and delivery through the pregnancy process and postpartum really will save the state money.

Some of the things in terms of concerns of how the bill is written out, I think other folks could echo this, I wanna also reiterate that people are already certified so people are not, so most, the doulas in the state are going through a certification process that they paid for and there will be a certification process on top of that with DPH. I think I can say this in this stage folks would advocate for a system where their certification can be recognized with the state so if we can figure out a way to do that in state statute so that folks aren’t duplicating fees, so aren’t paying hundreds of dollars with the state organizations or national organizations and another few hundred dollars with the state, we want to figure out the most equitable way to do this here. I do wanna reiterate that folks are certified. We just need to figure out a way that's recognized in Connecticut and for us to be careful about putting in the national organizations as the sole way that people can be recognized to be reimbursed for what they're doing.

SENATOR MOORE (22ND): Thank you. Representative Wilson.

REP. WILSON (53RD): Yes, can you, I'm sorry, I may have missed this because I wasn’t here for the
entire hearing but who is it, how are people certified in the State of Connecticut?

ARVIA WALKER: So there are various doula organizations here, so we have two here, SciHonor Devotion who can speak with folks outside of this in her submitted testimony on her certification process. Then we have Melissa who just spoke who is with Birth Tribe and there's a bunch of other different other private organizations that do certification. There are basic core competencies that every doula certifying body like a credible doula certifying body has and those are the core competencies that are listed out and we're also, just to put a plug in there, we're doing town halls across the state with doulas that we'll be able to report back to you all with information that comes out of it so there's more information on who the other certifying bodies are, what type of training folks went through, but the recommended language that got, that was given to folks came from a small work group between Rhode Island, Massachusetts and Connecticut. So all of our neighboring states are working on bills like this, this session and there are some states down the New England, beyond the New England coast cause Maryland, Pennsylvania, Michigan, Indiana, they're also working on a bill. So New York, Rhode Island, Massachusetts also have bills this session.

REP. WILSON (53RD): So did I understand, excuse me for interrupting you, did I understand you to say that the certification in Connecticut right now are with individual entities that are certifying?

ARVIA WALKER: Yes.
REP. WILSON (53RD): Are the same, similar? You said they're covering the same core competencies.

ARVIA WALKER: Well the basics are covered. So different organizations go beyond the scope, so folks like Earth's Natural Touch, they really center on black women, black and brown folks, and really talking about the trauma that's experienced and systemic racism and how that shows up in really our culturally competent, I don't like that term but we'll go with it today, [laughs], services that are really targeted towards black women and black mothers because of the crisis that we're in as a country and then other folks have, they go beyond. So folks have the core components and then folks go beyond and add in addition to it. So how the bill is written as of right now, it just has those core competencies and then so folks will meet those and then show verification that they've had those core competencies and that was with the idea that we wouldn't write in just those organizations and put all of the doulas that have training across the state into a box and not be able to be a part of this program.

REP. WILSON (53RD): Okay. Thank you for that clarification.


VERONICA ROSARIO: First of all, thank you for the time to listen to our voices. My name is Veronica Rosario and I am here to give support to SB 1080, AN ACT CONCERNING A TWO-GENERATIONAL INITIATIVE. I am a Parent Member of the Two-Generational Interagency
Working Group representing the Town of East Hartford. I am also a widowed mother of two wonderful boys. For the past two years, I have been participating in different activities related to the Two-Gen initiative and by doing so, have had the opportunity to meet likeminded individuals in decision-making positions that are willing to make a difference in our community. This experience has empowered me to join them on this journey. Today I would like to share some examples of how Two-Gen has created an impact throughout the Town of East Hartford.

In 2018, the Town of East Hartford participated in the Connecticut Working Cities Challenge Grant and was 1 of 10 towns awarded $450,000 dollars. In our proposal the Two-Gen model is considered as an asset to help remove barriers that affect our community. An example of this is through East Hartford Public Schools early learning programs and adult education classes that are offered together at the Early Childhood Learning Center. They comply with two of the core components established in the Two-Gen mission, education and social networking. I also had the opportunity to be part of the East Hartford Public School interview panel where one of the applicants mentioned how he would apply the two-generational approach in his work as a Family Liaison for East Hartford Public Schools. You can imagine how excited I was, someone understands the mission that Two-Gen stands for and will apply it in their workplace.

In 2017, I had the privilege to be part of the first Parent Academy that was held on February 4, here at the Legislative Office Building. It was a gratifying experience for me where I learned a lot
from being part of its preparation committee. The message that I want to make clear here today is that I am an example of what our community can do having the opportunity and support to do it. I truly believe in what Two-Gen stands for and I am willing to invest my time and energy in getting the word out, engaging more parents to focus on school readiness for their children and become an economically self-sufficient family.

Connecticut has the resources already in place to help our families but they need Two-Gen to pool these resources so it can be more effective. According to my Community Organization and Advocacy professor, Karen Carney, passion, persistence, patience and courage are the characteristics of a good advocate. Here I am today doing legislative advocacy that reinforces my community advocacy. I have found my voice and will use it to advocate for all our families in need. Once again, thank you for this opportunity.

SENATOR MOORE (22ND): Thank you, Veronica, for being with us today. I know you have to pick up your child. Any questions or comments? Thank you.

VERONICA ROSARIO: Thank you so much.

SENATOR MOORE (22ND): Stephan, you want to go next? Janine? Stephan, you're being such a gentleman as always.

JANINE MCMAHON: Good afternoon. I just want to say how impressed with how Two-Gen the room was with the kids here today. It was just like ah, yes, I love it. Good afternoon Senator Moore, Representative Abercrombie, ranking and distinguished members of the Human Services Committee. My name is Janine McMahon and I am a Parent Leader who has represented
Connecticut on a national level regarding the two-generational initiative in our state. I am a mother of two, ages 16 and 7, who found herself in need of services for myself and my children after leaving the insurance industry and migrating from New York to Hartford. I thank you for the opportunity to testify in support of S.B. 1080, AN ACT CONCERNING A TWO-GENERATIONAL INITIATIVE.

I have been intimately involved with the two-generational initiative since November 2015 when I was brought on by Catholic Charities as I am a Parent Ambassador at the Asylum Hill Family Center. Along with several other parents, I became a partner of the initiative and provided feedback on legislative language, which was amended based on our recommendations. Our partnership grew when we approached the Commission on Women, Children and Seniors regarding a Two-Gen Parent Academy which we thought was necessary to convene government, organizations/agencies, philanthropy, business sector and parents for a day of learning and networking. The Parent Academy was a huge success and we are gearing up to do another installment of the academy next month.

Through my partnership on the initiative, I was employed by the Catholic Charities as a Two-Gen Parent Advocate during the pilot in the Hartford region and had the opportunity to work closely with the Two-Gen Navigator, where I addressed the needs and concerns of the families who received services under the pilot program which ended June 2017. I would inform the Two-Gen Delegate, another parent partner, of the issues the families were facing and she would inform the interagency council, who would
brainstorm ways to bridge the gaps and streamline services for better and easier access for families.

When the pilot ended in 2017 due to budgeting cuts, Catholic Charities offered me a position as the Family Specialist at the Asylum Hill family center, a position I hold currently. I have had the opportunity to continue working with some of the families who received services under the Two-Gen initiative and they are thriving and moving towards more sustainable living standards. Addressing the needs of the whole family paved the way for post-secondary opportunities and better employment for these families. Although the funding was not available at the time, the state leaders in this work kept the advisory council active and kept the parents very engaged.

Other states heard of Connecticut’s parent partnership and were interested in learning how to partner with parents. In June 2018, the Connecticut team was invited to Washington, D.C. by the Aspen Institute for a convening titled “States Leading the Way: Practical Solutions That Lift Up Children and Families.” At the convening, which hosted representatives from 32 states, the Virgin Islands and Puerto Rico, Stephan Palmer, another parent partner, and I sat on a panel discussing our partnership with Connecticut State leaders and gave insight on how to partner with parents. We discussed amendments made to the legislation based on our input and that of other parents, we discussed the Two-Gen Parent Academy, how it was established and executed. We also highlighted our Two-Gen journey and our career pathway as a result of our involvement and partnership on the initiative.
As a result of my participation at the convening, I was offered the opportunity to work on Ascend at The Aspen Institute’s Post-Secondary Success for Parents Initiative as a Parent Advisor. I joined a team of 16 parent advisors from across the country and we identified barriers and obstacles parents who are students face, brainstormed solutions to the barriers and obstacles and used an on campus two-gen approach for parents to achieve post-secondary success. The hope is to link the work we have done with Ascend to the work that is being done here in Connecticut through collaborations with the public, private and philanthropic partners to explore removing childcare and transportation barriers for parents who are students.

I joined the state team at the New England whole family approach to jobs convening as a parent leader and shared on my partnership with the state and gave insight on how to partner with parents. The Two-Gen approach has changed my life drastically. I went from being an individual who needed services, to an individual who is working, thriving and informing policy to ensure easy and seamless access of families in need. Two-Gen has not only propelled me to sustainable living standards, but it has changed my attitude and mindset about government and service providers and I am hoping the initiative continues to grow and develop so that other families can experience the successes I have experienced. Families want and deserve the respect that comes from choices, a sense of purpose, jobs with sustainable wages and pathways to greater economic opportunity and a sense of empowerment that comes from knowing they contributed to systemic change. In Washington I advised state leaders to meet Families where they dream but I would also like us to help
families to dream. I never imagined myself on this journey, but Moureens Bish, former director at the Asylum Hill Family Center, saw leadership qualities in me that I did not see in myself and she developed those skills. Melvette Hill, State Coordinator for the Parent Leadership Training Institute also helped me to dream and I am now not only a PLTI graduate, but also a Certified Phase I Facilitator. The state and agency leaders in this work have trusted and valued my input and continue to partner with me and other parents on this work and the experience is invaluable.

My journey and the benefits I’ve derived from working on this initiative assures me that others can do likewise and with each person being elevated and reaching back to include another, it can help the community on whole and can extend to statewide improvement in family economic stability with improved childhood outcomes. When I can witness my daughter forming a round table with her toys and addressing the room --

SENATOR MOORE (22ND): Excuse me, I know you’ve been here a while but we’re limited to three minutes if you can give me a summary, thank you.

JANINE MCMAHON: I'm wrapping up. When I can witness my daughter forming a round table with her toys and addressing the room I know that Two-Gen has had a positive impact in my life and that of my family. Thank you.

SENATOR MOORE (22ND): Thank you. I apologize. I didn’t hear the buzzer go off. I was so intent, but I just want to thank you because I've been with you traveling out of the state and going to different places to talk about this and you representing the
parents and families and what I've stressed from day one is the parent involvement in all of this and you've been great in bringing the message back to the parents and sharing with us and putting so much into it. You're so dedicated and you know, I would hope that we could have more parents like you become involved and watch you grow and be able to support other women, other families, other mothers to be able to come out and speak and be a part of this because this is not just a program. This is about systemic change so thank you. Representative Abercrombie.

REP. ABERCROMBIE (83RD): I just want to say that I'm also an alumnus with you as a PLTI graduate. I'm actually the first PLTI graduate to be elected to the House of Representatives and my colleague, Hilda Santiago, is from Meriden, she is the second so good job.

VERONICA ROSARIO: Thank you.

SENATOR MOORE (22ND): Stephan? I just want to say on the record I was on the PLTI design team in the city of Bridgeport very, very early on. Plug for Bridgeport and PLTI.

STEPHAN PALMER: I would like to thank the Human Services Committee for allowing me to speak on the S.B. 1080 Bill. My name is Stephan Palmer. I am a single father of five in Hartford, Connecticut. My testimony started when I was a single father. I came to Hartford. I was homeless with my children. I went to every agency in Hartford and they all turned me away. They all told me their grants were written for single mothers so they could not help me.
I got invited to sit on a panel at Hartford Memorial for Stop the Violence. While I was preparing for the panel, I was told not to tell my story at the event. The day of the event, I gotcha to about five phone calls saying remainders, do not tell your story. So I sat on the panel, continuously got skipped when it came time to speak, knowing the whole time at the event all I heard were dads are deadbeats, dads aren’t doing this, dads aren’t doing that. So I finally stood up in the middle of someone speaking and said I don't believe anything you guys are saying because half of you just turned me away. I was told I was lying. My daughter then was 9, came to the front of the room crying, pointed at a DSS worker and said you just told my dad yesterday that you were gonna call DCF on him even though he had all the court paperwork saying he had custody of me and my sisters, and furthermore you told my dad if he was a woman, you could get us housing and furniture which began my fight to get rights for fathers.

Through Catholic Charities Fatherhood Program, I met Matthew Barber. Matthew Barber told me about 2Gen. He told me it was a pilot program that came to Connecticut. They were looking to work with the entire family and he told me that I could use it as a machine behind my fight to get rights for fathers. I went to the meeting and a lot of the things I heard were for mothers and I asked about three meetings in a row, what are you guys doing for fathers? Elaine Zimmerman finally said why has no one answered him? We need to put fathers into this 2Gen pilot program and they reached out to Doug Edwards and a couple of other fatherhood groups and slowly but surely, fatherhood became a part of 2Gen but through my journey with 2Gen, I've taken PLTI,
I've graduated, I've taken PEP, I've graduated. I'm on the Ascend Board with Janine. I just was a part of the fatherhood summit near Springfield, Mass. Me and my kids are the face of the fatherhood new narrative for the love of our children, no longer saying deadbeats, no longer saying dads are not doing this. The fact is, dads do want to be in their kids' lives; they just don't know how.

Through 2Gen, I've learned to advocate. I've learned to navigate city resources, how to build partnerships and MOU’s which led me to form my own youth program called Youth on Fire, working with Steven Hernandez, David, who's no longer with us, Elaine Zimmerman, now Rosa. I've been able to help about 75 families since March. We are a new program, we are looking to grow and 2Gen gave us our motto of working with the complete family because I believe along with a lot of people in 2Gen, what's the sense of helping a child improve to send them back to the same catastrophe at home? If you help mom and dad begin to become stable, begin to find positive outlooks, the child's life begins to improve, when you pick up the whole family.

With 2Gen, they wanted to work with the custodial and the non-custodial which meant the child got benefits in both homes, not just picking mom up and then the child went to dad's house and it was chaos, or in my situation, pick up dad's house and mom's house is in chaos cause she's not getting benefits so when I learned the full format, the legal gist of everything that was going on with 2Gen, I was sold. I've been a part of it since day one, I look forward to being a part of it, and I believe in it wholeheartedly. Everyone that's a part of Youth on Fire is committed to working with 2Gen, helping in
every form and fashion, getting the word out to the community and we are here and we would like the program to continue.

SENATOR MOORE (22ND): Representative Cook.

REP. COOK (65TH): Thank you, Madam Chair. I just wanted to say thank you. Thank you for being here and thank you for being a standup dad and I married a man who had custody of his kids and in the early 90s, that was an unheard-of event.

STEPHAN PALMER: Correct. It still is.

REP. COOK (65TH): And you know what? That's sad that that's what we're talking about still and when you have people looking at a man who was the class mom because there were no class dads and you have mother/son and mother/daughter events but there's a dad there.

STEPHAN PALMER: Correct.

REP. COOK (65TH): It was really, it was very difficult not only for the parents but for the child to struggle through and navigate and find identity and I don't think that there are enough words to say what you've done for your family and your children.

STEPHAN PALMER: Thank you.

REP. COOK (65TH): So thank you for doing what you're doing and being an incredible leader and continue the excellent efforts. I just wanted to say that. Thank you.

REP. WILSON (66TH): Thank you and I had similar comments because it was so many years ago, seems like 25 years ago when John Martinez and I put together that first piece of fatherhood legislation in Connecticut and you are the, I don't know what
adjective I want to use, but you are the culmination of the recognition of the importance of men in their children's lives, whether they're custodial or non-custodial parents and so I just want to thank you for holding that up through all that I know you’ve had to because not just this state, but this entire world has a way of working against fathers and their children unintentionally, but the fact that you’ve connected in the way that you have with the 2Gen program and that you are providing the type of support that you are is a wonderful thing, not just for your family, but for so many men that are trying to do what you’ve done and who are consistently being pushed out of their lives. It started early with the child support problem, now it's just many general things so I just want to, I'm so gratified to see you and hear you and I thank you very much.

STEPHAN PALMER: Well I think 2Gen is important because I personally know 120 dads that have custody of their kids, that can't get the help they need. They can't go to Birth to 3, they can't get WICC. There's certain programs that won't help them with utilities, won't help them get clothing for the kids, but to me, if a grant is to help the custodial parent and that child, it shouldn’t be limited at the mother and a lot of grants say for family. Families don’t end at mom and child. Without that dad, there wouldn’t be that family.

REP. WILSON (66TH): You're so right but it takes a continual recognition and holding that fact up for people to get it because after all these years, I'm still finding the same kinds of impediments for men and their children that don’t always exist for women and their children and God knows we need all the
help we can for children with either parent but I just want to share that with you and say thank you.

SENATOR MOORE (22ND): I want to say it's been an honor to work with both you all in this process of changing how we see families, understanding what a family is, the definition is so different for so many people, to recognize there are good men out there who want to be a part of their family and that there were no resources and places to do that but you're also a model for other men to see just because he system doesn't see it, doesn't mean it isn't so and just because it's not in place doesn't mean we can't create it so I thank you for your involvement. I pray that you will continue to be the voice and face and help other men come through this and other families who are raising their children and also that when you see things that we're not doing in this 2Gen, let us know. You know, cause it's really not about what we see as legislators or what we see as a part of this. It's really about what the parents see and what your needs are and are we meeting the needs and are we really addressing and lifting people out of poverty and it's not just a program that's gonna run this, but we're changing the systems to make sure that we're connecting the families and we're addressing their needs and that we're doing it on a timely basis and we're not putting everybody off so thank you very much.

STEPHAN PALMER: Thank you.

SENATOR MOORE (22ND): Liz Fraser?

LIZ FRASER: Good afternoon Senator Moore, Representative Abercrombie, Representative Case and members of the Committee. I'm Liz Fraser. I'm the
policy director at the Connecticut Association for Human Services and I'm here today on behalf of CAHS to support S.B. 1080, AN ACT CONCERNING A TWO-GENERATIONAL INITIATIVE.

I'll give a few comments and then you have my testimony that supports this fully including both of the, both the advisory and the cabinet. I believe that each serves a different purpose, the council being front facing with members of the community with parents, legislators if they you know are there, and members of the executive branch if they choose to sit in. That's also allowed but what it does is it allows for a larger conversation around a table, for information to be shared in a different way and for legislation to be developed if necessary. The cabinet is a tighter group that looks really towards those regulations and policies that they can only do through their commissioners and the people that work in their agencies and they're two different functions. They do need to connect but I think that that's a really important piece of this.

You know, for Connecticut to become economically robust, we need to ensure that all families have the means and opportunity to secure supportable employment and become financially independent and this requires a laser focus of family economic development and targeting those families who have been left behind, both historically and by circumstance. When we leave under-employed struggling parents behind, we leave their children behind as well and we perpetuate a cycle of poverty. The economic wellbeing and stability of parents is essential for children's early development, long-term social, emotional, physical and mental health
outcomes, educational attainment, and future earning potential. We have to do both generations together. Children live in families and it's time to change the way we do business in the state.

I read someplace that children actually only spend 13 percent of their entire life in school from the time they're born until the time they're 18 and done with school; 13 percent. When you talk about the time at home, the time on weekends, the summertime vacations, the rest of the time they spend with their families and we need to take care of their families so that they can take care of their children and provide opportunities.

I'd just like to thank this committee for this statute. It's been in place, it's been wonderful, it's been lifting parent voice, it's been a nexus of change, and has provided quite a bit of opportunity and I just want to take this moment to reflect on the Kellogg funding that CAHS has been holding. We have been working for the past three and a half years with six communities around Connecticut and now we're expanding that with some stipends and through a partnership with the Hartford Foundation to five new communities. Each community is doing something a little bit different, has a different focus, and yet each has exceptional work happening, Meriden using a financial resource center. I'd just like to say Prema has been sitting here, she's a doula, and she is a part of our Norwalk program which is also an exceptional program that the Governor visited and Bridgeport has been working in the community with community organizations, bodegas, gas stations, nail salons, finding ways to incorporate this approach in those areas. New Haven also has done wonderful work putting a tool
together, allowing other communities to look at the 2Gen impact and how 2Gen they are and how they can start using that approach in their own community. It's growing, we'd like to keep it going and I'll be trying to find some more money through grants to keep the community sustainable.

SENATOR MOORE (22ND): And that's what I love about you is that you're able to find other avenues to bring money in, it's not just a state program but it's really about community and other people who want us to succeed, private partnerships along with the government. I also want to say thank you because it's because of Liz that there really is a women and girls commission that the Governor's working on because we were actually in New Hampshire learning through 2Gen and we said, well why don't we put together, why don't we put together something and present it to Governor Lamont for women and girls for his Women and Girls Transition Team and Liz was, we got on the laptop and everybody put together ideas and in like an hour and a half, we submitted it by 4:00 in the afternoon and then went and presented it to Governor Lamont and his team, and Lieutenant Governor Bysiewicz grabbed it right away. So it's like a learning community.

LIZ FRASIER: It is.

SENATOR MOORE (22ND): With no barriers on how do we do this and nobody ever says no. We just seem to grab pie in the sky ideas and say this is not pie in the sky, this is the way we should be able to work. We're very fluid addressing things as they happen and addressing needs as they happen and that's why each community is so different that we've worked in right? Remember one community couldn't stand because they just didn't have the capacity within
their own town but it was a learning lab for them, you know they took away things they could use to go back and we opened up doors for so many people and so I salute you two for being a part of the team and it's been a very wonderful experience but it's been a learning experience for me too, but it also strengthens my belief that everything is possible.

LIZ FRASIER: Well that was quite something so thank you very, very much. I really appreciate that but the idea about 2Gen I really that we think outside of the box and work collaboratively across tables with unusual partners to make things happen for families. That is the key, the core, and that we have parent and family voice to guide us so thank you very much for all of your leadership and I appreciate this opportunity. Thank you.

MERRILL GAY: I'm Merrill Gay, Director of the Connecticut Early Childhood Alliance and the good news is I'm the last one. [laughter] So you've heard lots of compelling testimony about this bill and I just want to come at from the early childhood perspective. Over the last 30 years there have been remarkable advances in brain imaging technology and research on the impacts of trauma. We know that the more time children spend in poverty, the worse their outcomes. That's connected to the trauma that goes along with living in poverty. So we know that poverty is bad, we know that birth to 5 is a critical time in brain development, that's when the brain is developing fastest and that when you experience trauma in those early years, it actually changes the brain chemistry.

We have a really compelling urgent reason why we need to do something to get children out of poverty and regardless of your political affiliation, I
think we can all agree that the best way to get a family out of poverty is to have parents working at decent paying jobs but families in or near poverty face lots of barriers to getting to those decent paying jobs that can actually support their family and the families who worked in the pilot projects experience lots of those barriers and brought those forward to the interagency task force or advisory committee so that we were hearing them.

Now it's time to go to the next step and to engage the administration and the top levels of state agencies because at a local level with a little bit of funding, you can get people together, you can identify the barriers. If you're creative you can develop some workarounds, you can you know get people to do things they don’t usually do to make it work, but it doesn’t address the systemic problem. To address the systemic problem, we've gotta get the leaders of agencies looking at this and approaching it not simply from the way that they’ve always done it, but how do we sort of change the perspective and say we're measuring the effectiveness of our organization not by the outputs, but the outcomes for the families that we're serving.

We have all sorts of programs that just done work well together. We have job training programs for jobs where employers are saying we're looking for employees, we have openings, but the Care 4 Kids Program won't let parents use the childcare subsidy to pay for childcare so that they can go to that training program that can get them the better paying job. We have lots of those things. We have places where if you earn a little bit too much in a quarter, all of a sudden you lose the income, you fall off the benefit cliff. We need to look at all
of those things and we need to engage the leadership of our state agencies in that through this cabinet so I urge you to create the cabinet and get us moving on that effort to address poverty from a 2Generation perspective getting children and their families out of poverty. Thank you.

SENATOR MOORE (22ND): So what I want to say is thank you for your contribution also. I think there's been an opportunity for us in the 2Gen to look at all the ills and listen to the families who see those barriers from moving forward. I think we started talking about the cliff four years ago and it's really because of listening to the parents on what's keeping you from being successful and many times, it's our systems and our lack of communication from department to department and many of the things we put in place sometimes we do harm and we don’t even realize it, but it is the voices of the parents and they tell us where these problems are that we begin to address them. I think this is really important that we have all of the commissioners involved because if we're gonna make systems change, it's gonna take all of them working together and their data sharing that we're talking about. That all has to take place so there's not a one-door approach when you walk in. I heard Representative Abercrombie say one-stop shopping. There's no reason for one family to go five different places when it can all be in one place and we could be sharing that information. I know we have to be careful and that there are laws surrounding it but I think we're in a place now where everybody sees we could save money, we could take away some of the barriers that parents face, save their time and their frustration and build more trust that we are not trying to do harm, but we are
trying to help families, lift them out of poverty and there's a long-term saving on that cause we're talking about generational poverty and we're talking about generations learning from this experience so I just want to thank you for your participation in this also.

MERRILL GAY: Thank you.

SENATOR MOORE (22ND): Anyone else? Would anybody else like to speak on this? Then I am going to close this hearing. Thank you.